

REGULAR MEETING OF THE BOARD OF DIRECTORS

Thursday, August 15, 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, August 15, 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)) –
- CONFERENCE WITH LEGAL COUNSEL EXISTING LITIGATION Government Code Section 59456.9 (d)(1)
 Name of Case: Michelle Oxford v. Kern Family Health Care dba Kern Health Systems; Emily Duran, BCV-24-101473

8:30 A.M.

BOARD TO RECONVENE

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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

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 FACILATATOR WILL INDICATE WHEN THERE IS 15 SECONDS REMAINING TO YOUR PRESENTATION TIME!

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

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

DEPARTMENTAL MATTERS

- CA-5) Minutes for Kern Health Systems Board of Directors regular meeting on June 13, 2024 (Fiscal Impact: None) APPROVE
- CA-6) Minutes for Kern Health Systems Board of Directors special meeting on July 11, 2024 (Fiscal Impact: None) APPROVE

Agenda	 a – Board of Directors
Kern H	ealth Systems
Regula	r Meeting

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- CA-7) Proposed amended Conflict of Interest Code for Kern Health Systems (Fiscal Impact: None) –
 APPROVE; REFER TO KERN COUNTY BOARD OF SUPERVISORS FOR APPROVAL
 - 8) Proposed selection of Moss Adams to perform financial audit services for calendar years 2024-2026 with the option of providing financial auditing services for two subsequent years (Fiscal Impact: \$500,000 Estimated over the three year term; Budgeted) APPROVE; AUTHORIZE CHIEF EXECUTIVE OFFICER TO SIGN THE ENGAGEMENT LETTER
 - 9) Proposed revisions to the Kern Health Systems Bylaws (Fiscal Impact: None) APPROVE; REFER TO KERN COUNTY BOARD OF SUPERVISORS FOR APPROVAL
- CA-10) Report on Kern Health Systems investment portfolio for the second quarter ending June 30, 2024 (Fiscal Impact: None) RECEIVE AND FILE
- CA-11) Proposed renewal and binding of insurance coverages for General Liability and Excess Liability from September 29, 2024 through September 29, 2025, Employed Lawyers Professional Liability Insurance from August 15, 2024 through August 15, 2025 and Earthquake Insurance from October 15, 2024 through October 15, 2025 (Fiscal Impact: \$700,000 Estimated; Budgeted) APPROVE
 - 12) Proposed Agreement with Cognizant (formerly Trizetto), for the support and maintenance services for the QNXT software along with claims workflow and DOFR Module, from September 11, 2024 through September 10, 2029 (Fiscal Impact: \$5,889,582 over the term of the contract; Budgeted) APPROVE; AUTHORIZE CHIEF EXECUTIVE OFFICER TO SIGN AGREEMENTS SUBJECT TO INFORMATION TECHNOLOGY AND COUNSEL APPROVAL
 - 13) Report on Kern Health Systems financial statements for May 2024 and June 2024 (Fiscal Impact: None) RECEIVE AND FILE
- CA-14) Report on Accounts Payable Vendor Report, Administrative Contracts between \$50,000 and \$200,000 for May 2024 and June 2024 and IT Technology Consulting Resources for the period ended May 31, 2024 (Fiscal Impact: None) RECEIVE AND FILE
- CA-15) 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-16) Kern Health Systems Chief Health Equity Officer report (Fiscal Impact: None) RECEIVE AND FILE

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- 17) Kern Health Systems Chief Compliance and Fraud Prevention Officer report (Fiscal Impact: None) RECEIVE AND FILE
- 18) Report on Kern Health Systems Operation Performance and Review of the Kern Health Systems Grievance Report (Fiscal Impact: None) RECEIVE AND FILE
- Kern Health Systems Chief Medical Officer report (Fiscal Impact: None) RECEIVE AND FILE
- 20) Kern Health Systems Chief Executive Officer report (Fiscal Impact: None) RECEIVE AND FILE
- CA-21) Miscellaneous Documents RECEIVE AND FILE
 - A) Minutes for Kern Health Systems Behavioral Health Advisory Committee meeting on April 8, 2024
 - B) Minutes for Kern Health Systems Physician Advisory Committee meeting on June 5, 2024
 - C) Minutes for Kern Health Systems Population Health Management Committee meeting on June 5, 2024
 - D) Minutes for Kern Health Systems Utilization Management Committee meeting on June 19, 2024
 - E) Minutes for Kern Health Systems Drug Utilization Review Committee meeting on June 24, 2024
 - F) Minutes for Kern Health Systems Community Advisory Committee meeting on June 26, 2024
 - G) Minutes for Kern Health Systems Quality Improvement Committee meeting on June 27, 2024
 - H) Minutes for Kern Health Systems Health Equity Transformation Steering Committee meeting on July 1, 2024
 - Minutes for Kern Health Systems Governance and Compliance Committee meeting on August 1, 2024

ADJOURN TO OCTOBER 10, 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, June 13, 2024

8:00 A.M.

BOARD RECONVENED

Directors: Watson, Thygerson, Patel, Elliott, Acharya, Alva, Bowers, Hoffmann, Ma, McGlew, Meave, Patrick, Singh, Tamsi, Turnipseed ROLL CALL: 11 – Present; 4 Absent - Elliott, Alva, Bowers, Singh

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

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

BOARD ACTION SHOWN IN CAPS

ADJOURNED TO CLOSED SESSION Hoffmann

NOTE: DIRECTOR ALVA ARRIVED DURING CLOSED SESSION

NOTE: DIRECTOR BOWERS ARRIVED DURING CLOSED SESSION

NOTE: DIRECTOR SINGH ARRIVED DURING CLOSED SESSION

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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 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. - SEE RESULTS BELOW
- 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 SEE RESULTS BELOW

8:20 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 MAY 2024 — HEARD; BY A UNANIMOUS VOTE OF THOSE DIRECTORS PRESENT, THE BOARD APPROVED ALL PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING; DIRECTOR HOFFMANN ABSTAINED FROM VOTING ON JACQUES; DIRECTOR MA ABSTAINED FROM VOTING ON JACQUES; DIRECTOR TURNIPSEED ABSTAINED FROM VOTING DEL MUNDO, LOPEZ

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 JUNE 2024 – HEARD; BY A UNANIMOUS VOTE OF THOSE DIRECTORS PRESENT, THE BOARD APPROVED ALL PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING; DIRECTOR BOWERS ABSTAINED FROM VOTING ON CENTRIC HEALTH – ECM; DIRECTOR HOFFMANN ABSTAINED FROM VOTING ON RAHAMI, SAFWATULLAH, YEASLEY, YETER; DIRECTOR MCGLEW ABSTAINED FROM VOTING ON MCQUADE; DIRECTOR TURNIPSEED ABSTAINED FROM VOTING ON BAYUDAN, PESTANA

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 MAY 2024 – HEARD; BY A UNANIMOUS VOTE OF THOSE DIRECTORS PRESENT, THE BOARD APPROVED ALL PROVIDERS RECOMMENDED FOR RECREDENTIALING; DIRECTOR ACHARYA ABSTAINED FROM VOTING ON GARCIA-PACHECO, SRINIVAS; DIRECTOR HOFFMANN ABSTAINED FROM VOTING ON CROTTEAU, HERNANDEZ; DIRECTOR TURNIPSEED ABSTAINED FROM VOTING ON HOSSEINI,

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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 JUNE 2024 – HEARD; BY A UNANIMOUS VOTE OF THOSE DIRECTORS PRESENT, THE BOARD APPROVED ALL PROVIDERS RECOMMENDED FOR RECREDENTIALING; DIRECTOR ACHARYA ABSTAINED FROM VOTING ON BHINDER, CLAIBORNE; DIRECTOR HOFFMANN ABSTAINED FROM VOTING ON HAWKINS, WALLACE; DIRECTOR MCGLEW ABSTAINED FROM VOTING ON LOPEZ

Item No. 2 concerning a 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. - HEARD; NO REPORTABLE ACTION TAKEN

Item No. 3 concerning a 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 – HEARD; NO REPORTABLE ACTION TAKEN

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

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 FACILATATOR WILL INDICATE WHEN THERE IS 15 SECONDS REMAINING TO YOUR PRESENTATION TIME!

NO ONE HEARD

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))

DIRECTOR TURNIPSEED DISTRIBUTED A HANDOUT ON CORPORATE BOARDS AND, WHAT IS THE ROLE OF THE AUDIT COMMITTEE, AND A BRIEF DISCUSSION ENSUED

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DIRECTOR WATSON INTRODUCED ANN GARZA, KHS ASSISTANT GENERAL COUNSEL AND GAVE A BRIEF DESCRIPTION OF HER BACKGROUND

EMILY DURAN, KHS CEO RECOGNIZED RICHARD PRUITT FOR HIS YEARS OF SERVICE AND PRESENTED HIM WITH A GOING AWAY GIFT

CA-6) Minutes for Kern Health Systems Board of Directors regular meeting on April 18, 2024 (Fiscal Impact: None) – APPROVED

Bowers-McGlew: 14 Ayes; 1 Absent - Elliott

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) – RECEIVED AND FILED

Bowers-McGlew: 14 Ayes; 1 Absent - Elliott

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) – APPROVED; AUTHORIZED NOTICE TO TERMINATE

Bowers-Singh: 10 Ayes; 2 Abstention – Thygerson, Alva; 1 No – Turnipseed; 1 Absent – Elliott

- CA-9) Report on Kern Health Systems Provider Network Capacity Study (Fiscal Impact: None) RECEIVED AND FILED

 Bowers-McGlew: 14 Ayes; 1 Absent Elliott
- CA-10) Report on Kern Health Systems Employee Engagement Survey (Fiscal Impact: None) RECEIVED AND FILED

Bowers-McGlew: 14 Ayes; 1 Absent - Elliott

- 11) Report from the Milliman actuary firm regarding capital reserves and liquidity (Fiscal Impact: None) AARON GATES, MILLIMAN, HEARD; APPROVED

 McGlew-Bowers: 14 Ayes; 1 Absent Elliott
- 12) Report on Kern Health Systems investment portfolio for the first quarter ending March 31, 2024 (Fiscal Impact: None) – IRA COHEN, UBS FINANCIAL, HEARD; RECEIVED AND FILED

Tamsi-Acharya: 14 Ayes; 1 Absent – Elliott

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) – CANDANCE PORTER AND CHRIS TOBIN, ALLIANT INSURANCES SERVICES, HEARD; APPROVED

Hoffmann-Acharya: 14 Ayes; 1 Absent – Elliott

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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) – APPROVED

Patrick-Patel: 13 Ayes; 1 Abstain - McGlew; 1 Absent - Elliott

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) – APPROVED; AUTHORIZED CHIEF EXECUTIVE OFFICER TO SIGN

McGlew-Bowers: 14 Ayes; 1 Absent - Elliott

16) Report on Kern Health Systems Foundation Update – Bylaws (Fiscal Impact: None) – RECEIVED AND FILED; DIRECTORS BOWERS, TAMSI, THYGERSON, WATSON TO SERVE ON ADHOC COMMITTEE

Tamsi-Bowers: 14 Ayes; 1 Absent – Elliott

- 17) Report on Kern Health Systems financial statements for February 2024, March 2024 and April 2024 (Fiscal Impact: None) RECEIVED AND FILED Bowers-Acharya: 14 Ayes; 1 Absent Elliott
- 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) RECEIVED AND FILED

 Bowers-McGlew: 14 Ayes; 1 Absent Elliott
- CA-19) Proposed Kern Health Systems provider contracts (rates confidential per Welfare and Institutions Code Section 14087.38(m)) APPROVED; AUTHORIZED CHIEF EXECUTIVE OFFICER TO SIGN
- CA-20) Kern Health Systems Chief Compliance and Fraud Prevention Officer report (Fiscal Impact: None) RECEIVED AND FILED

 Bowers-McGlew: 14 Ayes; 1 Absent Elliott
- CA-21) Report on Kern Health Systems Regulatory Audit Summary 2018-2023 (Fiscal Impact: None) RECEIVED AND FILED

 Bowers-McGlew: 14 Ayes; 1 Absent Elliott
- CA-22) Report on Kern Health Systems MCAS Audit Summary 2017-2023 (Fiscal Impact: None) RECEIVED AND FILED

 Bowers-McGlew: 14 Ayes; 1 Absent Elliott
- CA-23) Report on Major Organ Transplant Centers of Excellence (Fiscal Impact: None) RECEIVED AND FILED

Bowers-McGlew: 14 Ayes; 1 Absent – Elliott

Bowers-McGlew: 14 Ayes; 1 Absent - Elliott

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24) Kern Health Systems Chief Medical Officer report (Fiscal Impact: None) – RECEIVE AND FILE

Patel-Thygerson: 14 Ayes; 1 Absent – Elliott

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

Patel-Thygerson: 14 Ayes; 1 Absent – Elliott

- CA-26) Miscellaneous Documents RECEIVED AND FILED Bowers-McGlew: 14 Ayes; 1 Absent Elliott
 - 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
 - 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.

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

SUMMARY

BOARD OF DIRECTORS

KERN HEALTH SYSTEMS 2900 Buck Owens Boulevard Bakersfield, California 93308

Special Meeting Thursday, July 11, 2024

8:30 A.M.

BOARD RECONVENED

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

<u>CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT</u>: 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

CLOSED SESSION

1) CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION Government Code Section 59456.9 (d)(1)
Name of Case: Michelle Oxford v. Kern Family Health Care dba Kern Health Systems; Emily Duran, BCV-24-101473 – SEE RESULTS BELOW

BOARD RECONVENED

REPORT ON ACTIONS TAKEN IN CLOSED SESSION

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Item No. 1 concerning a CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION - Government Code Section 59456.9 (d)(1) Name of Case: *Michelle Oxford v. Kern Family Health Care dba Kern Health Systems; Emily Duran*, BCV-24-101473 – HEARD; NO REPORTABLE ACTION TAKEN

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



MEMORANDUM

TO: Kern Health Systems Board of Directors

FROM: Devin W. Brown, Chief Legal and Human Resources Officer

SUBJECT: Proposed Amended Kern Health Systems Conflict of Interest Code

DATE: August 15, 2024

Background

The Political Reform Act and its implementing regulations requires local agencies such as Kern Health Systems (KHS) to adopt a Conflict of Interest Code. The adopted Conflict of Interest Code must incorporate by reference the regulations of the Fair Political Practices Commission that outline the standard conflict of interest code. The adopted code must list all positions within the organization that are required to file annually the Form 700 Statement of Economic Interest and the requisite disclosure categories for each designated position.

Once adopted by the local agency, the County Board of Supervisors separately adopts the local agency Conflict of Interest Code. These codes are reviewed biennially to determine if any revisions are necessary. KHS's code was last revised and approved by the Board of Supervisors on January 10, 2023.

Proposed Amendment to KHS Code

The adopted conflict of interest code should list all agency positions that involve the making or participation in making of decisions that "may foreseeably have a material effect on any financial interest." In reviewing our current adopted code and the growth of our internal leadership team, we determined that it is necessary to increase the number of designated positions on Attachment A to the Conflict of Interest Code. Adoption of the revised list of designated positions will ensure further transparency to the public and that all potential financial conflicts of interest are disclosed.

The amended Code also revises the different disclosure categories by adding general procurement, lobbying, and grant-related categories. Adding this level of specificity with the disclosure categories allows for prevention of financial conflict of interest and moderates the level of financial disclosure to only those areas that are relevant to each designation position.

Requested Action

Approve the Amended Conflict of Interest Code and refer to Board of Supervisors.

Attachment - Amended Conflict of Interest Code (redline and clean versions)

CONFLICT OF INTEREST CODE FOR KERN HEALTH SYSTEMS

The Political Reform Act requires state and local government agencies which includes KHS to adopt and promulgate conflict of interest codes. (Gov. Code, §§ 81000 et seq.) The Fair Political Practices Commission has adopted a regulation, which contains the terms of a standard conflict of interest code. (Cal. Code Regs., tit. 2, § 18730.) Incorporation by reference of the terms of the regulation constitutes the adoption and promulgation of the conflict of interest code of KHS. Therefore the terms of Cal. Code Regs. Tit. 2 § 18730, along with the designed covered individuals and disclosure categories set forth in Attachment A are hereby incorporated by reference. The requirements of this conflict of interest code are in addition to other requirements of the Political Reform Act, such as the general prohibition against conflicts of interest contained in Section 87100, and to other state or local laws pertaining to conflict of interest.

Designated Covered Individuals identified in Attachment A shall file statements of economic interest annually with KHS; KHS will make the statements available for public inspection and reproduction. (Gov. Code, § 81008.) Statements for all other Covered Individuals will be retained by KHS staff.

Attachment A

CONFLICT OF INTEREST CODE KERN HEALTH SYSTEMS DESIGNATED COVERED INDIVIDUALS

Designated Positions	Assigned Disclosure Category
Executive Office	
Chairman and Members of the Board of Directors	1
Chief Executive Officer	1
Chief Operating Officer	2, 4
Chief Compliance and Fraud Prevention Officer	2, 4
Chief Financial Officer	2, 4
Chief Health Equity Officer	2, 4
Chief Legal and Human Resources Officer	1
Chief Information Officer	2, 3, 4
Chief Medical Officer	2, 4
Committee Members not otherwise designated as a covered individual above	1
Financial and Procurement Services	
Accounting Manager	4
Accounting Manager, Admin	4
Assistant Controller	4
Controller	4
Director of Procurement and Facilities	4
Facilities Manager	4
Payroll and Accounting Manager	4
Purchasing and Contracting Manager	4
Human Resources	
Assistant General Counsel	1
Benefits and Wellness Manager	4
Director of Human Resources – People Relations	4
Director of Human Resources – People Operations	4
Employee Relations Manager	4
Health Equity	
Health Equity Manager	4
Senior Director of Marketing and Member Engagement	4

Member Engagement Manager	4
8.6	
Information Technology	
Business Intelligence Data Insights and Analytics Manager	3, 4
Business Intelligence Manager	3, 4
Database Manager	3, 4
Development Manager	3, 4
Director of Development	3, 4
Director of Technical Operations and Security	3, 4
EC Enterprise Configuration Manager	·
Electronic Data Interchange Manager	3, 4
PM Director of Strategic Initiatives	3, 4
Quality Assurance Program Manager	3, 4
Senior Director of Business Intelligence	3, 4
Semoi Director of Business Interrigence	3,4
Compliance	
Director of Compliance and Regulatory Affairs	2, 4
Compliance Manager Audits and Investigations	2, 4
Compliance Manager	2, 4
	·
Government Relations and Project Management	
Senior Director of Project Management and Government Relations	2, 4, 6
Deputy Director of Government Relations and Strategic Development	4, 6
Director of Project Management	4
Medical and Quality	
Director of Behavioral Health	2, 4
Director of Community and Social Services	2, 4
Director of Clinical Operations Strategy and Analytics	2, 4
NCQA Manager	2, 4
Director of Pharmacy	2, 4
Director of Enhanced Care Management	2, 4
ECM Manager	2, 4
ECM Clinical Manager	2, 4
Senior Director for Health Services	2, 4
Director of Health Services Special Programs	2, 4
Medical Director - Quality Improvement	2, 4
Medical Director – Utilization	2, 4
Medical Director – Population Health Management	2, 4
Director of Quality Improvement	2, 4

Senior Director of Wellness and Prevention	2, 4
Cultural and Linguistic Services Manager	2, 4
HE Manager of Wellness and Prevention Partnerships	2, 4
HE Manager of Member and Prevention	2, 4
Health Services Manager	2, 4
CSS Community and Social Services Manager	2, 4
PHM Manager of Case Management	2, 4
UM Outpatient Clinical Manager RN	2, 4
Manager of Special Programs	2, 4
HE Manager of Community Health and Wellness	2, 4
Operations	
Senior Director of Provider Network	2, 4
Senior Director of Claims	2, 4
Senior Director of Contracting and Quality Performance	2, 4
Senior Director of Delegation and Oversight	2, 4
Senior Director of Member Services	2, 4
Deputy Director of Grants and Special Programs	2, 4, 5
Deputy Director of Provider Network Management	2, 4
Deputy Director of Claims	2, 4
Delegation Oversight Manager	2, 4
Quality Performance Credentialing Manager	2, 4
Director of Quality Performance	2, 4
Member Services Manager	2, 4
Claims Administrative Manager	2, 4
Grants and Special Program Manager	2, 4, 5
Provider Relations Manager	2, 4
Claims Manager	2, 4
Consultants *	

^{*} Consultants shall be included in the list of designated Covered Individuals and shall disclose pursuant to the broadest disclosure category in the code subject to the following limitation: The Chief Executive Officer may determine in writing that a particular consultant, although a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to fully comply with the disclosure requirements described in the Conflict of Interest Code. Such written determination shall include a description of the consultant's duties and, based upon that description, a statement of the extent of disclosure requirements. The Chief Executive Officer's determination is a public record and shall be retained for public inspection in the same manner and location as the Conflict of Interest Code.

DISCLOSURE CATEGORIES

- 1. All investments and business positions in business entities, sources of income (including receipt of gifts, loans and travel payments) and real property located in the state of California.
- 2. Investments and business positions in business entities and sources of income (including receipt of gifts, loans and travel payments) if the business entity or source provides medical or health care related facilities, products, equipment, vehicles, machinery, or services (including training or consulting services), including physician, hospital, or ancillary entities/sources.
- 3. Investments and business positions in business entities and sources of income (including receipt of gifts, loans and travel payments) if the business entity or source provides information technology or telecommunication goods, products or services, including computer hardware or software companies, computer consultant services, IT training companies, data processing firms and media services.
- 4. Investments in business positions in business entities and sources of income (including receipt of gifts, loans and travel payments) if the business entity or source provides leased facilities, products, equipment, vehicles, machinery or services (including training or consulting services) of the type utilized by the Agency.
- 5. Investments and business positions in business entities and sources of income (including receipt of gifts, loans and travel payments) if the business entity or source is of the type to receive grants or other funding from or through the Agency.
- 6. Investments and business positions in business entities and sources of income (including receipt of gifts, loans and travel payments) if the business entity or source is, or was, during the current legislations session, registered as a "lobbyist," "lobbying firm," or "lobbyist employer."



MEMORANDUM

TO: Kern Health Systems Board of Directors

FROM: Ross Elliott, Finance Committee Chairman

SUBJECT: Finance Committee Recommendation of Accounting Firm to Provide Financial Audit

Services for Calendar Years 2024-2026

DATE: August 15, 2024

Background

In May 2024, Kern Health Systems ("KHS") issued a Request for Proposal ("RFP") to provide Financial Audit Services. Daniells Phillips Vaughan & Bock has been the external independent auditors for the past ten years.

Discussion

KHS received proposals to provide financial audit services for the next 3-5 calendar years beginning with calendar year 2024 from the following accounting firms:

- Daniells Phillips Vaughan & Bock
- 2) BDO
- 3) Moss Adams

Representatives from all three firms made presentations and answered questions at this month's Finance Committee meeting. Attached is a Bid Matrix listing the proposed annual costs to perform the financial audit by each firm.

After careful deliberation of considering the proposals and experience of each accounting firm, the Finance Committee is recommending to the Board of Directors that Moss Adams be retained by KHS to provide financial audit services for calendar years 2024-2026 with the option of providing financial auditing services for two subsequent years.

The Finance Committee believes that Moss Adams offers:

- 1) Extensive experience and expertise in auditing Medi-Cal health plans like KHS
- 2) Comprehensive services to meet KHS' needs now and in the future
- 3) A network of continuing education programs available for KHS employees

Attached is a power point presentation providing additional information about Moss Adams.

Representatives from Moss Adams will be available to answer questions.

Requested Action

Approve the accounting firm Moss Adams to provide financial audit services for calendar years 2024-2026 with the option of providing auditing services for two subsequent years and authorize the CEO to sign the engagement letter.

KHS Bid Matrix & Decision Detail

Description of Item: Financial Audit

Bid Matrix

Vendor Name	Daniells Phillips Vaughan & Bock	BDO	Moss Adams LLP
Contact	Shannon M. Webster	John Barry	Stelian Damu
Date of Quote	6/27/2024	6/21/2024	7/1/2024
Cost for audit year ending 12/31/2024	\$57,225	\$125,000	\$156,000
Additional Comments	Price will increase approximately 5% each year for audit years 2025 and 2026	No pricing information provided for audit years 2025 and 2026	Price will increase approximately 5% each year for audit years 2025 and 2026

Date: 8/9/2024



Better Together: Kern Health Systems & Moss Adams

August 15, 2024

With You Today



Stelian Damu
PARTNER

Engagement and Audit Partner



Aparna Venkateswaran

PARTNER

Quality Control Review Partner



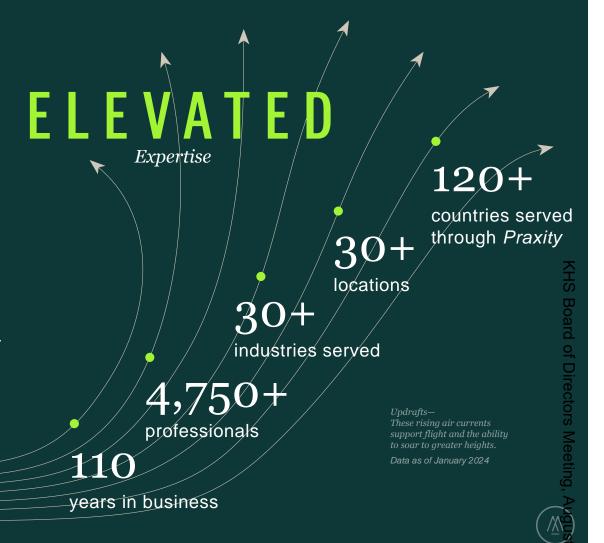
Ashley Merda
SENIOR MANAGER

Audit Senior Manager



About Moss Adams

Moss Adams is more than just a one-and-done accounting firm. We're a full-service firm, offering a portfolio of assurance, tax, and consulting services to meet your needs. Our clients consider us a trusted business resource and a valuable part of their team.



What We Bring

Before we begin, let us share why we believe we are the best choice for KHS.



INDUSTRY EXPERTISE

We've been dedicated to the health care industry for over 45 years and have grown to be one of the largest specialized practices in the country. Blended with deep government, managed care, and local health care expertise, you'll receive services tailored to your specific needs.



EXCEPTIONAL SERVICE

We staff our engagements with more partners and senior managers than most firms, and we make sure they're involved throughout the process. We strive for best-in-class expertise and are fully committed to providing top client service and the best we have to offer to help you move forward with confidence.



THE RIGHT CAPABILITIES

Our team is well positioned to serve and advise you across all aspects of your business. Our one-firm approach offers you firmwide resources and capabilities without sacrificing attention and communication. You can expect reliable and frequent communication on topics and updates pertinent to you.



Best of Both Worlds

Clients who choose to work with us want a unique mix of qualities. They want the technical depth and breadth of services and capabilities you find with larger firms, but they also want a lot of face time with partners and senior managers. Moss Adams is the right mix of all these qualities—we're uniquely positioned to help you thrive. We offer the experience, resources, training, and technical knowledge provided by Big Four firms but also competitive pricing and personal attention from senior-level professionals.

LOCAL FIRM	MOSS ADAMS	NATIONAL FIRM
Strong Local Presence	Strong Local Presence	
	Technical Depth	Technical Depth
Responsive	Responsive	
	Deep Bench Strength	Deep Bench Strength
Competitive Fees	Competitive Fees	
	Scalable	Scalable
	Personal Service and Attention	

Committed to Health Care

We've been dedicated to the health care industry for over 45 years, and it's one of our firm's largest and most successful industry practices. Our clients across the nation depend on us for health care—specific assurance, tax, and consulting services, as well as to help find innovative financial solutions to drive growth and reduce risk.

Expertise leadership involvement with AICPA Health Care Expert Panel and HFMA National Principles and Practice Board health care partners dedicated professionals These rising air currents to soar to greater heights. clients across the nation



Health Care Expertise

Health Plans and Risk-**Based Organizations**

We have extensive experience assisting our clients with federal and state regulatory audits for health plans, insurance companies, and managed care organizations. Our practice was built on becoming an advisory collaborator for managed care organizations to help lead the way in controlling health care costs.

260 +

health plan and insurance clients across the nation

- clients with annual premiums between \$15M to \$5B
- top 25 ranked top audit firm in Best's Review by AM Best since 2018

Medical Groups & Physicians

We serve a wide range of medical groups and physician practices, including IPAs from small clinics with only a few physicians to large integrated groups with several hundred.

- 1,100+ clients across the nation
- 30+ dedicated professionals
- 33+ health care partners

Hospitals and Health Systems

Our extensive experience working with a broad range of hospitals and health systems means we can provide you with businesscritical benchmarking and solutions to stay ahead of change and disruption.

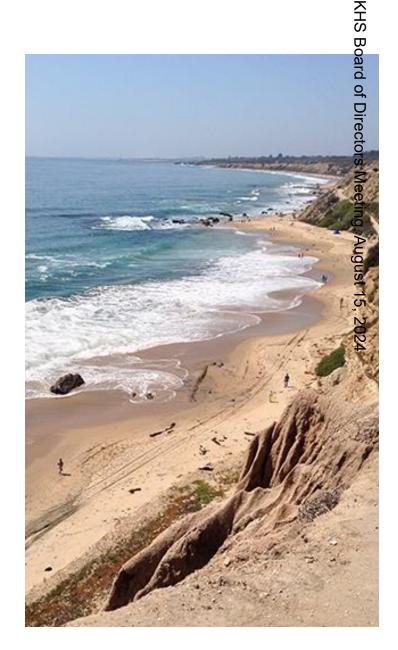
- 1,200+ clients across the nation
- 400+ dedicated health care professionals
- clients ranging in size from 25 to 1,600 beds

California Health Care Focus

Moss Adams has extensive experience working with managed care organizations in the State of California. Our practice was built on becoming an advisory collaborator for managed care organizations to support the goal of providing both high-quality and cost-effective care to patients.

Our expertise includes:

- Regularly interfacing with the State's Department of Managed Health Care (DMHC)
- · Helping organizations plan for and obtain Knox-Keene licenses
- Assisting organizations to operate successfully under complex DMHC, DHCS, and CMS regulations
- Monitoring changes with the State of California Medicaid program, Medi-Cal
- Understanding of state regulations and how developments, changes, and new regulations affect the California health care system
- Helping organizations adapt to new California legislation
- Sharing our knowledge with the health care community at large



Government Practice

We commit significant personnel and resources to our Government Services Practice, building technical expertise in all areas of government. Our professionals lead audit engagements for over 400 government entities including state agencies; cities and counties; public colleges and universities; special purpose governments including ports, utility districts, and transit agencies; public retirement funds; and others.

Expertise dedicated professionals tax-exempt clients across the nation

government clients across the nation

These rising air currents to soar to greater heights.

Representative Clients

The following is a partial list of clients we're proud to serve that are similar to KHS.

- Adventist Health Plan
- Alameda Alliance for Health
- Alignment Health Plan
- AllCare Health Inc.
- Babylon Health
- Blue Shield of California
- Brandman Health Plan
- Brown & Toland
- CalOptima
- CalViva Health
- Central California Alliance for Health
- Children's Health Plan of California
- Chinese Community Health Plan
- Community Health Group
- Community Health Plan of Imperial Valley
- Community Health Plan of Washington
- Delta Health Systems
- First Choice Health Network Inc.
- Gold Coast Health Plan
- Health Plan of San Joaquin/Mountain Valley Health Plan
- Health Plan of San Mateo
- Inland Empire Health Plan

- Kaiser Foundation Health Plan, Inc.
- Kaiser Permanente
- Landmark Healthplan of California
- Liberty Dental Plan
- Meritage Medical Network
- PacificSource Health Plans
- Partnership Health Plan of California
- Premier Health Plan Services Inc.
- Presbyterian Health Plan
- Providence Health Plan
- San Francisco Health Plan
- Santa Clara Family Health Plan
- Solera Health
- TaxSaver Plan
- THT Health
- TriWest Healthcare Alliance
- Umpqua Health Management
- Ventura County Medi-Cal Managed Care Commission
- Vitality Health Plan
- Washington US L&H Assigned Risk Plan
- Western Health Advantage





Service Apprnach

Our Southern California Presence

With its complex state and local tax structure and maze of regulatory agencies, California presents a number of challenges to organizations doing business there. We have the resources, conveniently located offices, and technical expertise to address those challenges. We understand how operate successfully under complex DMHC, DHCS, CMS, and other regulations.

5th
largest accounting firm in California

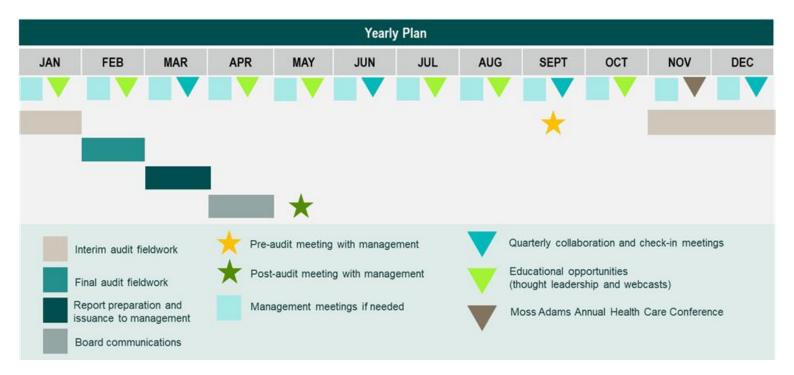
55+
partners

475+ professionals



A Customized Service Approach

We know it's important to meet your milestones while building a foundation of trust between our teams. To help you visualize our unique service delivery, we've created the following client service plan for KHS.



Transitioning to Moss Adams



NO SURPRISES

- Close leadership of engagement teams
- Face-to-face meetings with your team (remote video or in person)
- Focus on building a relationship



PERSONAL SERVICE

- A transition plan tailored to your needs, based on your current operations and our history of service to you
- Responsive, proactive service
- Ability to hit the ground running



FLEXIBILITY

- Pre-transition meeting(s)
- Financial statement review ahead of time
- Communication plan to keep you informed
- Clear and agreed-upon expectations and timing



KHS Board of Directors Meeting, August 15, 2024

Tailored Audit Approach

You'll benefit from our customized, risk-based audit approach, as well as dedicated and ongoing involvement from our partners and senior-level professionals. Our emphasis is on tailoring an integrated audit to focus on the areas of significant risks for KHS.



Audit Approach (continued)

During the audit, your Moss Adams audit partner and team executives will review the work in progress and address any issues with management. This reduces time spent on post-audit procedures and wrap-up.

Our audit procedures include:

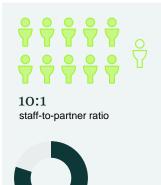
- Planning the engagement based on a thorough understanding of your business risks and transactions
- Communicating and coordinating activities with management and the audit committee based on an agreed-upon timeline
- Conducting continuous audit procedures to increase efficiency and reduce the burden on your personnel at year-end
- Working with management to resolve any complex accounting or reporting issues as early as possible in the audit process
- Providing recommendations to management for areas of improvement

$We \ differentiate \ ourselves \ from \ national \ and \ local \ firms \ through:$

Staffing engagement teams with team members who focus exclusively on health care services

Continuity in our team members throughout the year—from interim audit fieldwork to the year-end audit fieldwork

A risk-based audit approach that's customized to your company and minimizes administrative tasks



80% average staff retention rate



Value-added Services

You have complex needs that go beyond audit and tax functions. Our dedicated health care consulting team provides a range of services to address all your emerging needs—both now and in the future.

Health Care Consulting Services

STRATEGY & INTEGRATION

Provider Risk Analysis, Contracting & Operational Design

M&A Support

Feasibility Studies

Market Intelligence & Benchmarking

Strategic Planning & Implementation

Managed Care Assessment & Negotiation

Service Line Enhancement & Analyses

INFORMATION TECHNOLOGY

HIPAA Security & Privacy

Network Security & Penetration Testing

HITRUST Assessment & Certification

Disaster Recovery Planning

PCI DSS Audits

SOC Pre-audit Gap Analysis & Readiness

SOC Audits

PROVIDER REIMBURSEMENT ENTERPRISE SERVICES

Medicare & Medicaid

Provider-Based Licensure & Certification

Medical Education

Uncompensated Care

Wage Index Reviews

Contract Compliance

OPERATIONAL IMPROVEMENT

Revenue Cycle Enhancement

Claims Recovery

Litigation Support

Employer Health Benefits

Financial Turnaround

Performance Excellence

Valuations

GOVERNMENT COMPLIANCE

Regulatory Compliance

Coding Validation

Coding Department Redesign

EHR Internal Controls

Corporate Compliance

LEAN TRANSFORMATION

3P & Innovation

Lean Strategic Planning & Strategy Deployment (Hoshin Kanri)

Lean Management Systems & Operations

Quality & Patient Safety

Internal Infrastructure Development

An Array of Resources

As our client, you gain access to our network and all its resources. We offer ongoing education and regular, timely communication to help keep you informed throughout the year.



Articles & Alerts

Industry-specific insights and important tax and assurance updates



Reports & Guides

A more in-depth look at significant changes and subjects across the business landscape



Webcasts

On-demand and live sessions with our professionals on technical and timely topics



Events

Seminars, destination conferences, networking receptions, and charity events, among others



2024 Executive Health Care Conference

November 6-8, 2024

Point-Counterpoint Political Keynotes for 2024:



Val Demings

- U.S. Representative (D-FL, 2017-2023)
- First Female Police Chief for the City of Orlando, FL
- Served on House Committees on Judiciary, Intelligence, Homeland Security, and Oversight and Government Reform



Kevin McCarthy

- 55th Speaker of the House (R, CA)
- Fastest Rising Minority Leader in California State Assembly History
- Secured \$2T in Deficit Reduction
- Created the Select Committee on the Chinese Communist Party

Nov. 6-8, 2024 | Las Vegas, NV Red Rock Casino, Resort & Spa

REGISTER NOW

Register early for the best rates!

Join C-suite professionals from across the health care ecosystem to discuss the state of the industry and prepare leaders for 2025.

READY NOW

Our team is invested in this relationship. We have the right resources in place to provide the support you need now and as you continue moving onward.



A TAILORED, CUSTOMIZED SERVICE PLAN

Our approach is based on what's going to work best for KHS as you move forward. We're excited about working with you and delivering solutions designed to help you move forward with confidence.

SUPERIOR LEVEL OF SERVICE

We're fully committed to providing top client service and a fresh perspective to help your hospital succeed. We believe our combination of superior service and fresh perspective creates the proper balance for a solid, lasting relationship.

TIMELINE

We commit to delivering all of the services you require for the next few years and beyond. Our service plan has been methodically designed to meet all your deadlines.

OUR PROMISE

You have our absolute commitment as your advisor. We'll bring you the benefits of a national firm, coupled with the personalized attention that's a key tenant of our culture.



Questions



The material appearing in this presentation is for informational purposes only and should not be construed as advice of any kind, including, without limitation, legal, accounting, or investment advice. This information is not intended to create, and receipt does not constitute, a legal relationship, including, but not limited to, an accountant-client relationship. Although this information may have been prepared by professionals, it should not be used as a substitute for professional services. If legal, accounting, investment, or other professional advice is required, the services of a professional should be sought.

Assurance, tax, and consulting offered through Moss Adams LLP. Investment advisory offered through Moss Adams Wealth Advisors LLC. Investment banking offered through Moss Adams Capital LLC.





MEMORANDUM

TO: Kern Health Systems Board of Directors

FROM: Emily Duran, Chief Executive Officer

SUBJECT: Kern Health Systems Bylaws

DATE: August 15, 2024

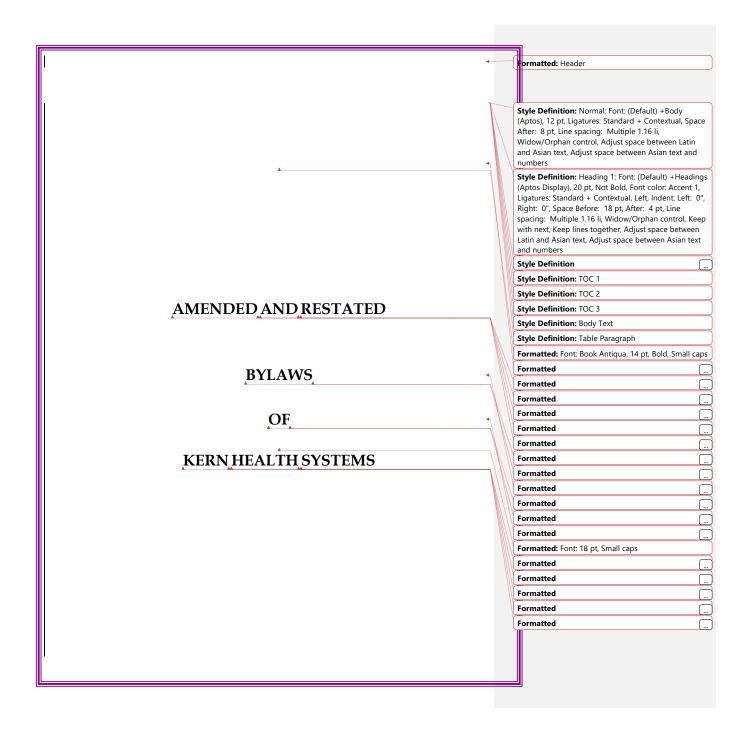
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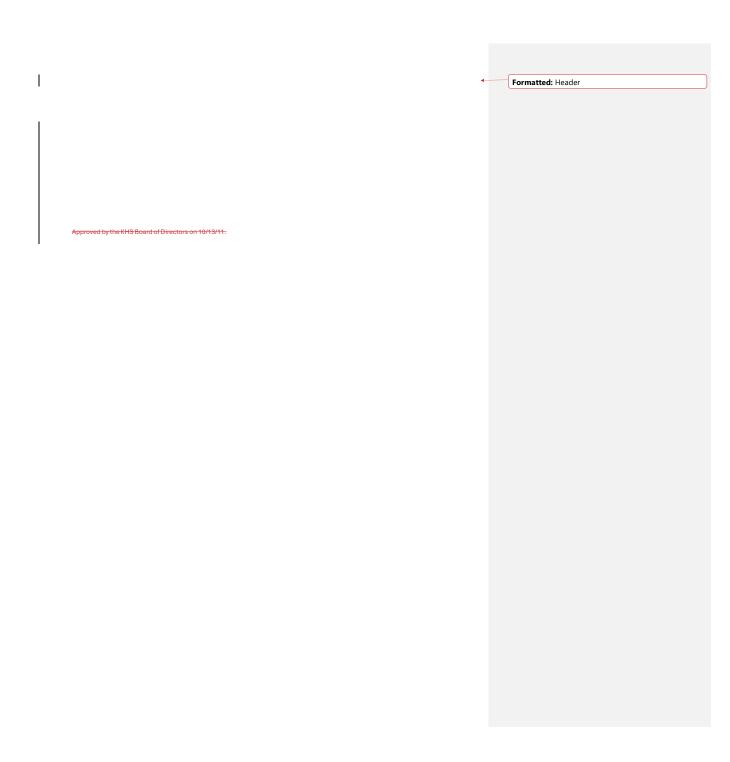
The Board last amended the KHS Bylaws on October 13, 2011. The current KHS Bylaws do not accurately reflect the makeup of the KHS governing Board and since 2011 KHS has changed office locations. On April 13, 2023 at the regularly held KHS Board meeting, the decision was made to create a Bylaw Review Committee to update the KHS Bylaws.

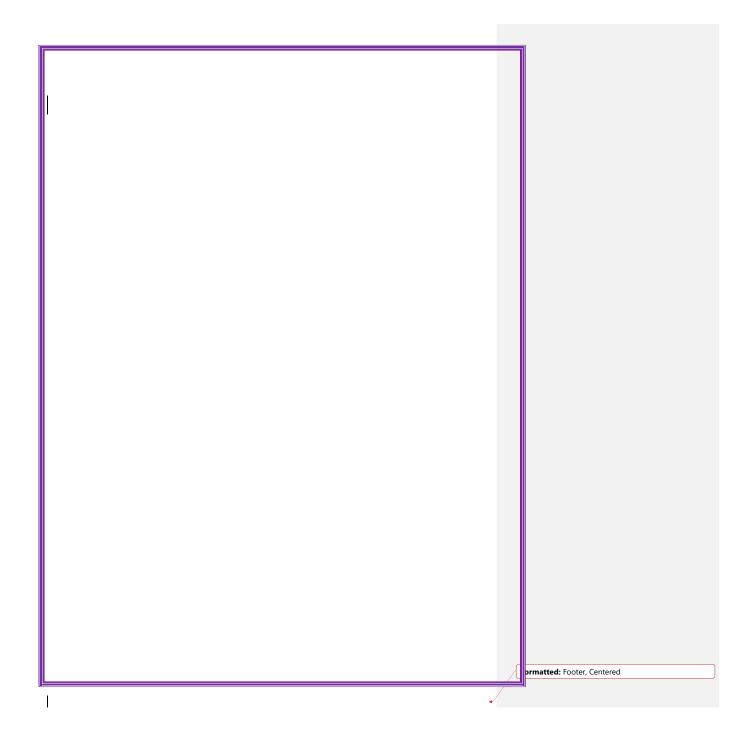
The Bylaw Review Committee and Legal Counsel have met on several occasions to review the KHS Bylaws for consistency and accuracy. The Committee conducted a review and analysis of the KHS Bylaws and propose the revisions attached. In the event the Board approves the proposed Revisions, the KHS Bylaws will need to be placed on the Board of Supervisors Agenda for review and approval.

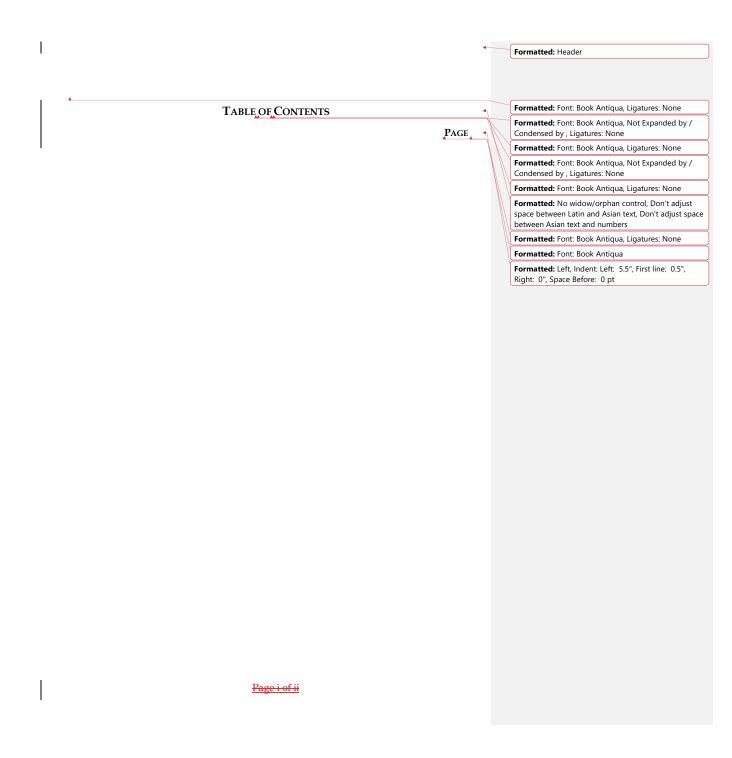
REQUESTED ACTION

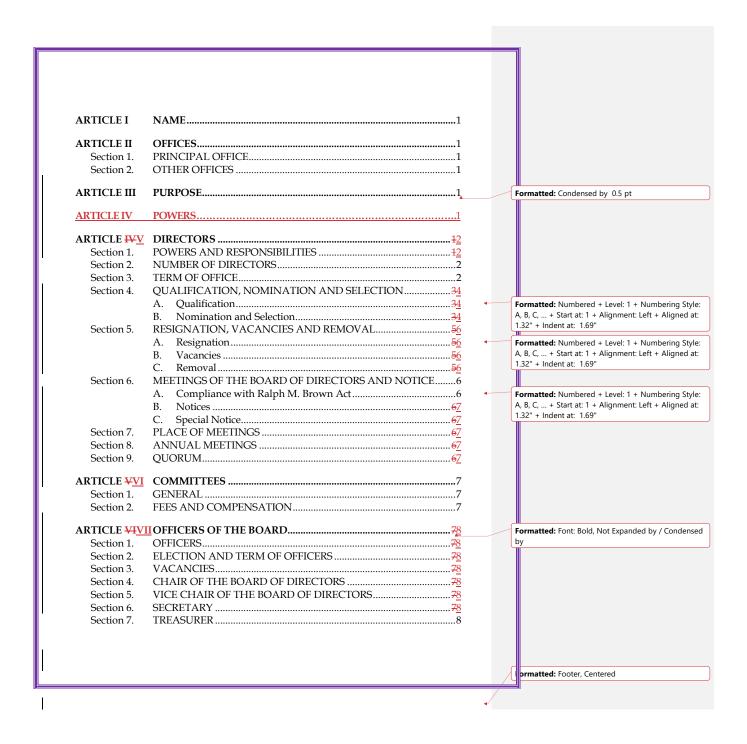
Approve; Refer to Kern County Board of Supervisors for approval.

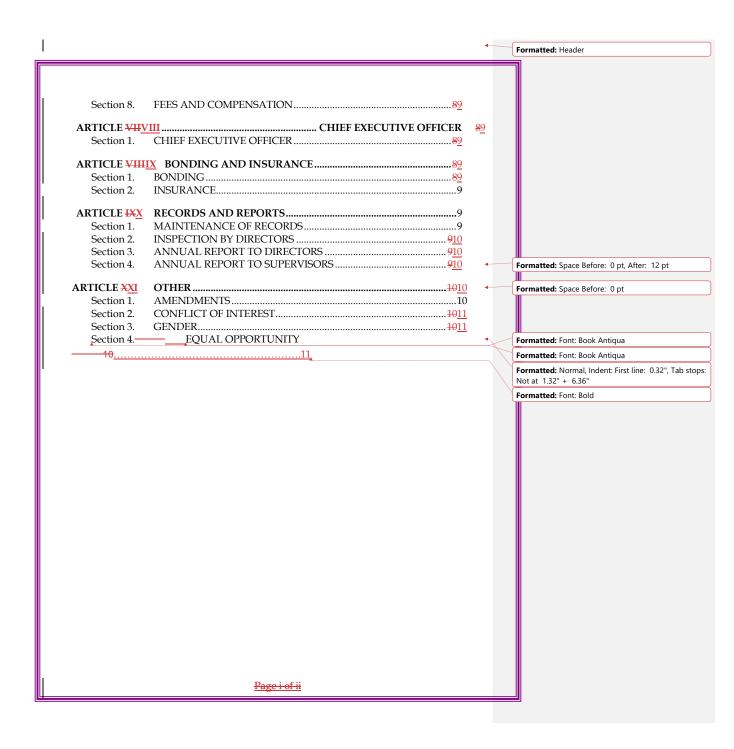


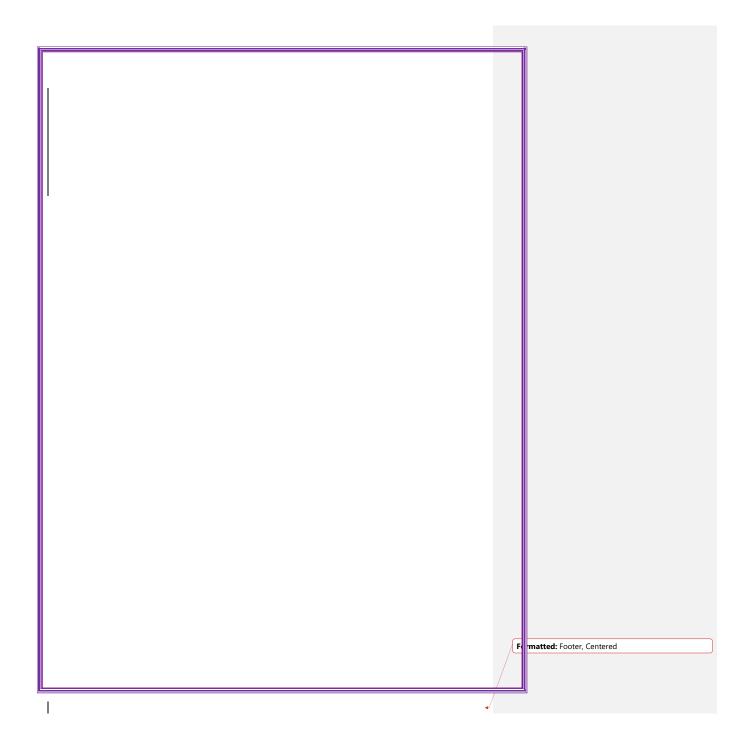


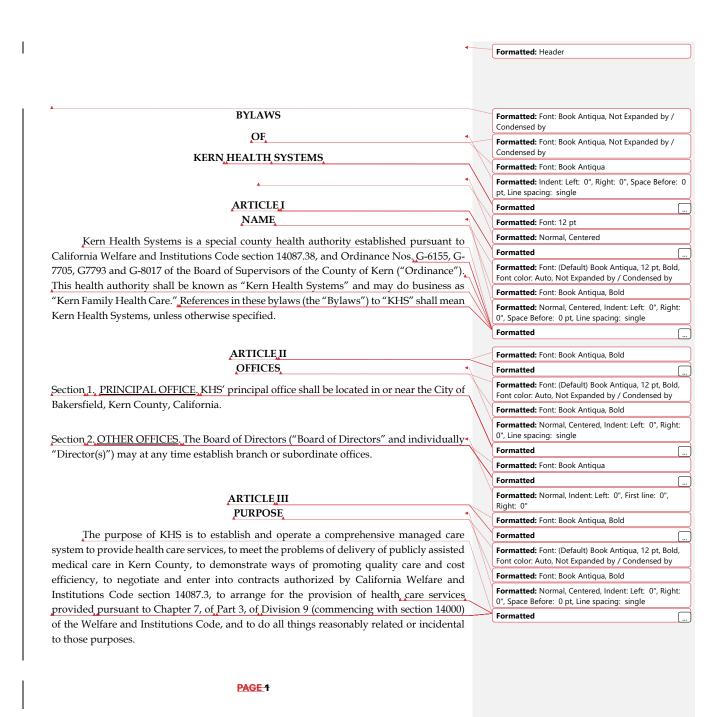












ARTICLE IV POWERS

The health authority shall have all rights, powers, duties, privileges and immunities vested in the county pursuant to Chapter 7, of Part 3, of Division 9 (commencing with Section 1400) of the Welfare and Institutions Code. The health authority may enter into contracts for the provision of health care services to individuals including, but not limited to, those covered under Subchapter XVIII (commencing with Section 1395) of Chapter 7 of Title 42 of the United States Code, those entitled to coverage under other publicly supported programs, those employed by public agencies or private businesses, and uninured or indigent individuals. The health authority may acquire, possess and dispose of real or personal property, as necessary for the performance of its functions, may employ personnel, may contract for services required to meet its obligations and may sue or be sued. The health authority may borrow from the county and the county may lend the health authority funds or issue revenue anticipation notes to obtain those funds necessary to commence operations. The health authority shall be deemed a unit of local government for purposes of all grant programs and other funding and loan guarantee programs. The health authority shall have all the rights, powers, duties, privileges and immunities set forth in Welfare and Institutions Code Section 14087.38 and those necessary and incidental thereto.

ARTICLE V DIRECTORS

Section 1. <u>POWERS AND RESPONSIBILITIES</u>, Subject to the provisions of the Ordinance, applicable law and these Bylaws, the business and affairs of KHS shall be

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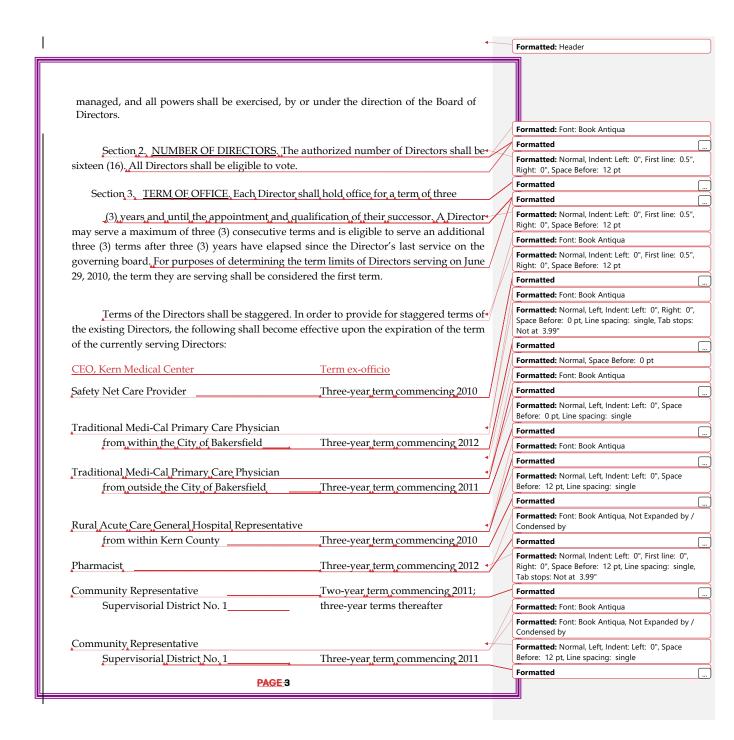
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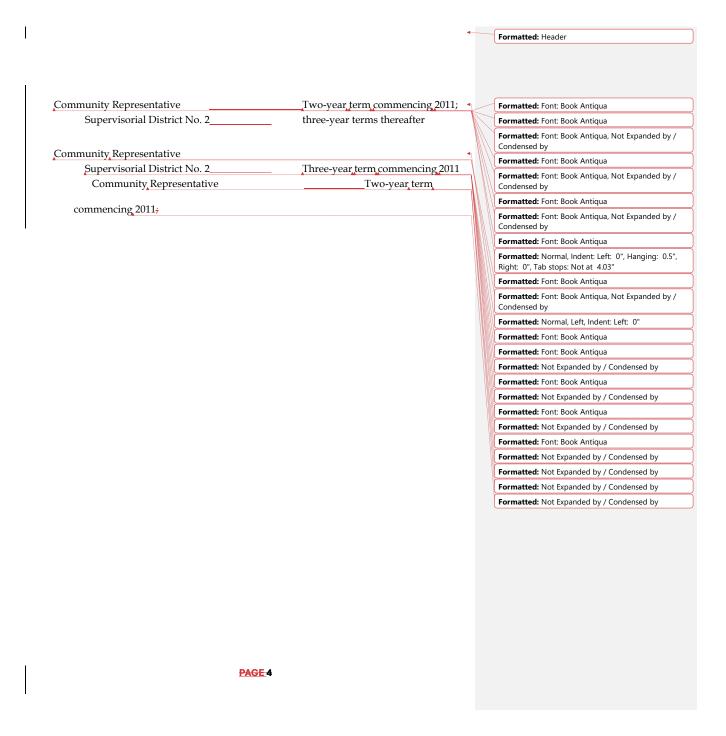
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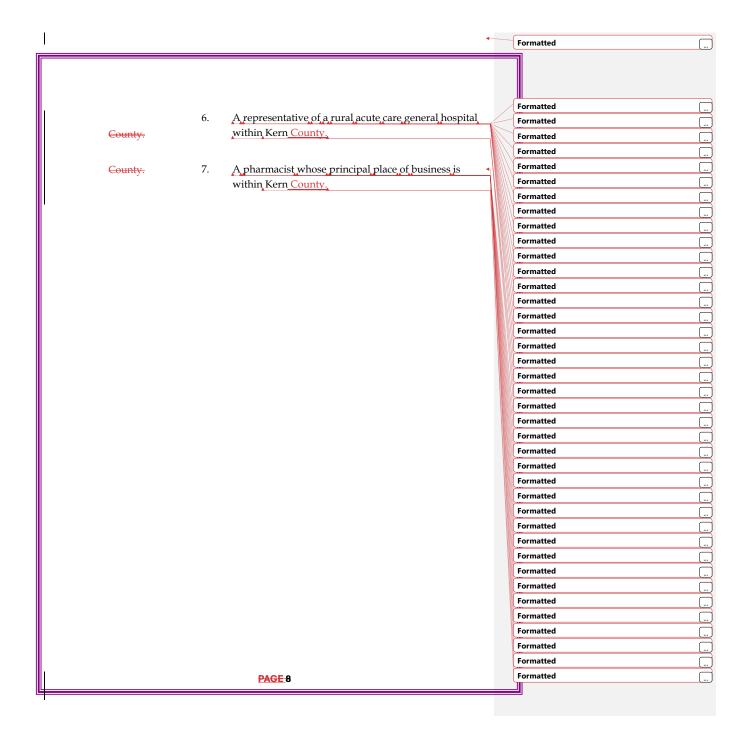


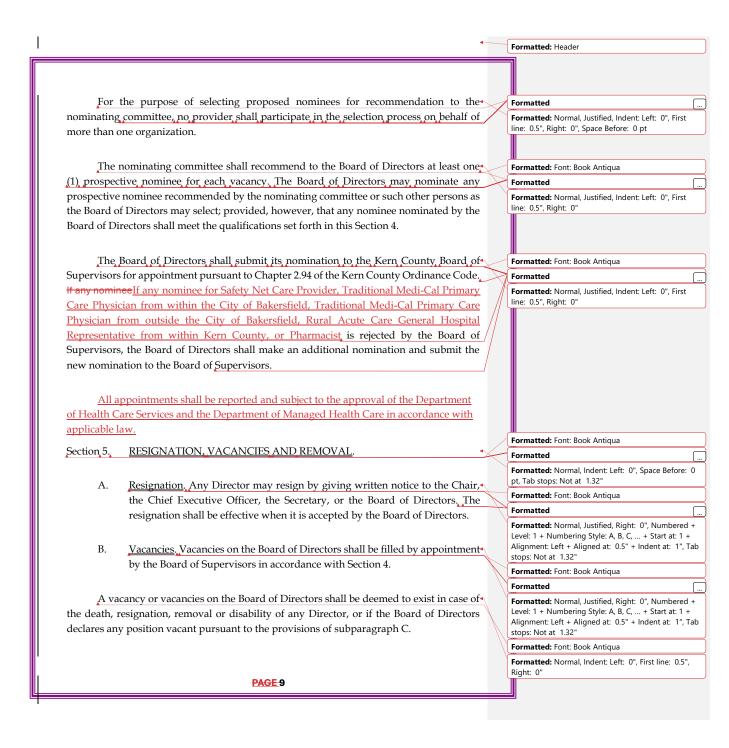


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Thereafter, Directors shall be appointed	on or before June 30 of the calendar yea	nr in Format	ted	
which their term expires and shall take o	ffice at the first meeting following t	heir Format	ted	
appointment.		Format	ted	
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Section 4. QUALIFICATION, NOM	NATION AND SELECTION.	Format	ted	
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A. Qualifications.		Format	ted	
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 All Directors must be at le 	ast twenty-one (21) years of age and sha	ll be Format	tea	
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residents of or employed within the County of	Kern, State of California at the time of hi	is or Format	ted	
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Formatted: Header No Director shall be an employee, officer or director of or own or Formatted: Font: Book Antiqua control more than ten percent (10%) of the shares of stock in any other managed health Formatted care plan or health maintenance organization. Formatted: Normal, Justified, Indent: Left: 0.06", First line: 0.81", Right: 0", Numbered + Level: 2 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.88" + Indent at: 1.38", Tab stops: -Nomination and Selection. Whenever a vacancy exists on the Board of Not at 1.82" Directors for Safety Net Care Provider, Traditional Medi-Cal Primary Care Physician Formatted from within the City of Bakersfield, Traditional Medi-Cal Primary Care Physician from outside the City of Bakersfield, Rural Acute Care General Hospital Representative from within Kern County, or Pharmacist, the Chair may appoint a nominating committee Formatted: Font: Book Antiqua composed of three (3) Directors to nominate qualified candidates to the Board of Directors, or the Board of PAGE 6

recommended by a group consisting of safety net care providers within KHS' service area. For purposes of these Bylaws, "safety net care provider" means a health care provider that: a. provides services within Kern County to the general public; b. has a sliding-fee scale for services based on annually published federal poverty guidelines; c. is an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended; d. provides services to all types of patients regardless of their economic condition, race, medical condition, and ethnicity; e. is an organization other, than a non-profit hospital. 3. Ten (10) community representatives. 4. A traditional Medi-Cal primary care physician whose office is located outside the corporate limits of the City of Bakersfield but, within Kern County. Bylamber 1, 2, 3, Start at 1 + Alignment Left + Alignment L		*	-	Formatted: Header
of Supervisors. The nominating committee shall review the qualifications of each prospective nominee, The nominating committee may seek its own candidates, and seek recommendations from representative constituency, groups as, noted below, within KHS' service area. The Board of Directors shall be composed of: 1. The Chief Executive Officer of Kern Medical Center, 2. A representative of Kern County safety net providers, which may be recommended by a group consisting of safety net care providers within KHS' service area. For purposes of these Bylaws, "safety net care provider" means a health care provider that: a. providers ervices within Kern County to the general public; b. has a sliding-fee scale for services based on annually published federal poverty guidelines; c. is an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended; d. provides services to all types of patients regardless of their economic condition, race, medical condition, and ethnicity; e. is an organization other than a non-profit hospital. 3. Ten (10) community representatives. 4. A traditional Medi-Cal primary care physician whose office is located within the corporate limits of the City of Bakersfield but within Kern County. County. Formatted Forma				
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Removal. The Board of Directors may submit to the Board of Supervisors as Formatted: Font: Book Antiqua recommendation that the Board of Supervisors remove a Director who has Formatted been: Formatted: Normal, Justified, Right: 0", Numbered + Level: 1 + Numbering Style: A, B, C, ... + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at: 1", Tab Declared of unsound mind by a final order of court; 1. stops: Not at 1.32" Formatted: Font: Book Antiqua 2. Convicted of a felony; Formatted Formatted: Normal, Space Before: 0 pt, Numbered + Level: 2 + Numbering Style: 1, 2, 3, ... + Start at: 1 + 3. Found by a final order or judgment of any court to have breached any Alignment: Left + Aligned at: 1" + Indent at: 1.5", Tab stops: Not at 1.82" duty to KHS; Formatted: Font: Book Antiqua Formatted Absent from three (3) consecutive regular meetings without Formatted: Normal, Numbered + Level: 2 + permission of the Board of Directors; Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 1" + Indent at: 1.5", Tab stops: Not Formatted: Font: Book Antiqua Formatted Formatted: Normal, Right: 0", Numbered + Level: 2 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 1" + Indent at: 1.5", Tab stops: Not at 1.82" Formatted: Font: Book Antiqua Formatted Formatted: Normal, Right: 0", Space Before: 0 pt, Numbered + Level: 2 + Numbering Style: 1, 2, 3, ... Start at: 1 + Alignment: Left + Aligned at: 1" + Indent at: 1.5", Tab stops: Not at 1.82"

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	5. Upon the termination of employment or affiliation with the	24	Formatted: Font: Book Antiqua
	interests/entities whom the Director is representing;		Formatted: Normal, Justified, Right: 0", Space Before: 0 pt, Numbered + Level: 2 + Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 1" + Indent at: 1.5", Tab stops: Not at 1.82"
	6. Upon failure to meet the qualifications set forth in Section 4;	1	Formatted: Font: Book Antiqua
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	 For any reason that would constitute grounds for the removal of a local agency public officer; or 		Formatted: Normal, Numbered + Level: 2 + Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 1" + Indent at: 1.5", Tab stops: Not at 1.82"
	8. Found by two-thirds (2/3) of the members of the Board of Director	34 /	Formatted: Font: Book Antiqua
	then in office not to be acting in the best interests of KHS.	_\ '	Formatted .
Section 6.	MEETINGS OF THE BOARD OF DIRECTORS AND NOTICE.	1	Formatted: Normal, Justified, Right: 0", Numbered + Level: 2 + Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 1" + Indent at: 1.5", Tab stops: Not at 1.82"
A.	Compliance with Ralph M. Brown Act. All meetings of the Board of Director	34	Formatted: Font: Book Antiqua
	and any committees thereof shall be called, noticed, conducted and adjourned in accordance with the Ralph M. Brown Act (the "Brown Act") (Section 54950 et seq. of the California Government Code, as amended); and Welfare and	i \\\ , \\\	Formatted: Normal, Justified, Right: 0", Space Before: 0 pt, Numbered + Level: 2 + Numbering Style: 1, 2, 3, + Start at: 1 + Alignment: Left + Aligned at: 1" + Indent at: 1.5", Tab stops: Not at 1.82"
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В.	Notices In addition to any notice required by the Brown Act notices of al	. \ \	Formatted .
Б.	Notices. In addition to any notice required by the Brown Act, notices of al meetings shall be posted at 9700 Stockdate Highway 2900 Buck Owens Blvd		Formatted: Normal, Indent: Left: 0", Tab stops: Not at 1.32"
	Bakersfield, California 9331193308, the location of which is freely accessible	<u>-</u> // '	Formatted: Font: Book Antiqua
	to members of the public.	///	Formatted
C.	<u>Special Notice</u> . Notice of any meeting of the Board of Directors at which thes Bylaws may be amended shall be given for no less than seven (7) calenda	/ W	Formatted: Normal, Justified, Right: 0", Numbered + Level: 1 + Numbering Style: A, B, C, + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at: 1", Tab stops: Not at 1.32"
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Section	ion 7. PLACE OF MEETINGS. Meetings of the Board of Directors may be held	<u>l•</u> \ \	Formatted: Font: Book Antiqua
at any plac	ce permitted under the Brown Act. In the absence of such designation, al	1	Formatted .
meetings sh	hall be held at the principal office of KHS.		Formatted
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Section 8. <u>ANNUAL MEETINGS</u>. The Board of Directors may hold an annual meeting for the purpose of election of officers, election of the members and chairpersons of committees, and the transaction of other business.

Section 9. <u>QUORUM</u>, A majority of the Directors then in office shall constitute a quorum. Every act or decision done or made by a majority of the Directors present at a meeting duly held at which a quorum is present shall be regarded as the act of the Board of Directors, unless a greater number is required by law or these Bylaws. Business may continue to be transacted at any meeting at which a quorum is initially present, notwithstanding the withdrawal of Directors, provided that any action taken is approved by at least a majority of a quorum.

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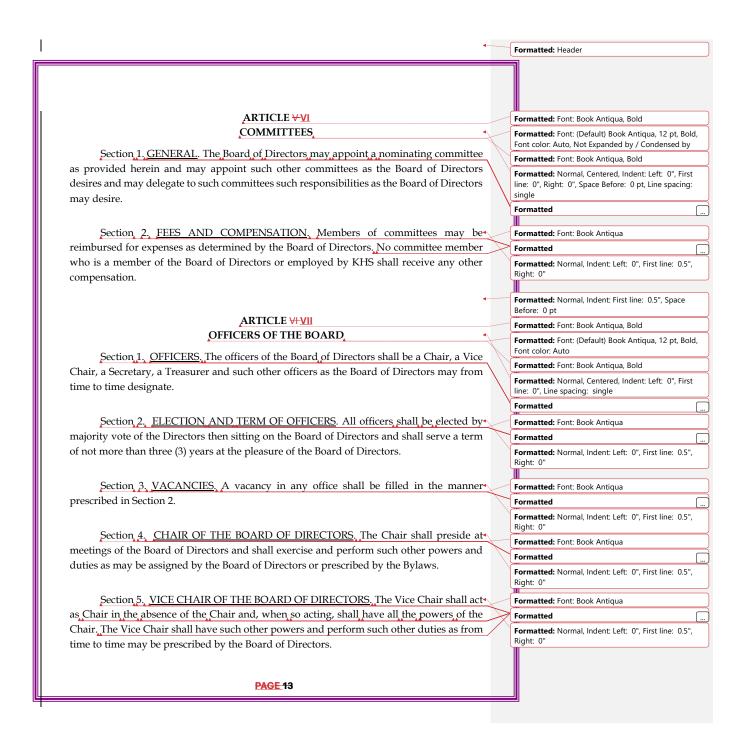
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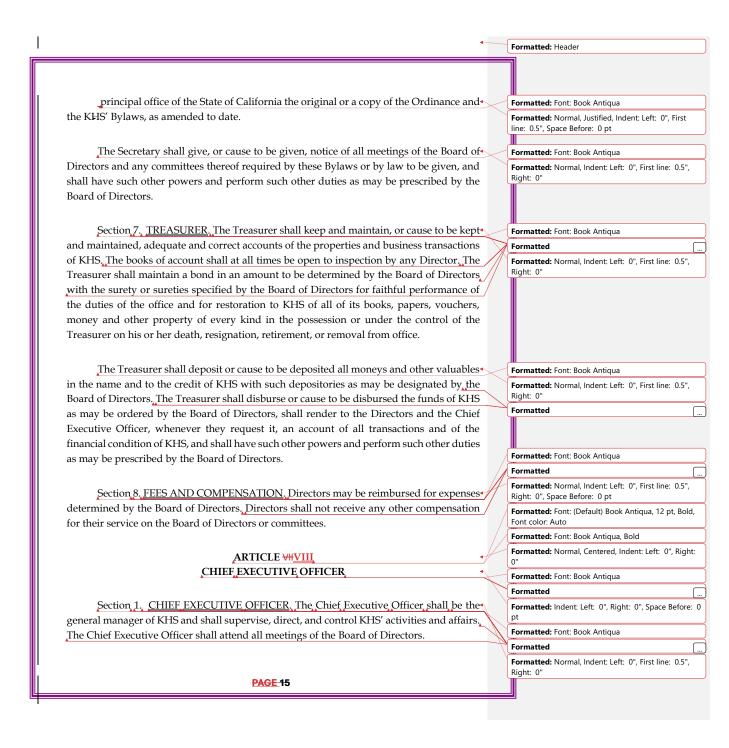
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Section 6, SECRETARY, The Secretary shall keep or cause to be kept, at the principal office or such other place as the Board of Directors may order, a book of minutes of all meetings of the Board of Directors and its committees, with the time and place of holding, whether regular or special, and if special, how authorized, the notice thereof given, the names of those present at Board of Directors and committee meetings, and the proceedings thereof, The Secretary shall keep, or cause to be kept, at the

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ARTICLE VIII-IX BONDING AND INSURANCE

Section 1. <u>BONDING</u>, All officers and agents or representatives of KHS designated by the Board of Directors handling funds shall be properly bonded as required by law and as the Board of Directors shall determine is prudent in the conduct of its activities and the activities of such officers, employees, and other designated agents or representatives of KHS.

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Section 2. INSURANCE. The Boar	d of Directors shall cause KHS to arrange for ar	Formatted	
maintain appropriate insurance coverage	ge for KHS, its officers, Directors, agents ar	Formatted	
employees.		Formatted	
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Section 1. MAINTENANCE OF	RECORDS, KHS shall keep:	Formatted	
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A. Adequate and correct b	ooks and records of account;	Formatted	
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B. Written minutes of the	proceedings of the Board of Directors, and	Formatted	
committees of the Board		Formatted	
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C. A record of each Direct	or s name and address.	Formatted	
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Section 2. INSPECTION BY DIRECTION BY DIRECT	CTORS. Every Director shall have the right at ar	1y4 Formatted	
reasonable time to inspect KHS' books,	records, documents of every kind, and physic	al Formatted	
properties.		Formatted	
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Section 3. ANNUAL REPORT TO I	DIRECTORS, The Board of Directors shall cause	Formatted	
an annual report to be sent to each of the		Formatted	
	scal year. That report shall contain the following	Formatted	
information, in appropriate detail, for the	fiscal year:	Formatted	
A		Formatted	
A. The assets and liabilities, inc	cluding the trust funds, of KHS as of the end of	Formatted	
the fiscal year;		Formatted	
		Formatted	
B. The principal changes in ass	sets and liabilities, including trust funds;	Formatted	
b. The principal changes in ass	sets and nabilities, including trust funds,	Formatted	
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	CHS, both unrestricted and restricted to	Formatted	
particular purposes; and		Formatted	
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	ents of KHS for both general and restricted	Formatted	
purposes.		Formatted	
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The annual report shall be accompanied by any reports of KHS' independent accountants or, if there is no such report, by the certificate of an authorized officer of KHS that such statements were prepared without audit from KHS' books and records.

This requirement of an annual report shall not apply if KHS receives less than Twenty-Five Thousand Dollars (\$25,000), in gross receipts during the fiscal year;

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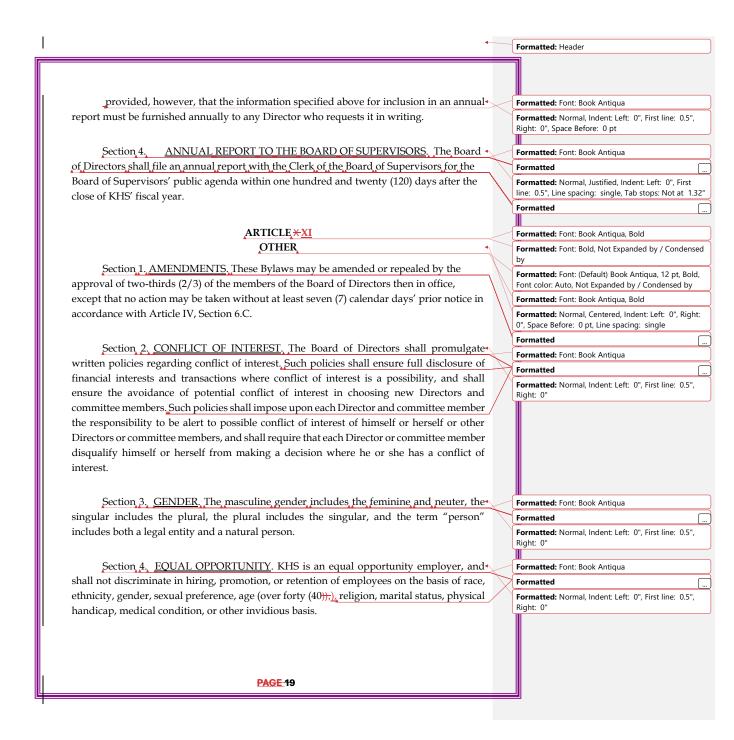
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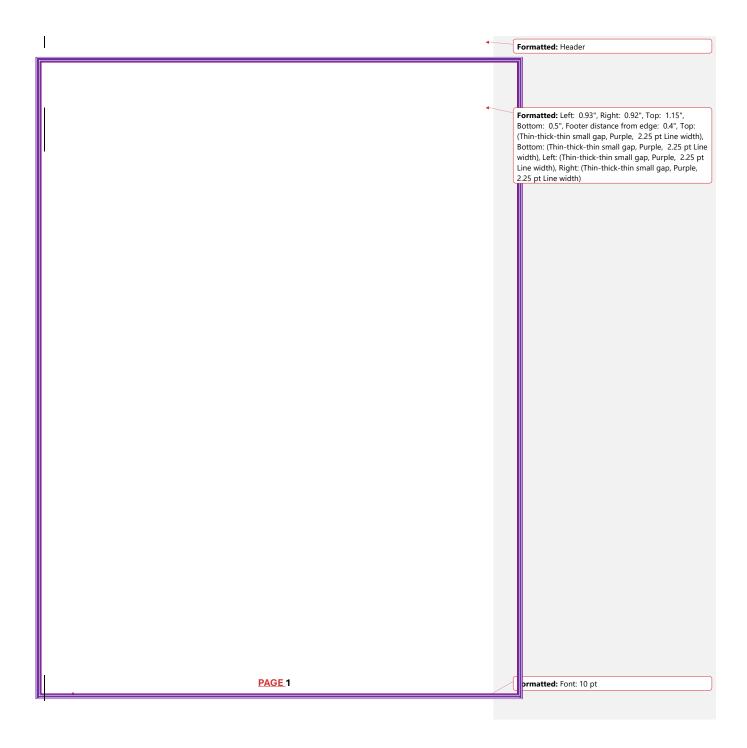
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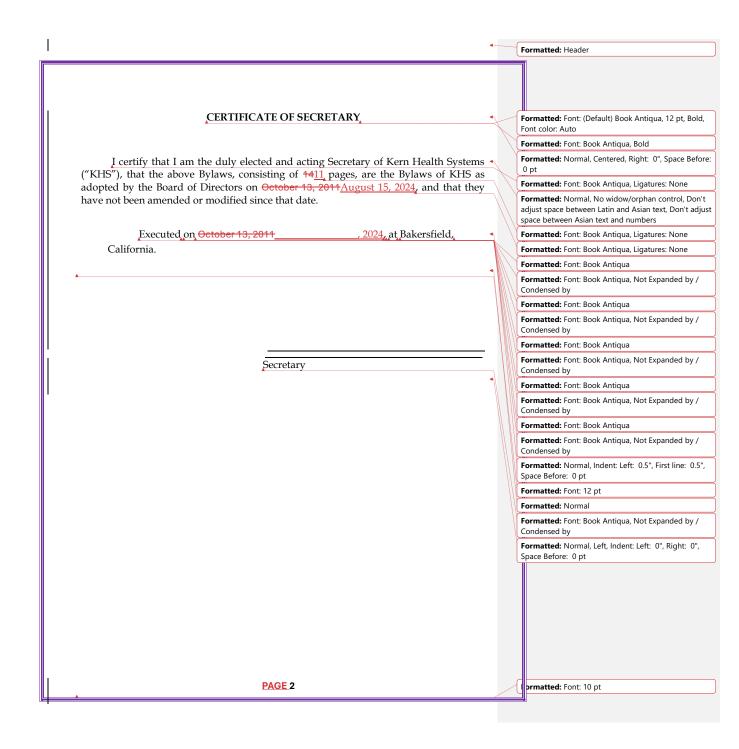
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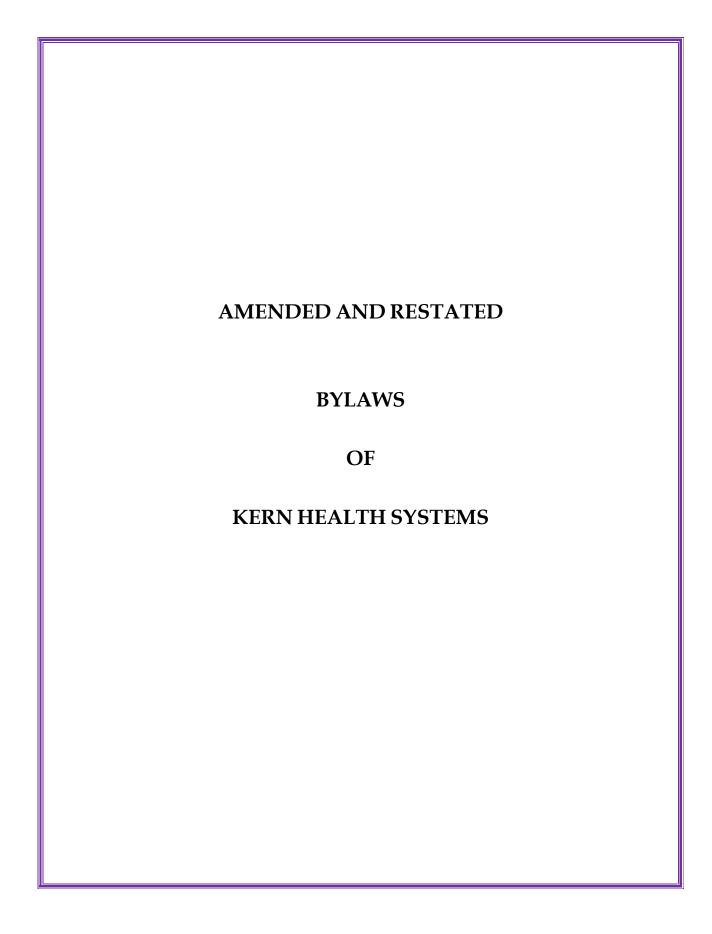


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BYLAWS

OF

KERN HEALTH SYSTEMS

ARTICLE I NAME

Kern Health Systems is a special county health authority established pursuant to California Welfare and Institutions Code section 14087.38, and Ordinance Nos. G-6155, G-7705, G7793 and G-8017 of the Board of Supervisors of the County of Kern ("Ordinance"). This health authority shall be known as "Kern Health Systems" and may do business as "Kern Family Health Care." References in these bylaws (the "Bylaws") to "KHS" shall mean Kern Health Systems, unless otherwise specified.

ARTICLE II OFFICES

Section 1. <u>PRINCIPAL OFFICE</u>. KHS' principal office shall be located in or near the City of Bakersfield, Kern County, California.

Section 2. <u>OTHER OFFICES</u>. The Board of Directors ("Board of Directors" and individually "Director(s)") may at any time establish branch or subordinate offices.

ARTICLE III PURPOSE

The purpose of KHS is to establish and operate a comprehensive managed care system to provide health care services, to meet the problems of delivery of publicly assisted medical care in Kern County, to demonstrate ways of promoting quality care and cost efficiency, to negotiate and enter into contracts authorized by California Welfare and Institutions Code section 14087.3, to arrange for the provision of health care services provided pursuant to Chapter 7, of Part 3, of Division 9 (commencing with section 14000) of the Welfare and Institutions Code, and to do all things reasonably related or incidental to those purposes.

ARTICLE IV POWERS

The health authority shall have all rights, powers, duties, privileges and immunities vested in the county pursuant to Chapter 7, of Part 3, of Division 9 (commencing with Section 1400) of the Welfare and Institutions Code. The health authority may enter into

contracts for the provision of health care services to individuals including, but not limited to, those covered under Subchapter XVIII (commencing with Section 1395) of Chapter 7 of Title 42 of the United States Code, those entitled to coverage under other publicly supported programs, those employed by public agencies or private businesses, and uninured or indigent individuals. The health authority may acquire, possess and dispose of real or personal property, as necessary for the performance of its functions, may employ personnel, may contract for services required to meet its obligations and may sue or be sued. The health authority may borrow from the county and the county may lend the health authority funds or issue revenue anticipation notes to obtain those funds necessary to commence operations. The health authority shall be deemed a unit of local government for purposes of all grant programs and other funding and loan guarantee programs. The health authority shall have all the rights, powers, duties, privileges and immunities set forth in Welfare and Institutions Code Section 14087.38 and those necessary and incidental thereto.

ARTICLE V DIRECTORS

Section 1. <u>POWERS AND RESPONSIBILITIES</u>. Subject to the provisions of the Ordinance, applicable law and these Bylaws, the business and affairs of KHS shall be managed, and all powers shall be exercised, by or under the direction of the Board of Directors.

Section 2. <u>NUMBER OF DIRECTORS</u>. The authorized number of Directors shall be sixteen (16). All Directors shall be eligible to vote.

Section 3. <u>TERM OF OFFICE</u>. Each Director shall hold office for a term of three (3) years and until the appointment and qualification of their successor. A Director may serve a maximum of three (3) consecutive terms and is eligible to serve an additional three (3) terms after three (3) years have elapsed since the Director's last service on the governing board. For purposes of determining the term limits of Directors serving on June 29, 2010, the term they are serving shall be considered the first term.

Terms of the Directors shall be staggered. In order to provide for staggered terms of the existing Directors, the following shall become effective upon the expiration of the term of the currently serving Directors:

CEO, Kern Medical Center

Term ex-officio

Safety Net Care Provider

Three-year term commencing 2010

Three-year term commencing 2011

Traditional Medi-Cal Primary Care Physician from within the City of Bakersfield Three-year term commencing 2012 Traditional Medi-Cal Primary Care Physician from outside the City of Bakersfield Three-year term commencing 2011 Rural Acute Care General Hospital Representative from within Kern County Three-year term commencing 2010 Pharmacist Three-year term commencing 2012 Community Representative Two-year term commencing 2011; Supervisorial District No. 1 three-year terms thereafter Community Representative Supervisorial District No. 1 Three-year term commencing 2011 Community Representative Two-year term commencing 2011; Supervisorial District No. 2 three-year terms thereafter Community Representative Supervisorial District No. 2 Three-year term commencing 2011 Community Representative Two-year term commencing 2011 Supervisorial District No. 3 three-year terms thereafter Community Representative Supervisorial District No. 3 Three-year term commencing 2011 Community Representative Two-year term commencing 2011; Supervisorial District No. 4 three-year terms thereafter Community Representative Supervisorial District No. 4 Three-year term commencing 2011 Community Representative Two-year term commencing 2011; Supervisorial District No. 5 three-year terms thereafter

Community Representative

Supervisorial District No. 5

Thereafter, Directors shall be appointed on or before June 30 of the calendar year in which their term expires and shall take office at the first meeting following their appointment.

Section 4. QUALIFICATION, NOMINATION AND SELECTION.

A. Qualifications.

- 1. All Directors must be at least twenty-one (21) years of age and shall be residents of or employed within the County of Kern, State of California at the time of his or her appointment and shall be chosen for their willingness and ability to effectively carry out the purposes of KHS.
- 2. Except for the community representative Directors, all Directors shall provide health care services to KHS beneficiaries within KHS' service area pursuant to a provider services agreement with KHS and the Director or the Director's employer or agent.
- 3. No Director shall be an employee, officer or director of or own or control more than ten percent (10%) of the shares of stock in any other managed health care plan or health maintenance organization.
- B. <u>Nomination and Selection</u>. Whenever a vacancy exists on the Board of Directors for Safety Net Care Provider, Traditional Medi-Cal Primary Care Physician from within the City of Bakersfield, Traditional Medi-Cal Primary Care Physician from outside the City of Bakersfield, Rural Acute Care General Hospital Representative from within Kern County, or Pharmacist, the Chair may appoint a nominating committee composed of three (3) Directors to nominate qualified candidates to the Board of Directors, or the Board of Directors as a whole may nominate candidates for appointment to the Board of Supervisors. The nominating committee shall review the qualifications of each prospective nominee. The nominating committee may seek its own candidates, and seek recommendations from representative constituency groups as noted below within KHS' service area.

The Board of Directors shall be composed of:

- 1. The Chief Executive Officer of Kern Medical Center.
- 2. A representative of Kern County safety net providers, which may be recommended by a group consisting of safety net care providers within KHS' service area. For purposes of these Bylaws, "safety net care provider" means a health care provider that:
 - a. provides services within Kern County to the general public;

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- has a sliding-fee scale for services based on annually published federal poverty guidelines;
- c. is an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended;
- d. provides services to all types of patients regardless of their economic condition, race, medical condition, and ethnicity;
- e. is an organization other than a non-profit hospital.
- 3. Ten (10) community representatives.
- 4. A traditional Medi-Cal primary care physician whose office is located within the corporate limits of the City of Bakersfield.
- A traditional Medi-Cal primary care physician whose office is located outside the corporate limits of the City of Bakersfield but within Kern County.
- 6. A representative of a rural acute care general hospital within Kern County.
- 7. A pharmacist whose principal place of business is within Kern County.

For the purpose of selecting proposed nominees for recommendation to the nominating committee, no provider shall participate in the selection process on behalf of more than one organization.

The nominating committee shall recommend to the Board of Directors at least one (1) prospective nominee for each vacancy. The Board of Directors may nominate any prospective nominee recommended by the nominating committee or such other persons as the Board of Directors may select; provided, however, that any nominee nominated by the Board of Directors shall meet the qualifications set forth in this Section 4.

The Board of Directors shall submit its nomination to the Kern County Board of Supervisors for appointment pursuant to Chapter 2.94 of the Kern County Ordinance Code. If any nominee for Safety Net Care Provider, Traditional Medi-Cal Primary Care Physician from within the City of Bakersfield, Traditional Medi-Cal Primary Care Physician from outside the City of Bakersfield, Rural Acute Care General Hospital Representative from within Kern County, or Pharmacist is rejected by the Board of Supervisors, the Board of Directors shall make an additional nomination and submit the new nomination to the Board of Supervisors.

All appointments shall be reported and subject to the approval of the Department of Health Care Services and the Department of Managed Health Care in accordance with applicable law.

Section 5. RESIGNATION, VACANCIES AND REMOVAL.

- A. <u>Resignation</u>. Any Director may resign by giving written notice to the Chair, the Chief Executive Officer, the Secretary, or the Board of Directors. The resignation shall be effective when it is accepted by the Board of Directors.
- B. <u>Vacancies</u>. Vacancies on the Board of Directors shall be filled by appointment by the Board of Supervisors in accordance with Section 4.

A vacancy or vacancies on the Board of Directors shall be deemed to exist in case of the death, resignation, removal or disability of any Director, or if the Board of Directors declares any position vacant pursuant to the provisions of subparagraph C.

- C. <u>Removal</u>. The Board of Directors may submit to the Board of Supervisors a recommendation that the Board of Supervisors remove a Director who has been:
 - 1. Declared of unsound mind by a final order of court;
 - 2. Convicted of a felony;
 - 3. Found by a final order or judgment of any court to have breached any duty to KHS;
 - 4. Absent from three (3) consecutive regular meetings without permission of the Board of Directors;
 - 5. Upon the termination of employment or affiliation with the interests/entities whom the Director is representing;
 - 6. Upon failure to meet the qualifications set forth in Section 4;
 - 7. For any reason that would constitute grounds for the removal of a local agency public officer; or
 - 8. Found by two-thirds (2/3) of the members of the Board of Directors then in office not to be acting in the best interests of KHS.

Section 6. <u>MEETINGS OF THE BOARD OF DIRECTORS AND NOTICE</u>.

A. <u>Compliance with Ralph M. Brown Act</u>. All meetings of the Board of Directors and any committees thereof shall be called, noticed, conducted and adjourned

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- in accordance with the Ralph M. Brown Act (the "Brown Act") (Section 54950, et seq. of the California Government Code, as amended) and Welfare and Institutions Code Section 14087.38.
- B. <u>Notices</u>. In addition to any notice required by the Brown Act, notices of all meetings shall be posted at 2900 Buck Owens Blvd, Bakersfield, California 93308, the location of which is freely accessible to members of the public.
- C. <u>Special Notice</u>. Notice of any meeting of the Board of Directors at which these Bylaws may be amended shall be given for no less than seven (7) calendar days.

Section 7. <u>PLACE OF MEETINGS</u>. Meetings of the Board of Directors may be held at any place permitted under the Brown Act. In the absence of such designation, all meetings shall be held at the principal office of KHS.

Section 8. <u>ANNUAL MEETINGS</u>. The Board of Directors may hold an annual meeting for the purpose of election of officers, election of the members and chairpersons of committees, and the transaction of other business.

Section 9. <u>QUORUM</u>. A majority of the Directors then in office shall constitute a quorum. Every act or decision done or made by a majority of the Directors present at a meeting duly held at which a quorum is present shall be regarded as the act of the Board of Directors, unless a greater number is required by law or these Bylaws. Business may continue to be transacted at any meeting at which a quorum is initially present, notwithstanding the withdrawal of Directors, provided that any action taken is approved by at least a majority of a quorum.

ARTICLE VI COMMITTEES

Section 1. <u>GENERAL</u>. The Board of Directors may appoint a nominating committee as provided herein and may appoint such other committees as the Board of Directors desires and may delegate to such committees such responsibilities as the Board of Directors may desire.

Section 2. <u>FEES AND COMPENSATION</u>. Members of committees may be reimbursed for expenses as determined by the Board of Directors. No committee member who is a member of the Board of Directors or employed by KHS shall receive any other compensation.

ARTICLE VII OFFICERS OF THE BOARD

Section 1. <u>OFFICERS</u>. The officers of the Board of Directors shall be a Chair, a Vice Chair, a Secretary, a Treasurer and such other officers as the Board of Directors may from time to time designate.

Section 2. <u>ELECTION AND TERM OF OFFICERS</u>. All officers shall be elected by majority vote of the Directors then sitting on the Board of Directors and shall serve a term of not more than three (3) years at the pleasure of the Board of Directors.

Section 3. <u>VACANCIES</u>. A vacancy in any office shall be filled in the manner prescribed in Section 2.

Section 4. <u>CHAIR OF THE BOARD OF DIRECTORS</u>. The Chair shall preside at meetings of the Board of Directors and shall exercise and perform such other powers and duties as may be assigned by the Board of Directors or prescribed by the Bylaws.

Section 5. <u>VICE CHAIR OF THE BOARD OF DIRECTORS</u>. The Vice Chair shall act as Chair in the absence of the Chair and, when so acting, shall have all the powers of the Chair. The Vice Chair shall have such other powers and perform such other duties as from time to time may be prescribed by the Board of Directors.

Section 6. <u>SECRETARY</u>. The Secretary shall keep or cause to be kept, at the principal office-or such other place as the Board of Directors may order, a book of minutes of all meetings of the Board of Directors and its committees, with the time and place of holding, whether regular or special, and if special, how authorized, the notice thereof given, the names of those present at Board of Directors and committee meetings, and the proceedings thereof. The Secretary shall keep, or cause to be kept, at the principal office of the State of California the original or a copy of the Ordinance and the KHS' Bylaws, as amended to date.

The Secretary shall give, or cause to be given, notice of all meetings of the Board of Directors and any committees thereof required by these Bylaws or by law to be given, and shall have such other powers and perform such other duties as may be prescribed by the Board of Directors.

Section 7. TREASURER. The Treasurer shall keep and maintain, or cause to be kept and maintained, adequate and correct accounts of the properties and business transactions of KHS. The books of account shall at all times be open to inspection by any Director. The Treasurer shall maintain a bond in an amount to be determined by the Board of Directors with the surety or sureties specified by the Board of Directors for faithful performance of the duties of the office and for restoration to KHS of all of its books, papers, vouchers,

money and other property of every kind in the possession or under the control of the Treasurer on his or her death, resignation, retirement, or removal from office.

The Treasurer shall deposit or cause to be deposited all moneys and other valuables in the name and to the credit of KHS with such depositories as may be designated by the Board of Directors. The Treasurer shall disburse or cause to be disbursed the funds of KHS as may be ordered by the Board of Directors, shall render to the Directors and the Chief Executive Officer, whenever they request it, an account of all transactions and of the financial condition of KHS, and shall have such other powers and perform such other duties as may be prescribed by the Board of Directors.

Section 8. <u>FEES AND COMPENSATION</u>. Directors may be reimbursed for expenses determined by the Board of Directors. Directors shall not receive any other compensation for their service on the Board of Directors or committees.

ARTICLE VIII CHIEF EXECUTIVE OFFICER

Section 1. <u>CHIEF EXECUTIVE OFFICER</u>. The Chief Executive Officer shall be the general manager of KHS and shall supervise, direct, and control KHS' activities and affairs. The Chief Executive Officer shall attend all meetings of the Board of Directors.

ARTICLE IX BONDING AND INSURANCE

Section 1. <u>BONDING</u>. All officers, employees, and agents or representatives of KHS designated by the Board of Directors handling funds shall be properly bonded as required by law and as the Board of Directors shall determine is prudent in the conduct of its activities and the activities of such officers, employees, and other designated agents or representatives of KHS.

Section 2. <u>INSURANCE</u>. The Board of Directors shall cause KHS to arrange for and maintain appropriate insurance coverage for KHS, its officers, Directors, agents and employees.

ARTICLE X RECORDS AND REPORTS

Section 1. MAINTENANCE OF RECORDS. KHS shall keep:

- A. Adequate and correct books and records of account;
- B. Written minutes of the proceedings of the Board of Directors, and committees of the Board of Directors; and

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C. A record of each Director's name and address.

Section 2. <u>INSPECTION BY DIRECTORS</u>. Every Director shall have the right at any reasonable time to inspect KHS' books, records, documents of every kind, and physical properties.

Section 3. <u>ANNUAL REPORT TO DIRECTORS</u>. The Board of Directors shall cause an annual report to be sent to each of the Directors within one hundred twenty (120) days after the end of KHS' fiscal year. That report shall contain the following information, in appropriate detail, for the fiscal year:

- A. The assets and liabilities, including the trust funds, of KHS as of the end of the fiscal year;
- B. The principal changes in assets and liabilities, including trust funds;
- C. The revenue or receipts of KHS, both unrestricted and restricted to particular purposes; and
- D. The expenses or disbursements of KHS for both general and restricted purposes.

The annual report shall be accompanied by any reports of KHS' independent accountants or, if there is no such report, by the certificate of an authorized officer of KHS that such statements were prepared without audit from KHS' books and records.

This requirement of an annual report shall not apply if KHS receives less than Twenty-Five Thousand Dollars (\$25,000) in gross receipts during the fiscal year; provided, however, that the information specified above for inclusion in an annual report must be furnished annually to any Director who requests it in writing.

Section 4. <u>ANNUAL REPORT TO THE BOARD OF SUPERVISORS</u>. The Board of Directors shall file an annual report with the Clerk of the Board of Supervisors for the Board of Supervisors' public agenda within one hundred and twenty (120) days after the close of KHS' fiscal year.

ARTICLE XI OTHER

Section 1. <u>AMENDMENTS</u>. These Bylaws may be amended or repealed by the approval of two-thirds (2/3) of the members of the Board of Directors then in office, except that no action may be taken without at least seven (7) calendar days' prior notice in accordance with Article IV, Section 6.C.

Section 2. <u>CONFLICT OF INTEREST</u>. The Board of Directors shall promulgate written policies regarding conflict of interest. Such policies shall ensure full disclosure of financial interests and transactions where conflict of interest is a possibility, and shall ensure the avoidance of potential conflict of interest in choosing new Directors and committee members. Such policies shall impose upon each Director and committee member the responsibility to be alert to possible conflict of interest of himself or herself or other Directors or committee members, and shall require that each Director or committee member disqualify himself or herself from making a decision where he or she has a conflict of interest.

Section 3. <u>GENDER</u>. The masculine gender includes the feminine and neuter, the singular includes the plural, the plural includes the singular, and the term "person" includes both a legal entity and a natural person.

Section 4. <u>EQUAL OPPORTUNITY</u>. KHS is an equal opportunity employer, and shall not discriminate in hiring, promotion, or retention of employees on the basis of race, ethnicity, gender, sexual preference, age (over forty (40), religion, marital status, physical handicap, medical condition, or other invidious basis.

CEI	RTIFICATE OF SECRETARY
("KHS"), that the above Bylaws	uly elected and acting Secretary of Kern Health Systems, consisting of 11 pages, are the Bylaws of KHS as adopted august 15, 2024, and that they have not been amended or
Executed on	, 2024, at Bakersfield, California.
	Cognotons
	Secretary
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MEMORANDUM

TO: Kern Health Systems Board of Directors

FROM: Robert Landis, Chief Financial Officer

SUBJECT: Quarterly Review of Kern Health Systems Investment Portfolio

DATE: August 15, 2024

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

Long-Term Portfolio (1-5 years)

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

Requested Action

Receive and file.

Kern Health Systems Investment Portfolio June 30, 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.

						Maximum			
Description:					er - 1 D 1 - 11 -	Allowed Per	Approximate Current Yield		Principal Fluctuation
Description			Dolla	ar Amount	% of Portfolio	Policy	Current field	Liquidity	Fluctuation
Wells Fargo - Cash		(1)	\$	3,500,000	0.55%	100%		1 Day	None
Money Market Accounts	(A)	(1)	\$	215,750,000	33.90%	40%	5.14%	1 Day	None
Local Agency Investment Fund (LAIF)	(B)	(2)	\$	14,800,000	2.33%	50%	4.48%	2 Days	None Subject to
US T-Bills & Federal Agencies at Wells Fargo		(1)	\$	172,500,000	27.11%	100%	5.22%	1 Day	Interest Rate Fluctuations Subject to Interest Rate and Credit
KHS Managed Portfolio at Wells Fargo	(C)	(1)	\$	6,100,000	0.96%		5.65%	3 Days	Fluctuations
Sub-Total			\$	412,650,000	64.85%	•	5.11%		
Long Term Port Folio (1 - 5 years) Funds held in this time frame are typically for re	serves and to	take a	dvant	age of obtainir	ng higher yield:	5.			
UBS Managed Portfolio	(D)		\$	63,600,000	9.99%		5.23%	3 Days	Subject to Interest Rate and Credit Fluctuations
									Subject to Interest Rate and Credit
KHS Managed Portfolio at Wells Fargo	(C)		\$	160,100,000	25.16%			3 Days	Fluctuations
Sub-Total			\$	223,700,000	35.15%		5.44%		
Total Portfolio			\$	636,350,000	100.00%	e s	5.23%		
Yield Curve									

		AA Corporate	A Corporate	
Yield Curve	Treasuries	Bonds	Bonds	CD's
l year	5.00%	5.17%	5-27%	5.05%
2 year	4.82%	4.86%	4.97%	4.70%
3 year	4.39%	4.71%	4.83%	4.60%
5 year	4.23%	4.66%	4.78%	4.40%

- (A) Money market fund comprised of US Treasury and Repurchase Agreement Obligations.
- (B) LAIF is part of a \$178 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.
- 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.





Branch office 9201 Camino Media Suite 230 Bakersfield, CA 93311

UBS Client Review

As of June 30, 2024

Report Prepared for: Kern Health Systems

Account Number	Account Name	Туре	
EX XX120 Risk profile: Return Objective:	BOND PORTFOLIO Conservative Current Income	Portfolio Management Program	

What's inside

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KHS Board of Directors Meeting, August 15, 2024

Portfolio Review

as of June 30, 2024

Asset Allocation Review

		Value on 06/30/2024 (\$)	% of Portfolio	
A	Cash	54,040.25	0.08	
	Cash	54,040.25	0.08	
В	Fixed Income	63,547,124.69	99.92	
	US	63,547,124.69	99.92	
c	Equity	0.00	0.00	
D	Commodities	0.00	0.00	
Ε	Non-Traditional	0.00	0.00	
F	Other	0.00	0.00	В
To	tal Portfolio	\$63,601,164.94	100%	U .

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	QTD	YTD	YTD				
	12/31/2023 to 03/31/2024	03/31/2024 to 06/30/2024	12/31/2023 to 06/30/2024	12/31/2023 to 06/30/2024				
Opening value	62,402,938.86	62,895,406.00	62,402,938.86	62,402,938.86				
Net deposits/withdrawals	- 25,050.42	-25,095.35	-50,145.77	-50,145.77				
Div./interest income	421,229.60	519,189.05	940,418.65	940,418.65				
Change in accr. interest	56,068.46	17,098.99	73,167.45	73,167.45				
Change in value	40,219.50	194,566.25	234,785.75	234,785.75				
Closing value	62,895,406.00	63,601,164.94	63,601,164.94	63,601,164.94				
Net Time-weighted ROR	0.79	1.12	1.92	1.92				

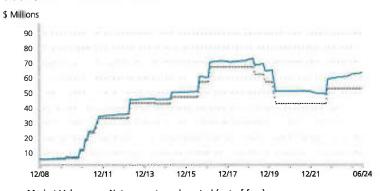
Net deposits and withdrawals include program and account fees.

EX XX120 • BOND PORTFOLIO • Portfolio Management Program

Prepared for Kern Health Systems

Risk profile: Conservative
Return Objective: Current Income

Sources of Portfolio Value



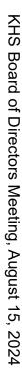
--- Market Value · · · · Net amount you invested (net of fees)

Summary of Gains and Losses

	Short term (\$)	Long term (\$)	Total (\$)
2023 Realized gains and losses	3,782.26	1,382.00	5,164.26
Taxable	3,782.26	1,382.00	5,164.26
Tax-Deferred	0.00	0.00	0.00
2024 Year to date	525.00	48,801.80	49,326.80
Taxable	525.00	48,801.80	49,326.80
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.

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.

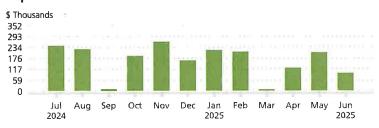




Portfolio Review

as of June 30, 2024 (continued)

Expected Cash Flow



Taxable income

Total taxable income: \$2,003,516.86 Total expected cash flow: \$2,003,516.86

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

Equity Sector Analysis

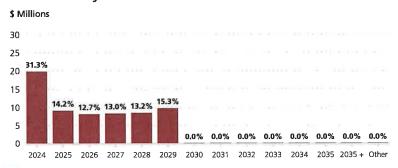
Value on			
06/30/2024 (\$)	Actual (%)	Model (%)	Gap (%)
0.00	0.00	9.40	-9.40
0.00	0.00	10.33	-10.33
0.00	0.00	6.36	-6.36
0.00	0.00	3.66	-3.66
0.00	0.00	12.18	-12.18
0.00	0.00	11.94	-11.94
0.00	0.00	7.80	-7.80
0.00	0.00	31.39	-31.39
0.00	0.00	2.16	-2.16
0.00	0.00	2.23	-2.23
0.00	0.00	2.20	-2.20
\$0.00			
	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	06/30/2024 (\$) Actual (%) 0.00	06/30/2024 (\$) Actual (%) Model (%) 0.00 0.00 9.40 0.00 0.00 10.33 0.00 0.00 6.36 0.00 0.00 3.66 0.00 0.00 12.18 0.00 0.00 11.94 0.00 0.00 7.80 0.00 0.00 31.39 0.00 0.00 2.16 0.00 0.00 2.23 0.00 0.00 2.20

EX XX120 • BOND PORTFOLIO • Portfolio Management Program

Prepared for Kern Health Systems

Risk profile: Conservative
Return Objective: Current Income

Bond Maturity Schedule



Effective maturity schedule

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

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.



EX XX120 • BOND PORTFOLIO • Portfolio Management Program

Prepared for Kern Health Systems

Risk profile: Conservative Return Objective: Current Income

Summary of Performance by Account

					Perfo	ormance returns (annualized > 1 year)			
		Performance start date	Value on 06/30/2024 (\$)	% of portfolio	te '	For period of 12/31/2023 to 03/31/2024	QTD 03/31/2024 to 06/30/2024	YTD 12/31/2023 to 06/30/2024	YTD 12/31/2023 to 06/30/2024
EX XX120	BOND PORTFOLIO•PMP•Ira Cohen / Jason Cohen Fixed Income Risk profile: Conservative	Dec 08, 2008	63,601,164.94	100.00%	Net time-weighted	0.79%	1.12%	1.92%	1.92%
	Return objective: Current Income								
Total Portfolio		Dec 08, 2008	\$63,601,164.94	100%	Net time-weighted	0.79%	1.12%	1.92%	1.92%
						For period of	QTD	YTD	YTD
Benchmari	ks - Annualized time-weighted returns					12/31/2023 to 03/31/2024	03/31/2024 to 06/30/2024	12/31/2023 to 06/30/2024	12/31/2023 to 06/30/2024
Benchmark Blended Inc						12/31/2023 to	03/31/2024 to	12/31/2023 to	12/31/2023 to
	dex					12/31/2023 to 03/31/2024	03/31/2024 to 06/30/2024	12/31/2023 to 06/30/2024	12/31/2023 to 06/30/2024
Blended Inc	dex					12/31/2023 to 03/31/2024 0.59%	03/31/2024 to 06/30/2024 1.00%	12/31/2023 to 06/30/2024 1.59%	12/31/2023 to 06/30/2024 1.59%
Blended Inc Blended Inc US Treasury	dex dex 2 y Bill - 3 Mos					12/31/2023 to 03/31/2024 0.59% 0.93%	03/31/2024 to 06/30/2024 1.00% 1.16%	12/31/2023 to 06/30/2024 1.59% 2.10%	12/31/2023 to 06/30/2024 1.59% 2.10%
Blended Inc	dex dex 2 y Bill - 3 Mos ond					12/31/2023 to 03/31/2024 0.59% 0.93% 1.32%	03/31/2024 to 06/30/2024 1.00% 1.16% 1.34%	12/31/2023 to 06/30/2024 1.59% 2.10% 2.68%	12/31/2023 to 06/30/2024 1.59% 2.10% 2.68%



Asset Allocation by Account as of June 30, 2024

EX XX120 • BOND PORTFOLIO • Portfolio Management Program

Prepared for Kern Health Systems

Risk profile:

Conservative Return Objective: Current Income

		Equities (\$/%)			Fixed Income (\$/%)							
	– Cash (\$/%)	U.S.	Global	International	U.S.	Global	International	Non-Traditional (\$/%)	Commodities (\$/%)	Other (\$/%)	Total	
	54,040.25	0.00	0.00	0.00	63,547,124.69	0.00	0.00	0.00	0.00	0.00	\$63,601,164.94	
Total Portfolio	0.08	0,00	0.00	0.00	99.92	0.00	0.00	0.00	0.00	0.00	100%	
	54,040.25 0.08	0.00 0.00	0.00 0.00	0.00 0.00	63,547,124.69 99.92	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	\$63,601,164.94 100.00%	

EX XX120 . BOND PORTFOLIO . BSA PMP

Risk profile: Conservative

Return objective: Current Income

		Equ	ities (\$/%)		Fixed	d Income (\$/%)					
	Cash (\$/%)	U.S.	Global	International	U.S.	Global	International	Non-Traditional (\$/%)	Commodities (\$/%)	Other (\$/%)	Total
	54,040.25	0.00	0.00	0.00	63,547,124.69	0.00	0.00	0.00	0.00	0.00	\$63,601,164.94
Total Portfolio	0.08	0.00	0.00	0.00	99.92	0.00	0.00	0.00	0.00	0.00	100%

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



Asset Allocation Review

as of June 30, 2024

Summary of Asset Allocation

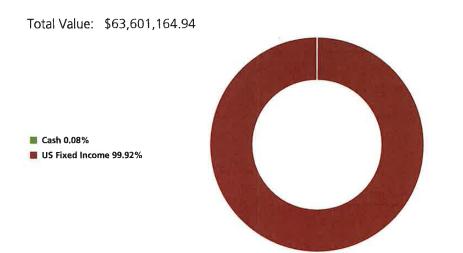
	Market value (\$)	% of Portfolio
Cash	54,040.25	0.08
Cash	54,040.25	0.08
Fixed Income	63,547,124.69	99.92
US	63,547,124.69	99.92
Equity	0.00	0.00
Commodities	0.00	0.00
Non-Traditional	0.00	0.00
Other	0.00	0.00
Total Portfolio	\$63,601,164.94	100%

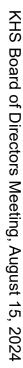
Balanced mutual funds and Insurance & Annuity products are allocated in the 'Other' category



Prepared for Kern Health Systems

Risk profile: Conservative
Return Objective: Current Income







Bond Summary

as of June 30, 2024

Bond Overview

Total quantity	64,075,000
Total market value	\$62,954,400.00
Total accrued interest	\$592,724.69
Total market value plus accrued interest	\$63,547,124.69
Total estimated annual bond interest	\$2,230,011.25
Average coupon	3.48%
Average current yield	3.54%
Average yield to maturity	5.23%
Average yield to worst	5.23%
Average modified duration	1.92
Average effective maturity	2.12

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Prepared for Kern Health Systems

Risk profile: Conservative Return Objective: Current Income

Investment Type Allocation

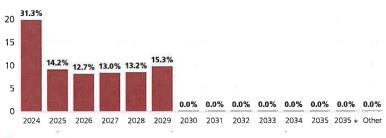
Total	\$63,547,124.69	\$0.00	\$63,547,124.69	100%
U.S. federal agencies	2,362,822.75	0.00	2,362,822.75	3.72
U.S. corporates	61,184,301.94	0.00	61,184,301.94	96.28
Investment type	Taxable (\$)	Tax-exempt / deferred (\$)	Total (\$)	% of bond port.

Credit Quality of Bond Holdings

Tota	al	. 44	\$63,547,124.69	100%	
G	Not rated	0	0.00	0.00	
F	Certificate of deposit	0	0.00	0.00	c-
E	Non-investment grade	0	0.00	0.00	
D	Baa/BBB/BBB	1	993,257.50	1.57	
c	A/A/A	36	54,351,387.82	85.50	
В	Aa/AA/AA	7	8,202,479.37	12.93	D
A	Aaa/AAA/AAA	0	0.00	0.00	
Effe	ctive credit rating	Issues	Value on 06/30/2024 (\$)	% of port.	

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 June 30, 2024

Summary of Bond Holdings

EX XX120 • BOND PORTFOLIO • Po	ortfolio Management Program
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Prepared for Kern Health Systems

Risk profile: Conservative Return Objective: Current Income

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	12	19,900,000	460,637.50	2.34%	5.58%	5.58%	0.30	19,905,938.56	-199,132.06	19,793,931.05	31,30%
2025	6	9,100,000	338,350.00	3.77%	5.42%	5.42%	0.86	9,073,924.02	-91,399.02	9,106,147.08	14.27%
2026	6	8,300,000	292,857.50	3.64%	5.24%	5.24%	1.89	7,961,515.5	75,095.50	8,117,579.73	12.77%
2027	8	8,550,000	309,935.00	3.76%	4.96%	4.96%	2.80	8,180,933	57,157.00	8,317,641.64	13.09%
2028	6	8,500,000	377,625.00	4.52%	4.91%	4.91%	3.46	8,340,609.25	16,948.75	8,460,104.18	13.28%
2029	6	9,725,000	450,606.25	4.68%	4.86%	4.86%	4.13	9,614,614.12	18,195.38	9,751,721.01	15.30%
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	2		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				
Total	44	64,075,000	\$2,230,011.25	3.54%	5.23%	5.23%	1,92	\$63,077,534.45	\$-123,134.45	\$63,547,124.69	

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: July 22, 2024



Bond Holdings as of June 30, 2024 (continued)

EX XX120 • BOND PORTFOLIO • Portfolio Management Program

Prepared for Kern Health Systems

Risk profile: Conservative Return Objective: Current Income

Details of Bond Holdings

	Effective rating/ Underlying rating (Mdy/Fitch/S&P)	Quantity	Coupon	Effective maturity	Call date/ Call price (\$)	Est. annual income (\$)/ Curr. yield (%)	YTM (%)/ YTW (%)	Modified duration	Adjusted cost basis (\$)/ Unreal. g/l (\$)	Market price (\$)	Mkt, value (\$)/ Accr. interest (\$)	% of bond port.
Total Bond Portfolio		64,075,000	3.48%	08/13/2026	N/A	\$2,230,011.25 3.54%	5.23% 5.23%	1.92\$	63,077,534.45 \$-123,134.45	N/A	\$62,954,400.00 \$592,724.69 \$63,547,124.69	100%
	Effective rating/ Underlying rating (Mdy/Fitch/S&P)	Quantity	Coupon	Effective maturity	Call date/ Call price (\$)	Est. annual income (\$)/ Curr. yield (%)	YTM (%)/ YTW (%)	Modified duration	Adjusted cost basis (\$)/ Unreal. g/l (\$)	Market price (\$)	Mkt. value (\$)/ Accr. interest (\$)	% of bond port.
Maturing 2024												
US BANCORP NTS B/E 02.400% 073024 DTD072919 FC013020	A3/A/A NR/NR/NR	2,000,000	2.40%	07/30/2024	06/28/2024 0.00	48,000.00 2.41%	5.51% 5.51%	0.09	1,967,640.00 26,820.00	99.723	1,994,460.00 20,000.00	3.17%
BB&T CORP NTS B/E 02.500% 080124 DTD072919 FC020120	Baa1/A-/A- NR/NR/NR	1,000,000	2.50%	08/01/2024	07/01/2024 100.00	25,000.00 2.51%	5.94% 5.94%	0.09	1,001,777.05 -4,967.05	99.681	996,810.00 10,347.22	1.58%
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 0.63%	5.61% 5.61%	0.19	1,400,124.90 -13,956.90	99.012	1,386,168.00 2,673.61	2.20%
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 2.42%	5.58% 5.58%	0.25	2,245,594.19 -13,976.69	99.183	2,231,617.50 13,350.00	3.54%
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 3.40%	5.84% 5.84%	0.25	1,911,800.18 -23,941.18	99.361	1,887,859.00 15,853.13	3.00%
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 0.86%	5.50% 5.50%	0.31	1,500,230.03 -22,535.03	98.513	1,477,695.00 2,302.08	2.35%
PNC FINL SERV GRP INC WT 02.200% 110124 DTD110119 FC050120 EXP NTS B/E	A3/A/A- NR/NR/NR	2,000,000	2.20%	11/01/2024	10/02/2024 100.00	44,000.00 2.23%	5.58% 5.58%	0.33	2,011,377.18 -34,157.18	98.861	1,977,220.00 7,211.11	3.14%



Bond Holdings as of June 30, 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.
Maturing 2024												
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 2.40%	5.31% 5.31%	0.37	1,760,838.83 -30,123.83	98.898	1,730,715.00 5,195.31	2.75%
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 2.98%	5.73% 5.73%	0.37	1,007,641.88 -18,071.88	98.957	989,570.00 3,687.50	1.57%
TRUIST BANK NTS B/E 02.150% 120624 DTD120619 FC060620	A3/A/A NR/NR/NR	2,000,000	2.15%	12/06/2024	11/06/2024 100.00	43,000.00 2.18%	5.76% 5.76%	0.42	1,980,997.04 -11,937.04	98.453	1,969,060.00 2,866.67	3.13%
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 2.68%	5.21% 5.21%	0.45	1,917,184.34 -39,300.34	98.836	1,877,884.00 2,097.92	2.98%
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 3.33%	5.54% 5.54%	0.45	1,200,732.94 -12,984.94	98,979	1,187,748.00 1,540.00	1.89%
Total 2024		19,900,000	2.32%	10/20/2024		\$460,637.50 2.34%	5.58% 5.58%	0.30\$	19,905,938.56 \$-199,132.06		\$19,706,806.50 \$87,124.55	31.30%
	Effective rating/ Underlying rating (Mdy/Fitch/S&P)	Quantity	Coupon	Effective maturity	Call date/ Call price (\$)	Est. annual income (\$)/ Curr. yield (%)	YTM (%)/ YTW (%)	Modified duration	Adjusted cost basis (\$)/ Unreal. g/l (\$)	Market price (\$)	Mkt. value (\$)/ Accr. interest (\$)	% of bond port.
Maturing 2025												
JPMORGAN CHASE & CO B 03.125% 012325 DTD012315 FC072315	E A1/AA-/A- NR/NR/NR	2,400,000	3.13%	01/23/2025	10/23/2024 100.00	75,000.00 3.17%	5.59% 5.59%	0.54	2,428,643.83 -61,451.83	98.633	2,367,192.00 32,708.33	3.76%
BK OF NY MELLON CORP B/ 03.000% 022425 DTD022415 FC082415	e A1/AA-/A NR/NR/NR	1,300,000	3.00%	02/24/2025	01/24/2025 100.00	39,000.00 3.05%	5.44% 5.44%	0.63	1,311,602.19 -31,804.19	98.446	1,279,798.00 13,650.00	2.03%
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 3.32%	5.56% 5.56%	0.89	295,368.00 -1,533.00	97.945	293,835.00 785.42	0.47%



Bond Holdings as of June 30, 2024 (continued)

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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.
Maturing 2025												
UNION PAC CORP NTS B/E 03.750% 071525 DTD060818 FC011519 CALL@MW+15BP	A3/A-/A- NR/NR/NR	2,000,000	3.75%	07/15/2025	05/15/2025 100.00	75,000.00 3.81%	5.25% 5.25%	0.99	1,940,760.00 29,020.00	98.489	1,969,780.00 34,375.00	3.13%
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 4.06%	5.45% 5.45%	1.01	1,798,200.00 -25,110.00	98.505	1,773,090.00 31,400.00	2.82%
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%	5.26% 5.26%	1.27	1,299,350.00 -520.00	99.910	1,298,830.00 10,703.33	2.06%
Total 2025		9,100,000	3.72%	05/27/2025		\$338,350.00 3.77%	5.42% 5.42%	0.86	\$9,073,924.02 \$-91,399.02		\$8,982,525.00 \$123,622.08	14.27%
	Effective rating/ Underlying rating (Mdy/Fitch/S&P)	Quantity	Coupon	Effective maturity	Call date/ Call price (\$)	Est. annual income (\$)/ Curr. yield (%)	YTM (%)/ YTW (%)	Modified duration	Adjusted cost basis (\$)/ Unreal. g/l (\$)	Market price (\$)	Mkt. value (\$)/ Accr. interest (\$)	% of bond port.
Maturing 2026												
LOCKHEED MARTIN CORP B/E 03.550% 011526 DTD112315 FC071516 CALL@MW+20BP	A2/A/A- NR/NR/NR	1,500,000	3.55%	01/15/2026	10/15/2025 100.00	53,250.00 3.64%	5.20% 5.20%	1.45	1,445,685.00 17,910.00	97.573	1,463,595.00 24,406.25	2.32%
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%	5.29% 5.29%	1.71	1,581,525.00 17,985.00	96.940	1,599,510.00 11,389.58	2.54%
PROLOGIS NTS B/E 03.250% 063026 DTD063022 FC123022 CALL@MW+30B	NR/NR/NR	1,250,000	3.25%	06/30/2026	03/30/2026	40,625.00 3.37%	5.17% 5.17%	1.87	1,183,125.00 21,662.50	96,383	1,204,787.50 20,312.50	1.91%
ARCHER-DANIELS-MIDL& CO 02.500% 081126 DTD081116 FC021117 CALL@MW+15BP	O A2/A/A NR/NR/NR	1,500,000	2.50%	08/11/2026	05/11/2026 100.00	37,500.00 2.64%	5.13% 5.13%	2.00	1,425,765.00 -4,215.00	94.770	1,421,550.00 14,479.17	2.26%
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 3.51%	5.09% 5.09%	2.23	1,278,828.00 19,737.00	96.190	1,298,565.00 5,695.31	2.06%

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 June 30, 2024 (continued)

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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.
Maturing 2026 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%	5.60% 5.60%	2.23	1,046,587.50 2,016.00	99.867	1,048,603.50 4,685.92	1.67%
Total 2026		8,300,000	3.54%	07/06/2026		\$292,857.50 3.64%	5.24% 5.24%	1.89	\$7,961,515.50 \$75,095.50		\$8,036,611.00 \$80,968.73	12.77%
-	Effective rating/ Underlying rating (Mdy/Fitch/S&P)	Quantity	Coupon	Effective maturity	Call date/ Call price (\$)	Est. annual income (\$)/ Curr. yield (%)	YTM (%)/ YTW (%)	Modified duration	Adjusted cost basis (\$)/ Unreal. g/l (\$)	Market price (\$)	Mkt. value (\$)/ Accr. interest (\$)	% of bond port.
Maturing 2027												
MORGAN STANLEY B/E 03.625% 012027 DTD012017 FC072017	A1/A+/A- NR/NR/NR	1,000,000	3.63%	01/20/2027	11/15/2026 100.00	36,250.00 3.76%	5.13% 5.13%	2.36	913,100.00 51,180.00	96.428	964,280.00 16,111.11	1.53%
IBM CORP B/E 03,300% 012727 DTD012717 FC072717 CALL@MW+15B	A3/A-/A- NR/NR/NR P	1,100,000	3.30%	01/27/2027		36,300.00 3.44%	4.99% 4.99%	2.39	1,060,532.00 -4,983.00	95.959	1,055,549.00 15,427.50	1.68%
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 3.44%	4.88% 4.88%	2.60	942,880.00 16,220.00	95.910	959,100.00 7,058.33	1.52%
QUALCOMM INC NTS B/E 03.250% 052027 DTD052617 FC112017 CAL @MW+20BP	A2/NR/A NR/NR/NR L	350,000	3.25%	05/20/2027	02/20/2027 100.00	11,375.00 3.40%	4.93% 4.93%	2.70	336,483.00 -2,156.00	95.522	334,327.00 1,263.89	0.53%
META PLATFORMS INC NTS 03.500% 081527 DTD080922 FC021523 CALL@MW+15BP	Aa3/NR/AA- NR/NR/NR	1,500,000	3.50%	08/15/2027 =	07/15/2027 100.00	52,500.00 3,64%	4.88% 4.88%	2.87	1,446,825.00 -6,465.00	96.024	1,440,360.00 19,687.50	2.29%
BANK OF AMER CORP 03.248% 102127 DTD102116 FC042117 CALL@MW+25BP	A1/AA-/A- NR/NR/NR	2,000,000	3.25%	10/21/2027	10/21/2026 100.00	64,960.00 3.43%	5.03% 5.03%	3.06	1,891,000.00 1,460.00	94.623	1,892,460.00 12,450.67	3.01%
THERMO FISHER SCIENTIFIC 04.800% 112127 DTD112122 CALL@MW+15BP	A3/A-/A- NR/NR/NR	1,100,000	4.80%	11/21/2027	10/21/2027 100.00	52,800.00 4.82%	4.93% 4.93%	3.08	1,096,733.00 -1,089.00	99.604	1,095,644.00 5,720.00	1.74%

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 June 30, 2024 (continued)

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Kern Health Systems Prepared for

Risk profile: Conservative Return Objective: Current Income

Total 2028		8,500,000	4.45%	05/13/2028		\$377,625.00 4.52%	4.91% 4.91%	3.46	\$8,340,609.25 \$16,948.75		\$8,357,558.00 \$102,546.18	13.28%
ABBVIE INC B/E 04.250% 111428 DTD091818 FC051419 CALL@MW+25BI	A3/NR/A- NR/NR/NR	2,300,000	4.25%	11/14/2028	08/14/2028 100.00	97,750.00 4.35%	4.85% 4.85%	3.92	2,218,672.00 27,531.00	97.661	2,246,203.00 12,490.28	3.57%
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 4.46%	4.94% 4.94%	3,50	1,493,730.00 -23,505.00	98.015	1,470,225.00 8,203.13	2.34%
KENVUE INC NTS B/E 05.050% 032228 DTD092223 FC032224 _CALL@MW+15BP	A1/NR/A NR/NR/NR	500,000	5.05%	03/22/2028	02/22/2028 100.00	25,250.00 5.02%	4.88% 4.88%	3.24	499,325.00 3,545.00	100.574	502,870.00 6,873.61	0.80%
BRISTOL-MYERS SQUIBB CO 03.900% 022028 DTD022020 FC082020 CALL@MW+20BP	A2/WD/A NR/NR/NR	2,000,000	3.90%	02/20/2028	11/20/2027 100.00	78,000.00 4.04%	4.93% 4.93%	3,29	1,938,170.00 -5,930.00	96.612	1,932,240.00 28,166.67	3.07%
INTEL CORP NTS B/E 04.875% 021028 DTD021023 CALL@MW+20BP	A3/A-/A- NR/NR/NR	1,200,000	4.88%	02/10/2028	01/10/2028 100.00	58,500.00 4.89%	4.97% 4.97%	3,21	1,181,237.00 14,803.00	99.670	1,196,040.00 22,750.00	1.90%
ECOLAB INC NTS B/E 05.250% 011528 DTD111722 CALL@MW+15BP	A3/A-/A- NR/NR/NR	1,000,000	5.25%	01/15/2028	12/15/2027 100.00	52,500.00 5.20%	4.94% 4.93%	3.13	1,009,475.25 504.75	100.998	1,009,980.00 24,062.50	1.60%
Maturing 2028	Effective rating/ Underlying rating (Mdy/Fitch/S&P)	Quantity	Coupon	Effective maturity	Call date/ Call price (\$)	Est. annual income (\$)/ Curr. yield (%)	YTM (%)/ YTW (%)	Modified duration	Adjusted cost basis (\$)/ Unreal. g/l (\$)	Market price (\$)	Mkt. value (\$)/ Accr. interest (\$)	% of bond port.
Total 2027	-6	8,550,000	3.63%	07/13/2027		\$309,935.00 3.76%	4.96% 4.96%	2.80	\$8,180,933.00 \$57,157.00		\$8,238,090.00 \$79,551.64	
AMAZON.COM INC NTS B/E 04.550% 120127 DTD120122 FC060123 CALL@MW+10BP	A1/AA-/AA NR/NR/NR	500,000	4.55%	12/01/2027	11/01/2027 100.00	22,750.00 4.58%	4.78% 4.78%	3.12	493,380.00 2,990.00	99.274	496,370.00 1,832.64	0.79%
	(Mdy/Fitch/S&P)	Quantity	Coupon	maturity	Call price (\$)		YTW (%)	duration	Unreal. g/l (\$)	price (\$)	Accr. interest (\$)	port.
	Effective rating/ Underlying rating			Effective	Call date/	Est. annual income (\$)/	YTM (%)/	Modified	Adjusted cost basis (\$)/	Market	Mkt. value (\$)/	% of bond

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.

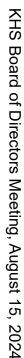


EX XX120 • BOND PORTFOLIO • Portfolio Management Program Prepared for Kern Health Systems

Risk profile: Conservative Return Objective: Current Income

Bond Holdings as of June 30, 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.
Maturing 2029												
PROCTER & GAMBLE CO/TH 04.350% 012929 DTD012924 FC072924 CALL@MW+5BP	IE Aa3/NR/AA- NR/NR/NR	1,025,000	4.35%	01/29/2029		44,587.50 4.39%	4.55% 4.55%	4.03	1,022,627.50 -6,063.25	99.177	1,016,564.25 18,701.98	1.61%
LOCKHEED MARTIN CORP NTS 04.500% 021529 DTD012924 FC081524 CALL@MW+10BP	AZ/A/A- NR/NR/NR	1,075,000	4.50%	02/15/2029	01/15/2029 100.00	48,375.00 4.57%	4.86% 4.86%	4.06	1,065,223.50 -6,155.00	98.518	1,059,068.50 20,290.63	1.68%
WASTE MGMT INC NTS B/E 04.875% 021529 DTD080323 FC021524 CALL@MW+15BP	A3/A-/A- NR/NR/NR	2,325,000	4.88%	02/15/2029	01/15/2029 100.00	113,343.75 4.89%	4.93% 4.93%	4.02	2,329,057.29 -9,474.54	99.767	2,319,582.75 42,503.91	3.68%
HOME DEPOT INC NTS B/E 04.900% 041529 DTD120423 FC041524	A2/A/A NR/NR/NR	2,000,000	4.90%	04/15/2029	03/15/2029 100.00	98,000.00 4.89%	4.85% 4.85%	4.10	2,002,639.83 1,500.17	100.207	2,004,140.00 20,416.67	3.18%
UNITED HEALTH GROUP INC 04.000% 051529 DTD052022 FC111522 CALL@MW+20BP	A2/A/A+ NR/NR/NR	2,000,000	4.00%	05/15/2029	03/15/2029 100.00	80,000.00 4.16%	4.88% 4.88%	4.34	1,901,020.00 23,620.00	96.232	1,924,640.00 10,000.00	3.06%
COMCAST CORP NTS B/E 05.100% 060129 DTD052224 FC120124 CALL@MW+10BP	A3/A-/A- NR/NR/NR	1,300,000	5.10%	06/01/2029	05/01/2029 100.00	66,300.00 5.07%	4.94% 4.94%	4.21	1,294,046.00 14,768.00	100.678	1,308,814.00 6,998.33	2.08%
Total 2029		9,725,000	4.64%	03/30/2029		\$450,606.25 4.68%	4.86% 4.86%	4.13	\$9,614,614.12 \$18,195.38		\$9,632,809.50 \$118,911.51	15.30%
¥-	Effective rating/ Underlying rating (Mdy/Fitch/S&P)	Quantity	Coupon	Effective maturity	Call date/ Call price (\$)	Est. annual income (\$)/ Curr. yield (%)	YTM (%)/ YTW (%)	Modified duration	Adjusted cost basis (\$)/ Unreal. g/l (\$)	Market price (\$)	Mkt. value (\$)/ Accr. interest (\$)	.% of bond port.
Total Bond Portfolio		64,075,000	3.48%	08/13/2026	N/A	\$2,230,011.25 3.54%	5.23% 5.23%	1.925	\$63,077,534.45 \$-123,134.45	N/A	\$62,954,400.00 \$592,724.69 \$63,547,124.69	100%





Additional Information About Your Portfolio

as of June 30, 2024

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

EX XX120 • BOND PORTFOLIO • Portfolio Management Program

Prepared for Kern Health Systems

Risk profile: Conservative
Return Objective: Current Income



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 gairvloss 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

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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 maybe subject to review and revision. Further, there is no guarantee that an investor's account will meet or exceed the stated benchmark. Index performance information has been obtained from third parties deemed to be reliable. We have not independently verified this information, nor do we make any representations or warranties to the accuracy or completeness of this information.

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

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

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

For alternative investments and 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 programs 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 performance returns 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

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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.

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 advisor 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

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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

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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. A 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

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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 advisory services 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.

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. 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).

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

Filtered by: Entry Date 04/01/2024-06/30/2024, Call/Redemption, Sold

Entry Date	Settle Date	Activity	Description	Security#	Quantity	Price/Detail	Amount
5/13/2024	5/13/2024	CALL REDEMPTION	JPMORGAN CHASE & CO NTS 03.625% 051324 DTD051314	731GX3	-1,800,000.00	REDEMPTION	1,800,000.00
5/13/2024	5/13/2024	CALL REDEMPTION	AMAZON COM INC NTS B/E 00.450% 051224 DTD051221 AS OF 05/12/24	6965A8	-2,000,000.00	REDEMPTION	2,000,000.00
5/13/2024	5/13/2024	CALL REDEMPTION	APPLE INC NTS B/E 2.850% 051124 DTD051117 AS OF 05/11/24	855588	-400,000.00	REDEMPTION	400,000.00
4/15/2024	4/15/2024	CALL REDEMPTION	COMCAST CORP NTS B/E 03.700% 041524 DTD100518	682UV4	-1,500,000.00	REDEMPTION	1,500,000.00
5/29/2024	5/30/2024	SOLD	UNITEDHEALTH GROUP INC 02.375% 081524 DTD072519 Trade#:22353 Blot:97	8848J2	-2,250,000.00	\$99.34	2,250,645.94
5/29/2024	5/30/2024	SOLD	COMCAST CORP NTS B/E 3.950% 101525 DTD100518 Trade#:22772 Blot:97	682TX3	-1,000,000.00	\$98.03	985,187.50
5/10/2024	5/14/2024	SOLD	BURLINGTN NORTH SANTA FE 03.000% 040125 DTD030915 Trade#:42346 Blot:97	658DP2	-1,000,000.00	\$97.93	982,913,33
5/7/2024	5/9/2024	SOLD	BB&T CORP MED TERM NTS 02.850% 102624 DTD102617 Trade#:14294 Blot:97	674HH5	-2,000,000.00	\$98.69	1,975,778,33

tered by: Entry D	ate 04/01/2024-06/	30/2024, Bought					
Entry Date	Settle Date	Activity	Description	Security#	Quantity	Price/Detail	Amount
6/24/2024	6/25/2024	BOUGHT	PROCTER & GAMBLE CO/THE 04.350% 012929 DTD012924 Trade#:05333 Biot:97	8193X9	150,000.00	\$99.59	-152,023.75
5/29/2024	5/30/2024	BOUGHT	UNITED HEALTH GROUP INC 04.000% 051529 DTD052022 Trade#:25804 Blot:97	8849U4	2,000,000.00	\$95.05	-1,904,353,33
5/29/2024	5/30/2024	BOUGHT	COMCAST CORP NTS B/E 05.100% 060129 DTD052224 Trade#:26024 Blot:97	6417M0	1,300,000.00	\$99,54	-1,295,519.33
5/16/2024	5/20/2024	BOUGHT	LOCKHEED MARTIN CORP NTS 04.500% 021529 DTD012924 Trade#:38947 Blot:97	752649	500,000.00	\$98,62	-500,047.50
5/14/2024	5/16/2024	BOUGHT	BRISTOL-MYERS SQUIBB CO 03.900% 022028 DTD022020 Trade#:19372 Blot:97	691VG7	1,000,000.00	\$96.52	-974,516,67
5/14/2024	5/16/2024	BOUGHT	HOME DEPOT INC NTS B/E 04.900% 041529 DTD120423 Trade#:15034 Blot:97	6864BS	2,000,000.00	\$100.14	-2,011,138.89
5/14/2024	5/16/2024	BOUGHT	BANK OF AMER CORP 03.248% 102127 DTD102116 Trade#:20389 Blot:97	6686A3	2,000,000.00	\$94.55	-1,895,511.11
5/9/2024	5/13/2024	BOUGHT	THERMO FISHER SCIENTIFIC 04.800% 112127 DTD112122 Trade#:32030 Blot:97	852DN7	1,100,000.00	\$99.70	-1,121,959,67
5/9/2024	5/13/2024	BOUGHT	ECOLAB INC NTS B/E 05.250% 011528 DTD111722 Trade#:32117 Blot:97	711LG3	1,000,000.00	\$100.98	-1,027,018.33
4/17/2024	4/19/2024	BOUGHT	KENVUE INC NTS B/E 05.050% 032228 DTD092223 Trade#:23050 Blot:97	7472Y9	500,000.00	\$99.87	-501,218,75
4/17/2024	4/19/2024	BOUGHT	INTEL CORP NTS B/E 04.875% 021028 DTD021023 Trade#:22856 Biot:97	7386H9	500,000.00	\$98.82	-498,781,88
4/17/2024	4/19/2024	BOUGHT	AMAZON.COM INC NTS B/E 04.550% 120127 DTD120122 Trade#:22702 Blot:97	605BR8	500,000.00	\$98.68	-502,100.83
4/8/2024	4/10/2024	BOUGHT	WASTE MGMT INC NTS B/E 04.875% 021529 DTD080323 Trade#:08654 Blot:97	9044V7	2,325,000.00	\$100.18	-2,346,547.91

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. Post 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 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.

The information is based upon the market value of your accounts) as of the close of business on June 30, 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 particion haddings 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 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 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





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 06/01/2024 - 06/30/2024

This summary does not reflect the

Repurchase agreements are reflected

KERN HEALTH SYSTEMS 2900 BUCK OWENS BOULEVARD

Account Number

Account Value Summary USD

				 value of unpriced securities.
	Amount Last	Amount This	%	Repurchase agreements are
	Statement Period	Statement Period	Portfolio	at par value.
Cash	\$ 0.00	\$ 0.00	0%	_
Money Market Mutual Funds	74,334,521.08	215,733,453.90	39%	
Bonds	425,928,680.00	338,731,964.68	61%	
Stocks	0.00	0.00	0%	
Total Account Value	\$ 500,263,201.08	\$ 554,465,418.58	100%	

Value Change Since Last Statement Period 54,202,217.50 Percent Increase Since Last Statement Period 11% Value Last Year-End 409,049,809.76 \$ Percent Increase Since Last Year-End 36%

Income Summary USD

	This Period		Year-To-Date
Interest	\$ 844,916.67	\$	6.394.328.92
Dividends/Capital Gains	0.00	•	0.00
Money Market Mutual Funds Dividends	641,800.73		2,806,618.26
Other	0.00		0.00
Income Total	\$ 1,486,717.40	\$	9,200,947.18

Interest Charged USD

Description	This Period
Debit Interest For June 2024	0.00
Total Interest Charged	\$ 0.00

Money Market Mutual Funds Summary USD

Description	Amount
Opening Balance	\$ 74,334,521,08
Deposits and Other Additions	276,844,916.67
Distributions and Other Subtractions	(136,087,784.58)
Dividends Reinvested	641,800.73
Change in Value	0.00
Closing Balance	\$ 215,733,453.90

Safekeeping

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Important Information

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

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

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

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

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

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

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

Customer Complaints and Reporting Discrepancies: All

inquiries, statement reporting inaccuracies or discrepancies, or complaints regarding your account or the activity therein should be directed to:

Customer Service

90 South 7th Street 5th Floor, MAC N9303-054 Minneapolis, MN 55402 1-800-645-3751, option 5,

WFSCustomerService@Wellsfargo.com.

To further protect their rights, customers should also reconfirm 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.

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

Security ID	Description	Maturity Date	Coupon	Current Par / Original Par	Market Price*	Market Value	Original Par Pledged**	Callable
Bonds US			550,50	ongina, ya	1 1100	Value	ricagea	Odilabic
3135GAG47	FANNIE MAE	07/12/24	5.050%	10,000,000.000	99.9886	9,998,856.50		Y
3134GYEM0	FREDDIE MAC	07/19/24	4.800%	5,000,000.000	99.9605	4,998,024.45		Y
912797JT5	UNITED STATES TREASURY BILL	07/25/24	0.000%	120,000,000.000	99.6518	119,582,112.00		
3134GYJM5	FREDDIE MAC	08/28/24	5.050%	5,000,000.000	99.9194	4,995,969.45		Υ
191216CL2	COCA-COLA CO/THE	09/06/24	1.750%	3,000,000.000	99.2831	2,978,491.62		N
641062AU8	NESTLE HOLDINGS INC	09/14/24	0.606%	2,105,000.000	98.9471	2,082,836.39		Y
771196BE1	ROCHE HOLDINGS INC	09/30/24	3.350%	1,000,000.000	99.3927	993,926.66		Y
3134GYP63	FREDDIE MAC	01/13/25	5.000%	5,000,000.000	99.8646	4,993,230.50		Y
3135GAH20	FANNIE MAE	01/27/25	5.250%	5,000,000.000	99.9406	4,997,032.35		Y
3135GAHT1	FANNIE MAE	02/24/25	5.250%	3,000,000.000	99.9351	2,998,054.05		Y
3134GXS88	FREDDIE MAC	02/28/25	4.000%	5,000,000.000	99.2124	4,960,621.70		Y
3134GYQP0	FREDDIE MAC	05/01/25	5.375%	5,000,000.000	99.7594	4,987,970.65		Y
3134GYRH7	FREDDIE MAC	05/15/25	5.300%	5,000,000.000	99.7003	4,985,013.80		Y
3134GYSG8	FREDDIE MAC	05/22/25	5.050%	5,000,000.000	99.4924	4,974,618.55		Y
3133EPQP3	FEDERAL FARM CREDIT BANK	07/24/25	5.330%	5,000,000.000	99.7488	4,987,440.10		Y
3130B1CT2	FEDERAL HOME LOAN BANK	11/28/25	5.500%	5,000,000.000	99.8773	4,993,865.55		Y
3135GALS8	FANNIE MAE	01/12/26	5.350%	10,000,000.000	99.8683	9,986,828.70		Y
3130B0MQ9	FEDERAL HOME LOAN BANK	03/27/26	5.400%	5,000,000.000	99.6901	4,984,505.90		Y
3134GYS94	FREDDIE MAC	05/15/26	5.000%	5,000,000.000	99.6153	4,980,767.40		Y
3130AX5H7	FEDERAL HOME LOAN BANK	09/11/26	5.500%	5,000,000.000	99.7745	4,988,726.25		Y
3134H1CK7	FREDDIE MAC	09/25/26	5.050%	5,000,000.000	99.3759	4,968,794.35		Y
3130AXVD7	FEDERAL HOME LOAN BANK	11/20/26	5.400%	5,000,000.000	99.7402	4,987,010.80		Υ
3130AY2Q8	FEDERAL HOME LOAN BANK	12/18/26	5.250%	5,000,000.000	99.5335	4,976,674.50		Y
3135GAQE4	FANNIE MAE	03/19/27	5.200%	5,000,000.000	99.8403	4,992,017.00		Y
3134H1M83	FREDDIE MAC	04/29/27	5.800%	5,000,000.000	99.9589	4,997,944.85		Ý
3133ERHV6	FEDERAL FARM CREDIT BANK	09/24/27	5.430%	5,000,000.000	99.9041	4,995,204.85		Ý
3130AXVH8	FEDERAL HOME LOAN BANK	11/22/27	5.500%	5,000,000.000	99.9238	4,996,190.20		Y
3133EP3D5	FEDERAL FARM CREDIT BANK	11/22/27	5.520%	5,000,000.000	99.9435	4,997,176.40		Ý
3130AY2W5	FEDERAL HOME LOAN BANK	12/14/27	5.600%	5,000,000.000	99.9527	4,997,633.40		Ý
3134H1FS7	FREDDIE MAC	04/17/28	6.000%	3,000,000.000	100.0296	3,000,887.07		Ý
3130B1L39	FEDERAL HOME LOAN BANK	06/20/28	5.750%	5,000,000.000	99.6048	4,980,237.75		Y
	FREDDIE MAC	10/17/28	6.000%	3,000,000.000	99.9513	2,998,538.79		Y
				,,		_,000,000.70		•

Safekeeping

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Statement Ending:

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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
Bonds US	D							
3130AXVF2	FEDERAL HOME LOAN BANK	11/27/28	6.000%	5,000,000.000	99.7759	4.988.795.30		Υ
3134H1KW2	FREDDIE MAC	12/04/28	5.550%	5,000,000.000	99.9856	4.999,279.75		Y
3130AXXB9	FEDERAL HOME LOAN BANK	12/21/28	5.700%	5,000,000.000	99.9054	4,995,270.70		Y
3130B0E62	FEDERAL HOME LOAN BANK	03/26/29	5.550%	10,000,000.000	99.7288	9.972.884.80		Y
3130B0N47	FEDERAL HOME LOAN BANK	03/26/29	5.000%	5,000,000.000	99.6747	4,983,733,70		Y
3133EP6X8	FEDERAL FARM CREDIT BANK	04/02/29	5.370%	5,000,000.000	99.7228	4,986,140.60		Y
3133ERAE1	FEDERAL FARM CREDIT BANK	04/09/29	5.620%	10,000,000.000	99.8940	9,989,403.20		Ý
3134H1G56	FREDDIE MAC	04/17/29	5.500%	4,500,000.000	100.4906	4,522,077.50		Υ
3130B1AV9	FEDERAL HOME LOAN BANK	05/15/29	6.000%	10,000,000.000	99.7302	9,973,015.90		Υ
3135GASM4	FANNIE MAE	05/15/29	5.750%	10,000,000.000	99.8416	9,984,160.70		Υ
				339,605,000.000		338,731,964.68	0.00	

^{*}See important information regarding security pricing on Page 2.

Daily Account Activity

	Settlemen	actions during this statem	om ponoa.						
Transaction / Trade Date	Effective Date	Activity	Security ID	Description	Par / Quantity	Price	Principal Amount	Income Amount	Debit / Credit Amount
Transact	ion Acti	ivity USD						, milesin	Timodile
06/05/24	06/06/24	Security Receipt	3133EP3D5	FEDERAL FARM CREDIT BANK	5,000,000.00	99.9500000	(4,997,500.00)	(10,733.33)	(5,008,233.33
06/05/24	06/06/24	Security Receipt	641062AU8	NESTLE HOLDINGS INC	2,105,000.00	98.6530000	(2,076,645.65)	(2,905.60)	(2,079,551.25
05/31/24	06/20/24	Security Receipt	3130B1L39	FEDERAL HOME LOAN BANK	5,000,000.00	100.0000000	(5,000,000.00)	0.00	(5,000,000.00
06/17/24	06/24/24	Security Receipt	3133ERHV6	FEDERAL FARM CREDIT BANK	5,000,000.00	100.0000000	(5,000,000.00)	0.00	(5,000,000.00)
06/13/24	07/02/24	Security Receipt	3130B1R90	FEDERAL HOME LOAN BANK	5,000,000.00	100.0000000	(5,000,000.00)	0.00	(5,000,000.00
Income /	Paymer	nt Activity USD							
06/04/24	06/04/24	Interest	3134H1KW2	FREDDIE MAC				138,750.00	138,750.00
06/11/24	06/11/24	Matured	912797KE6	UNITED STATES TREASURY BILL			30,000,000.00	,	30,000,000.00
06/11/24	06/11/24	Matured	912797KE6	UNITED STATES TREASURY BILL	(30,000,000.00)		,,		55,000,000.00
06/14/24	06/14/24	Interest	3130AY2W5	FEDERAL HOME LOAN BANK				140,000.00	140,000.00
06/17/24	06/17/24	Matured	3134GYS60	FREDDIE MAC			5,000,000.00	1 10,000.00	5,000,000.00
06/17/24	06/17/24	Matured	3134GYS60	FREDDIE MAC	(5,000,000.00)		2,22,230.00		3,000,000.00

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

KERN HEALTH SYSTEMS
Account Number:

Statement Ending:

273.83

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63,655.90000

63,655.90000

Daily Account Activity (Continued)

Your invest	ment trans	sactions during this state	ment period								
	Settlemer		пенк ренои.								
Transaction /											
Trade Date	Date	Activity	Security ID	Description		Par / Quantity		Price	Principal Amount	Income Amount	Debit / Credit Amoun
Income /	Payme	nt Activity USD						11100	Amount	Amount	Amoun
06/17/24	06/17/24	Interest	3134GYS60	FREDDIE MAC						04 600 67	24 222 2
06/18/24	06/18/24	Interest	3130AY2Q8	FEDERAL HOME LOA	N BANK					21,666.67	21,666.67
06/18/24	06/18/24	Matured	912797KF3	UNITED STATES TRE				30,000	000 00	131,250.00	131,250.00
06/18/24	06/18/24	Matured	912797KF3	UNITED STATES TRE		(30,000,000.00)		30,000	,000.00		30,000,000.00
06/21/24	06/21/24	Interest	3130AXXB9	FEDERAL HOME LOA		(55,555,555,555)				140 500 00	440.500.00
06/25/24	06/25/24	Matured	912797KG1	UNITED STATES TRE				20.000	000 00	142,500.00	142,500.00
06/25/24	06/25/24	Matured	912797KG1	UNITED STATES TRE		(30,000,000.00)		30,000	,000.00		30,000,000.00
06/27/24	06/27/24	Matured	3135GAJ36	FANNIE MAE	ACCULT DIEE	(30,000,000.00)		E 000	000 00		5 000 ooo oo
06/27/24	06/27/24	Matured	3135GAJ36	FANNIE MAE		(5,000,000.00)		5,000,	,000.00		5,000,000.00
06/27/24	06/27/24	Interest	3135GAJ36	FANNIE MAE		(3,000,000.00)				107 500 00	407 -00
06/28/24	06/28/24	Matured	3135GAHX2					E 000	000 00	137,500.00	137,500.00
06/28/24	06/28/24	Matured	3135GAHX2	FANNIE MAE		(5,000,000.00)		5,000,	,000.00		5,000,000.00
06/28/24	06/28/24	Interest		FANNIE MAE		(3,000,000.00)					
Cash Act	tivity U	SD								133,250.00	133,250.00
Transaction /		nt /								Debit Amount /	Condit A
Trade Date	Eff. Date	Activity	D	escription						Disbursaments	Credit Amount / Receipts
06/04/24	06/04/24	ACH/DDA Transaction		DESIGNATED DDA						24,000,000.00	riodolpic
06/11/24	06/11/24	ACH/DDA Transaction		DESIGNATED DDA						30,000,000.00	
06/13/24	06/13/24	ACH/DDA Transaction		DESIGNATED DDA						,,	99,000,000.00
06/13/24	06/13/24	ACH/DDA Transaction		DESIGNATED DDA							72,000,000.00
06/18/24	06/18/24	ACH/DDA Transaction		DESIGNATED DDA						30,000,000.00	-,,
06/25/24	06/25/24	ACH/DDA Transaction		DESIGNATED DDA						35,000,000.00	
Monos	Maulea	Frond Askinia									
woney	warke	t Fund Activity									
Morgan Sta		vc 8314			Dividend paid		7 day*		30 day*		
*As of June	30, 2024				this period		simple yield	si	mple yield		
USD					273.83		5.090%		5.090%		
Transaction Date	Activ	and the second		01			90200				
Duit		ginning Balance		Shares	Price	Market Value		Dividend	Amount		Share Balance
					1.0000	63,382	.07			6	3,382.07000
16/02/24	D-:-	ave at	070	00000							

1.0000

Reinvest

Ending Balance

273.83000

06/03/24

63,655.90



PMIA/LAIF Performance Report as of 7/24/24



Quarterly Performance Quarter Ended 06/30/24

PMIA Average Monthly Effective Yields⁽¹⁾

LAIF Apportionment Rate ⁽²⁾ :	4.55	June	4.480
LAIF Earnings Ratio ⁽²⁾ :	0.00012419067099490	May	4.332
LAIF Administrative Cost (1)*:	0.16	April	4.272
LAIF Fair Value Factor (1):	0.996316042	March	4.232
PMIA Daily ⁽¹⁾ :	4.52	February	4.122
PMIA Quarter to Date(1):	4.36	January	4.012
PMIA Average Life ⁽¹⁾ :	217	•	

Pooled Money Investment Account Monthly Portfolio Composition (1) 6/30/24 \$178.0 billion

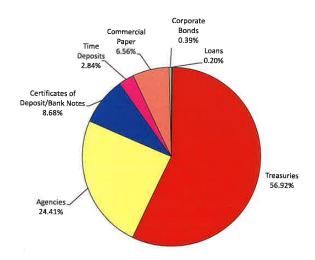


Chart does not include \$1,567,000.00 in mortgages, which equates to 0.001%. Percentages may not total 100% due to rounding.

Daily rates are now available here. View PMIA Daily Rates

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

*The percentage of administrative cost equals the total administrative cost divided by the quarterly interest earnings. The I aw provides that administrative costs are not to exceed 5% of quarterly EARNINGS of the fund. However, if the 13-week Daily Treasury Bill Rate on the last day of the fiscal year is below 1%, then administrative costs shall not exceed 8% of quarterly EARNINGS of the fund for the subseque nt fiscal year.

Source

⁽¹⁾ State of California, Office of the Treasurer

⁽²⁾ State of Calfiornia, Office of the Controller



MEMORANDUM

TO: Kern Health Systems Board of Directors

FROM: Robert Landis, Chief Financial Officer

SUBJECT: Primary and Excess Liability Insurance/ Employed Lawyers Professional Liability

Insurance/Earthquake Insurance Renewals

DATE: August 15, 2024

Background

Liability Coverage insures against third party losses for general liability, public officials errors and omissions, employment related practices liability and auto liability.

Excess liability provides additional limits over the Liability Coverage offered above the \$5,000,000 primary liability coverage.

Employed lawyer's professional liability provides coverage for wrongful acts including breach of duty, negligent act, error or omission in the course of providing legal services to Kern Health Systems. This would be a new coverage for the new exposure with Kern Health Systems hiring new employed legal counsel.

Earthquake insures against the peril of earthquake for KHS owned property.

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.

Discussion

• Liability Coverage

Management is recommending renewing coverage with Great American E&S Insurance Company and Starstone Specialty Insurance Company (Core Specialty).

- Special Liability Insurance Program (SLIP) Great American E&S Insurance Company 85% Quota Share and Starstone Specialty Insurance Company (Core Specialty) 15% Quota Share (Current Carrier)
- Rating: Great American has a rating of A+ Superior XV and Starstone has a A- Excellent XIII rating from AM Best
- Term: September 29, 2024 through September 29, 2025. Program common anniversary date is September 29th and coverage renews for annual term in September.
- General Liability \$5,000,000
- Auto Liability \$5,000,000
- Uninsured Motorist \$1,000,000
- Public Officials' and Employees' Errors and Omissions \$5,000,000 each wrongful act/\$5,000,000 Aggregate
- Employment Practices Liability \$5,000,000 each wrongful act/\$5,000,000 Aggregate
- Employee Benefits Liability \$5,000,000

- Deductibles: \$100,000 per occurrence (prior year \$10K except for \$25K for Employment Practices Liability)
- Annual Not to Exceed Premium Estimate: \$336,000
- Prior year's annual premium was \$236,295

There are six claims currently filed, five open and one closed.

• Excess Liability Insurance

Management is recommending renewing coverage with Starstone Specialty Insurance Company (Core Specialty).

- Starstone Specialty Insurance Company (Core Specialty)
- Rating: Carrier has an A- XII rating from AM Best
- Per Occurrence or Wrongful Act Limit: \$5,000,000 excess of \$5,000,000 (SLIP)
- Term: September 29, 2024 through September 29, 2025
- Annual Not to Exceed Premium Estimate: \$240,000
- Prior year's premium was \$190,883.

No claims filed last year.

This year's total Liability Coverage \$10 million; Last year's total Liability Coverage \$10 million

• Employed Lawyers Professional Liability Insurance (New Coverage this Year)

- Houston Specialty Insurance Company
- Rating: Carrier has an A- Excellent X rating from AM Best
- Per Claim and Annual Aggregate: \$2,000,000
- Retention: \$5,000
- Term: August 15, 2024 through September 29,2025
- Annual Premium: \$14,454.
- Prior year's premium was N/A this is a new coverage

• Earthquake Insurance

- Everest Indemnity Insurance Company 80% and General Security Indemnity Company of Arizona 20%
- Rating: Carriers have range of A, XV to A+ XV rating from AM Best
- Term: October 15, 2024 through October 15, 2025
- Earthquake Limit per occurrence: \$25,000,000
- Earthquake Aggregate: \$25,000,000
- Earthquake Deductible 3% Per unit (unit is defined as replacement cost of the covered Property – Building, Contents and Business Income separately), subject to a minimum of \$50,000.
- Annual Premium Not to Exceed Premium Estimate: \$95,000.
- Prior year's premium was \$75,312

No claims were filed last year.

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

Requested Action

Approve.



MEMORANDUM

TO: Kern Health Systems Board of Directors

FROM: Alan Avery, Chief Operations Officer

SUBJECT: Contract Renewal for Claims Core System

DATE: August 15, 2024

Background

Kern Health Systems (KHS) maintains a core operation software solution for the processing of eligibility enrollment, provider contracts, authorizations, claims, and payments. In 2014, KHS posted a Request for Proposal for the replacement of its core system solution that was due to sunset and was no longer supported. KHS selected Cognizant as the vendor for its core software solution for a ten-year engagement based on a perpetual license model. In 2022, KHS implemented the QNXT Claims Workflow module to streamline claims processing. Building on this success, in 2023, KHS further enhanced operations by adopting the QNXT Division of Financial Responsibility (DOFR) module.

Discussion

Cognizant TriZetto Software Group, Inc will continue to provide KHS with the core claims software solution for a five (5) year term. Cognizant stores comprehensive eligibility information, which is critical for verifying member benefits and coverage. In addition to managing claims and member interactions, the Cognizant software solution houses all authorizations and detailed provider information, streamlining the payment process for provider contracts.

Financial Impact

Cost for a five (5) year term not to exceed \$5,889,582 in budgeted expenses.

Requested Action

Approve; Authorize Chief Executive Officer to Sign Agreements Subject to Information Technology and Counsel Approval.

Core Operations Software Solution

Alan Avery
Chief Operating Officer
August 15, 2024



Agenda

- Background
- Core System Functionality
- Claims Processing Overview
- Claims Processing Volume
- Operational Efficiency and Staffing Impact
- Cost Analysis
- Board Request



Background

Kern Health Systems (KHS) maintains a core operations software solution for the processing of eligibility enrollment, member call tracking, provider contracts, authorizations, claims, and payments as required by DHCS.

In 2014, KHS posted a RFP for the replacement of its core system solution that was due to sunset and would no longer be supported. KHS selected Cognizant as the vendor for its core software solution (QNXT) for a ten-year engagement based on a perpetual license model meaning we would own the software license and only pay maintenance and support. In 2022, KHS implemented the QNXT Claims Workflow module to streamline claims processing. Building on this success, in 2023, KHS further enhanced functionality implementing the QNXT Division of Financial Responsibility (DOFR) module.

During the most recent two year look back period from June 2022 to June 2024, the QNXT system has processed over 10.7 million claims, paying out approximately \$2.2 billion. The claims department manually handles less than 15% of these claims, demonstrating the efficiency and automation enabled by the QNXT. In addition, Member Services leverages this robust system to track all phone calls from members, ensuring high-quality customer service and accurate record-keeping.

QNXT stores comprehensive eligibility information, which is critical for verifying member benefits and coverage. In addition to managing claims and member interactions, the QNXT system houses all authorizations and detailed provider information, streamlining the payment process for provider contracts.

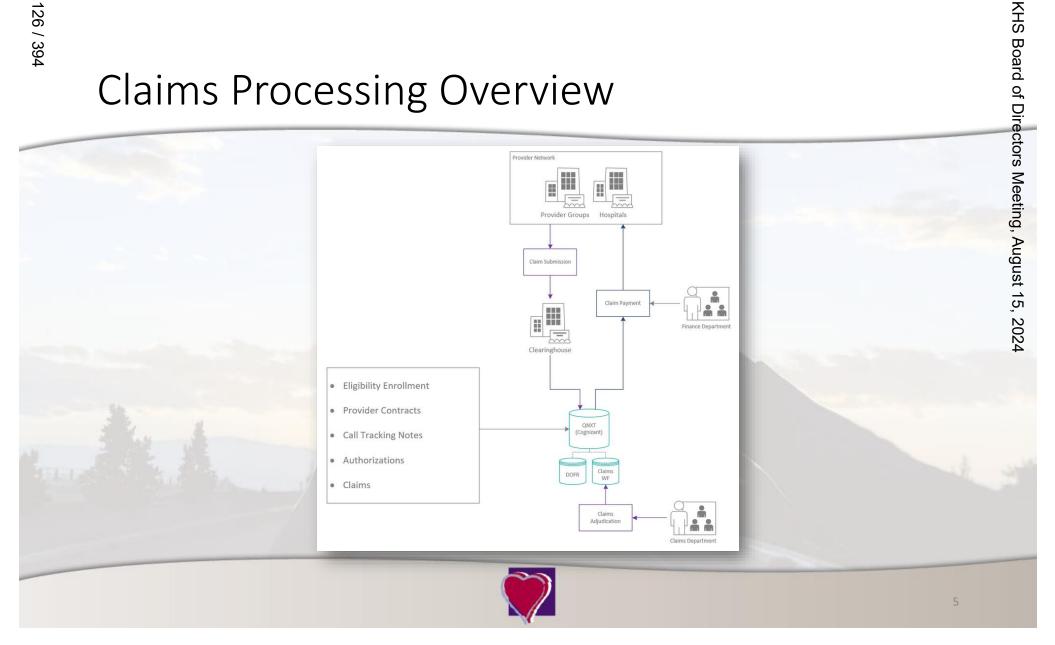


Core System Functionality

- Cognizant Core System: The Cognizant core system (QNXT) houses all functionalities that processes provider claims, payments, eligibility and call tracking. The NetworX component within this core system automates provider contract management and pricing, ensuring accurate and efficient claims processing and financial management.
- QNXT Claims Workflow: The claims workflow leverages automation to streamline the claims adjudication process, significantly reducing manual intervention. This automation leads to faster claim processing times and reduced errors.
- **DOFR:** The Division of Financial Responsibility (DOFR) helps in clearly defining financial responsibilities between different parties, ensuring that claims are appropriately allocated and processed.



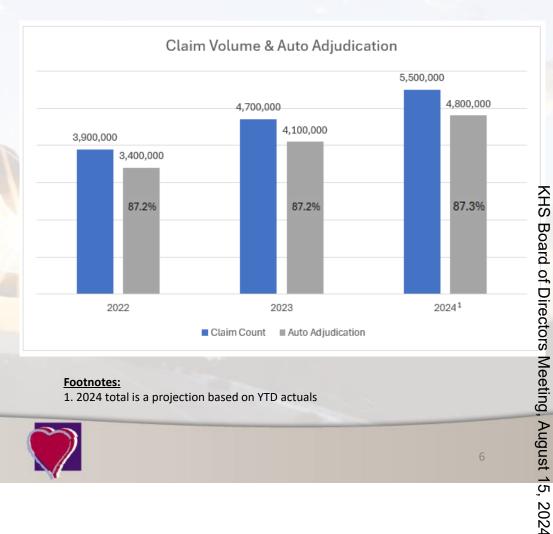
Claims Processing Overview



Claims Processing Volume

Auto Adjudication

 KHS uses auto-adjudication to automate claims processing. This eliminates the need for manual review of every incoming claim. In addition, autoadjudication increases efficiency, reduces processing time, and minimizes errors.



Footnotes:

1. 2024 total is a projection based on YTD actuals



Operational Efficiency and Staffing Impact

Year	Annual Claims Reviewed per staff ¹	Annual Claim Count ²	Claims Staff Need	Average Wage per Hour ³	nnual Manual Review Cost
2025	19,500	5,360,000	275	\$ 38.35	\$ 21,925,973
2026	19,500	5,630,000	289	\$ 39.50	\$ 23,721,367
2027	19,500	5,910,000	303	\$ 40.69	\$ 25,648,149
2028	19,500	6,210,000	318	\$ 41.91	\$ 27,758,588
2029	19,500	6,520,000	334	\$ 43.16	\$ 30,018,611
		·		TOTAL	6420 072 0074

Projected Savings of \$123.2M over 5 years
Projected internal cost of performing this function in-house \$129.1M vs. cost of using QNXT services for \$5.9M QNXT services for \$5.9M

Assumptions:

- 1. Assuming 75 claims reviewed per 7.5-hour workday using 25 FTEs.
- 2. Assumes a 5% annual increase in claims.
- 3. Average wage includes benefits and 3% annual rate increase.
- 4. This total excludes space, equipment, and support costs



Cost Analysis

Proposed Renewal Contract Cost

\$5,889,582

	Annua	l Maintenance					
	Service Fees ¹						
	Term: 9/11/24-9/10/29						
	Year Cost						
Current	2023	\$758,094					
Current	2024	\$786,144					
	2025	\$849,036					
	2026	\$916,958					
	2027	\$990,315					
	2028	\$1,069,540					
	2029	\$1,155,103					
		\$4,980,953					

	Clair	ms Workflow					
	Co-terming existing agreement						
	Term: (5/1/27-9/10/29					
	Year Proposed						
Current	2023	\$120,828					
Current	2024	\$120,828					
Current	2025	\$120,828					
Current	2026	\$120,828					
	2027 ²	\$185,585					
	2028	\$185,585					
	2029	\$185,585					
		\$556,756					

	DOFK					
	Co-terming existing agreement					
	Term: 12/1/24-9/10/29					
	Year Proposed					
Current (1 month only)	2023 ³	\$9,870				
Current	2024	\$114,435				
	2025 4	\$70,375				
	2026	\$70,375				
	2027	\$70,375				
	2028	\$70,375				
	2029	\$70,375				
		\$351,873				

DOER

Footnotes:

- 1. KHS owns the licenses & software and pays an annual support and maintenance fee based on an estimated 400K lives. Proposed renewal is subject to annual CPI increases (3%) & possible true-ups related to increases in membership (5%).
- 2. Cost increase is due to an increase in membership from 320K in the current contract to 400K in the contract renewal.
- 3. Due to the current contract's effective date of 12/1/23, 2023 cost only represents one month
- 4. Decreased expense due to negotiated rates in the new agreement primarily due to extending contract from current 1 year term to a 5-year term



Board of Directors Request

Authorize the CEO to sign a five (5) year contract with Cognizant TriZetto Software Group, Inc. in the amount not to exceed \$5,889,582 in operating expenses for support and maintenance of the Cognizant Software System.



You + Us = a better day!





MEMORANDUM

TO: Kern Health Systems Board of Directors

FROM: Robert Landis, Chief Financial Officer

SUBJECT: May 2024 Financial Results

DATE: August 15, 2024

The May results reflect a \$461,073 Net Increase in Net Position which is a \$29,452 unfavorable variance to the budget. Listed below are the major variances for the month:

- 1) Total Revenues reflect a \$3.5 million unfavorable variance primarily due to:
 - A) \$3.0 million favorable variance in Premium Revenue primarily due to higher-thanexpected budgeted membership for the Expansion and SPD Categories of Aid.
 - B) \$1.2 million unfavorable timing variances primarily due to unfavorable timing differences on waiting for DHCS approval under the CalAim Incentive Payment Program and the Student Behavioral Health Incentive Program.
 - C) \$5.7 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) \$.9 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 \$3.5 million unfavorable variance primarily due to:
 - A) \$3.7 million unfavorable variance in Physician Services primarily due to higher-than-expected Targeted Rate Increases ("TRI") amounts allocated to PCP, Specialty and Urgent Care services. We began paying TRI amounts in May and believed it was necessary to increase our accruals for these categories of expenses. This amount is offset against amounts included Other Professional Services and Mental Health Services included in 2B (3) & (4) below.

As previously reported, beginning in 2024 certain Medi-Cal provider rates were increased to at least 87.5% of Medicare for primary care and certain specialty care providers, maternity care and non-specialty mental health services. The calculations/methodologies used to determine the 87.5% of Medicare Rate are quite complex.

- B) \$6.1 million favorable variance in Other Professional Services primarily due from:
 - 1) \$1.2 million favorable variance due to the timing of hiring 2024 Budgeted Utilization Management Employees during the first and second quarter of 2024.
 - 2) \$1.2 million favorable variance from lower-than-expected utilization of Autism services.
 - 3) \$.7 million favorable variance in Mental Health Services due to lowering our accruals for Targeted Rate Increases offset against amounts included in 2A above.
 - 4) \$3.1 million favorable variance in Other Professional Services due to lowering our accruals for Targeted Rate Increases offset against amounts included in 2A above.
- C) \$2.6 million unfavorable variance in Inpatient primarily due to higher-than-expected utilization over the last several months for Expansion and SPD members.
- D) \$6.3 million unfavorable variance in Other Medical primarily from:
 - \$2.1 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) \$2.4 million unfavorable variance in Long Term Care expense primarily due to higher-than-expected utilization over the last several months.
 - 3) \$1.8 million unfavorable variance in CalAim Incentive Programs due to timing differences of receiving provider invoices.
- E) \$.9 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.
- F) \$3.0 million favorable variance in IBNR, Incentives, Paid Claims Adjustment primarily relating to the 2022 Enhanced Care Management ("ECM") Risk Corridor Liability owed to DHCS being lower than expected.

The May Medical Loss Ratio is 93.5% which is unfavorable to the 92.4% budgeted amount. The May Administrative Expense Ratio is 5.5% which is favorable to the 5.9% budgeted amount.

The results for the 5 months ended May 31, 2024 reflect a Net Increase in Net Position of \$6,348,731. This is a \$3,114,365 favorable variance to the budget and includes approximately \$2.3 million of unfavorable adjustments from the prior year. The year-to-date Medical Loss Ratio is 93.2% which is unfavorable to the 92.4% budgeted amount. The year-to-date Administrative Expense Ratio is 5.2% which is favorable to the 5.8% budgeted amount.



KHS - Medi-Cal Line of Business

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

		I	Increase/
ASSETS	May	April	(Decrease)
Cash and Cash Equivalents	85,519,391	97,380,400	(11,861,009)
Short-Term Investments	493,140,244	488,547,052	4,593,193
Premiums Receivable	100,899,323	102,048,757	(1,149,434)
Premiums Receivable - MCO Tax	8,590,997	152,148,288	(143,557,291)
Premiums Receivable - Hospital Directed Payments	450,316,240	427,456,647	22,859,593
Interest Receivable	112,416	56,012	56,404
Provider Advance Payment	869,959	1,667,996	(798,037)
Other Receivables	482,910	667,594	(184,685)
Prepaid Expenses & Other Current Assets	6,986,059	6,870,579	115,480
SBITA Asset – Current portion	2,617,467	6,799,897	(4,182,430)
Total Current Assets	1,149,535,005	1,283,643,222	(134,108,217)
Land	4,090,706	4,090,706	-
Furniture and Equipment - Net	1,043,244	1,081,110	(37,866)
Computer Equipment - Net	18,907,818	19,402,145	(494,327)
Building and Improvements - Net	32,814,927	32,891,982	(77,056)
Capital Projects In Process	4,057,447	2,648,912	1,408,536
Total Capital Assets	60,914,142	60,114,855	799,287
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
Total Long-Term Assets	6,117,019	1,934,589	4,182,430
Deferred Outflow of Resources	8,425,634	8,425,634	-
Total Assets and Deferred Outflows of Resources	1,224,991,800	1,354,118,300	(129,126,500)
CURRENT LIABILITIES	_,,,,,,,,,,,,	_,	(===,===,===,
Accrued Salaries and Benefits	6,452,914	5,859,505	593,409
Accrued Other Operating Expenses	5,419,669	5,489,941	(70,271)
MCO Tax Payable	78,776,460	157,552,919	(78,776,460)
Claims Payable (Reported)	17,280,460	21,952,270	(4,671,810)
IBNR - Inpatient Claims	64,399,644	66,807,897	(2,408,253)
IBNR - Physician Claims	22,528,473	24,889,859	(2,361,385)
IBNR - Accrued Other Medical	29,833,391	36,070,614	(6,237,223)
Risk Pool and Withholds Payable	5,287,276	6,039,085	(751,809)
Allowance for Claims Processing Expense	3,776,682	3,776,682	-
Other Liabilities	132,928,246	197,526,945	(64,598,700)
SBITA Liability – Current portion	2,617,467	-	2,617,467
Accrued Hospital Directed Payments	451,847,814	428,952,782	22,895,032
Total Current Liabilities	821,148,495	954,918,498	(133,770,003)
NONCURRENT LIABILITIES			
Net Pension Liability	12,965,462	12,965,462	-
SBITA Liability, net of current portion	4,182,430		4,182,430
Total NonCurrent Liabilities	17,147,892	12,965,462	4,182,430
Deferred Inflow of Resources	158,303	158,303	-
NET POSITION:			
Net Position at Beginning of Year	380,188,379	380,188,379	-
Increase (Decrease) in Net Position - Current Year	6,348,731	5,887,658	461,073
Total Net Position	386,537,110	386,076,037	461,073
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION	1,224,991,800	1,354,118,300	(129,126,500)
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KHS 7/2/2024 Management Use Only



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

		n.d. i	Manta T	V	nt. ·	\/:
Family Members	May 244,908	Budget 244,744	Variance 164	Year to Date	Budget 1,244,720	Variance (11,599)
Expansion Members	244,908 115,170	113,011	2,159	1,233,121 586,126	1,244,720 577,055	9,071
SPD Members	22,326	20,127	2,159	112,495	102,635	9,860
LTC Members	517	555	(38)	2,507	2,774	(267)
Other Members	22,908	24,164	(1,256)	113,844	120,818	(6,974)
Total Members - MCAL	405,829	402,600	3,229	2,048,093	2,048,000	93
	405,829	402,600	3,229	2,048,093	2,048,000	93
REVENUES						
Medicaid - Family and Other	51,326,322	52,872,119	(1,545,798)	276,758,252	268,489,582	8,268,671
Medicaid - Expansion Members	46,004,215	45,361,715	642,500	238,116,816	231,625,283	6,491,533
Medicaid - SPD Members	23,846,423	21,166,792	2,679,631	118,840,143	107,937,293	10,902,850
Medicaid - LTC Members	4,122,208	4,470,309	(348,101)	20,303,610	22,351,543	(2,047,933)
Premium - MCO Tax	39,388,230	45,083,148	(5,694,918)	196,941,149	229,335,040	(32,393,891)
Premium - Hospital Directed Payments	22,990,345	22,117,831	872,514	122,460,354	112,655,440	9,804,914
Investment Earnings And Other Income	2,965,401	2,072,543	892,858	11,569,557	10,524,569	1,044,988
Reinsurance Recoveries	-	112,728	(112,728)	-	573,440	(573,440)
Rate Adjustments - Hospital Directed Payments	(108,928)	-	(108,928)	2,618,543	-	2,618,543
Rate/Income Adjustments	(794,733)	-	(794,733)	(4,919,715)	-	(4,919,715)
Total Revenues	189,739,482	193,257,185	(3,517,703)	982,688,708	983,492,189	(803,481)
EXPENSES MEDICAL COSTS						
Physician Services	32,962,778	29,257,450	(3,705,329)	158,816,194	148,927,934	(9,888,260)
Other Professional Services	9,231,655	15,349,768	6,118,113	57,610,223	78,112,466	20,502,243
Emergency Room	6,322,930	6,526,140	203,211	31,875,710	33,216,355	1,340,645
Inpatient	30,704,459	28,116,565	(2,587,894)	155,393,471	143,244,764	(12,148,707)
Reinsurance Expense	118,429	112,728	(5,701)	561,208	573,440	12,232
Outpatient Hospital	12,540,794	12,977,119	436,325	71,838,925	66,114,002	(5,724,923)
Other Medical	29,760,839	23,485,069	(6,275,771)	139,638,048	119,173,543	(20,464,505)
Pay for Performance Quality Incentive	608,744	603,900	(4,844)	3,072,129	3,072,000	(129)
Hospital Directed Payments	22,990,345	22,117,831	(872,514)	122,460,354	112,655,440	(9,804,914)
Hospital Directed Payment Adjustment	(95,313)	-	95,313	2,702,470	-	(2,702,470)
Non-Claims Expense Adjustment	(37,068)	-	37,068	393,731	-	(393,731)
IBNR, Incentive, Paid Claims Adjustment	(3,039,235)	-	3,039,235	(3,345,973)	-	3,345,973
Total Medical Costs	142,069,357	138,546,569	(3,522,788)	741,016,488	705,089,943	(35,926,545)
GROSS MARGIN	47,670,125	54,710,616	(7,040,491)	241,672,220	278,402,247	(36,730,026)
ADMINISTRATIVE COSTS	,,	0 1/1 = 1/1 = 1	(1)111111111111111			(00).00,000
Compensation	2 747 000	4 142 126	205.026	17 072 172	20 710 620	2 020 455
Purchased Services	3,747,089	4,142,126	395,036	17,872,172 8,915,538	20,710,628 8,699,454	2,838,455
	1,750,418	1,739,891	(10,527) 167,808	1,087,499	1,861,722	(216,084) 774,223
Supplies	204,536 778,841	372,344				
Depreciation		710,921	(67,920)	3,500,089	3,554,606	54,517
Other Administrative Expenses	531,586	554,843	23,257	2,870,152	2,774,215	(95,936)
Administrative Expense Adjustment	2,765	(43,839)	(46,604)	71,689	(219,197)	(290,886)
Total Administrative Expenses	7,015,235	7,476,286	461,051	34,317,139	37,381,428	3,064,290
TOTAL EXPENSES	149,084,592	146,022,855	(3,061,737)	775,333,627	742,471,371	(32,862,256)
OPERATING INCOME (LOSS) BEFORE TAX	40,654,890	47,234,330	(6,579,440)	207,355,082	241,020,818	(33,665,737)
MCO TAX	39,388,230	45,083,148	5,694,918	196,941,149	229,335,040	32,393,891
OPERATING INCOME (LOSS) NET OF TAX	1,266,660	2,151,182	(884,522)	10,413,933	11,685,778	(1,271,846)
NON-OPERATING REVENUE (EXPENSE)						
Provider Grants/CalAIM/Home Heath	(558,270)	(830,329)	272,058	(2,624,893)	(4,225,706)	1,600,813
D-SNP Expenses	(247,317)	(830,329)	583,011	(1,440,309)	(4,225,706)	2,785,398
Total Non-Operating Revenue (Expense)	(805,587)	(1,660,657)	855,070	(4,065,202)	(8,451,412)	4,386,211
NET INCREASE (DECREASE) IN NET POSITION	461,073	490,525	(29,452)	6,348,731	3,234,366	3,114,365
, ,		·				
MEDICAL LOSS RATIO	93.5%	92.4%	-1.1%	93.2%	92.4%	-0.9%
ADMINISTRATIVE EXPENSE RATIO	5.5%	5.9%	0.4%	5.2%	5.8%	0.6%

KHS 7/2/2024 Management Use Only



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

Family Members 244,908 244,744 164 1,233,121 1,244, Expansion Members 115,170 113,011 2,159 586,126 577, SPD Members 22,326 20,127 2,199 112,495 102, LTC Members 517 555 (38) 2,507 2, Other Members 22,908 24,164 (1,256) 113,844 120, Total Members - MCAL 405,829 402,600 3,229 2,048,093 2,048,	55 9,071 35 9,860 74 (267) 18 (6,974) 00 93
SPD Members 22,326 20,127 2,199 112,495 102, LTC Members 517 555 (38) 2,507 2, Other Members 22,908 24,164 (1,256) 113,844 120,	95 9,860 74 (267) 18 (6,974) 00 93
LTC Members 517 555 (38) 2,507 2, Other Members 22,908 24,164 (1,256) 113,844 120,	74 (267) 18 (6,974) 00 93
Other Members 22,908 24,164 (1,256) 113,844 120,	18 (6,974) 00 93
	00 93
Total Members - MCAL 405,829 402.600 3.229 2.048.093 2.048.	
	2 0.05
REVENUES	
Medicaid - Family and Other 191.65 196.62 (4.97) 205.47 196	0.03
Medicaid - Expansion Members 399.45 401.39 (1.95) 406.26 401	
Medicaid - SPD Members 1,068.10 1,051.67 16.44 1,056.40 1,051.40	
Medicaid - LTC Members 7,973.32 8,058.24 (84.92) 8,098.77 8,058	
Premium - MCO Tax 1,719.41 1,865.75 (146.34) 1,729.92 1,898	
	01 4.78
	14 0.51
	28 (0.28)
Rate Adjustments - Hospital Directed Payments (0.27) - (0.27) 1.28	1.28
	(= /
	22 (0.41)
EXPENSES MEDICAL COSTS	
Physician Services 81.22 72.67 (8.55) 77.54 72	72 (4.82)
Other Professional Services 22.75 38.13 15.38 28.13 38	10.01
Emergency Room 15.58 16.21 0.63 15.56 16	0.66
Inpatient 75.66 69.84 (5.82) 75.87 65	94 (5.93)
	28 0.01
	28 (2.79)
· · ·	19 (9.99)
	0.00
	01 (4.78)
	- (1.32)
Non-Claims Expense Adjustment (0.09) - 0.09 0.19	- (0.19) - 1.63
Total Medical Costs 350.07 344.13 (5.94) 361.81 344	
GROSS MARGIN 117.46 135.89 (18.43) 118.00 135	94 (17.94)
ADMINISTRATIVE COSTS	
Compensation 9.23 10.29 1.06 8.73 10	
	25 (0.11)
	0.38
	74 0.03
	35 (0.05) 11) (0.14)
Administrative Expense Adjustment 0.01 (0.11) (0.12) 0.04 (0.11) (0.12) (0.12) (0.13) (0.14) (0.15	
TOTAL EXPENSES 367.36 362.70 (4.66) 378.56 362	
OPERATING INCOME (LOSS) BEFORE TAX 100.18 117.32 (17.15) 101.24 117.32	
MCO TAX 97.06 111.98 14.92 96.16 111	` `
OPERATING INCOME (LOSS) NET OF TAX 3.12 5.34 (2.22) 5.08 5	71 (0.62)
NON-OPERATING REVENUE (EXPENSE)	(0.02)
· · · · · · · · · · · · · · · · · · ·	06) 1.36
	06) 0.78
	13) 2.14
	58 1.52
	6% 3.3%
	2% 0.0%

KHS 7/2/2024 Management Use Only



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

	2023 - Q2	2023 - Q3	2023 - Q4	2024 - Q1	Rolling 4-Quarter Totals	CURRENT QUARTER 2024 - Q2
Total Members - MCAL	1,065,928	1,064,368	1,038,591	1,234,656	4,403,543	813,437
	-,,	_,	-,,	_, ,,	7.0070.0	323,131
REVENUES						
Medicaid - Family and Other	131,416,191	130,829,220	119,336,194	163,114,742	544,696,347	113,643,511
Medicaid - Expansion Members	113,614,490	114,676,254	97,694,167	142,141,972	468,126,883	95,974,844
Medicaid - SPD Members	58,314,893	58,948,915	59,165,633	70,643,949	247,073,389	48,196,194
Medicaid - LTC Members	9,124,896	9,102,869	9,599,451	12,120,676	39,947,892	8,182,934
Premium - MCO Tax	-	-	375,849,146	118,164,689	494,013,835	78,776,460
Premium - Hospital Directed Payments	65,929,161	65,557,702	63,752,178	74,715,152	269,954,193	47,745,202
Investment Earnings And Other Income	3,451,390	4,444,990	9,031,183	6,526,452	23,454,015	5,043,105
Rate Adjustments - Hospital Directed Payments	58,880	545,253	(26,268,027)	2,628,208	(23,035,685)	(9,666
Rate/Income Adjustments	2,689,620	2,190,288	495,587	3,361,928	8,737,422	(8,281,643
Total Revenues	384,599,520	386,295,491	708,655,511	593,417,768	2,072,968,290	389,270,940
EXPENSES MEDICAL COSTS						
Physician Services	64,905,613	62,419,530	61,076,433	93,110,533	281,512,108	65,705,661
Other Professional Services	19,202,567	18,664,943	19,381,164	37,861,872	95,110,546	19,748,351
Emergency Room	15,949,392	16,279,390	15,523,588	19,266,762	67,019,131	12,608,948
Inpatient	64,459,638	67,920,330	79,244,732	91,080,658	302,705,357	64,312,813
Reinsurance Expense	286,181	288,694	190,133	324,349	1,089,358	236,858
Outpatient Hospital	32,454,291	32,005,177	40,939,501	44,304,385	149,703,353	27,534,540
Other Medical	70,726,296	72,388,155	79,194,627	80,881,278	303,190,355	58,756,770
Pay for Performance Quality Incentive	1,597,253	1,599,049	1,555,236	1,851,974	6,603,511	1,220,156
Hospital Directed Payments	65,929,161	65,557,702	63,752,178	74,715,152	269,954,193	47,745,202
Hospital Directed Payment Adjustment	177,303	(12,049)	(26,330,241)	2,663,543	(23,501,445)	38,928
Non-Claims Expense Adjustment	(2,268,523)	695,678	1,571,341	356,533	355,030	37,198
IBNR, Incentive, Paid Claims Adjustment	(13,731,707)	1,846,700	1,506,238	622,759	(9,756,011)	(3,968,732)
Total Medical Costs	319,687,464	339,653,299	337,604,928	447,039,796	1,443,985,486	293,976,692
GROSS MARGIN	64,912,057	46,642,192	371,050,583	146,377,973	628,982,804	95,294,248
ADMINISTRATIVE COSTS						
Compensation	11,028,203	11,815,434	13,584,268	10,509,085	46,936,990	7,363,088
Purchased Services	4,875,634	4,614,262	5,339,166	5,448,763	20,277,825	3,466,775
Supplies	278,251	801,939	680,996	764,751	2,525,937	322,748
Depreciation	2,055,327	2,073,030	2,099,363	2,040,936	8,268,656	1,459,153
Other Administrative Expenses	1,446,637	1,797,993	1,406,817	1,644,704	6,296,151	1,225,447
Administrative Expense Adjustment	1,102,277	9,949	1,580,132	96,938	2,789,296	(25,249)
Total Administrative Expenses	20,786,329	21,112,607	24,690,742	20,505,176	87,094,854	13,811,962
TOTAL EXPENSES	340,473,793	360,765,906	362,295,670	467,544,972	1,531,080,340	307,788,654
OPERATING INCOME (LOSS) BEFORE TAX	44,125,728	25,529,585	346,359,841	125,872,796	541,887,950	81,482,286
MCO TAX	-	-	376,495,887	118,164,689	494,660,576	78,776,460
OPERATING INCOME (LOSS) NET OF TAX	44,125,728	25,529,585	(30,136,046)	7,708,107	47,227,374	2,705,826
NON-OPERATING REVENUE (EXPENSE)					<u></u>	
Total Non-Operating Revenue (Expense)	(1,282,998)	(1,246,978)	(1,454,633)	(2,207,215)	(6,191,824)	(1,857,986)
NET INCREASE (DECREASE) IN NET POSITION	42,842,730	24,282,607	(31,590,679)	5,500,891	41,035,550	847,840
MEDICAL LOSS RATIO	79.6%	85.6%	101.6%	92.9%	89.9%	93.7%
	6.5%	6.6%	8.4%	5.2%	6.5%	5.3%

KERN HEALTH SYSTEMS

CURRENT QUARTER

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

Medicald - Family and Other							CURRENT QUARTER
Medicaid - Family and Other 385.55 385.41 372.22 237.94 395.08 381.01 486.57 395.34 484.00 486.57 395.34 484.00 486.57 395.34 484.00 486.57 395.34 484.00 486.57 486.57 395.34 486.67 486.57		2023 - Q2	2023 - Q3	2023 - Q4	2024 - Q1	Rolling Quarter Totals	2024 - Q2
Medical - Family and Other 185.55 185.41 17.27 237.94 195.08 14.00 14.	Total Members - MCAL	1,065,928	1,064,368	1,038,591	1,234,656	4,403,543	813,437
Medical - Expansion Members	REVENUES						
Medical - Expansion Members	Medicaid - Family and Other	185.55	185.41	172.27	237.94	195.08	212.06
Medical - SPD Members		377.54	379.60	338.10	486.57	395.34	414.09
Medical - LTC Members 7,555.01 7,467.40 7,447.21 15,094.24 5,884.12 5,962.00 5,902.							
Permium - MCOT Tax		,	,	,	,		,
Perminan-Hospital Directed Payments 61.88 61.59 61.38 60.51 61.30 68.70 5.29 5.33 6.20 63.81 60.51 62.59 61.30 62.59 62.51 62.51 6		· · · · · · · · · · · · · · · · · · ·					
Investment Earnings And Other Income 3.24 4.18 8.70 5.29 2.13 5.29 (2.01) (2.52) (
Rate Agis Incented Payments 0.06 0.51 (25.29) 2.13 (1.01) (1.02) (1.							
Rate							
Total Revenues 360.81 362.93 682.32 480.63 470.75 478.55							(10.18)
Physician Services 56.89 58.64 58.81 75.41 51.90 12.60 12.20 12.20		360.81	362.93	682.32			478.55
Physician Services 56.89 58.64 58.81 75.41 51.90 12.60 12.20 12.20	EVDENCES			l			
Physician Services 60.89 55.66 58.81 75.41 63.33 63.78							
Defect Professional Services 18.01 17.54 18.66 30.67 21.60 12.60 15.22 15.50		60.89	58 64	58 81	75.41	63 93	80.78
Emergency Room	·						
Impatient 60.47 63.81 76.30 73.77 68.74 79.06							
Reinsurance Expense 0.27 0.27 0.18 0.26 0.25 0.29 0.18 0.26 0.27 0.18 0.30 0.34 0.30 0.33.85 0.30 0.33.85 0.30 0.33.85 0.30 0.33.85 0.30 0.33.85 0.30 0.33.85 0.30 0.33.85 0.30 0.33.85 0.30 0.33.85 0.30 0.33.85 0.30 0.33.85 0.30 0.30 0.30 0.33.85 0.30							
Dutpatient Hospital 30.45 30.07 39.42 35.88 34.00 33.85 30.07 39.42 35.88 34.00 33.85 36.00 16.62 66.53 66.51 66.53 66.51 66.53 66.51 66.53 66.51	•						0.29
Dehr Medical 66.35 68.01 76.25 65.51 68.85 72.23 72.39							33.85
Hospital Directed Payments 61.85 61.50 61.38 60.51 61.30 58.70 Hospital Directed Payment Adjustment 0.17 (0.01) (25.35) 2.16 (5.34) 0.05 Non-Claims Expense Adjustment (2.13) 0.65 1.51 0.29 0.08 0.05 IBNN, Incentive, Paid Claims Adjustment (12.88) 1.74 1.45 0.50 (2.22) (4.88 0.05 0.05 0.05 0.05 0.05 0.05 Total Medical Costs 2.99.91 319.11 325.06 362.08 327.91 361.40 GROSS MARGIN 60.90 43.82 357.26 118.56 112.84 117.15 ADMINISTRATIVE COSTS		66.35	68.01	76.25	65.51	68.85	72.23
Hospital Directed Payment Adjustment	Pay for Performance Quality Incentive	1.50	1.50	1.50	1.50	1.50	1.50
Non-Claims Expense Adjustment	Hospital Directed Payments	61.85	61.59	61.38	60.51	61.30	58.70
BNR, Incentive, Paid Claims Adjustment (12.88) 1.74 1.45 0.50 (2.22) (4.88 1.75	Hospital Directed Payment Adjustment	0.17	(0.01)	(25.35)	2.16	(5.34)	0.05
Total Medical Costs 299.91 319.11 325.06 362.08 327.91 361.40	Non-Claims Expense Adjustment	(2.13)	0.65	1.51	0.29	0.08	0.05
Compensation Comp	IBNR, Incentive, Paid Claims Adjustment	(12.88)	1.74	1.45	0.50	(2.22)	(4.88)
ADMINISTRATIVE COSTS Compensation 10.35 11.10 13.08 8.51 10.66 9.05	Total Medical Costs	299.91	319.11	325.06	362.08	327.91	361.40
Compensation 10.35	GROSS MARGIN	60.90	43.82	357.26	118.56	142.84	117.15
Purchased Services	ADMINISTRATIVE COSTS					·	
Supplies 0.26 0.75 0.66 0.62 0.57 0.40	Compensation	10.35	11.10	13.08	8.51	10.66	9.05
Depreciation	Purchased Services	4.57	4.34	5.14	4.41	4.60	4.26
Other Administrative Expenses 1.36 1.69 1.35 1.33 1.43 1.51 Administrative Expense Adjustment 1.03 0.01 1.52 0.08 0.63 (0.03 TOTAL Administrative Expenses 19.50 19.84 23.77 16.61 19.78 16.98 TOTAL EXPENSES 319.42 338.95 348.83 378.68 347.69 378.38 OPERATING INCOME (LOSS) BEFORE TAX 41.40 23.99 333.49 101.95 123.06 100.17 MCO TAX - - 362.51 95.71 112.33 96.84 OPERATING INCOME (LOSS) NET OF TAX 41.40 23.99 (29.02) 6.24 10.72 3.33 NON-OPERATING REVENUE (EXPENSE) TOTAI Non-Operating Revenue (Expense) (1.20) (1.17) (1.40) (1.79) (1.41) (2.28 NET INCREASE (DECREASE) IN NET POSITION 40.19 22.81 (30.42) 4.46 9.32 1.04 MEDICAL LOSS RATIO 79.6% 85.6% 101.6% 92.9% 89.9%	Supplies	0.26	0.75	0.66	0.62	0.57	0.40
Administrative Expense Adjustment 1.03 0.01 1.52 0.08 0.63 (0.03 Total Administrative Expenses 19.50 19.84 23.77 16.61 19.78 16.98 1	Depreciation	1.93	1.95	2.02	1.65	1.88	1.79
Total Administrative Expenses 19.50 19.84 23.77 16.61 19.78 16.98 TOTAL EXPENSES 319.42 338.95 348.83 378.68 347.69 378.38 OPERATING INCOME (LOSS) BEFORE TAX 41.40 23.99 333.49 101.95 123.06 100.17 MCO TAX - - 362.51 95.71 112.33 96.84 OPERATING INCOME (LOSS) NET OF TAX 41.40 23.99 (29.02) 6.24 10.72 3.33 NON-OPERATING REVENUE (EXPENSE) Total Non-Operating Revenue (Expense) (1.20) (1.17) (1.40) (1.79) (1.41) (2.28 NET INCREASE (DECREASE) IN NET POSITION 40.19 22.81 (30.42) 4.46 9.32 1.04 MEDICAL LOSS RATIO 79.6% 85.6% 101.6% 92.9% 89.9% 93.7%	Other Administrative Expenses				1.33		1.51
TOTAL EXPENSES 319.42 338.95 348.83 378.68 347.69 378.38	Administrative Expense Adjustment		0.01		0.08	0.63	(0.03)
Defeating income (LOSS) BEFORE TAX	Total Administrative Expenses	19.50	19.84	23.77	16.61	19.78	16.98
MICO TAX - - 362.51 95.71 112.33 96.84	TOTAL EXPENSES	319.42	338.95	348.83	378.68	347.69	378.38
DERATING INCOME (LOSS) NET OF TAX	OPERATING INCOME (LOSS) BEFORE TAX	41.40	23.99	333.49	101.95	123.06	100.17
NON-OPERATING REVENUE (EXPENSE) Total Non-Operating Revenue (Expense) (1.20) (1.17) (1.40) (1.79) (1.41) (2.28 NET INCREASE (DECREASE) IN NET POSITION 40.19 22.81 (30.42) 4.46 9.32 1.04 MEDICAL LOSS RATIO 79.6% 85.6% 101.6% 92.9% 89.9% 93.7%	MCO TAX	-	-	362.51	95.71	112.33	96.84
NON-OPERATING REVENUE (EXPENSE) Total Non-Operating Revenue (Expense) (1.20) (1.17) (1.40) (1.79) (1.41) (2.28 NET INCREASE (DECREASE) IN NET POSITION 40.19 22.81 (30.42) 4.46 9.32 1.04 MEDICAL LOSS RATIO 79.6% 85.6% 101.6% 92.9% 89.9% 93.7%	OPERATING INCOME (LOSS) NET OF TAX	41.40	23.99	(29.02)	6.24	10.72	3.33
Total Non-Operating Revenue (Expense) (1.20) (1.17) (1.40) (1.79) (1.41) (2.28 NET INCREASE (DECREASE) IN NET POSITION 40.19 22.81 (30.42) 4.46 9.32 1.04 MEDICAL LOSS RATIO 79.6% 85.6% 101.6% 92.9% 89.9% 93.7%	, ,	12110	23.33	(23102)	0.27		5.55
NET INCREASE (DECREASE) IN NET POSITION 40.19 22.81 (30.42) 4.46 9.32 1.04 MEDICAL LOSS RATIO 79.6% 85.6% 101.6% 92.9% 89.9% 89.9% 93.7%		(1 20)	/1 17\	/1 40\	/1 70\	(1 41)	(2.20)
MEDICAL LOSS RATIO 79.6% 85.6% 101.6% 92.9% 89.9% 93.7%	Total Non-Operating Revenue (Expense)	(1.20)	(1.17)	(1.40)	(1.79)	(1.41)	(2.28)
	NET INCREASE (DECREASE) IN NET POSITION	40.19	22.81	(30.42)	4.46	9.32	1.04
ADMINISTRATIVE EXPENSE RATIO 6.5% 6.5% 5.3% 5.3%	MEDICAL LOSS RATIO	79.6%	85.6%	101.6%	92.9%	89.9%	93.7%
	ADMINISTRATIVE EXPENSE RATIO	6.5%	6.6%	8.4%	5.2%	6.5%	5.3%



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

	NOVEMBER 2023	DECEMBER 2023	JANUARY 2024	FEBRUARY 2024	MARCH 2024	APRIL 2024	Prior 6 Month YTD	MAY 2024	Year to Date Total
Total Members - MCAL	345,588	348,721	404.835	413.898	415.923	407,608	2,336,573	405,829	2,048,093
REVENUES			,,,,,	.,	.,1	, , , , , , , , , , , , , , , , , , , ,	, ,		
Medicaid - Family and Other	45,286,584	31,950,410	53,027,216	54,928,439	55,159,087	62,317,189	302,668,925	51,326,322	276,758,252
Medicaid - Franniy and Other Medicaid - Expansion Members	36,497,717	24,978,893	46.811.852	48.031.590	47.298.530	49.970.629	253.589.211	46.004.215	238.116.816
	, -,				, ,	-,,			
Medicaid - SPD Members	19,356,789	20,323,530	23,417,694	23,534,898	23,691,358	24,349,771	134,674,040	23,846,423	118,840,143
Medicaid - LTC Members	3,153,923	3,471,937	3,975,666	4,090,307	4,054,703	4,060,726	22,807,262	4,122,208	20,303,610
Premium - MCO Tax		375,849,146	39,388,230	39,388,230	39,388,230	39,388,230	533,402,065	39,388,230	196,941,149
Premium - Hospital Directed Payments	20,754,284	21,621,168	24,282,372	24,917,058	25,515,722	24,754,858	141,845,461	22,990,345	122,460,354
Investment Earnings And Other Income	3,571,373	3,055,066	2,539,805	2,024,302	1,962,344	2,077,703	15,230,595	2,965,401	11,569,557
Rate Adjustments - Hospital Directed Payments	(2,585)	(26,269,704)	42,165	2,359,548	226,495	99,262	(23,544,819)	(108,928)	2,618,543
Rate/Income Adjustments	21,528	494,694	83,075	2,754,769	524,085	(7,486,909)	(3,608,760)	(794,733)	(4,919,715)
Total Revenues	128,639,613	455,475,142	193,568,075	202,029,140	197,820,554	199,531,458	1,377,063,981	189,739,482	982,688,708
EXPENSES MEDICAL COSTS									
Physician Services	21,258,593	19,159,973	30,082,718	32,725,820	30,301,995	32,742,882	166,271,981	32,962,778	158,816,194
Other Professional Services	6,739,289	6,239,187	13,699,554	10,865,981	13,296,336	10,516,696	61,357,044	9,231,655	57,610,223
Emergency Room	4,921,226	5,539,233	6,905,833	6,114,762	6,246,167	6,286,018	36,013,239	6,322,930	31,875,710
Inpatient	23,460,211	30,332,453	30,185,040	29,579,215	31,316,403	33,608,353	178,481,675	30,704,459	155,393,471
Reinsurance Expense	91,410	2,097	96,765	98,519	129,066	118,429	536,286	118,429	561,208
Outpatient Hospital	12,702,928	16,089,590	13,495,747	15,812,073	14,996,564	14,993,746	88,090,648	12,540,794	71,838,925
Other Medical	27,658,264	28,055,064	23,466,463	31,166,022	26,248,792	28,995,931	165,590,537	29,760,839	139,638,048
Pay for Performance Quality Incentive	518,382	523,082	607,242	620,847	623,885	611,412	3,504,849	608,744	3,072,129
Hospital Directed Payments	20,754,284	21,621,168	24,282,372	24,917,058	25,515,722	24,754,858	141,845,461	22,990,345	122,460,354
Hospital Directed Payment Adjustment	(2,585)	(26,331,918)	42,165	2,395,027	226,351	134,240	(23,536,721)	(95,313)	2,702,470
Non-Claims Expense Adjustment	(662)	1,576,732	141,502	115,821	99,211	74.266	2.006.870	(37,068)	393,731
IBNR, Incentive, Paid Claims Adjustment	784,814	106,835	164,572	329,680	128,506	(929,497)	584,911	(3,039,235)	(3,345,973)
Total Medical Costs	118,886,154	102,913,496	143,169,973	154,740,825	149,128,998	151,907,335	820,746,780	142,069,357	741,016,488
GROSS MARGIN	9,753,459	352,561,646	50,398,102	47,288,315	48,691,556	47,624,123	556,317,200	47,670,125	241,672,220
ADMINISTRATIVE COSTS					•	•			
Compensation	5,655,320	3,776,320	3,586,265	3,433,013	3,489,806	3,615,998	23,556,723	3,747,089	17,872,172
Purchased Services	1,916,544	1,707,545	2,026,416	1,860,964	1,561,384	1,716,357	10,789,209	1,750,418	8,915,538
Supplies	131.121	421.461	354.637	259.860	150.254	118.212	1,435,545	204.536	1,087,499
Depreciation	685,712	756,212	725.712	634.912	680.312	680.312	4.163.172	778.841	3,500,089
Other Administrative Expenses	498,451	402,950	663.019	551,825	429.859	693.862	3,239,966	531,586	2,870,152
Administrative Expenses Administrative Expenses	(259)	1,580,391	258,024	(160,374)	(712)	(28,014)	1,649,055	2,765	71,689
Total Administrative Expenses	8.886.888	8,644,878	7,614,072	6,580,201	6,310,903	6,796,727	44,833,670	7,015,235	34,317,139
TOTAL EXPENSES	127,773,042	111,558,374	150,784,046	161,321,026	155,439,900	158,704,062	865,580,450	149,084,592	775,333,627
OPERATING INCOME (LOSS) BEFORE TAX	866,571	343,916,768	42,784,029	40,708,114	42,380,653	40,827,396	511,483,531	40,654,890	207,355,082
MCO TAX		376,495,937	39,388,230	39,388,230	39,388,230	39,388,230	534,048,856	39,388,230	196,941,149
OPERATING INCOME (LOSS) NET OF TAX	866,571	(32,579,169)	3,395,799	1,319,884	2,992,423	1,439,166	(22,565,325)	1,266,660	10,413,933
NON-OPERATING REVENUE (EXPENSE)	800,571	(32,579,169)	3,393,799	1,319,884	2,992,423	1,439,100	(22,505,325)	1,200,000	10,413,933
	(490,432)	(224 2521	(770 000)	(cor arc)	(732,861)	(1,052,399)	(4.004.242)	(905 507)	(4,065,202)
Total Non-Operating Revenue (Expense)	(490,432)	(331,267)	(778,999)	(695,356)	(/32,861)	(1,052,399)	(4,081,313)	(805,587)	(4,065,202)
NET INCREASE (DECREASE) IN NET POSITION	376,139	(32,910,436)	2,616,800	624,528	2,259,563	386,767	(26,646,638)	461,073	6,348,731
MEDICAL LOSS RATIO	91.0%	127.7%	91.5%	94.1%	93.0%	93.9%	96.8%	93.5%	93.2%
ADMINISTRATIVE EXPENSE RATIO	8.2%	10.3%	5.9%	4.9%	4.8%	5.0%	6.2%	5.5%	5.2%

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



Total Members - MCAL REVENUES Medicaid - Family and Other Medicaid - Expansion Members	345,588 196.69 378.15	348,721	404,835	413,898	415,923	407,608		
REVENUES Medicaid - Family and Other Medicaid - Expansion Members	196.69	348,721	404,835	413,898				405,829
Medicaid - Family and Other Medicaid - Expansion Members					110,525	407,006	2,336,573	405,625
Medicaid - Expansion Members		137.38	199.97	202.78	200.58	232.44	404.60	191.65
							191.62	
	1.052.11	258.45	399.31 1.067.25	402.60 1.014.04	401.46 1.047.92	428.55 1.086.56	371.41 1.023.83	399.45 1.068.10
Medicaid - SPD Members	,	1,067.19	,	,		,	,	,
Medicaid - LTC Members Premium - MCO Tax	7,368.98	7,613.90 1,077.79	8,130.20 97.29	8,083.61 95.16	8,158.36 94.70	8,154.07 96.63	7,697.35 228.28	7,973.32 97.06
Premium - MCO Tax Premium - Hospital Directed Payments	60.05	62.00	59.98	60.20	61.35	60.73	60.71	56.65
Investment Earnings And Other Income	10.33	8.76	6.27	4.89	4.72	5.10	6.52	7.31
Rate Adjustments - Hospital Directed Payments	(0.01)	(75.33)	0.10	5.70	0.54	0.24	(10.08)	(0.27)
Rate/Income Adjustments	0.06	1.42	0.10	6.66	1.26	(18.37)	(1.54)	(1.96)
Total Revenues	372.23	1,306.13	478.14	488.11	475.62	489.52	589.35	467.54
<u> </u>	3/2.23	1,300.13	4/0.14	400.11	4/3.02	403.32	303.33	407.34
EXPENSES								
MEDICAL COSTS								
Physician Services	61.51	54.94	74.31	79.07	72.85	80.33	71.16	81.22
Other Professional Services	19.50	17.89	33.84	26.25	31.97	25.80	26.26	22.75
Emergency Room	14.24	15.88	17.06	14.77	15.02	15.42	15.41	15.58
Inpatient	67.88	86.98	74.56	71.46	75.29	82.45	76.39	75.66
Reinsurance Expense	0.26	0.01	0.24	0.24	0.31	0.29	0.23	0.29
Outpatient Hospital	36.76	46.14	33.34	38.20	36.06	36.78	37.70	30.90
Other Medical	80.03	80.45	57.97	75.30	63.11	71.14	70.87	73.33
Pay for Performance Quality Incentive	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50
Hospital Directed Payments	60.05	62.00	59.98	60.20	61.35	60.73	60.71	56.65
Hospital Directed Payment Adjustment	(0.01)	(75.51)	0.10	5.79	0.54	0.33	(10.07)	(0.23)
Non-Claims Expense Adjustment	(0.00)	4.52	0.35	0.28	0.24	0.18	0.86	(0.09)
IBNR, Incentive, Paid Claims Adjustment	2.27	0.31	0.41	0.80	0.31	(2.28)	0.25	(7.49)
Total Medical Costs	344.01	295.12	353.65	373.86	358.55	372.68	351.26	350.07
GROSS MARGIN	28.22	1,011.01	124.49	114.25	117.07	116.84	238.09	117.46
ADMINISTRATIVE COSTS								
Compensation	16.36	10.83	8.86	8.29	8.39	8.87	10.08	9.23
Purchased Services	5.55	4.90	5.01	4.50	3.75	4.21	4.62	4.31
Supplies	0.38	1.21	0.88	0.63	0.36	0.29	0.61	0.50
Depreciation	1.98	2.17	1.79	1.53	1.64	1.67	1.78	1.92
Other Administrative Expenses	1.44	1.16	1.64	1.33	1.03	1.70	1.39	1.31
Administrative Expense Adjustment	(0.00)	4.53	0.64	(0.39)	(0.00)	(0.07)	0.71	0.01
Total Administrative Expenses	25.72	24.79	18.81	15.90	15.17	16.67	19.19	17.29
TOTAL EXPENSES	369.73	319.91	372.46	389.76	373.72	389.35	370.45	367.36
OPERATING INCOME (LOSS) BEFORE TAX	2.51	986.22	105.68	98.35	101.90	100.16	218.90	100.18
MCO TAX	-	1,079.65	97.29	95.16	94.70	96.63	228.56	97.06
OPERATING INCOME (LOSS) NET OF TAX	2.51	(93.42)	8.39	3.19	7.19	3.53	(9.66)	3.12
NON-OPERATING REVENUE (EXPENSE)								
Total Non-Operating Revenue (Expense)	(1.42)	(0.95)	(1.92)	(1.68)	(1.76)	(2.58)	(1.75)	(1.99)
NET INCREASE (DECREASE) IN NET POSITION	1.09	(94.37)	6.46	1.51	5.43	0.95	(11.40)	1.14
MEDICAL LOSS RATIO	91.0%	127.7%	91.5%	94.1%	93.0%	93.9%	96.8%	93.5%
ADMINISTRATIVE EXPENSE RATIO	8.2%	10.3%	5.9%	4.9%	4.8%	5.0%	6.2%	5.5%



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

	May	Budget	Variance	Year to Date	Budget	Variance
REVENUES						
Premium - Medi-Cal	45,604,186	46,247,703	(643,517)	239,480,622	234,850,175	4,630,448
Premium - Maternity Kick	3,173,420	3,253,264	(79,843)	14,653,952	16,520,378	(1,866,426)
Premium - Enhanced Care Management	1,080,066	1,378,438	(298,372)	6,513,596	6,999,836	(486,240)
Premium - Major Organ Transplant	203,323	236,907	(33,584)	1,239,595	1,203,035	36,560
Premium - Provider Enhancement	1,008,150	1,080,405	(72,256)	5,695,536	5,486,399	209,137
Premium - GEMT	158,941	186,484	(27,542)	919,145	946,982	(27,837)
Premium - Cal AIM	-	331,555	(331,555)	-	1,683,667	(1,683,667)
Premium - Student Behavioral Health Incentive	-	157,364	(157,364)	798,493	799,111	(618)
Premium - Housing and Homelessness Incentive	-	-	-	6,395,468	-	6,395,468
Premium - Equity & Practice Transformation	-	-	-	569,537	-	569,537
Other	98,236	-	98,236	492,306	-	492,306
TOTAL MEDICAID - FAMILY & OTHER	51,326,322	52,872,119	(1,545,798)	276,758,252	268,489,582	8,268,671
Premium - Medi-Cal	43,005,883	41,851,314	1,154,569	218,557,981	213,700,526	4,857,455
Premium - Maternity Kick	281,096	427,290	(146,194)	2,396,709	2,181,820	214,889
Premium - Enhanced Care Management	1,605,210	1,602,215	2,995	8,189,306	8,181,206	8,100
Premium - Major Organ Transplant	427,929	419,158	8,772	2,172,956	2,140,296	32,660
Premium - Provider Enhancement	372,278	358,602	13,676	1,887,239	1,831,087	56,152
Premium - GEMT	265,767	265,481	286	1,352,095	1,355,594	(3,499)
Premium - Cal AIM	-	296,791	(296,791)	-	1,515,471	(1,515,471)
Premium - Student Behavioral Health Incentive	-	140,865	(140,865)	342,085	719,282	(377,196)
Premium - Housing and Homelessness Incentive	-	-	-	2,739,905	-	2,739,905
Premium - Equity & Practice Transformation	-	-	-	243,998	-	243,998
Other	46,053	-	46,053	234,542	-	234,542
TOTAL MEDICAID - EXPANSION MEMBERS	46,004,215	45,361,715	642,500	238,116,816	231,625,283	6,491,533
Premium - Medi-Cal	22,542,535	19,780,075	2,762,460	111,735,630	100,865,912	10,869,719
Premium - Enhanced Care Management	813,823	735,031	78,792	4,041,433	3,748,196	293,237
Premium - Major Organ Transplant	297,016	266,007	31,009	1,466,204	1,356,468	109,736
Premium - Provider Enhancement	27,602	24,953	2,649	137,170	127,244	9,925
Premium - GEMT	165,447	149,394	16,053	821,469	761,813	59,656
Premium - Cal AIM	-	143,312	(143,312)	-	730,802	(730,802)
Premium - Student Behavioral Health Incentive	-	68,020	(68,020)	65,644	346,858	(281,213)
Premium - Housing and Homelessness Incentive	-	-	-	525,772	-	525,772
Premium - Equity & Practice Transformation	-	-	-	46,822	-	46,822
Other	-	-	-	-	-	-
TOTAL MEDICAID - SPD MEMBERS	23,846,423	21,166,792	2,679,631	118,840,143	107,937,293	10,902,850
Premium - Medi-Cal	4,096,164	4,395,083	(298,919)	20,162,006	21,975,416	(1,813,410)
Premium - Enhanced Care Management	9,347	10,315	(968)	46,019	51,574	(5,556)
Premium - Major Organ Transplant	13,823	15,235	(1,412)	67,746	76,176	(8,430)
Premium - Provider Enhancement	4	4	(0)	18	22	(4)
Premium - GEMT	2,870	3,176	(306)	13,790	15,880	(2,090)
Premium - Cal AIM	-	31,530	(31,530)	-	157,650	(157,650)
Premium - Student Behavioral Health Incentive	-	14,965	(14,965)	1,443	74,825	(73,382)
Premium - Housing and Homelessness Incentive	-	-	-	11,558	-	11,558
Premium - Equity & Practice Transformation	L	-	-	1,029	-	1,029
Other	-	-	-	-	-	-
TOTAL MEDICAID - LTC MEMBERS	4,122,208	4,470,309	(348,101)	20,303,610	22,351,543	(2,047,933)



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

	January	February	March	April	May	Year to Date
REVENUES					,	
Premium - Medi-Cal	47,241,506	48,947,162	49,229,878	48,457,890	45,604,186	239,480,622
Premium - Maternity Kick	2,781,366	2,862,736	2,796,161	3,040,270	3,173,420	14,653,952
Premium - Enhanced Care Management	1,360,425	1,373,690	1,369,893	1,329,522	1,080,066	6,513,596
Premium - Major Organ Transplant	242,912	264,248	268,461	260,651	203,323	1,239,595
Premium - Cal AIM	,	-	-			-
Premium - Provider Enhancement	1,115,725	1,189,379	1,203,274	1,179,009	1,008,150	5,695,536
Premium - GEMT	187,833	192,364	192,415	187,592	158,941	919,145
Premium - Student Behavioral Health Incentive	-	-	-	798,493	-	798,493
Premium - Housing and Homelessness Incentive	-	-	-	6,395,468	-	6,395,468
Premium - Equity & Practice Transformation	-	-	-	569,537	-	569,537
Other	97,449	98,860	99,005	98,756	98,236	492,306
TOTAL MEDICAID - FAMILY & OTHER	53,027,216	54,928,439	55,159,087	62,317,189	51,326,322	276,758,252
Premium - Medi-Cal	43,459,690	44,508,533	44,016,473	43,567,402	43,005,883	218,557,981
Premium - Maternity Kick	576,986	710,136	503,013	325,479	281,096	2,396,709
Premium - Enhanced Care Management	1,651,191	1,664,324	1,642,575	1,626,006	1,605,210	8,189,306
Premium - Major Organ Transplant	432,007	442,199	437,523	433,298	427,929	2,172,956
Premium - Cal AIM	-	-		-	-	-
Premium - Provider Enhancement	373,632	384,099	380,389	376,842	372,278	1,887,239
Premium - GEMT	271,454	274,545	271,386	268,943	265,767	1,352,095
Premium - Student Behavioral Health Incentive	-	-		342,085	-	342,085
Premium - Housing and Homelessness Incentive	-	-	-	2,739,905	-	2,739,905
Premium - Equity & Practice Transformation	-	-	-	243,998	-	243,998
Other	46,893	47,755	47,171	46,671	46,053	234,542
TOTAL MEDICAID - EXPANSION MEMBERS	46,811,852	48,031,590	47,298,530	49,970,629	46,004,215	238,116,816
Premium - Medi-Cal	22,135,884	22,247,086	22,395,301	22,414,824	22,542,535	111,735,630
Premium - Enhanced Care Management	802,416	805,446	810,071	809,677	813,823	4,041,433
Premium - Major Organ Transplant	289,069	291,313	293,840	294,966	297,016	1,466,204
Premium - Cal AIM	-	-			-	-
Premium - Provider Enhancement	27,257	27,350	27,490	27,471	27,602	137,170
Premium - GEMT	163,069	163,702	164,656	164,596	165,447	821,469
Premium - Student Behavioral Health Incentive	-	-	-	65,644	-	65,644
Premium - Housing and Homelessness Incentive	-	-	-	525,772	-	525,772
Premium - Equity & Practice Transformation	-	-		46,822	-	46,822
Other	-	-	-	•	-	-
TOTAL MEDICAID - SPD MEMBERS	23,417,694	23,534,898	23,691,358	24,349,771	23,846,423	118,840,143
Premium - Medi-Cal	3,950,994	4,064,582	4,029,135	4,021,131	4,096,164	20,162,006
Premium - Enhanced Care Management	9,002	9,285	9,206	9,179	9,347	46,019
Premium - Major Organ Transplant	13,131	13,656	13,568	13,567	13,823	67,746
Premium - Cal AIM	-	-			-	-
Premium - Provider Enhancement	3	4	4	4	4	18
Premium - GEMT	2,536	2,779	2,790	2,814	2,870	13,790
Premium - Student Behavioral Health Incentive	-	-	-	1,443	-	1,443
Premium - Housing and Homelessness Incentive	-	-	-	11,558	-	11,558
Premium - Equity & Practice Transformation	-	-	-	1,029	-	1,029
Other	-	-	-	-	-	-
TOTAL MEDICAID - LTC MEMBERS	3,975,666	4,090,307	4,054,703	4,060,726	4,122,208	20,303,610

KHS 7/2/2024 Management Use Only



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

	May	Budget	Variance	Year to Date	Budget	Variance
Physician Services	T 656 400		(2.245.425)	25 222 257	20.505.040	(= 504.005
Primary Care Physician Services	7,656,483	5,640,996	(2,015,486)	36,330,967	28,696,040	(7,634,926
Referral Specialty Services	21,227,905	20,937,396	(290,510)	107,377,181	106,605,693	(771,488
Urgent Care & After Hours Advice	4,069,091	2,669,758	(1,399,332)	15,062,446	13,616,901	(1,445,545
Hospital Admitting Team	9,300	9,300		45,600	9,300	(36,300
Total Physician Services	32,962,778	29,257,450	(3,705,329)	158,816,194	148,927,934	(9,888,260
Other Professional Services						
Vision Service Capitation	404,063	342,210	(61,853)	1,544,425	1,740,800	196,375
221 - Business Intelligence	157,920	156,527	(1,393)	783,546	796,599	13,052
310 - Health Servcies - Utilization Management	790,917	1,123,056	332,139	4,057,041	5,715,458	1,658,417
311 - Health Services - Quality Improvement	194,860	338,968	144,108	833,966	1,725,078	891,113
312 - Health Services Education	259,637	387,322	127,685	1,231,566	1,971,160	739,594
313 - Pharmacy	111,483	136,907	25,424	541,960	696,748	154,788
314 - Enhanced Care Management	318,231	425,149	106,918	1,504,359	2,163,669	659,311
316 - Population Health Management	532,764	660,228	127,464	2,492,821	3,360,034	867,212
317 - In Lieu of Services	105,477	138,989	33,513	453,475	707,345	253,870
321 - Homeless Management Information Services	26,625	33,231	6,606	137,390	169,121	31,731
330 - Member Services	1,115,929	1,068,726	(47,203)	5,135,002	5,438,960	303,958
331 - Member Outreach	57,686	339,075	281,389	94,910	1,725,620	1,630,710
410 - Member Engagement	55,899	76,381	20,482	326,965	388,719	61,754
601 - Behavioral Health	138,092	171,433	33,341	498,209	872,455	374,246
602 - Quality & Health Equity	73,359	74,478	1,119	364,078	379,034	14,956
604 - Clinical Operations, Strategy, and Analytics	79,230	129,070	49,840	391,236	656,861	265,625
Behavior Health Treatment	2,602,725	3,755,789	1,153,065	12,034,074	19,093,638	7,059,564
Mental Health Services	393,105	1,079,950	686,845	4,435,444	5,507,440	1,071,996
Other Professional Services	1,813,653	4,912,277	3,098,625	20,749,756	25,003,727	4,253,971
Total Other Professional Services	9,231,655	15,349,768	6,118,113	57,610,223	78,112,466	20,502,243
Emergency Room	6,322,930	6,526,140	203,211	31,875,710	33,216,355	1,340,645
Inpatient Hospital	30,704,459	28,116,565	(2,587,894)	155,393,471	143,244,764	(12,148,707
Reinsurance Expense Premium	118,429	112,728	(5,701)	561,208	573,440	12,232
Outpatient Hospital	12,540,794	12,977,119	436,325	71,838,925	66,114,002	(5,724,923
Other Medical						
Ambulance and NEMT	4,886,538	2,775,748	(2,110,789)	20,134,554	14,129,317	(6,005,237
Home Health Services & CBAS	1,383,467	874,038	(509,429)	5,914,286	4,452,323	(1,461,963
Utilization and Quality Review Expenses	1,094,286	1,731,287	637,001	4,717,128	8,810,867	4,093,739
Long Term/SNF/Hospice	11,407,241	9,016,275	(2,390,967)	53,403,461	45,505,682	(7,897,780
Provider Enhancement Expense - Prop. 56	1,337,631	1,784,897	447,266	7,333,965	9,096,121	1,762,155
Provider Enhancement Expense - GEMT	923,611	180,177	(743,435)	3,827,126	902,650	(2,924,476
Enhanced Care Management	3,333,024	3,564,715	231,691	17,850,836	18,159,506	308,670
Major Organ Transplant	894,987	890,441	(4,545)	4,699,175	4,537,176	(161,999
Cal AIM Incentive Programs	2,549,702	763,029	(1,786,673)	9,357,111	3,883,211	(5,473,900
Student Behavioral Health Incentive	-,: .5). 02	362,153	362,153		1,843,072	1,843,072
Housing and Homelessness Incentive	271,034	-	(271,034)	3,554,714	-	(3,554,714
DME/Rebates	1,679,318	1,542,309	(137,009)	8,845,692	7,853,620	(992,073
Total Other Medical	29,760,839	23,485,069	(6,275,771)	139,638,048	119,173,543	(20,464,505
Pay for Performance Quality Incentive	608,744	603,900	(4,844)	3,072,129	3,072,000	(129
Hospital Directed Payments	22,990,345	22,117,831	(872,514)	122,460,354	112,655,440	(9,804,914
Hospital Directed Payment Adjustment	(95,313)	,,002	95,313	2,702,470	,,	(2,702,470
Non-Claims Expense Adjustment	(37,068)	-	37,068	393,731	-	(393,731
IBNR, Incentive, Paid Claims Adjustment	(3,039,235)	-	3,039,235	(3,345,973.14)	-	3,345,973
Total Medical Costs	142,069,357	138,546,569	(3,522,788)	741,016,488	705.089.943	(35,926,545
Total Medical Costs	142,009,337	130,340,309	(3,344,788)	741,010,488	103,003,943	(33,320,343

^{*} MEDICAL COSTS PER DMHC REGULATIONS

KERN HEALTH SYSTEMS

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

	May	Budget	Variance	Year to Date	Budget	Variance
TOTAL MEMBERS - MCAL	405,829	402,600	3,229	2,048,093	2,048,000	93
Physician Services						
Primary Care Physician Services	18.87	14.01	(4.85)	17.74	14.01	(3.73
Referral Specialty Services	52.31	52.01	(0.30)	52.43	52.05	(0.37
Urgent Care & After Hours Advice	10.03	6.63	(3.40)	7.35	6.65	(0.7:
Hospital Admitting Team	0.02	0.02	0.00	0.02	0.00	(0.02
Total Physician Services	81.22	72.67	(8.55)	77.54	72.72	(4.8)
Other Professional Services						
Vision Service Capitation	1.00	0.85	(0.15)	0.75	0.85	0.10
221 - Business Intelligence	0.39	0.39	(0.00)	0.38	0.39	0.0
310 - Health Servcies - Utilization Management	1.95	2.79	0.84	1.98	2.79	0.8
311 - Health Services - Quality Improvement	0.48	0.84	0.36	0.41	0.84	0.44
312 - Health Services Education	0.64	0.96	0.32	0.60	0.96	0.3
313 - Pharmacy	0.27	0.34	0.07	0.26	0.34	0.0
314 - Enhanced Care Management	0.78	1.06	0.27	0.73	1.06	0.32
316 - Population Health Management	1.31	1.64	0.33	1.22	1.64	0.43
317 - In Lieu of Services	0.26	0.35	0.09	0.22	0.35	0.1
321 - Homeless Management Information Services	0.07	0.08	0.02	0.07	0.08	0.0
330 - Member Services	2.75	2.65	(0.10)	2.51	2.66	0.1
331 - Member Outreach	0.14	0.84	0.70	0.05	0.84	0.80
410 - Member Engagement	0.14	0.19	0.05	0.16	0.19	0.03
601 - Behavioral Health	0.34	0.43	0.09	0.24	0.43	0.18
602 - Quality & Health Equity	0.18	0.18	0.00	0.18	0.19	0.0
604 - Clinical Operations, Strategy, and Analytics	0.20	0.32	0.13	0.19	0.32	0.13
Behavior Health Treatment	6.41	9.33	2.92	5.88	9.32	3.4
Mental Health Services	0.97	2.68	1.71	2.17	2.69	0.52
Other Professional Services	4.47	12.20	7.73	10.13	12.21	2.08
Total Other Professional Services	22.75	38.13	15.38	28.13	38.14	10.01
Emergency Room	15.58	16.21	0.63	15.56	16.22	0.66
Inpatient Hospital	75.66	69.84	(5.82)	75.87	69.94	(5.93
Reinsurance Expense Premium	0.29	0.28	(0.01)	0.27	0.28	0.03
Outpatient Hospital	30.90	32.23	1.33	35.08	32.28	(2.79
Other Medical					•	
Ambulance and NEMT	12.04	6.89	(5.15)	9.83	6.90	(2.9
Home Health Services & CBAS	3.41	2.17	(1.24)	2.89	2.17	(0.7)
Utilization and Quality Review Expenses	2.70	4.30	1.60	2.30	4.30	2.0
Long Term/SNF/Hospice	28.11	22.40	(5.71)	26.07	22.22	(3.8)
Provider Enhancement Expense - Prop. 56	3.30	4.43	1.14	3.58	4.44	0.80
Provider Enhancement Expense - GEMT	2.28	0.45	(1.83)	1.87	0.44	(1.4
Enhanced Care Management	8.21	8.85	0.64	8.72	8.87	0.1
Major Organ Transplant	2.21	2.21	0.01	2.29	2,22	(0.0)
Cal AIM Incentive Programs	6.28	1.90	(4.39)	4.57	1.90	(2.6
Student Behavioral Health Incentive	_	0.90	0.90		0.90	0.9
Housing and Homelessness Incentive	0.67	-	(0.67)	1.74	-	(1.74
DME/Rebates	4.14	3.83	(0.31)	4.32	3.83	(0.48
Total Other Medical	73.33	58.33	(15.00)	68.18	58.19	(9.99
Pay for Performance Quality Incentive	1.50	1.50	(0.00)	1.50	1.50	0.0
Hospital Directed Payments	56.65	54.94	(1.71)	59.79	55.01	(4.7)
Hospital Directed Payment Adjustment	(0.23)	34.34	0.23	1.32	33.01	(1.3
Non-Claims Expense Adjustment	(0.23)	-	0.23	0.19	-	(0.1
IBNR, Incentive, Paid Claims Adjustment	(7.49)	-	7.49	(1.63)	-	1.6
Total Medical Costs	350.07	344.13	(5.94)	361.81	344.28	(17.5



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

Primary Care Physician Services		January	February	March	April	May	Year to Date
Internal Speciality Services	Physician Services						
Ugent Care & After Hours Advice	Primary Care Physician Services	6,499,076	6,559,994	7,176,252	8,439,162	7,656,483	36,330,967
Integrating Feam	Referral Specialty Services	21,255,092	22,977,486	20,309,856	21,606,841	21,227,905	107,377,181
### Total Physician Services ### Other Professional Services ### Union Service Capitation ### 21-8 Business Hurstelligence ### 140,322 ### 296,413 ### 340,110 ### 350,535 ### 310-1841 Services - 116,6419 ### 311-1841 Services - 116,6419 ### 313-1841 Services - 116,6419 ### 313-18419 ### 313-18419	Urgent Care & After Hours Advice	2,319,250	3,179,640	2,806,586	2,687,879	4,069,091	15,062,446
Other Professional Services	Hospital Admitting Team	9,300	8,700	9,300	9,000	9,300	45,600
Vision Service Capitation	Total Physician Services	30,082,718	32,725,820	30,301,995	32,742,882	32,962,778	158,816,194
211 - Business Intelligence 166.419 15.64,818 15.4,693 149,676 157,220 783,564 131.1481 15.64,619 131.1481 131.1481 15.64,619 131.1481 131.	Other Professional Services	•	•	•	•	·	·
310 - Health Services - Quality Improvement 282,385 802,588 800,584 810,279 799,917 4,057,041 311. Health Services - Quality Improvement 240,399 241,505 131,143 25,669 139,860 313,156 313 - Pharmacy 117,253 108,343 102,444 111,483 541,660 313 - Pharmacy 117,253 108,343 102,444 111,483 541,660 314 - Pharmacy 117,253 108,343 102,444 111,483 541,660 314 - Pharmacy 117,253 108,343 109,345 102,444 111,483 541,660 314 - Pharmacy 147,044 148,9719 503,611 532,744 2,492,231 315 - Pharmacy 148,966 347,1064 489,719 503,611 532,744 2,492,231 317 - In lev of Services 88,568 84,311 80,050 94,779 105,477 453,475 313 - Pharmacy 148,965 489,119 503,611 526,625 137,360 330 - Pharmacy 148,979 105,477 453,475 313 - Pharmacy 148,965 489,119 566,971 115,529 51,350,002 330 - Pharmacy 148,965 489,971 489,971 115,529 51,350,002 330 - Pharmacy 148,965 489,971	Vision Service Capitation	140,322	296,413	344,110	359,517	404,063	1,544,425
\$311 - Health Services - Quality Improvement \$240,989 \$241,505 \$131,143 \$25,669 \$194,860 \$333,965 \$312 - Health Services Education \$246,020 \$243,125 \$259,527 \$2131,565 \$313 - Pharmacy \$117,253 \$108,343 \$102,637 \$102,244 \$111,483 \$541,960 \$134 - Enhanced Care Management \$256,401 \$292,841 \$27,850 \$309,036 \$318,231 \$1504,359 \$316 - Population Health Management \$495,663 \$471,064 \$489,179 \$505,611 \$532,764 \$2,2492,281 \$317 - Induced Services \$88,658 \$43,111 \$80,050 \$94,979 \$105,777 \$435,475 \$211 - Homeless Management Information Services \$96,071 \$385,468 \$974,384 \$1,059,971 \$1,115,292 \$51,350,022 \$410 - Member Engagement \$68,866 \$63,715 \$62,767 \$70,719 \$5,899 \$365,695 \$602 - Quality & Health Equity \$76,057 \$71,516 \$71,726 \$71,420 \$73,359 \$364,078 \$602 - Quality & Health Equity \$76,057 \$71,516 \$71,726 \$71,420 \$73,359 \$364,078 \$602 - Quality & Health Equity \$76,057 \$71,516 \$71,726 \$71,420 \$73,359 \$364,078 \$602 - Quality & Health Equity \$76,057 \$71,516 \$71,726 \$71,420 \$73,359 \$364,078 \$364 - Quality & Professional Services \$1,525,645 \$620,225 \$10,953,574 \$4,530,474 \$4,	221 - Business Intelligence	166,419	154,838	154,693	149,676	157,920	783,546
1321 - Hearth Services Education 238,074 244,710 246,020 243,125 229,637 132,1461 117,253 108,348 102,637 102,244 111,848 541,960 343 - Pharmacy 117,253 108,348 102,637 102,244 111,848 154,960 344 - Pharmacy 117,253 108,348 102,637 102,634 111,848 154,960 344 - Pharmacy 104,074 104,045 26,651 132,764 242,828,11 104,074 104,0	310 - Health Servcies - Utilization Management	852,585	802,658	800,584	810,297	790,917	4,057,041
131.3 - Pharmacy	311 - Health Services - Quality Improvement	240,989	241,505	131,143	25,469	194,860	833,966
314 - Enhanced Care Management 296,401 292,841 287,850 309,036 318,231 1,04,339 316 - Population Health Management 495,663 471,064 489,719 503,611 532,764 317 - In Leu of Services 88,658 84,311 80,050 94,979 105,477 453,475 318 - Member Services 996,071 998,648 974,384 1,059,971 1,115,929 5,135,002 319 - Member Services 996,071 998,648 974,384 1,059,971 1,115,929 5,135,002 310 - Member Services 996,071 998,648 974,384 1,059,971 1,115,929 5,135,002 310 - Member Services 996,071 998,648 974,384 1,059,971 1,115,929 5,135,002 310 - Member Services 996,071 998,648 974,384 1,059,971 1,115,929 5,135,002 310 - Member Services 996,071 998,648 974,384 1,059,971 1,115,929 5,135,002 310 - Member Services 996,071 998,648 974,384 1,059,971 1,115,929 5,135,002 310 - Member Services 996,071 998,648 974,384 1,059,971 1,115,929 5,135,002 310 - Member Services 996,071 998,648 974,384 1,059,971 1,115,929 5,135,002 310 - Member Services 996,071 998,648 997,384 1,059,971 1,115,929 1,259,002 310 - Member Services 996,071 998,648 997,384 1,059,971 1,115,929 1,259,002	312 - Health Services Education	238,074	244,710	246,020	243,125	259,637	1,231,566
316 - Population Health Management 495,663 471,064 489,719 503,611 532,764 317 - In Liquid Services 88,656 84,311 80,050 94,979 105,477 453,475 321 - Homeless Management Information Services 996,071 388,648 376,384 1,059,971 1,115,929 5,135,000 410 - Member Engagement 68,866 68,715 62,767 70,719 55,899 326,962 410 - Member Engagement 68,866 68,715 62,767 70,719 55,899 326,962 602 - Quality & Health Equity 76,057 71,516 71,726 71,420 73,339 364,078 604 - Clinical Operations, Strategy, and Analytics 77,153 69,406 82,369 83,076 79,220 391,236 604 - Clinical Operations, Strategy, and Analytics 77,153 69,406 82,369 83,076 79,220 391,236 604 - Clinical Operations, Strategy, and Analytics 77,153 69,406 82,369 83,076 79,220 391,236 604 - Clinical Operations, Strategy, and Analytics 77,154 71,260 71,420 73,339 364,078 604 - Clinical Operations, Strategy, and Analytics 77,153 69,406 82,369 83,076 79,220 391,236 604 - Clinical Operations, Strategy, and Analytics 77,154 71,260 71,420 73,339 364,078 604 - Clinical Operations, Strategy, and Analytics 77,154 71,260 71,420 73,339 364,078 604 - Clinical Operations, Strategy, and Analytics 77,154 71,260 71,420 73,339 364,078 604 - Clinical Operations, Strategy, and Analytics 71,204 71,206 71,206 71,207,275 71,206 71,206 71,207,275 71,208	313 - Pharmacy	117,253	108,343	102,637	102,244	111,483	541,960
317 - In Lieu of Services 88,558 84,311 80,050 94,979 105,477 453,475 137,370 321 - Homeless Management Information Services 996,071 998,648 974,384 1,059,971 1,115,979 51,185,002 326,625 323,030 466,068 51,062,076 70,719 55,899 326,965 51,062,030 324,000	314 - Enhanced Care Management	296,401	292,841	287,850	309,036	318,231	1,504,359
321 - Homeless Management Information Services 9.0,44 676 101,045 26,625 137,390 515,5002 51,150,002 51,	316 - Population Health Management	495,663	471,064	489,719	503,611	532,764	2,492,821
130 - Member Services 996,071 988,648 974,384 1,059,971 1,115,229 3.125,000 3.12 1.10 - Member Engagement 68,866 68,715 62,767 70,719 55,889 326,965 601 - Behavioral Health 63,991 779,219 103,195 113,713 138,092 498,209 602 - Quality & Health Equity 76,657 71,516 71,726 71,420 73,359 346,078 326,000 82,869 83,076 79,230 391,236 604 - Clinical Operations, Strategy, and Analytics 77,1515 69,408 82,869 83,076 79,230 391,236 604 - Clinical Operations, Strategy, and Analytics 77,1516 71,726 71,420 73,359 364,078 71,515 69,408 82,869 83,076 79,230 391,236 604 - Clinical Operations, Strategy, and Analytics 77,1516 71,051,116 71,000 70,000 79,230 70,000 7	317 - In Lieu of Services	88,658	84,311	80,050	94,979	105,477	453,475
ALD - Member Engagement 68.866 68.715 62.767 70.719 55.899 326.965 61.8 ehaivor leath Health 69.991 79.219 103.955 113.713 138.902 369.206 369.204 369.206	321 - Homeless Management Information Services	-	9,044	676	101,045	26,625	137,390
601 - Behavioral Health 63,991 79,219 103,195 113,713 138,092 498,209 602 - Quality Rebath Equity 7,6057 71,516 71,726 71,420 73,359 364,072 604 - Clinical Operations, Strategy, and Analytics 77,153 69,408 82,369 83,076 79,230 391,236 Behavior Health Treatment 3,512,672 1,051,116 3,545,567 1,308,993 2,602,725 12,034,074 Mental Health Services 1,525,645 620,225 1,059,857 826,611 399,105 4,485,440 1,525,645 620,225 1,069,857 826,611 399,105 1,059,873 10,000,87	330 - Member Services	996,071	988,648	974,384	1,059,971	1,115,929	5,135,002
FOLT Collist Realth Equity FO.507 71.516 71.726 71.420 73.359 36.4078	410 - Member Engagement	68,866	68,715	62,767	70,719	55,899	326,965
Equation Strategy and Analytics 77,153 69,008 82,369 33,075 79,230 391,236 1,308,931 2,602,725 1,308,931 2,602,725 1,308,933 2,602,725 1,308,935	601 - Behavioral Health	63,991	79,219	103,195	113,713	138,092	498,209
Enhance 1,051,116 3,458,567 1,308,993 2,602,725 Mental Health Services 1,525,645 620,225 1,069,857 826,611 393,105 393,105 4,345,444 1,051,051,051 1,051,0595 1,069,857 826,611 393,105 4,345,444 1,051,0595 1,069,857 826,611 393,105 4,345,444 1,051,0595 1,069,657 1,069,657 826,611 1,051,0595 1,051,051 1,051,0595 1,051,0595 1,051,0595 1,051,0595 1,051,051 1,051,0595 1,051,0595 1,051,0595 1,051,0595 1,051,055 1,051,0595 1,051,0595 1,051,0555 1,051,0595 1,051,05	602 - Quality & Health Equity	76,057	71,516	71,726	71,420	73,359	364,078
Mental Health Services	604 - Clinical Operations, Strategy, and Analytics	77,153	69,408	82,369	83,076	79,230	391,236
Other Professional Services	Behavior Health Treatment	3,612,672	1,051,116	3,458,567	1,308,993	2,602,725	12,034,074
Cher Professional Services	Mental Health Services	1,525,645	620,225	1,069,857	826,611	393,105	4,435,444
Emergency Room	Other Professional Services	4,642,734	5,211,408		4,258,014	1,813,653	20,749,756
Inpatient Hospital 30,185,040 29,579,215 31,316,403 33,608,353 30,704,459 155,393,471 156,1208 129,066 118,429 118,429 118,429 118,429 118,429 118,429 118,429 118,429 118,429 118,429 118,429 118,429 118,429	Total Other Professional Services	13,699,554	10,865,981	13,296,336	10,516,696	9,231,655	57,610,223
Reinsurance Expense Premium 96,765 98,519 129,066 118,429 118,42	Emergency Room	6,905,833	6,114,762	6,246,167	6,286,018	6,322,930	31,875,710
Other Medical 13,495,747 15,812,073 14,996,564 14,993,746 12,540,794	Inpatient Hospital	30,185,040	29,579,215	31,316,403	33,608,353	30,704,459	155,393,471
Other Medical 13,495,747 15,812,073 14,996,564 14,993,746 12,540,794	Reinsurance Expense Premium	96.765	98.519	129.066	118.429	118.429	561.208
Ambulance and NEMT 3,214,531 3,869,951 4,117,183 4,046,350 4,886,538 20,134,554 Home Health Services & CBAS 821,583 1,260,395 1,162,579 1,286,263 1,383,467 5,914,286 Utilization and Quality Review Expenses 778,360 1,419,906 764,904 659,673 1,094,286 4,717,128 Long Term/SNF/Hospice 8,782,404 11,938,647 10,174,399 11,100,770 11,407,241 53,403,461 Provider Enhancement Expense - Prop. 56 1,440,786 1,520,790 1,530,599 1,504,160 1,337,631 7,333,965 Provider Enhancement Expense - GEMT 697,353 770,314 727,161 778,687 923,611 3,327,215 Enhanced Care Management 3,631,882 3,736,622 3,563,643 3,585,665 3,333,024 17,850,836 Major Organ Transplant 928,263 960,846 962,722 952,357 894,987 4,699,175 Ed AlM Incentive Programs 1,210,017 1,499,955 1,042,387 3,055,050 2,549,702 3,9357,115 Housing and Homelessness Incentive 516,672 1,955,761 401,264 409,983 271,034 3,554,714 DME							
Ambulance and NEMT 3,214,531 3,869,951 4,117,183 4,046,350 4,886,538 1,833,467 1,260,395 1,162,579 1,286,263 1,383,467 5,914,286 1,280,305 1,162,579 1,286,263 1,383,467 1,286,263 1,383,467 1,286,263 1,383,467 1,286,263 1,383,467 1,286,263 1,283,467 1,286,263 1,283,467 1,286,263 1,283,467 1,286,263 1,283,467 1,286,263 1,283,467 1,286,263 1,283,467 1,286,263 1,283,467 1,286,263 1,283,467 1,286,263 1,283,467 1,286,263 1,283,461 1,286,263 1,283,461 1,286,263 1,283,461 1,286,263 1,283,461 1,286,263 1,283,461 1,286,263 1,283,461 1,283,631 1,286,263 1,283,461 1,286,264 1,286,264 1,286,265 1,286,265 1,283,2	Other Medical						
Home Health Services & CBAS		3 214 531	3 869 951	4 117 183	4 046 350	4 886 538	20 134 554
Utilization and Quality Review Expenses 778,360 1,419,906 764,904 659,673 1,094,286 4,717,128 Long Term/SNF/Hospice 8,782,404 11,938,647 10,174,399 11,100,770 11,407,241 53,436,61 Provider Enhancement Expense - Prop. 56 1,440,786 1,520,790 1,530,599 1,504,160 1,337,631 7,333,961 Provider Enhancement Expense - GEMT 697,353 720,314 727,161 758,687 923,611 Enhanced Care Management 3,631,882 3,736,6222 3,563,643 3,585,665 3,333,024 17,850,836 Major Organ Transplant 928,263 960,846 962,722 952,357 894,987 4,699,175 Cal AlM Incentive Programs 1,210,017 1,499,955 1,042,387 3,055,050 2,549,702 9,357,111 Housing and Homelessness Incentive 516,672 1,955,761 401,264 409,983 271,034 3,554,714 DME 1,444,613 2,282,835 1,801,951 1,636,974 1,679,318 8,845,692 Pay for Performance Quality Incentive							
Long Term/SNF/Hospice 8,782,404 11,938,647 10,174,399 11,100,770 11,407,241 53,403,461 Provider Enhancement Expense - Prop. 56 1,440,786 1,520,790 1,530,599 1,504,160 1,337,631 7,333,965 Provider Enhancement Expense - GEMT 697,353 720,314 727,161 758,687 923,611 3,827,126 Enhanced Care Management 3,631,882 3,736,622 3,563,643 3,585,665 3,333,024 Major Organ Transplant 928,263 960,846 962,722 952,357 894,987 4,699,175 Cal AlM Incentive Programs 1,210,017 1,499,955 1,042,387 3,055,050 2,549,702 9,575,711 Housing and Homelessness Incentive 516,672 1,955,761 401,264 409,983 271,034 3,554,714 DME 1,444,613 2,282,835 1,801,951 1,636,974 1,679,318 8,845,692 Total Other Medical 23,466,463 31,166,022 26,248,792 28,995,931 29,760,839 19,683,694 Pay for Performance Quality Incentive <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
Provider Enhancement Expense - Prop. 56							
Provider Enhancement Expense - GEMT 697,353 720,314 727,161 758,687 923,611 3,827,126 Enhanced Care Management 3,631,882 3,736,622 3,563,643 3,585,665 3,333,024 17,850,836 Major Organ Transplant 928,263 960,846 962,722 995,2357 894,987 4,699,312 17,850,836 Cal AlM Incentive Programs 1,210,017 1,499,955 1,042,387 3,055,050 2,549,702 9,357,111 Housing and Homelessness Incentive 516,672 1,955,761 401,264 409,983 271,034 3,554,714 DME 1,444,613 2,282,335 1,801,951 1,636,974 1,679,318 8,845,692 Total Other Medical 23,466,463 31,166,022 26,248,792 28,995,931 29,760,839 Pay for Performance Quality Incentive 607,242 620,847 623,885 611,412 608,744 Hospital Directed Payments 24,282,372 24,917,058 25,215,722 24,754,888 22,990,345 122,460,354 Hospital Directed Payment Adjustment 42							
Enhanced Care Management 3,631,882 3,736,622 3,563,643 3,585,665 3,333,024 Major Organ Transplant 928,263 960,846 962,722 952,357 894,987 4,699,175 Cal AlM Incentive Programs 1,210,017 1,499,955 1,042,387 3,055,050 2,549,702 3,937,112 Housing and Homelessness Incentive 516,672 1,955,761 401,264 409,983 271,034 3,554,714 DME 1,444,613 2,282,835 1,801,951 1,636,974 1,679,318 8,845,692 Total Other Medical 23,466,463 31,166,022 26,248,792 28,995,931 29,608,39 Pay for Performance Quality Incentive 607,242 620,847 623,885 611,412 608,744 Hospital Directed Payments 24,282,372 24,917,058 25,515,722 24,754,858 22,990,345 Hospital Directed Payment Adjustment 42,165 2,395,027 226,351 134,240 (95,313) BNR, Incentive, Paid Claims Adjustment 164,572 329,680 128,506 (929,497) (3,039,23							
Major Organ Transplant 928,263 960,846 962,722 952,357 894,987 4,699,175							
Cal AIM Incentive Programs 1,210,017 1,499,955 1,042,387 3,055,050 2,549,702 9,357,111 Housing and Homelessness Incentive 516,672 1,955,761 401,264 409,983 271,034 3,554,714 DME 1,244,613 2,282,835 1,801,951 1,636,974 1,679,318 8,845,692 Total Other Medical 23,466,463 31,166,022 26,248,792 28,995,931 29,760,839 Pay for Performance Quality Incentive 607,242 620,847 623,885 611,412 608,744 Hospital Directed Payments 24,282,372 24,917,058 25,215,722 24,754,858 22,990,345 122,460,354 Hospital Directed Payment Adjustment 42,165 2,395,027 226,551 134,240 (95,313) Non-Claims Expense Adjustment 141,502 115,821 99,211 74,266 (37,068) 393,731 IBNR, Incentive, Paid Claims Adjustment 164,572 329,680 128,506 (929,497) (3,039,235) (3,345,973)							
Housing and Homelessness Incentive 516,672 1,955,761 401,264 409,983 271,034 3,554,714							
DME 1,444,613 2,282,835 1,801,951 1,636,974 1,679,318 8,845,692 Total Other Medical 23,466,463 31,166,022 26,248,792 28,995,931 29,760,839 139,638,048 Pay for Performance Quality Incentive 607,242 620,847 623,885 611,412 608,744 3,072,129 Hospital Directed Payments 24,282,372 24,917,058 25,515,722 24,754,858 22,990,345 Hospital Directed Payment Adjustment 42,165 2,395,027 226,531 134,240 (95,313) 2,702,460,354 Non-Claims Expense Adjustment 141,502 115,821 99,211 74,266 (37,068) 393,731 IBNR, Incentive, Paid Claims Adjustment 164,572 329,680 128,506 (929,497) (3,039,235) (3,345,973)							
Total Other Medical 23,466,463 31,166,022 26,248,792 28,995,931 29,760,839 139,638,048							
Hospital Directed Payments 24,282,372 24,917,058 25,515,722 24,754,858 22,990,345 122,460,354 Hospital Directed Payment Adjustment 42,165 2,995,027 226,351 134,240 (95,313) 2,702,470 Non-Claims Expense Adjustment 115,821 99,211 74,266 (37,068) 393,731 BNR, Incentive, Paid Claims Adjustment 164,572 329,680 128,506 (929,497) (3,039,235)	Total Other Medical						
Hospital Directed Payments 24,282,372 24,917,058 25,515,722 24,754,858 22,990,345 122,460,354 Hospital Directed Payment Adjustment 42,165 2,995,027 226,351 134,240 (95,313) 2,702,470 Non-Claims Expense Adjustment 115,821 99,211 74,266 (37,068) 393,731 BNR, Incentive, Paid Claims Adjustment 164,572 329,680 128,506 (929,497) (3,039,235)	Pay for Performance Quality Incentive	607,242	620,847	623,885	611,412	608,744	3,072,129
Hospital Directed Payment Adjustment 42,165 2,395,027 226,351 134,240 (95,313) 2,702,470 Non-Claims Expense Adjustment 141,502 115,821 99,211 74,266 (37,068) 393,731 IBNR, Incentive, Paid Claims Adjustment 164,572 329,680 128,506 (929,497) (3,039,235) (3,345,973)							
Non-Claims Expense Adjustment 141,502 115,821 99,211 74,266 (37,068) 393,731 IBNR, Incentive, Paid Claims Adjustment 164,572 329,680 128,506 (929,497) (3,039,235) (3,345,973)							
IBNR, Incentive, Paid Claims Adjustment 164,572 329,680 128,506 (929,497) (3,039,235) (3,345,973)							
	Total Medical Costs	143,169.973	154,740.825	149,128.998	151,907.335	142,069,357	741,016,488

^{*} MEDICAL COSTS PER DMHC REGULATIONS

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



	January	February	March	April	Mav	Year to Date
Physician Services	,	,		·		
Primary Care Physician Services	16.05	15.85	17.25	20.70	18.87	17.74
Referral Specialty Services	52.50	55.51	48.83	53.01	52.31	52.43
Urgent Care & After Hours Advice	5.73	7.68	6.75	6.59	10.03	7.35
Hospital Admitting Team	0.02	0.02	0.02	0.02	0.02	0.02
Total Physician Services	74.31	79.07	72.85	80.33	81.22	77.54
Other Professional Services	•	•				
Vision Service Capitation	0.35	0.72	0.83	0.88	1.00	0.75
221 - Business Intelligence	0.41	0.37	0.37	0.37	0.39	0.38
310 - Health Servcies - Utilization Management	2.11	1.94	1.92	1.99	1.95	1.98
311 - Health Services - Quality Improvement	0.60	0.58	0.32	0.06	0.48	0.41
312 - Health Services Education	0.59	0.59	0.59	0.60	0.64	0.60
313 - Pharmacy	0.29	0.26	0.25	0.25	0.27	0.26
314 - Enhanced Care Management	0.73	0.71	0.69	0.76	0.78	0.73
316 - Population Health Management	1.22	1.14	1.18	1.24	1.31	1,22
317 - In Lieu of Services	0.22	0.20	0.19	0.23	0.26	0.22
330 - Member Services	2.46	2.39	2.34	2.60	2.75	2.51
410 - Member Engagement	0.17	0.17	0.15	0.17	0.14	0.16
601 - Behavioral Health	0.16	0.19	0.25	0.28	0.34	0.24
602 - Quality & Health Equity	0.19	0.17	0.17	0.18	0.18	0.18
604 - Clinical Operations, Strategy, and Analytics	0.19	0.17	0.20	0.20	0.20	0.19
Behavior Health Treatment	8.92	2.54	8.32	3.21	6.41	5.88
Mental Health Services	3.77	1.50	2.57	2.03	0.97	2.17
Other Professional Services	11.47	12.59	11.60	10.45	4.47	10.13
Total Other Professional Services	33.84	26.25	31.97	25.80	22.75	28.13
		14.77	15.02	15.42	15.58	15.56
Emergency Room	17.06					
Inpatient Hospital	74.56	71.46	75.29	82.45	75.66	75.87
Reinsurance Expense Premium	0.24	0.24	0.31	0.29	0.29	0.27
Outpatient Hospital	33.34	38.20	36.06	36.78	30.90	35.08
Other Medical					T .	
Ambulance and NEMT	7.94	9.35	9.90	9.93	12.04	9.83
Home Health Services & CBAS	2.03	3.05	2.80	3.16	3.41	2.89
Utilization and Quality Review Expenses	1.92	3.43	1.84	1.62	2.70	2.30
Long Term/SNF/Hospice	21.69	28.84	24.46	27.23	28.11	26.07
Provider Enhancement Expense - Prop. 56	3.56	3.67	3.68	3.69	3.30	3.58
Provider Enhancement Expense - GEMT	1.72	1.74	1.75	1.86	2.28	1.87
Enhanced Care Management	8.97	9.03	8.57	8.80	8.21	8.72
Major Organ Transplant	2.29	2.32	2.31	2.34	2.21	2.29
Cal AIM Incentive Programs	2.99	3.62	2.51	7.50	6.28	4.57
Housing and Homelessness Incentive	1.28	4.73	0.96	1.01	0.67	1.74
DME	3.57	5.52	4.33	4.02	4.14	4.32
Total Other Medical	57.97	75.30	63.11	71.14	73.33	68.18
Pay for Performance Quality Incentive	1.50	1.50	1.50	1.50	1.50	1.50
Hospital Directed Payments	59.98	60.20	61.35	60.73	56.65	59.79
Hospital Directed Payment Adjustment	0.10	5.79	0.54	0.33	(0.23)	1.32
Non-Claims Expense Adjustment	0.35	0.28	0.24	0.18	(0.09)	0.19
IBNR, Incentive, Paid Claims Adjustment	0.41	0.80	0.31	(2.28)	(7.49)	(1.63)
Total Medical Costs	353.65	373.86	358.55	372.68	350.07	361.81

KHS 7/2/2024 Management Use Only



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

	May	Budget	Variance	Year to Date	Budget	Variance
110 - Executive	539,284	531,130	(8,153)	2,992,706	2,655,652	(337,054)
112 - Government Relations	45,680	47,358	1,678	294,771	236,790	(57,981)
210 - Accounting	318,893	351,597	32,704	1,471,964	1,757,987	286,022
220 - Management Information Systems (MIS)	253,670	276,982	23,312	1,291,367	1,384,911	93,545
221 - Business Intelligence	228,645	202,179	(26,466)	1,050,413	1,010,894	(39,518)
222 - MIS Development	395,954	381,923	(14,030)	1,692,056	1,909,616	217,560
223 - Enterprise Configuration	180,934	178,406	(2,529)	844,106	892,028	47,922
225 - Infrastructure	760,253	859,136	98,883	3,534,252	4,295,679	761,427
226 - Technical Administrative Services	126,222	220,111	93,890	727,957	1,100,557	372,601
230 - Claims	775,174	795,470	20,296	3,779,886	3,977,348	197,462
240 - Project Development	371,811	417,789	45,978	1,620,108	2,088,947	468,839
310 - Health Services - Utilization Management	28,807	55,322	26,514	148,461	276,608	128,148
311 - Health Services - Quality Improvement	6,234	45,141	38,907	27,491	225,705	198,214
312 - Health Services - Education	-	357	357	1,495	1,783	289
313 - Pharmacy	10,500	38,333	27,833	63,954	191,667	127,713
314 - Enhanced Care Management	24,778	24,753	(24)	215,758	123,766	(91,991)
316 - Population Health Management	-	2,975	2,975	2,501	14,875	12,374
317 - Community Support Services	-	1,625	1,625	339	8,125	7,786
318 - Housing & Homeless Incentive Program (HHIP)	-	-	-	(0)	-	0
319 - CAL AIM Incentive Payment Program (IPP)	-	-	=	-	-	=
320 - Provider Network Management	284,140	325,800	41,661	1,337,024	1,629,002	291,978
321 - Homeless Management Information Services	-	896	896	-	4,479	4,479
322 - Delegation & Oversight	39,170	31,116	(8,054)	207,235	155,582	(51,653)
330 - Member Services	135,344	272,551	137,207	1,400,085	1,362,756	(37,330)
331 - Member Outreach	-	-	-	-	-	-
340 - Corporate Services	1,148,873	1,034,659	(114,214)	5,046,543	5,173,297	126,754
360 - Audit & Investigative Services	244,557	241,240	(3,317)	1,016,347	1,206,200	189,853
410 - Member Engagement	63,776	100,456	36,680	373,258	502,280	129,022
420 - Sales/Marketing/Public Relations	246,762	270,104	23,341	1,175,236	1,350,519	175,283
510 - Human Resourses	485,837	464,570	(21,267)	2,414,485	2,322,851	(91,635)
601 - Behavioral Health	63	1,779	1,716	22,554	8,896	(13,658)
602 - Quality & Health Equity	14,311	40,769	26,458	156,267	203,845	47,577
604 - Clinical Operations, Strategy & Analytics	-	479	479	-	2,396	2,396
605 - Quality Performance	282,798	305,117	22,319	1,336,834	1,525,586	188,753
Administrative Expense Adjustment	2,765	(43,839)	(46,604)	71,689	(219,197)	(290,886)
Total Administrative Expenses	7,015,235	7,476,286	461,051	34,317,139	37,381,428	3,064,289



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

Г	January	February	March	April	May	YTD TOTALS
110 - Executive	624,355	577,007	603,344	648,716	539,284	2,992,706
112 - Government Relations	68,770	45,458	47,484	87,379	45,680	294,771
210 - Accounting	304,846	303,886	292,257	252,083	318,893	1,471,964
220 - Management Information Systems (MIS)	391,965	262,588	237,010	146,132	253,670	1,291,367
221 - Business Intelligence	269,666	199,076	187,188	165,837	228,645	1,050,413
222 - MIS Development	377,641	315,894	321,173	281,395	395,954	1,692,056
223 - Enterprise Configuration	174,793	155,969	171,033	161,377	180,934	844,106
225 - Infrastructure	617,597	874,756	639,101	642,546	760,253	3,534,252
226 - Technical Administrative Services	49,489	108,635	117,698	325,913	126,222	727,957
230 - Claims	819,584	766,126	717,167	701,834	775,174	3,779,886
240 - Project Development	347,377	265,411	322,425	313,084	371,811	1,620,108
310 - Health Services - Utilization Management	30,997	29,562	29,327	29,768	28,807	148,461
311 - Health Services - Quality Improvement	8,514	7,726	4,159	858	6,234	27,491
312 - Health Services - Education	341	138	436	581	-	1,495
313 - Pharmacy	21,270	10,500	10,861	10,822	10,500	63,954
314 - Enhanced Care Management	44,036	43,641	48,782	54,522	24,778	215,758
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	284,140	1,337,024
322 - Delegation & Oversight	21,948	20,301	29,846	95,971	39,170	207,235
330 - Member Services	667,205	268,918	162,283	166,335	135,344	1,400,085
340 - Corporate Services	1,024,905	966,025	929,506	977,234	1,148,873	5,046,543
360 - Audit & Investigative Services	195,508	186,054	187,655	202,574	244,557	1,016,347
410 - Member Engagement	76,778	80,429	69,534	82,742	63,776	373,258
420 - Sales/Marketing/Public Relations	177,987	306,155	176,484	267,848	246,762	1,175,236
510 - Human Resourses	447,072	430,722	409,608	641,247	485,837	2,414,485
601 - Behavioral Health	43	-	167	22,281	63	22,554
602 - Quality & Health Equity	40,103	59,304	81,243	(38,694)	14,311	156,267
604 - Clinical Operations, Strategy & Analytics	-	-	-	-	-	-
605 - Quality Performance	143,642	106,967	277,993	525,434	282,798	1,336,834
Budgeted Administrative Vacancy and Training Fact	-	-				
Administrative Expense Adjustment	258,024	(160,374)	(712)	(28,014)	2,765	71,689
Total Administrative Expenses	7,614,072	6,580,201	6,310,903	6,796,727	7,015,235	34,317,139

KHS 7/2/2024 Management Use Only



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

			Increase/
ASSETS	May 2024	April 2024	(Decrease)
Cash and Cash Equivalents	1,197,015	1,197,015	-
Interest Receivable	8,000	4,000	4,000
Total Current Assets	1,205,015	1,201,015	4,000
CURRENT LIABILITIES	-	-	
Other Liabilities	-	-	-
Total Current Liabilities	-	-	-
NET POSITION:			
Net Position at Beginning of Year	1,183,678	1,183,678	-
Increase (Decrease) in Net Position - Current Year	21,337	17,337	4,000
Total Net Position	1,205,015	1,201,015	4,000
TOTAL LIABILITIES AND NET POSITION	1,205,015	1,201,015	4,000



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

	May	Budget	Variance	Year to Date	Budget	Variance
REVENUES	ividy	buuget	Variance	real to Date	buuget	Variance
112121122	1				1	
Premium		-			-	
Interest	4,000	-	4,000	20,671	-	20,671
Other Investment Income	-	-	-	666	-	666
Total Revenues	4,000	-	4,000	21,337	-	21,337
EXPENSES						
MEDICAL COSTS						
IBNR and Paid Claims Adjustment	-	-	-	-	-	-
Total Medical Costs	-	-	-	-	-	-
GROSS MARGIN	4,000	-	4,000	21,337	-	21,337
ADMINISTRATIVE COSTS				•		
Management Fee Expense and Other Admin Exp	-	-	-	-	-	-
Total Administrative Expenses	-	-	-	-	-	-
TOTAL EXPENSES	-	-	-	-	-	-
OPERATING INCOME (LOSS) BEFORE TAX	4,000	-	4,000	21,337	-	21,337
NON-OPERATING REVENUE (EXPENSE)						
Total Non-Operating Revenue (Expense)	-	-	-	-	-	-
NET INCREASE (DECREASE) IN NET POSITION	4,000	-	4,000	21,337	-	21,337
MEDICAL LOSS RATIO	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ADMINISTRATIVE EXPENSE RATIO	0.0%	0.0%	0.0%	0.0%	0.0%	0.09

KHS 7/31/2024 Management Use Only



KERN HEALTH SYSTEMS MONTHLY MEMBERS COUNT

	2024 MEMBER												
MEDI-CAL	MONTHS	JAN'24	FEB'24	MAR'24	APR'24	MAY'24	JUN'24	JUL'24	AUG'24	SEP'24	OCT'24	NOV'24	DEC'24
ADULT AND FAMILY													
ADULT (SEE COMMENT)	368,436	73,352	78,663	78,717	63,272	74,432							
CHILD	863,267	169,496	168,966	173,240	181,718	169,847							
SUB-TOTAL ADULT & FAMILY	1,231,703	242,848	247,629	251,957	244,990	244,279	0	0	0	0	0	0	0
OTHER MEMBERS													
PARTIAL DUALS - FAMILY	3,657	774	770	790	694	629							1
PARTIAL DUALS - CHILD	0	0	0	0	0	0	0	0	0	0	0	0	0
PARTIAL DUALS - BCCTP	24	6	5	5	3	5							
BCCTP - TABACCO SETTLEMEN	70	0	0	0	0	0	0	0	0	0	0	0	0
FULL DUALS (SPD)													
SPD FULL DUALS	111,553	21,544	22,475	22,251	22,380	22,903							
	,		,		,	,							
SUBTOTAL OTHER MEMBERS	115,234	22,324	23,250	23,046	23,077	23,537	0	0	0	0	0	0	0
TOTAL FAMILY & OTHER	1,346,937	265,172	270,879	275,003	268,067	267,816	0	0	0	0	0	0	0
	1,010,001				,	,	,		-				
SDP MEMBERS													
SPD (AGED AND DISABLED)	112,523	21,942	23,209	22,608	22,438	22,326							
TOTAL CLASSIC MEMBERS	1,459,460	287.114	294,088	297.611	290,505	290,142	0	0	0	0	0	0	0
	, 11, 11		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,	,	,	-	_					
ACA OE - MEDI-CAL OPTIONAL EX													
ACA Expansion Adult-Citizen	580,085	115,850	117,787	116,589	115,661	114,198							
EXPANSION DUALS TOTAL ACA OE	6,041	1,382	1,517	1,226	944 116.605	972		0	0	•		0	0
TOTAL ACA DE	586,126	117,232	119,304	117,815	110,000	115,170	0	U	0	0	0	U	0
LONG TERM CARE (LTC)													
LTC	233	38	49	47	46	53							
LTC DUALS	2,274	451	457	450	452	464							
TOTAL LTC	2,507	489	506	497	498	517	0	0	0	0	0	0	0
02.112.505.11		12451	449.00-1	117.05-1	407 05 -1	407.00-1					11 -1		
GRAND TOTAL	2,048,093	404,835	413,898	415,923	407,608	405,829	0	0	0	0	0	0	0



MEMORANDUM

TO: Kern Health Systems Board of Directors

FROM: Robert Landis, Chief Financial Officer

SUBJECT: June 2024 Financial Results

DATE: August 15, 2024

The June results reflect a \$134,002 Net Increase in Net Position which is a \$195,016 unfavorable variance to the budget. Listed below are the major variances for the month:

1) Total Revenues reflect a \$7.1 million favorable variance primarily due to:

- A) \$7.0 million favorable variance in Premium Revenue primarily due to higher-thanexpected budgeted membership.
- B) \$1.2 million unfavorable timing variances primarily due to unfavorable timing differences on waiting for DHCS approval under the CalAim Incentive Payment Program and the Student Behavioral Health Incentive Program.
- C) \$5.3 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) \$3.4 million favorable variance in Premium-Hospital Directed Payments primarily due to receiving updated rate information from DHCS for Calendar Year 2024 along with higher-than-expected membership offset against amounts included in 2E below.
- E) \$3.3 million in Rate/Income Adjustments primarily relating to a Maternity Kick file submitted for prior years that applied additional qualifying maternity criteria.
- 2) Total Medical Costs reflect a \$13.4 million unfavorable variance primarily due to:
 - A) \$7.6 million unfavorable variance in Physician Services primarily due to higher-than-expected utilization of Physician Services (\$3.6 million) and higher-than-expected Targeted Rate Increases ("TRI") amounts allocated to PCP, Specialty and Urgent Care services (\$4.0 million). As previously reported, we began paying TRI amounts in May and believed it was necessary to increase our accruals for these categories of expenses. This amount is offset against amounts included Other Professional Services and Mental Health Services included in 2B (3) & 2B (4) below.

- B) \$6.1 million favorable variance in Other Professional Services primarily due from:
 - 1) \$1.6 million favorable variance due to the timing of hiring 2024 Budgeted Utilization Management Employees during the first and second quarter of 2024.
 - 2) \$.8 million favorable variance from lower-than-expected utilization of Autism services.
 - 3) \$.7 million favorable variance in Mental Health Services due to lowering our accruals for Targeted Rate Increases offset against amounts included in 2A above.
 - 4) \$3.0 million favorable variance in Other Professional Services due to lowering our accruals for Targeted Rate Increases offset against amounts included in 2A above.
- C) \$4.9 million unfavorable variance in Inpatient primarily due to higher-than-expected utilization over the last several months.
- D) \$6.2 million unfavorable variance in Other Medical primarily from:
 - \$1.9 million unfavorable variance in Ambulance and Non-emergency Medical Transportation ("NEMT") due to higher-than-expected utilization of NEMT services over the last several months by our members.
 - 2) \$.9 million unfavorable variance in Home Health and CBAS services primarily due to higher-than-expected utilization over the last several months.
 - 3) \$2.5 million unfavorable variance in Long Term Care expense primarily due to higher-than-expected utilization over the last several months.
 - 4) \$.7 million unfavorable variance in CalAim Incentive Programs due to timing differences of receiving provider invoices.
- E) \$3.4 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.
- F) \$3.4 million favorable variance in IBNR, Incentives, Paid Claims Adjustment primarily relating from IBNR Adjustments relating to the prior year.

The June Medical Loss Ratio is 93.3% which is unfavorable to the 92.4% budgeted amount. The June Administrative Expense Ratio is 5.1% which is favorable to the 6.1% budgeted amount.

The results for the 6 months ended June 30, 2024 reflect a Net Increase in Net Position of \$6,482,733. This is a \$2,919,350 favorable variance to the budget and includes approximately \$3.9 million of favorable adjustments from the prior year. The year-to-date Medical Loss Ratio is 93.2% which is unfavorable to the 92.4% budgeted amount. The year-to-date Administrative Expense Ratio is 5.2% which is favorable to the 5.9% budgeted amount.



KHS - Medi-Cal Line of Business

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MEDI-CAL STATEMENT OF NET POSITION AS OF JUNE 30, 2024

ASSETS				Increase/
Short-Term Investments	ASSETS	June	May	(Decrease)
Premiums Receivable	Cash and Cash Equivalents	228,341,955	85,519,391	142,822,564
Premiums Receivable - Hospital Directed Payments	Short-Term Investments	408,046,220	493,140,244	(85,094,025)
Premiture Receivable	Premiums Receivable	102,423,858	100,899,323	1,524,535
Interest Receivable	Premiums Receivable - MCO Tax	2,532,417	8,590,997	(6,058,580)
Provider Advance Payment	Premiums Receivable - Hospital Directed Payments	475,635,496	450,316,240	25,319,256
Other Receivables 940,360 482,910 457,451 Prepaid Expenses & Other Current Assets 6,308,632 6,986,059 (677,427) Total Current Assets 1,225,213,683 1,146,917,538 78,296,144 Land 4,090,706 4,090,706 - Furniture and Equipment - Net 382,404 1,043,244 (60,840) Computer Equipment - Net 32,737,871 32,814,927 (77,056) Building and Improvements - Net 32,737,871 32,814,927 (77,056) Capital Projects In Process 4,818,836 4,057,447 761,389 Total Capital Assets 60,970,575 60,914,142 56,433 Restricted Assets 300,000 300,000 - Officer Life Insurance Receivables 1,657,258 1,634,589 22,669 SBITA Asset 6,799,897 6,799,897 - - Total Long-Term Assets 8,757,155 8,734,466 22,669 Deferred Outflow of Resources 8,425,634 8,245,634 - Total Long-Term Assets and Deferred Outflows of Resources	Interest Receivable	139,661	112,416	27,245
Prepaid Expenses & Other Current Assets	Provider Advance Payment	845,085	869,959	(24,874)
Total Current Assets	Other Receivables	940,360	482,910	457,451
Land	Prepaid Expenses & Other Current Assets	6,308,632	6,986,059	(677,427)
Furniture and Equipment - Net	Total Current Assets	1,225,213,683	1,146,917,538	78,296,144
Computer Equipment - Net	Land	4,090,706	4,090,706	-
Building and Improvements - Net 32,737,871 32,814,927 (77,056) Capital Projects In Process 4,818,836 4,057,447 761,389 Total Capital Assets 60,979,775 60,914,142 56,433 Restricted Assets 300,000 300,000 - Officer Life Insurance Receivables 1,657,258 1,634,589 22,669 SBITA Asset 6,799,897 6,799,897 - Total Long-Term Assets 8,757,155 8,734,486 22,669 Deferred Outflow of Resources 8,425,634 8,425,634 - Total Assets and Deferred Outflows of Resources 1,303,367,047 1,224,991,800 78,375,247 CURRENT LIABILITIES 6,597,188 6,452,914 144,274 Accrued Salaries and Benefits 6,597,188 6,452,914 144,274 Accrued Other Operating Expenses 6,218,427 5,419,669 798,758 MCO Tax Payable 118,164,689 78,776,460 39,388,230 Claims Payable (Reported) 18,855,176 17,280,460 1,304,715 IBNR - Inpatient Claims 72,946,647 64,399,644 8,547,003 IBNR - Physician Claims 20,908,178 22,528,473 (1,620,296) IBNR - Accrued Other Medical 26,958,600 29,833,391 (2,874,791) Risk Pool and Withholds Payable 5,892,819 5,287,276 605,543 Allowance for Claims Processing Expense 3,824,312 3,776,682 47,630 Unter Liabilities 313,608,465 312,928,246 6,580,219 SBITA Liability - Current portion 2,617,467 - Accrued Hospital Directed Payments 477,167,773 451,847,814 25,319,960 Total Current Liabilities 13,983,493 1,448,495 78,241,244 NONCURRENT LIABILITIES 12,965,462 - SBITA Liability , net of current portion 4,182,430 - Total Current portion 4,182,430 - Total Current Liabilities 17,147,892 - Total Current Dortion 4,182,430 - Total Current Liability 12,965,462 - SBITA Liability 12,965,462 - SBITA Liability 12,965,462 - SBITA Liability 12,965,462 - SBITA Liability 14,982,430 - Total Current Dortion 4,182,430 - Total Current Liabilities 17,1	Furniture and Equipment - Net	982,404	1,043,244	(60,840)
Capital Projects In Process 4,818,836 4,057,447 761,389 Total Capital Assets 66,970,575 60,914,142 56,433 60,970,575 60,914,142 56,433 60,970,575 60,914,142 56,433 60,970,575 60,914,142 56,433 60,970,575 60,914,142 56,433 60,970,575 60,914,142 56,433 60,970,575 60,914,142 56,433 60,970,575 60,914,142 56,435 60,970,9897 60,799,897	Computer Equipment - Net	18,340,758	18,907,818	(567,060)
Total Capital Assets 60,970,575 60,914,142 56,433 Restricted Assets 300,000 300,000	Building and Improvements - Net	32,737,871	32,814,927	(77,056)
Restricted Assets 300,000 300,000 -	Capital Projects In Process	4,818,836	4,057,447	761,389
Officer Life Insurance Receivables 1,657,258 1,634,589 22,669 SBITA Asset 6,799,897 6,799,897 - Total Long-Term Assets 8,757,155 8,734,486 22,669 Deferred Outflow of Resources 8,425,634 8,425,634 - CURRENT LIABILITIES Accrued Salaries and Benefits 6,597,188 6,452,914 144,274 Accrued Other Operating Expenses 6,218,427 5,419,669 798,758 MCO Tax Payable 118,164,689 78,776,460 39,388,230 Claims Payable (Reported) 118,585,176 17,280,460 1,304,715 IBNR - Inpatient Claims 20,908,178 22,528,473 (1,620,296) IBNR - Accrued Other Medical 26,958,600 29,833,391 (2,874,791) RISK Pool and Withholds Payable 5,892,819 5,287,276 605,543 Allowance for Claims Processing Expense 3,824,312 3,776,682 47,630 Other Liabilities 139,508,465 132,928,246 6,580,219 SBITA Liability - Current portion 2,617,467	Total Capital Assets	60,970,575	60,914,142	56,433
Officer Life Insurance Receivables 1,657,258 1,634,589 22,669 SBITA Asset 6,799,897 6,799,897 - Total Long-Term Assets 8,757,155 8,734,486 22,669 Deferred Outflow of Resources 8,425,634 8,425,634 - CURRENT LIABILITIES Accrued Salaries and Benefits 6,597,188 6,452,914 144,274 Accrued Other Operating Expenses 6,218,427 5,419,669 798,758 MCO Tax Payable 118,164,689 78,776,460 39,388,230 Claims Payable (Reported) 118,585,176 17,280,460 1,304,715 IBNR - Inpatient Claims 20,908,178 22,528,473 (1,620,296) IBNR - Accrued Other Medical 26,958,600 29,833,391 (2,874,791) RISK Pool and Withholds Payable 5,892,819 5,287,276 605,543 Allowance for Claims Processing Expense 3,824,312 3,776,682 47,630 Other Liabilities 139,508,465 132,928,246 6,580,219 SBITA Liability - Current portion 2,617,467	Restricted Assets	300,000	300,000	-
Total Long-Term Assets	Officer Life Insurance Receivables	· · · · · · · · · · · · · · · · · · ·		22,669
Deferred Outflow of Resources	SBITA Asset	6,799,897	6,799,897	-
Total Assets and Deferred Outflows of Resources CURRENT LIABILITIES Accrued Salaries and Benefits Accrued Solaries and Benefits 6,597,188 6,452,914 144,274 Accrued Other Operating Expenses 6,218,427 5,419,669 798,758 MCO Tax Payable 118,164,689 78,776,460 39,388,230 Claims Payable (Reported) 118,585,176 17,280,460 1,304,715 IBNR - Inpatient Claims 72,946,647 64,399,644 8,547,003 IBNR - Physician Claims 20,908,178 22,528,473 (1,620,296) IBNR - Accrued Other Medical 18,585,176 17,280,460 29,833,391 (2,874,703) IBNR - Physician Claims 20,908,178 22,528,473 (1,620,296) IBNR - Accrued Other Medical 18,585,176 17,280,460 1,304,715 IBNR - Inpatient Claims 20,908,178 22,528,473 (1,620,296) IBNR - Physician Claims 20,908,178 22,528,473 (1,620,296) IBNR - Accrued Other Medical 18,585,176 17,280,460 1,304,715 IBNR - Physician Claims 20,908,178 22,528,473 (1,620,296) IBNR - Accrued Other Medical 20,908,178 22,528,473 (1,620,296) IBNR - Acc	Total Long-Term Assets	8,757,155	8,734,486	22,669
Accrued Salaries and Benefits	Deferred Outflow of Resources	8,425,634	8,425,634	-
Accrued Salaries and Benefits	Total Assets and Deferred Outflows of Resources	1,303,367,047	1,224,991,800	78,375,247
Accrued Salaries and Benefits	CURRENT HARHITIES			
Accrued Other Operating Expenses 6,218,427 5,419,669 798,758 MCO Tax Payable 118,164,689 78,776,460 39,388,230 Claims Payable (Reported) 18,585,176 17,280,460 1,304,715 IBNR - Inpatient Claims 72,946,647 64,399,644 8,547,003 IBNR - Inpatient Claims 20,908,178 22,528,473 (1,620,296) IBNR - Physician Claims 20,908,178 22,528,473 (1,620,296) IBNR - Accrued Other Medical 26,958,600 29,833,391 (2,874,791) Risk Pool and Withholds Payable 5,892,819 5,287,276 605,543 Allowance for Claims Processing Expense 3,824,312 3,776,682 47,630 Other Liabilities 139,508,465 132,292,246 6,580,219 SBITA Liability - Current portion 2,617,467 2,617,467 - Accrued Hospital Directed Payments 477,167,773 451,847,814 25,319,960 Total Current Liabilities 899,389,740 821,148,495 78,241,244 Net Pension Liability, net of current portion 4,182,430 4,182,430 - <td></td> <td>6.597.188</td> <td>6.452.914</td> <td>144.274</td>		6.597.188	6.452.914	144.274
MCO Tax Payable 118,164,689 78,776,460 39,388,230 Claims Payable (Reported) 18,585,176 17,280,460 1,304,715 IBNR - Inpatient Claims 72,946,647 64,399,644 8,547,003 IBNR - Physician Claims 20,908,178 22,528,473 (1,620,296) IBNR - Accrued Other Medical 26,958,600 29,833,391 (2,874,791) Risk Pool and Withholds Payable 5,892,819 5,287,276 605,543 Allowance for Claims Processing Expense 3,824,312 3,776,682 47,630 Other Liabilities 139,508,465 132,928,246 6,580,219 SBITA Liability - Current portion 2,617,467 2,617,467 - Accrued Hospital Directed Payments 477,167,773 451,847,814 25,319,960 Total Current Liabilities 899,389,740 821,148,495 78,241,244 Representation 4,182,430 4,182,430 - Total NonCurrent Liabilities 17,147,892 17,147,892 - Deferred Inflow of Resources 158,303 158,303 - Representation 158,303 - Representation 158,303 158,303 - Representation 158,303 - Rep		· · · · · · · · · · · · · · · · · · ·		
Claims Payable (Reported) 18,585,176 17,280,460 1,304,715 IBNR - Inpatient Claims 72,946,647 64,399,644 8,547,003 IBNR - Physician Claims 20,908,178 22,528,473 (1,620,296) IBNR - Accrued Other Medical 26,958,600 29,833,391 (2,874,791) Risk Pool and Withholds Payable 5,892,819 5,287,276 605,543 Allowance for Claims Processing Expense 3,824,312 3,776,682 47,630 Other Liabilities 139,508,465 132,928,246 6,580,219 SBITA Liability - Current portion 2,617,467 2,617,467 - Accrued Hospital Directed Payments 477,167,773 451,847,814 25,319,960 Total Current Liabilities 899,389,740 821,148,495 78,241,244 NONCURRENT LIABILITIES Net Pension Liability 12,965,462 12,965,462 - SBITA Liability, net of current portion 4,182,430 4,182,430 - Total NonCurrent Liabilities 17,147,892 17,147,892 - Deferred Inflow of Resources 158,303				
IBNR - Inpatient Claims	·			
IBNR - Physician Claims 20,908,178 22,528,473 (1,620,296) IBNR - Accrued Other Medical 26,958,600 29,833,391 (2,874,791) Risk Pool and Withholds Payable 5,892,819 5,287,276 605,543 Allowance for Claims Processing Expense 3,824,312 3,776,682 47,630 Other Liabilities 139,508,465 132,928,246 6,580,219 SBITA Liability - Current portion 2,617,467 2,617,467 - Accrued Hospital Directed Payments 477,167,773 451,847,814 25,319,960 Total Current Liabilities 899,389,740 821,148,495 78,241,244 NONCURRENT LIABILITIES 12,965,462 12,965,462 - SBITA Liability , net of current portion 4,182,430 4,182,430 - Total NonCurrent Liabilities 17,147,892 17,147,892 - Deferred Inflow of Resources 158,303 158,303 - SET POSITION: Net Position at Beginning of Year 380,188,379 380,188,379 - Increase (Decrease) in Net Position - Current Year 6,482,733 6,348,731 134,002 Total Net Position 386,671,112 386,537,110 386,671,112 386,537,110 386,671,112 386,671,112 386,671,112 386,671,112 386,671,112 386,671,112 386,671,112 386,671,112 386,671,112 386,671,112 386,671,112 386,671,112 386,671,112 386,671		<u> </u>		
IBNR - Accrued Other Medical 26,958,600 29,833,391 (2,874,791) Risk Pool and Withholds Payable 5,892,819 5,287,276 605,543 Allowance for Claims Processing Expense 3,824,312 3,776,682 47,630 Other Liabilities 139,508,465 132,928,246 6,580,219 SBITA Liability - Current portion 2,617,467 2,617,467 - Accrued Hospital Directed Payments 477,167,773 451,847,814 25,319,960 Total Current Liabilities 899,389,740 821,148,495 78,241,244 NONCURRENT LIABILITIES 12,965,462 12,965,462 - SBITA Liability, net of current portion 4,182,430 4,182,430 - SBITA Liability, net of current portion 4,182,430 4,182,430 - SBITA Liability 17,147,892 17,147,892 - SBITA Liability 158,303 158,303 - SBITA Liability 158,303 - SBITA Liability 158,303 158,303 - SBITA Liability		· · · · · · · · · · · · · · · · · · ·		
Risk Pool and Withholds Payable 5,892,819 5,287,276 605,543 Allowance for Claims Processing Expense 3,824,312 3,776,682 47,630 Other Liabilities 139,508,465 132,928,246 6,580,219 SBITA Liability – Current portion 2,617,467 2,617,467 - Accrued Hospital Directed Payments 477,167,773 451,847,814 25,319,960 Total Current Liabilities 899,389,740 821,148,495 78,241,244 NONCURRENT LIABILITIES Net Pension Liability, net of current portion 4,182,430 4,182,430 - Total NonCurrent Liabilities 17,147,892 17,147,892 - Deferred Inflow of Resources 158,303 158,303 - NET POSITION: Net Position at Beginning of Year 380,188,379 380,188,379 - Increase (Decrease) in Net Position - Current Year 6,482,733 6,348,731 134,002 Total Net Position 386,671,112 386,537,110 134,002	·			
Allowance for Claims Processing Expense 3,824,312 3,776,682 47,630	Risk Pool and Withholds Payable			
Other Liabilities 133,508,465 132,928,246 6,580,219 SBITA Liability – Current portion 2,617,467 2,617,467 - Accrued Hospital Directed Payments 477,167,773 451,847,814 25,319,960 Total Current Liabilities 899,389,740 821,148,495 78,241,244 NONCURRENT LIABILITIES Net Pension Liability, net of current portion 12,965,462 12,965,462 - SBITA Liability, net of current portion 4,182,430 4,182,430 - Total NonCurrent Liabilities 17,147,892 17,147,892 - Deferred Inflow of Resources 158,303 158,303 - NET POSITION: Net Position at Beginning of Year 380,188,379 380,188,379 - Increase (Decrease) in Net Position - Current Year 6,482,733 6,348,731 134,002 Total Net Position 386,671,112 386,537,110 134,002	•			·
Accrued Hospital Directed Payments	Other Liabilities	139,508,465	132,928,246	6,580,219
Accrued Hospital Directed Payments	SBITA Liability – Current portion	2,617,467	2,617,467	-
NONCURRENT LIABILITIES 899,389,740 821,148,495 78,241,244		477,167,773	451,847,814	25,319,960
Net Pension Liability 12,965,462 12,965,462 - SBITA Liability, net of current portion 4,182,430 4,182,430 - Total NonCurrent Liabilities 17,147,892 17,147,892 - Deferred Inflow of Resources 158,303 158,303 - NET POSITION: Net Position at Beginning of Year 380,188,379 380,188,379 - Increase (Decrease) in Net Position - Current Year 6,482,733 6,348,731 134,002 Total Net Position 386,671,112 386,537,110 134,002	Total Current Liabilities	899,389,740	821,148,495	78,241,244
SBITA Liability, net of current portion 4,182,430 4,182,430 - Total NonCurrent Liabilities 17,147,892 17,147,892 - Deferred Inflow of Resources 158,303 158,303 - NET POSITION: Net Position at Beginning of Year 380,188,379 380,188,379 - Increase (Decrease) in Net Position - Current Year 6,482,733 6,348,731 134,002 Total Net Position 386,671,112 386,537,110 134,002	NONCURRENT LIABILITIES			
Total NonCurrent Liabilities 17,147,892 17,147,892 - Deferred Inflow of Resources 158,303 158,303 - NET POSITION: Net Position at Beginning of Year 380,188,379 380,188,379 - Increase (Decrease) in Net Position - Current Year 6,482,733 6,348,731 134,002 Total Net Position 386,671,112 386,537,110 134,002	Net Pension Liability	12,965,462	12,965,462	-
Total NonCurrent Liabilities 17,147,892 17,147,892 - Deferred Inflow of Resources 158,303 158,303 - NET POSITION: Net Position at Beginning of Year 380,188,379 380,188,379 - Increase (Decrease) in Net Position - Current Year 6,482,733 6,348,731 134,002 Total Net Position 386,671,112 386,537,110 134,002	SBITA Liability, net of current portion	4,182,430	4,182,430	-
NET POSITION: Net Position at Beginning of Year 380,188,379 380,188,379 - Increase (Decrease) in Net Position - Current Year 6,482,733 6,348,731 134,002 Total Net Position 386,671,112 386,537,110 134,002				-
Net Position at Beginning of Year 380,188,379 380,188,379 - Increase (Decrease) in Net Position - Current Year 6,482,733 6,348,731 134,002 Total Net Position 386,671,112 386,537,110 134,002	Deferred Inflow of Resources	158,303	158,303	-
Net Position at Beginning of Year 380,188,379 380,188,379 - Increase (Decrease) in Net Position - Current Year 6,482,733 6,348,731 134,002 Total Net Position 386,671,112 386,537,110 134,002	NET POSITION:			
Total Net Position 386,671,112 386,537,110 134,002		380,188,379	380,188,379	-
	Increase (Decrease) in Net Position - Current Year	6,482,733	6,348,731	134,002
TOTAL LIABILITIES. DEFERRED INFLOWS OF RESOURCES AND NET POSITION 1.303.367.047 1.224.991.800 78.375.247	Total Net Position	386,671,112	386,537,110	134,002
	TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION	1,303,367,047	1,224,991,800	78,375,247

KHS 7/31/2024 Management Use Only



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

	June	Budget	Variance	Year to Date	Budget	Variance
Family Members	244,099	242,644	1,455	1,477,220	1,487,364	(10,144)
Expansion Members	113,461	111,811	1,650	699,587	688,866	10,722
SPD Members	22,979	19,927	3,052	135,474	122,562	12,913
LTC Members	527	555	(28)	3,034	3,329	(295)
Other Members	22,629	24,164	(1,535)	136,473	144,981	(8,508)
Total Members - MCAL	403,695	399,100	4,595	2,451,788	2,447,100	4,688
REVENUES						
Medicaid - Family and Other	54,454,738	52,459,221	1,995,516	331,212,990	320,948,803	10,264,187
Medicaid - Expansion Members	45,412,795	44,880,044	532,751	283,529,611	276,505,327	7,024,285
Medicaid - SPD Members	24,185,884	20,956,459	3,229,425	143,026,028	128,893,752	14,132,275
Medicaid - LTC Members	4,461,566	4,470,309	(8,742)	24,765,176	26,821,852	(2,056,676)
Premium - MCO Tax	39,388,230	44,691,218	(5,302,988)	236,329,379	274,026,258	(37,696,879)
Premium - Hospital Directed Payments	25,339,960	21,911,202	3,428,758	147,800,314	134,566,642	13,233,672
Investment Earnings And Other Income	2,584,498	2,056,358	528,140	14,154,055	12,580,926	1,573,128
Reinsurance Recoveries	-	111,748	(111,748)	-	685,188	(685,188)
Rate Adjustments - Hospital Directed Payments	(457,542)		(457,542)	2,161,001	•	2,161,001
Rate/Income Adjustments	3,282,299	-	3,282,299	(1,637,416)	-	(1,637,416)
Total Revenues	198,652,429	191,536,559	7,115,871	1,181,341,138	1,175,028,748	6,312,390
EXPENSES						
MEDICAL COSTS						
Physician Services	36,554,096	28,993,381	(7,560,715)	195,370,290	177,921,315	(17,448,975)
Other Professional Services	9,148,831	15,213,406	6,064,575	66,759,053	93,325,871	26,566,818
Emergency Room	6,665,692	6,467,575	(198,117)	38,541,402	39,683,930	1,142,528
Inpatient	32,758,876	27,850,371	(4,908,506)	188,152,347	171,095,135	(17,057,212)
Reinsurance Expense	110,398	111,748	1,350	671,606	685,188	13,582
Outpatient Hospital	13,499,596	12,854,279	(645,317)	85,338,520	78,968,280	(6,370,240)
Other Medical	29,527,118	23,310,249	(6,216,869)	169,165,166	142,483,792	(26,681,374)
Pay for Performance Quality Incentive	605,543	598,650	(6,893)	3,677,672	3,670,650	(7,021)
Hospital Directed Payments	25,339,960	21,911,202	(3,428,758)	147,800,314	134,566,642	(13,233,672)
Hospital Directed Payment Adjustment	(20,001)		20,001	2,682,470		(2,682,470)
Non-Claims Expense Adjustment	(59,596)	-	59,596	334,135		(334,135)
IBNR, Incentive, Paid Claims Adjustment	(3,427,557)	-	3,427,557	(6,773,530)		6,773,530
Total Medical Costs	150,702,957	137,310,860	(13,392,098)	891,719,446	842,400,803	(49,318,643)
GROSS MARGIN	47,949,472	54,225,699	(6,276,227)	289,621,692	332,627,946	(43,006,253)
ADMINISTRATIVE COSTS	, , ,	, ,,,,,,,,	(2) 2)		, , , , , , , , , , , , , , , , , , , ,	(-,,
Compensation	3,543,998	4,225,459	681,461	21,416,170	24,936,086	3,519,916
Purchased Services	1,609,874	1,739,891	130,017	10,525,412	10,439,345	(86,067)
Supplies	399,825	372,344	(27,480)	1,487,324	2,234,066	746,743
Depreciation	704,955	710,921	5,966	4,205,045	4,265,527	60,483
Other Administrative Expenses	489,373	554,843	65,470	3,359,525	3,329,059	(30,466)
Administrative Expense Adjustment	47,630	(43,839)	(91,469)	119,319	(263,037)	(382,355)
Total Administrative Expenses	6,795,655	7,559,619	763,964	41,112,794	44,941,047	3,828,253
TOTAL EXPENSES	157,498,613	144,870,479	(12,628,134)	932,832,239	887,341,850	(45,490,390)
OPERATING INCOME (LOSS) BEFORE TAX	41,153,817	46,666,080	(5,512,263)	248,508,898	287,686,898	(39,178,000)
MCO TAX	39,388,230	44,691,218	5,302,988	236,329,379	274,026,258	37,696,879
OPERATING INCOME (LOSS) NET OF TAX	1,765,587	1,974,862	(209,275)	12,179,520	13,660,640	(1,481,121)
NON-OPERATING REVENUE (EXPENSE)						
Provider Grants/CalAIM/Home Heath	(1,242,730)	(822,922)	(419,807)	(3,867,623)	(5,048,628)	1,181,006
D-SNP Expenses	(388,855)	(822,922)	434,067	(1,829,164)	(5,048,628)	3,219,465
Total Non-Operating Revenue (Expense)	(1,631,585)	(1,645,844)	14,260	(5,696,786)	(10,097,257)	4,400,470
NET INCREASE (DECREASE) IN NET POSITION	134,002	329,018	(195,016)	6,482,733	3,563,384	2,919,350
MEDICAL LOSS RATIO	93.3%	92.4%	-0.9%	93.2%	92.4%	-0.9%
ADMINISTRATIVE EXPENSE RATIO	5.1%	6.1%	1.0%	5.2%	5.9%	0.7%
ADMINISTRATIVE EXICIOSE RATIO	3.1/0	0.1/0	1.0/0	3.2/0	3.3/0	0.7/6

KHS 7/31/2024 Management Use Only



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

	June	Budget	Variance	Year to Date	Budget	Variance
Family Members	244,099	242,644	1,455	1,477,220	1,487,364	(10,144)
Expansion Members	113,461	111,811	1,650	699,587	688,866	10,722
SPD Members	22,979	19,927	3,052	135,474	122,562	12,913
LTC Members	527	555	(28)	3,034	3,329	(295)
Other Members	22,629	24,164	(1,535)	136,473	144,981	(8,508)
Total Members - MCAL	403,695	399,100	4,595	2,451,788	2,447,100	4,688
REVENUES						
Medicaid - Family and Other	204.16	196.62	7.54	205.25	196.62	8.63
Medicaid - Expansion Members	400.25	401.39	(1.14)	405.28	401.39	3.89
Medicaid - SPD Members	1,052.52	1,051.67	0.86	1,055.75	1,051.67	4.08
Medicaid - LTC Members	8,465.97	8,058.24	407.73	8,162.55	8,058.24	104.31
Premium - MCO Tax	1,740.61	1,849.53	(108.93)	1,731.69	1,890.08	(158.39)
Premium - Hospital Directed Payments	62.77	54.90	7.87	60.28	54.99	5.29
Investment Earnings And Other Income	6.40	5.15	1.25	5.77	5.14	0.63
Reinsurance Recoveries	-	0.28	(0.28)	-	0.28	(0.28)
Rate Adjustments - Hospital Directed Payments	(1.13)	-	(1.13)	0.88	-	0.88
Rate/Income Adjustments	8.13	-	8.13	(0.67)	-	(0.67)
Total Revenues	492.09	479.92	12.16	481.83	480.17	1.66
EXPENSES MEDICAL COSTS						
Physician Services	90.55	72.65	(17.90)	79.68	72.71	(6.98)
Other Professional Services	22.66	38.12	15.46	27.23	38.14	10.91
Emergency Room	16.51	16.21	(0.31)	15.72	16.22	0.50
Inpatient	81.15	69.78	(11.36)	76.74	69.92	(6.82)
Reinsurance Expense	0.27	0.28	0.01	0.27	0.28	0.01
Outpatient Hospital	33.44	32.21	(1.23)	34.81	32.27	(2.54)
Other Medical	73.14	58.41	(14.74)	69.00	58.23	(10.77)
Pay for Performance Quality Incentive	1.50	1.50	(0.00)	1.50	1.50	0.00
Hospital Directed Payments	62.77	54.90	(7.87)	60.28	54.99	(5.29)
Hospital Directed Payment Adjustment	(0.05)	-	0.05	1.09	-	(1.09)
Non-Claims Expense Adjustment	(0.15)	-	0.15	0.14	-	(0.14)
IBNR, Incentive, Paid Claims Adjustment	(8.49)	-	8.49	(2.76)		2.76
Total Medical Costs	373.31	344.05	(29.26)	363.70	344.24	(19.46)
GROSS MARGIN	118.78	135.87	(17.09)	118.13	135.93	(17.80)
ADMINISTRATIVE COSTS						
Compensation	8.78	10.59	1.81	8.73	10.19	1.46
Purchased Services	3.99	4.36	0.37	4.29	4.27	(0.03)
Supplies	0.99	0.93	(0.06)	0.61	0.91	0.31
Depreciation	1.75	1.78	0.04	1.72	1.74	0.03
Other Administrative Expenses	1.21	1.39	0.18	1.37	1.36	(0.01)
Administrative Expense Adjustment	0.12	(0.11)	(0.23)	0.05	(0.11)	(0.16)
Total Administrative Expenses	16.83	18.94	2.11	16.77	18.37	1.60
TOTAL EXPENSES	390.14	362.99	(27.15)	380.47	362.61	(17.86)
OPERATING INCOME (LOSS) BEFORE TAX	101.94	116.93	(14.99)	101.36	117.56	(16.20)
MCO TAX	97.57	111.98	14.41	96.39	111.98	15.59
OPERATING INCOME (LOSS) NET OF TAX	4.37	4.95	(0.57)	4.97	5.58	(0.61)
NON-OPERATING REVENUE (EXPENSE)		T				
Provider Grants/CalAIM/Home Heath	(0.96)	(2.06)	1.10	(0.75)	(2.06)	1.32
D-SNP Expenses	(3.08)	(2.06)	(1.02)	(1.58)	(2.06)	0.49
Total Non-Operating Revenue (Expense)	(4.04)	(4.12)	0.08	(2.32)	(4.13)	1.80
NET INCREASE (DECREASE) IN NET POSITION	0.33	0.82	(0.49)	2.64	1.46	1.19
MEDICAL LOSS RATIO	-23.7%	-20.3%	3.4%	-23.1%	-19.7%	3.3%
ADMINISTRATIVE EXPENSE RATIO	-1.3%	-1.3%	0.0%	-1.3%	-1.3%	0.0%

KHS 7/31/2024 Management Use Only



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

						CURRENT QUARTER
	2023 - Q2	2023 - Q3	2023 - Q4	2024 - Q1	Rolling 4-Quarter Totals	2024 - Q2
Total Members - MCAL	1,065,928	1,064,368	1,038,591	1,234,656	4,403,543	1,217,132
REVENUES						
Medicaid - Family and Other	131,416,191	130,829,220	119,336,194	163,114,742	544,696,347	168,098,248
Medicaid - Expansion Members	113,614,490	114,676,254	97,694,167	142,141,972	468,126,883	141,387,639
Medicaid - SPD Members	58,314,893	58,948,915	59,165,633	70,643,949	247,073,389	72,382,078
Medicaid - LTC Members	9,124,896	9,102,869	9,599,451	12,120,676	39,947,892	12,644,500
Premium - MCO Tax	-	-	375,849,146	118,164,689	494,013,835	118,164,689
Premium - Hospital Directed Payments	65,929,161	65,557,702	63,752,178	74,715,152	269,954,193	73,085,162
Investment Earnings And Other Income	3,451,390	4,444,990	9,031,183	6,526,452	23,454,015	7,627,603
Rate Adjustments - Hospital Directed Payments	58,880	545,253	(26,268,027)	2,628,208	(23,035,685)	(467,208)
Rate/Income Adjustments	2,689,620	2,190,288	495,587	3,361,928	8,737,422	(4,999,343)
Total Revenues	384,599,520	386,295,491	708,655,511	593,417,768	2,072,968,290	587,923,369
EXPENSES MEDICAL COSTS						
Physician Services	64.905.613	62.419.530	61,076,433	93.110.533	281.512.108	102.259.757
Other Professional Services	19,202,567	18,664,943	19,381,164	37,861,872	95,110,546	28,897,182
Emergency Room	15,949,392	16,279,390	15,523,588	19,266,762	67,019,131	19,274,640
Inpatient	64,459,638	67,920,330	79,244,732	91,080,658	302,705,357	97,071,689
Reinsurance Expense	286,181	288,694	190,133	324,349	1,089,358	347,257
Outpatient Hospital	32,454,291	32,005,177	40,939,501	44,304,385	149,703,353	41,034,136
Other Medical	70,726,296	72,388,155	79,194,627	80,881,278	303,190,355	88,283,888
Pay for Performance Quality Incentive	1,597,253	1,599,049	1,555,236	1,851,974	6,603,511	1,825,698
Hospital Directed Payments	65,929,161	65,557,702	63,752,178	74,715,152	269,954,193	73,085,162
Hospital Directed Payment Adjustment	177,303	(12,049)	(26,330,241)	2,663,543	(23,501,445)	18,927
Non-Claims Expense Adjustment	(2,268,523)	695,678	1,571,341	356,533	355,030	(22,398)
IBNR, Incentive, Paid Claims Adjustment	(13,731,707)	1,846,700	1,506,238	622,759	(9,756,011)	(7,396,288)
Total Medical Costs	319,687,464	339,653,299	337,604,928	447,039,796	1,443,985,486	444,679,650
GROSS MARGIN	64,912,057	46,642,192	371,050,583	146,377,973	628,982,804	143,243,720
ADMINISTRATIVE COSTS		1				
Compensation	11,028,203	11,815,434	13,584,268	10,509,085	46,936,990	10,907,085
Purchased Services	4,875,634	4,614,262	5,339,166	5,448,763	20,277,825	5,076,649
Supplies	278,251	801,939	680,996	764,751	2,525,937	722,573
Depreciation Other Administrative Expenses	2,055,327 1,446,637	2,073,030 1,797,993	2,099,363 1,406,817	2,040,936 1,644,704	8,268,656 6,296,151	2,164,109 1,714,820
Administrative Expense Adjustment	1,102,277	9,949	1,580,132	96,938	2,789,296	22,381
Total Administrative Expenses	20,786,329	21,112,607	24,690,742	20,505,176	87,094,854	20,607,617
TOTAL EXPENSES	340,473,793	360,765,906	362,295,670	467,544,972	1,531,080,340	465,287,267
OPERATING INCOME (LOSS) BEFORE TAX	44,125,728	25,529,585	346,359,841	125,872,796	541,887,950	122,636,102
MCO TAX	-	-	376,495,887	118,164,689	494,660,576	118,164,689
OPERATING INCOME (LOSS) NET OF TAX	44,125,728	25,529,585	(30,136,046)	7,708,107	47,227,374	4,471,413
NON-OPERATING REVENUE (EXPENSE)	•	•	•	•	-	•
Total Non-Operating Revenue (Expense)	(1,282,998)	(1,246,978)	(1,454,633)	(2,207,215)	(6,191,824)	(3,489,571)
NET INCREASE (DECREASE) IN NET POSITION	42,842,730	24,282,607	(31,590,679)	5,500,891	41,035,550	981,842
MEDICAL LOSS RATIO	79.6%	85.6%	101.6%	92.9%	89.9%	93.6%
ADMINISTRATIVE EXPENSE RATIO	6.5%	6.6%	8.4%	5.2%	6.5%	5.2%



MEDI-CAL - ALL COA STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION BY QUARTER ROLLING 4 QUARTERS PMPM FOR THE MONTH ENDED JUNE 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	1,217,13
	1,063,528	1,004,300	1,030,331	1,234,030	4,403,343	1,217,13
REVENUES						
Medicaid - Family and Other	185.55	185.41	172.27	237.94	195.08	209.4
Medicaid - Expansion Members	377.54	379.60	338.10	486.57	395.34	409.54
Medicaid - SPD Members	1,050.49	1,063.89	1,063.71	1,298.20	1,118.18	1,068.9
Medicaid - LTC Members	7,535.01	7,467.49	7,447.21	15,094.24	8,834.12	8,200.0
Premium - MCO Tax	-	-	361.88	95.71	112.19	97.0
Premium - Hospital Directed Payments	61.85	61.59	61.38	60.51	61.30	60.0
Investment Earnings And Other Income	3.24	4.18	8.70	5.29	5.33	6.2
Rate Adjustments - Hospital Directed Payments	0.06	0.51	(25.29)	2.13	(5.23)	(0.3
Rate/Income Adjustments	2.52	2.06	0.48	2.72	1.98	(4.1
Total Revenues	360.81	362.93	682.32	480.63	470.75	483.0
EXPENSES						
MEDICAL COSTS						
Physician Services	60.89	58.64	58.81	75.41	63.93	84.0
Other Professional Services	18.01	17.54	18.66	30.67	21.60	23.74
Emergency Room	14.96	15.29	14.95	15.60	15.22	15.84
Inpatient	60.47	63.81	76.30	73.77	68.74	79.75
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	33.7
Other Medical	66.35	68.01	76.25	65.51	68.85	72.5
Pay for Performance Quality Incentive	1.50	1.50	1.50	1.50	1.50	1.5
Hospital Directed Payments	61.85	61.59	61.38	60.51	61.30	60.0
Hospital Directed Payment Adjustment	0.17	(0.01)	(25.35)	2.16	(5.34)	0.00
Non-Claims Expense Adjustment	(2.13)	0.65	1.51	0.29	0.08	(0.0
IBNR, Incentive, Paid Claims Adjustment	(12.88)	1.74	1.45	0.50	(2.22)	(6.0
Total Medical Costs	299.91	319.11	325.06	362.08	327.91	365.3
GROSS MARGIN	60.90	43.82	357.26	118.56	142.84	117.69
ADMINISTRATIVE COSTS						
Compensation	10.35	11.10	13.08	8.51	10.66	8.9
Purchased Services	4.57	4.34	5.14	4.41	4.60	4.1
Supplies	0.26	0.75	0.66	0.62	0.57	0.5
Depreciation	1.93	1.95	2.02	1.65	1.88	1.73
Other Administrative Expenses	1.36	1.69	1.35	1.33	1.43	1.4
Administrative Expense Adjustment	1.03	0.01	1.52	0.08	0.63	0.0
Total Administrative Expenses	19.50	19.84	23.77	16.61	19.78	16.9
TOTAL EXPENSES	319.42	338.95	348.83	378.68	347.69	382.2
OPERATING INCOME (LOSS) BEFORE TAX	41.40	23.99	333.49	101.95	123.06	100.7
MCO TAX	-	-	362.51	95.71	112.33	97.0
OPERATING INCOME (LOSS) NET OF TAX	41.40	23.99	(29.02)	6.24	10.72	3.6
NON-OPERATING REVENUE (EXPENSE)	+	,	, ,,	*	-	L
Total Non-Operating Revenue (Expense)	(1.20)	(1.17)	(1.40)	(1.79)	(1.41)	(2.8
rotal mon-operating nevenue (Expense)	(1.20)	(1.17)	(1.40)	(1.75)	(1.41)	(2.0
NET INCREASE (DECREASE) IN NET POSITION	40.19	22.81	(30.42)	4.46	9.32	0.8
MEDICAL LOSS RATIO	79.6%	85.6%	101.6%	92.9%	89.9%	93.6
ADMINISTRATIVE EXPENSE RATIO	6.5%	6.6%	8.4%	5.2%	6.5%	5.2

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



	DECEMBER 2023	JANUARY 2024	FEBRUARY 2024	MARCH 2024	APRIL 2024	MAY 2024	Prior 6 Month YTD		JUNE 2024
Total Members - MCAL	348,721	404,835	413,898	415,923	407,608	405,829	1,990,985		403,695
REVENUES				·	*			<u> </u>	
Medicaid - Family and Other	31,950,410	53,027,216	54,928,439	55,159,087	62,317,189	51,326,322	257,382,341	Г	54,454,738
Medicaid - Expansion Members	24,978,893	46,811,852	48,031,590	47,298,530	49,970,629	46,004,215	217,091,494		45,412,795
Medicaid - SPD Members	20,323,530	23,417,694	23,534,898	23,691,358	24,349,771	23,846,423	115,317,250	+	24,185,884
Medicaid - STD Members Medicaid - LTC Members	3,471,937	3,975,666	4,090,307	4,054,703	4,060,726	4.122.208	19,653,339		4,461,566
Premium - MCO Tax	375,849,146	39,388,230	39,388,230	39,388,230	39,388,230	39,388,230	533,402,065	H	39,388,230
Premium - Hospital Directed Payments	21,621,168	24,282,372	24,917,058	25,515,722	24,754,858	22,990,345	121,091,177	-	25,339,960
Investment Earnings And Other Income	3,055,066	2,539,805	2,024,302	1,962,344	2,077,703	2,965,401	11,659,222	-	2,584,498
Rate Adjustments - Hospital Directed Payments	(26,269,704)	42,165	2,359,548	226,495	99,262	(108,928)	(23,542,234)		(457,542)
Rate/Income Adjustments	494,694	83,075	2,754,769	524,085	(7,486,909)	(794,733)	(3,630,287)	-	3,282,299
Total Revenues	455,475,142	193,568,075	202,029,140	197,820,554	199,531,458	189,739,482	1,248,424,368	-	198,652,429
EXPENSES		, , ,	,,,,,	,, ,,,,			, , ,	<u></u>	
MEDICAL COSTS									
Physician Services	19,159,973	30,082,718	32,725,820	30,301,995	32,742,882	32,962,778	145,013,388	Г	36,554,096
Other Professional Services	6,239,187	13,699,554	10,865,981	13,296,336	10,516,696	9,231,655	54,617,755	-	9,148,831
Emergency Room	5,539,233	6,905,833	6,114,762	6,246,167	6,286,018	6,322,930	31,092,013		6,665,692
Inpatient	30,332,453	30,185,040	29,579,215	31,316,403	33,608,353	30,704,459	155,021,464	<u> </u>	32,758,876
Reinsurance Expense	2,097	96,765	98,519	129,066	118,429	118,429	444,876	-	110,398
Outpatient Hospital	16,089,590	13,495,747	15,812,073	14,996,564	14,993,746	12,540,794	75,387,721		13,499,596
Other Medical	28,055,064	23,466,463	31,166,022	26,248,792	28,995,931	29,760,839	137,932,273		29,527,118
Pay for Performance Quality Incentive	523,082	607,242	620,847	623,885	611,412	608,744	2,986,467		605,543
Hospital Directed Payments	21,621,168	24,282,372	24,917,058	25,515,722	24,754,858	22,990,345	121,091,177		25,339,960
Hospital Directed Payment Adjustment	(26,331,918)	42,165	2,395,027	226,351	134,240	(95,313)	(23,534,136)		(20,001)
Non-Claims Expense Adjustment	1,576,732	141,502	115,821	99,211	74,266	(37,068)	2,007,532		(59,596)
IBNR, Incentive, Paid Claims Adjustment	106,835	164,572	329,680	128,506	(929,497)	(3,039,235)	(199,904)		(3,427,557)
Total Medical Costs	102,913,496	143,169,973	154,740,825	149,128,998	151,907,335	142,069,357	701,860,627		150,702,957
GROSS MARGIN	352,561,646	50,398,102	47,288,315	48,691,556	47,624,123	47,670,125	546,563,741		47,949,472
ADMINISTRATIVE COSTS									
Compensation	3,776,320	3,586,265	3,433,013	3,489,806	3,615,998	3,747,089	17,901,402		3,543,998
Purchased Services	1,707,545	2,026,416	1,860,964	1,561,384	1,716,357	1,750,418	8,872,665		1,609,874
Supplies	421,461	354,637	259,860	150,254	118,212	204,536	1,304,424		399,825
Depreciation	756,212	725,712	634,912	680,312	680,312	778,841	3,477,460		704,955
Other Administrative Expenses	402,950	663,019	551,825	429,859	693,862	531,586	2,741,515		489,373
Administrative Expense Adjustment	1,580,391	258,024	(160,374)	(712)	(28,014)	2,765	1,649,315		47,630
Total Administrative Expenses	8,644,878	7,614,072	6,580,201	6,310,903	6,796,727	7,015,235	35,946,782		6,795,655
TOTAL EXPENSES	111,558,374	150,784,046	161,321,026	155,439,900	158,704,062	149,084,592	737,807,408		157,498,613
OPERATING INCOME (LOSS) BEFORE TAX	343,916,768	42,784,029	40,708,114	42,380,653	40,827,396	40,654,890	510,616,960		41,153,817
MCO TAX	376,495,937	39,388,230	39,388,230	39,388,230	39,388,230	39,388,230	534,048,856		39,388,230
OPERATING INCOME (LOSS) NET OF TAX	(32,579,169)	3,395,799	1,319,884	2,992,423	1,439,166	1,266,660	(23,431,896)	Ī	1,765,587
NON-OPERATING REVENUE (EXPENSE)								_	
Total Non-Operating Revenue (Expense)	(331,267)	(778,999)	(695,356)	(732,861)	(1,052,399)	(805,586)	(3,590,881)		(1,631,585)
NET INCREASE (DECREASE) IN NET POSITION	(32,910,436)	2,616,800	624,528	2,259,563	386,767	461,074	(27,022,777)	F	134,002
MEDICAL LOSS RATIO	127.7%	91.5%	94.1%	93.0%	93.9%	93.5%	97.9%	L	93.3%
								F	
ADMINISTRATIVE EXPENSE RATIO	10.3%	5.9%	4.9%	4.8%	5.0%	5.5%	5.8%		5.1%

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



	DECEMBER 2023	JANUARY 2024	FEBRUARY 2024	MARCH 2024	APRIL 2024	MAY 2024	6 Month Prior YTD	JUNE 2024
Total Members - MCAL	348,721	404,835	413,898	415.923	407.608	405,829	1,990,985	403,695
REVENUES	340,721	404,833	413,838	413,923	407,008	403,623	1,330,363	403,093
Medicaid - Family and Other	137.38	199.97	202.78	200.58	232.44	191.65	159.50	203.33
Medicaid - Expansion Members	258.45	399.31	402.60	401.46	428.55	399.45	310.31	394.31
Medicaid - SPD Members	1,067.19	1,067.25	1.014.04	1.047.92	1,086.56	1,068.10	851.21	1,083.31
Medicaid - LTC Members	7,613.90	8,130.20	8,083.61	8,158.36	8,154.07	7,973.32	6.477.70	8,629.72
Premium - MCO Tax	1,077.79	97.29	95.16	94.70	96.63	97.06	267.91	97.57
Premium - Hospital Directed Payments	62.00	59.98	60.20	61.35	60.73	56.65	60.82	62.77
Investment Earnings And Other Income	8.76	6.27	4.89	4.72	5.10	7.31	5.86	6.40
Rate Adjustments - Hospital Directed Payments	(75.33)	0.10	5.70	0.54	0.24	(0.27)	(11.82)	(1.13)
Rate/Income Adjustments	1.42	0.21	6.66	1.26	(18.37)	(1.96)	(1.82)	8.13
Total Revenues	1,306.13	478.14	488.11	475.62	489.52	467.54	627.04	492.09
EXPENSES MEDICAL COSTS								
Physician Services	54.94	74.31	79.07	72.85	80.33	81.22	72.83	90.55
Other Professional Services	17.89	33.84	26.25	31.97	25.80	22.75	27.43	22.66
Emergency Room	15.88	17.06	14.77	15.02	15.42	15.58	15.62	16.51
Inpatient	86.98	74.56	71.46	75.29	82.45	75.66	77.86	81.15
Reinsurance Expense	0.01	0.24	0.24	0.31	0.29	0.29	0.22	0.27
Outpatient Hospital	46.14	33.34	38.20	36.06	36.78	30.90	37.86	33.44
Other Medical	80.45	57.97	75.30	63.11	71.14	73.33	69.28	73.14
Pay for Performance Quality Incentive	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50
Hospital Directed Payments	62.00	59.98	60.20	61.35	60.73	56.65	60.82	62.77
Hospital Directed Payment Adjustment	(75.51)	0.10	5.79	0.54	0.33	(0.23)		(0.05)
Non-Claims Expense Adjustment	4.52	0.35	0.28	0.24	0.18	(0.09)	1.01	(0.15)
IBNR, Incentive, Paid Claims Adjustment	0.31	0.41	0.80	0.31	(2.28)	(7.49)	(0.10)	(8.49)
Total Medical Costs	295.12	353.65	373.86	358.55	372.68	350.07	352.52	373.31
GROSS MARGIN	1,011.01	124.49	114.25	117.07	116.84	117.46	274.52	118.78
ADMINISTRATIVE COSTS								
Compensation	10.83	8.86	8.29	8.39	8.87	9.23	8.99	8.78
Purchased Services	4.90	5.01	4.50	3.75	4.21	4.31	4.46	3.99
Supplies	1.21	0.88	0.63	0.36	0.29	0.50	0.66	0.99
Depreciation	2.17	1.79	1.53	1.64	1.67	1.92	1.75	1.75
Other Administrative Expenses	1.16	1.64	1.33	1.03	1.70	1.31	1.38	1.21
Administrative Expense Adjustment	4.53	0.64	(0.39)	(0.00)	(0.07)	0.01	0.83	0.12
Total Administrative Expenses	24.79	18.81	15.90	15.17	16.67	17.29	18.05	16.83
TOTAL EXPENSES	319.91	372.46	389.76	373.72	389.35	367.36	370.57	390.14
OPERATING INCOME (LOSS) BEFORE TAX	986.22	105.68	98.35	101.90	100.16	100.18	256.46	101.94
MCO TAX	1,079.65	97.29	95.16	94.70	96.63	97.06	268.23	97.57
OPERATING INCOME (LOSS) NET OF TAX	(93.42)	8.39	3.19	7.19	3.53	3.12	(11.77)	4.37
NON-OPERATING REVENUE (EXPENSE)								
Total Non-Operating Revenue (Expense)	(0.95)	(1.92)	(1.68)	(1.76)	(2.58)	(1.99)	(1.80)	(4.04)
NET INCREASE (DECREASE) IN NET POSITION	(94.37)	6.46	1.51	5.43	0.95	1.14	(13.57)	0.33
MEDICAL LOSS RATIO	127.7%	91.5%	94.1%	93.0%	93.9%	93.5%	97.9%	93.3%
ADMINISTRATIVE EXPENSE RATIO	10.3%	5.9%	4.9%	4.8%	5.0%	5.5%	5.8%	5.1%

KERN HEALTH SYSTEMS

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

	June	Budget	Variance	Year to Date	Budget	Variance
REVENUES	40.200.222	4F 00C F37	2 201 700	207 740 056	200 726 712	7.012.244
Premium - Medi-Cal Premium - Maternity Kick	48,268,333 2,907,119	45,886,537 3,227,858	2,381,796 (320,738)	287,748,956 17,561,072	280,736,712 19,748,235	7,012,244 (2,187,164)
Premium - Enhanced Care Management	1,437,528	1,367,673	69,855	7,951,125	8,367,509	(416,384)
Premium - Major Organ Transplant	289,608	235,057	54,552	1,529,203	1,438,091	91,112
Premium - Provider Enhancement	1,255,995	1,071,968	184,027	6,951,531	6,558,367	393,164
Premium - GEMT	198,874	185,027	13,846	1,118,019	1,132,009	(13,990)
Premium - Cal AIM	- 150,074	328,966	(328,966)	- 1,110,015	2,012,632	(2,012,632)
Premium - Student Behavioral Health Incentive	_	156,136	(156,136)	798,493	955,247	(156,754)
Premium - Housing and Homelessness Incentive	_	-	(250)250)	6,395,468	-	6,395,468
Premium - Equity & Practice Transformation		-	_	569,537	-	569,537
Other	97,279	-	97,279	589,586	-	589,586
TOTAL MEDICAID - FAMILY & OTHER	54,454,738	52,459,221	1,995,516	331,212,990	320,948,803	10,264,187
Premium - Medi-Cal	42,475,755	41,406,918	1,068,838	261,033,736	255,107,444	5,926,292
Premium - Maternity Kick	258,904	422,753	(163,849)	2,655,613	2,604,573	51,040
Premium - Enhanced Care Management	1,579,736	1,585,202	(5,466)	9,769,041	9,766,408	2,634
Premium - Major Organ Transplant	422,778	414,707	8,071	2,595,734	2,555,003	40,731
Premium - Provider Enhancement	368,239	354,794	13,445	2,255,479	2,185,881	69,598
Premium - GEMT	261,970	262,662	(692)	1,614,065	1,618,256	(4,191)
Premium - Cal AIM	-	293,640	(293,640)	-	1,809,111	(1,809,111)
Premium - Student Behavioral Health Incentive	-	139,369	(139,369)	342,085	858,651	(516,565)
Premium - Housing and Homelessness Incentive	-	-	-	2,739,905	-	2,739,905
Premium - Equity & Practice Transformation	-	-	-	243,998	-	243,998
Other	45,413	-	45,413	279,956	-	279,956
TOTAL MEDICAID - EXPANSION MEMBERS	45,412,795	44,880,044	532,751	283,529,611	276,505,327	7,024,285
Premium - Medi-Cal	22,863,443	19,583,522	3,279,921	134,599,074	120,449,434	14,149,640
Premium - Enhanced Care Management	825,377	727,727	97,649	4,866,809	4,475,924	390,886
Premium - Major Organ Transplant	301,270	263,364	37,906	1,767,473	1,619,831	147,642
Premium - Provider Enhancement	27,999	24,705	3,294	165,169	151,949	13,219
Premium - GEMT	167,796	147,909	19,887	989,266	909,722	79,543
Premium - Cal AIM	-	141,888	(141,888)	-	872,691	(872,691)
Premium - Student Behavioral Health Incentive	-	67,344	(67,344)	65,644	414,201	(348,557)
Premium - Housing and Homelessness Incentive	-	-	-	525,772	-	525,772
Premium - Equity & Practice Transformation	-	-	-	46,822	-	46,822
Other	-		-	-		
TOTAL MEDICAID - SPD MEMBERS	24,185,884	20,956,459	3,229,425	143,026,028	128,893,752	14,132,275
Premium - Medi-Cal	4,433,079	4,395,083	37,996	24,595,085	26,370,499	(1,775,414)
Premium - Enhanced Care Management	10,145	10,315	(170)	56,164	61,889	(5,726)
Premium - Major Organ Transplant	15,086	15,235	(149)	82,832	91,411	(8,579)
Premium - Provider Enhancement	5	4	0	23	26	(3)
Premium - GEMT	3,252	3,176	76	17,042	19,056	(2,014)
Premium - Cal AIM	-	31,530	(31,530)	-	189,180	(189,180)
Premium - Student Behavioral Health Incentive	-	14,965	(14,965)	1,443	89,790	(88,347)
Premium - Housing and Homelessness Incentive	-	-	-	11,558	-	11,558
Premium - Equity & Practice Transformation Other	-	-	-]	1,029	-	1,029
TOTAL MEDICAID - LTC MEMBERS	4,461,566	4,470,309	(8,742)	24,765,176	26,821,852	(2,056,676)
TOTAL IVIEDICAID - LTC IVIEIVIDERS	4,401,500	4,470,309	(0,/42)	24,703,176	20,021,852	(2,030,070)



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

	January	February	March	April	May	June	Year to Date
REVENUES							
Premium - Medi-Cal	47,241,506	48,947,162	49,229,878	48,457,890	45,604,186	48,268,333	287,748,956
Premium - Maternity Kick	2,781,366	2,862,736	2,796,161	3,040,270	3,173,420	2,907,119	17,561,072
Premium - Enhanced Care Management	1,360,425	1,373,690	1,369,893	1,329,522	1,080,066	1,437,528	7,951,125
Premium - Major Organ Transplant	242,912	264,248	268,461	260,651	203,323	289,608	1,529,203
Premium - Cal AIM	-	-	-	-	-	-	-
Premium - Provider Enhancement	1,115,725	1,189,379	1,203,274	1,179,009	1,008,150	1,255,995	6,951,531
Premium - GEMT	187,833	192,364	192,415	187,592	158,941	198,874	1,118,019
Premium - Student Behavioral Health Incentive	-	-	-	798,493	-	-	798,493
Premium - Housing and Homelessness Incentive	-	-	-	6,395,468	-	-	6,395,468
Premium - Equity & Practice Transformation	-	-	-	569,537	-	-	569,537
Other	97,449	98,860	99,005	98,756	98,236	97,279	589,586
TOTAL MEDICAID - FAMILY & OTHER	53,027,216	54,928,439	55,159,087	62,317,189	51,326,322	54,454,738	331,212,990
Premium - Medi-Cal	43,459,690	44,508,533	44,016,473	43,567,402	43,005,883	42,475,755	261,033,736
Premium - Maternity Kick	576,986	710,136	503,013	325,479	281,096	258,904	2,655,613
Premium - Enhanced Care Management	1,651,191	1,664,324	1,642,575	1,626,006	1,605,210	1,579,736	9,769,041
Premium - Major Organ Transplant	432,007	442,199	437,523	433,298	427,929	422,778	2,595,734
Premium - Cal AIM	-	-	-	-	-	-	-
Premium - Provider Enhancement	373,632	384,099	380,389	376,842	372,278	368,239	2,255,479
Premium - GEMT	271,454	274,545	271,386	268,943	265,767	261,970	1,614,065
Premium - Student Behavioral Health Incentive	-	-	-	342,085	-	-	342,085
Premium - Housing and Homelessness Incentive	-	-	-	2,739,905	-	-	2,739,905
Premium - Equity & Practice Transformation	-	-	-	243,998	-	-	243,998
Other	46,893	47,755	47,171	46,671	46,053	45,413	279,956
TOTAL MEDICAID - EXPANSION MEMBERS	46,811,852	48,031,590	47,298,530	49,970,629	46,004,215	45,412,795	283,529,611
Premium - Medi-Cal	22,135,884	22,247,086	22,395,301	22,414,824	22,542,535	22,863,443	134,599,074
Premium - Enhanced Care Management	802,416	805,446	810,071	809,677	813,823	825,377	4,866,809
Premium - Major Organ Transplant	289,069	291,313	293,840	294,966	297,016	301,270	1,767,473
Premium - Cal AIM	-	-	-	-	-	-	-
Premium - Provider Enhancement	27,257	27,350	27,490	27,471	27,602	27,999	165,169
Premium - GEMT	163,069	163,702	164,656	164,596	165,447	167,796	989,266
Premium - Student Behavioral Health Incentive	-	-	-	65,644	-	-	65,644
Premium - Housing and Homelessness Incentive	-	-	-	525,772	-	-	525,772
Premium - Equity & Practice Transformation	-	-	-	46,822	-	-	46,822
Other	-	-	-	-	-	-	-
TOTAL MEDICAID - SPD MEMBERS	23,417,694	23,534,898	23,691,358	24,349,771	23,846,423	24,185,884	143,026,028
Premium - Medi-Cal	3,950,994	4,064,582	4,029,135	4,021,131	4,096,164	4,433,079	24,595,085
Premium - Enhanced Care Management	9,002	9,285	9,206	9,179	9,347	10,145	56,164
Premium - Major Organ Transplant	13,131	13,656	13,568	13,567	13,823	15,086	82,832
Premium - Cal AIM	-	-	-	-	-	-	-
Premium - Provider Enhancement	3	4	4	4	4	5	23
Premium - GEMT	2,536	2,779	2,790	2,814	2,870	3,252	17,042
Premium - Student Behavioral Health Incentive	-	-	-	1,443	-	-	1,443
Premium - Housing and Homelessness Incentive	-	-	-	11,558	-	-	11,558
Premium - Equity & Practice Transformation	-	-	-	1,029	-	-	1,029
Other	-	-	-	-	-	-	-
TOTAL MEDICAID - LTC MEMBERS	3,975,666	4,090,307	4,054,703	4,060,726	4,122,208	4,461,566	24,765,176

KHS 7/31/2024 Management Use Only

KERN HEALTH SYSTEMS

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

	June	Budget	Variance	Year to Date	Budget	Variance
Physician Services				1		
Primary Care Physician Services	10,560,497	5,591,890	(4,968,607)	46,891,463	34,287,931	(12,603,533)
Referral Specialty Services	22,534,971	20,745,524	(1,789,447)	129,912,152	127,351,217	(2,560,936)
Urgent Care & After Hours Advice	3,449,628	2,646,667	(802,961)	18,512,074	16,272,868	(2,239,206)
Hospital Admitting Team	9,000	9,300	300	54,600	9,300	(45,300)
Total Physician Services	36,554,096	28,993,381	(7,560,715)	195,370,290	177,921,315	(17,448,975)
Other Professional Services						
Vision Service Capitation	339,399	339,235	(164)	1,883,824	2,080,035	196,211
221 - Business Intelligence	164,059	155,131	(8,928)	947,605	951,730	4,125
310 - Health Servcies - Utilization Management	700,035	1,113,038	413,004	4,757,075	6,828,496	2,071,421
311 - Health Services - Quality Improvement	181,920	335,945	154,025	1,015,885	2,061,023	1,045,138
312 - Health Services Education	263,229	383,867	120,638	1,494,795	2,355,027	860,232
313 - Pharmacy	107,476	135,686	28,210	649,435	832,433	182,998
314 - Enhanced Care Management	301,102	421,357	120,255	1,805,461	2,585,026	779,565
316 - Population Health Management	469,214	654,339	185,125	2,962,035	4,014,372	1,052,338
317 - In Lieu of Services	95,152	137,750	42,598	548,627	845,095	296,468
321 - Homeless Management Information Services	30,523	32,935	2,411	167,913	202,056	34,142
330 - Member Services	914,815	1,059,193	144,378	6,049,817	6,498,152	448,335
331 - Member Outreach	65,378	336,050	270,672	160,288	2,061,670	1,901,382
410 - Member Engagement	53,496	75,700	22,204	380,461	464,419	83,957
601 - Behavioral Health	134,174	169,903	35,730	632,383	1,042,359	409,976
602 - Quality & Health Equity	72,782	73,814	1,032	436,860	452,848	15,989
604 - Clinical Operations, Strategy, and Analytics	90.449	127,918	37,469	481,685	784,780	303,094
Behavior Health Treatment	2,931,009	3,724,320	793.312	14,965,082	22,817,958	7,852,876
Mental Health Services	330,088	1,069,182	739,094	4,765,531	6,576,621	1,811,090
Other Professional Services	1,904,534	4,868,043	2,963,510	22,654,290	29,871,771	7,217,481
Total Other Professional Services	9,148,831	15,213,406	6,064,575	66,759,053	93,325,871	26,566,818
Emergency Room	6,665,692	6,467,575	(198,117)	38.541.402	39.683.930	1,142,528
Inpatient Hospital	32,758,876	27,850,371	(4,908,506)	188,152,347	171,095,135	(17,057,212)
Reinsurance Expense Premium	110,398	111,748	1,350	671,606	685.188	13.582
Outpatient Hospital	13,499,596	12,854,279	(645,317)	85,338,520	78,968,280	(6,370,240)
Other Medical	20) .55)550	12,00 .,270	(0.0,017)	05,000,020	70,500,200	(0,070)210)
Other Medical Ambulance and NEMT	4,694,674	2,750,691	(1,943,984)	24,829,228	16,880,007	(7,949,220)
Home Health Services & CBAS	1,803,391	865,824	(937,567)	7,717,677	5,318,147	(2,399,530)
Utilization and Quality Review Expenses	1,057,105	1,715,844	658,738	5,774,233	10,526,711	4,752,477
Long Term/SNF/Hospice	11,520,690	8,973,844	(2,546,846)	64,924,151	54,479,525	(10,444,625)
Provider Enhancement Expense - Prop. 56	1,569,564	1,768,940	199,376	8,903,530	10,868,078	1,964,548
Provider Enhancement Expense - Frop. 36 Provider Enhancement Expense - GEMT	813,870	178,793	(635,077)	4,640,995	1,078,426	(3,562,570)
Enhanced Care Management	3,660,671	3,531,121	(129,550)	21,511,507	21,690,628	179,121
Major Organ Transplant	1.132.655	3,331,121 881,944	(250.711)	5.831.830	5,419,120	(412.710)
Cal AIM Incentive Programs	1,503,170	756,223	(746,947)	10,860,280	4,639,433	(6,220,847)
	1,503,170			10,860,280		
Student Behavioral Health Incentive Housing and Homelessness Incentive	-	358,923	358,923	3,554,714	2,201,994	2,201,994 (3,554,714)
DME/Rebates	1,771,328	1,528,102	(243,226)	3,554,714 10,617,020	9,381,722	(3,554,714)
Total Other Medical	29,527,118	23,310,249	(6,216,869)	169,165,166	142,483,792	(26,681,374)
Pay for Performance Quality Incentive	605,543	598,650	(6,893)	3,677,672	3,670,650	(7,021)
Hospital Directed Payments	25,339,960	21,911,202	(3,428,758)	147,800,314	134,566,642	(13,233,672)
Hospital Directed Payment Adjustment	(20,001)	-	20,001	2,682,470	-	(2,682,470)
Non-Claims Expense Adjustment	(59,596)	-	59,596	334,135	-	(334,135)
IBNR, Incentive, Paid Claims Adjustment	(3,427,557)	-	3,427,557	(6,773,530)	-	6,773,530
Total Medical Costs	150,702,957	137,310,860	(13,392,098)	891,719,446	842,400,803	(49,318,643)

^{*} MEDICAL COSTS PER DMHC REGULATIONS



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

	June	Budget	Variance	Year to Date	Budget	Variance
TOTAL MEMBERS - MCAL	403,695	399,100	4,595	2,451,788	2,447,100	4,688
Physician Services						
Primary Care Physician Services	26.16	14.01	(12.15)	19.13	14.01	(5.11)
Referral Specialty Services	55.82	51.98	(3.84)	52.99	52.04	(0.95)
Urgent Care & After Hours Advice	8.55	6.63	(1.91)	7.55	6.65	(0.90)
Hospital Admitting Team	0.02	0.02	0.00	0.02	0.00	(0.02
Total Physician Services	90.55	72.65	(17.90)	79.68	72.71	(6.98
Other Professional Services						
Vision Service Capitation	0.84	0.85	0.01	0.77	0.85	0.08
221 - Business Intelligence	0.41	0.39	(0.02)	0.39	0.39	0.00
310 - Health Servcies - Utilization Management	1.73	2.79	1.05	1.94	2.79	0.85
311 - Health Services - Quality Improvement	0.45	0.84	0.39	0.41	0.84	0.43
312 - Health Services Education	0.65	0.96	0.31	0.61	0.96	0.35
313 - Pharmacy	0.27	0.34	0.07	0.26	0.34	0.08
314 - Enhanced Care Management	0.75	1.06	0.31	0.74	1.06	0.32
316 - Population Health Management	1.16	1.64	0.48	1.21	1.64	0.43
317 - In Lieu of Services	0.24	0.35	0.11	0.22	0.35	0.12
321 - Homeless Management Information Services	0.08	0.08	0.01	0.07	0.08	0.01
330 - Member Services	2.27	2.65	0.39	2.47	2.66	0.19
331 - Member Outreach	0.16	0.84	0.68	0.07	0.84	0.78
410 - Member Engagement	0.13	0.19	0.06	0.16	0.19	0.03
601 - Behavioral Health	0.33	0.43	0.09	0.26	0.43	0.17
602 - Quality & Health Equity	0.18	0.18	0.00	0.18	0.19	0.01
604 - Clinical Operations, Strategy, and Analytics	0.22	0.32	0.10	0.20	0.32	0.12
Behavior Health Treatment	7.26	9.33	2.07	6.10	9.32	3.22
Mental Health Services	0.82	2.68	1.86	1.94	2.69	0.74
Other Professional Services	4.72	12.20	7.48	9.24	12.21	2.97
Total Other Professional Services	22.66	38.12	15.46	27.23	38.14	10.91
Emergency Room	16.51	16.21	(0.31)	15.72	16.22	0.50
Inpatient Hospital	81.15	69.78	(11.36)	76.74	69.92	(6.82
Reinsurance Expense Premium	0.27	0.28	0.01	0.27	0.28	0.01
Outpatient Hospital	33.44	32.21	(1.23)	34.81	32.27	(2.54
Other Medical						
Ambulance and NEMT	11.63	6.89	(4.74)	10.13	6.90	(3.23
Home Health Services & CBAS	4.47	2.17	(2.30)	3.15	2.17	(0.97
Utilization and Quality Review Expenses	2.62	4.30	1.68	2.36	4.30	1.95
Long Term/SNF/Hospice	28.54	22.49	(6.05)	26.48	22.26	(4.22
Provider Enhancement Expense - Prop. 56	3.89	4.43	0.54	3.63	4.44	0.81
Provider Enhancement Expense - GEMT	2.02	0.45	(1.57)	1.89	0.44	(1.45
Enhanced Care Management	9.07	8.85	(0.22)	8.77	8.86	0.09
Major Organ Transplant	2.81	2.21	(0.60)	2.38	2.21	(0.16
Cal AIM Incentive Programs	3.72	1.89	(1.83)	4.43	1.90	(2.53
Student Behavioral Health Incentive	-	0.90	0.90	-	0.90	0.90
Housing and Homelessness Incentive	-	-	-	1.45	-	(1.45
DME/Rebates	4.39	3.83	(0.56)	4.33	3.83	(0.50
Total Other Medical	73.14	58.41	(14.74)	69.00	58.23	(10.77
Pay for Performance Quality Incentive	1.50	1.50	(0.00)	1.50	1.50	0.00
Hospital Directed Payments	62.77	54.90	(7.87)	60.28	54.99	(5.29
Hospital Directed Payment Adjustment	(0.05)	-	0.05	1.09	-	(1.09
Non-Claims Expense Adjustment	(0.15)	-	0.15	0.14	-	(0.14
IBNR, Incentive, Paid Claims Adjustment	(8.49)	-	8.49	(2.76)	-	2.76
Total Medical Costs	373.31	344.05	(29.26)	363.70	344.24	(19.46

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



	January	February	March	April	May	June	Year to Date
Physician Services	•					,	
Primary Care Physician Services	6,499,076	6,559,994	7,176,252	8,439,162	7,656,483	10,560,497	46,891,463
Referral Specialty Services	21,255,092	22,977,486	20,309,856	21,606,841	21,227,905	22,534,971	129,912,152
Urgent Care & After Hours Advice	2,319,250	3,179,640	2,806,586	2,687,879	4,069,091	3,449,628	18,512,074
Hospital Admitting Team	9,300	8,700	9,300	9,000	9,300	9,000	54,600
Total Physician Services	30,082,718	32,725,820	30,301,995	32,742,882	32,962,778	36,554,096	195,370,290
Other Professional Services						•	
Vision Service Capitation	140,322	296,413	344,110	359,517	404,063	339,399	1,883,824
221 - Business Intelligence	166.419	154.838	154.693	149.676	157.920	164.059	947.605
310 - Health Servcies - Utilization Management	852,585	802,658	800,584	810,297	790,917	700,035	4,757,075
311 - Health Services - Quality Improvement	240,989	241,505	131,143	25,469	194,860	181,920	1,015,885
312 - Health Services Education	238,074	244,710	246,020	243,125	259,637	263,229	1,494,795
313 - Pharmacy	117,253	108,343	102,637	102,244	111,483	107,476	649,435
314 - Enhanced Care Management	296.401	292,841	287,850	309,036	318,231	301,102	1,805,461
316 - Population Health Management	495,663	471,064	489,719	503,611	532,764	469,214	2,962,035
317 - In Lieu of Services	88,658	84,311	80,050	94,979	105,477	95,152	548,627
321 - Homeless Management Information Services	-	9,044	676	101,045	26,625	30,523	167,913
330 - Member Services	996,071	988,648	974,384	1,059,971	1,115,929	914,815	6,049,817
410 - Member Engagement	68,866	68,715	62,767	70,719	55,899	53,496	380,461
601 - Behavioral Health	63,991	79,219	103,195	113,713	138,092	134,174	632,383
602 - Quality & Health Equity	76,057	71,516	71,726	71,420	73,359	72,782	436,860
604 - Clinical Operations, Strategy, and Analytics	77.153	69,408	82,369	83.076	79.230	90,449	481.685
Behavior Health Treatment	3,612,672	1,051,116	3,458,567	1,308,993	2,602,725	2,931,009	14,965,082
Mental Health Services	1,525,645	620,225	1,069,857	826,611	393,105	330,088	4,765,531
Other Professional Services	4,642,734	5,211,408	4,823,947	4,258,014	1,813,653	1,904,534	22,654,290
Total Other Professional Services	13,699,554	10,865,981	13,296,336	10,516,696	9,231,655	9,148,831	66,759,053
Emergency Room	6,905,833	6,114,762	6,246,167	6,286,018	6.322.930	6,665,692	38,541,402
Inpatient Hospital	30,185,040	29,579,215	31,316,403	33,608,353	30,704,459	32,758,876	188,152,347
Reinsurance Expense Premium	96,765	98,519	129,066	118,429	118,429	110,398	671,606
Outpatient Hospital	13,495,747	15,812,073	14,996,564	14,993,746	12,540,794	13,499,596	85,338,520
<u> </u>	13,433,747	13,812,073	14,330,304	14,553,740	12,340,734	13,499,390	83,338,320
Other Medical							
Ambulance and NEMT	3,214,531	3,869,951	4,117,183	4,046,350	4,886,538	4,694,674	24,829,228
Home Health Services & CBAS	821,583	1,260,395	1,162,579	1,286,263	1,383,467	1,803,391	7,717,677
Utilization and Quality Review Expenses	778,360	1,419,906	764,904	659,673	1,094,286	1,057,105	5,774,233
Long Term/SNF/Hospice	8,782,404	11,938,647	10,174,399	11,100,770	11,407,241	11,520,690	64,924,151
Provider Enhancement Expense - Prop. 56	1,440,786	1,520,790	1,530,599	1,504,160	1,337,631	1,569,564	8,903,530
Provider Enhancement Expense - GEMT	697,353	720,314	727,161	758,687	923,611	813,870	4,640,995
Enhanced Care Management	3,631,882	3,736,622	3,563,643	3,585,665	3,333,024	3,660,671	21,511,507
Major Organ Transplant	928,263	960,846	962,722	952,357	894,987	1,132,655	5,831,830
Cal AIM Incentive Programs	1,210,017	1,499,955	1,042,387	3,055,050	2,549,702	1,503,170	10,860,280
Housing and Homelessness Incentive	516,672	1,955,761	401,264	409,983	271,034	-	3,554,714
DME	1,444,613	2,282,835	1,801,951	1,636,974	1,679,318	1,771,328	10,617,020
Total Other Medical	23,466,463	31,166,022	26,248,792	28,995,931	29,760,839	29,527,118	169,165,166
Pay for Performance Quality Incentive	607,242	620,847	623,885	611,412	608,744	605,543	3,677,672
Hospital Directed Payments	24,282,372	24,917,058	25,515,722	24,754,858	22,990,345	25,339,960	147,800,314
Hospital Directed Payment Adjustment	42,165	2,395,027	226,351	134,240	(95,313)	(20,001)	2,682,470
Non-Claims Expense Adjustment	141,502	115,821	99,211	74,266	(37,068)	(59,596)	334,135
IBNR, Incentive, Paid Claims Adjustment	164,572	329,680	128,506	(929,497)	(3,039,235)	(3,427,557)	(6,773,530)
Total Medical Costs	143,169,973	154,740,825	149,128,998	151,907,335	142,069,357	150,702,957	891,719,446

^{*} MEDICAL COSTS PER DMHC REGULATIONS

KHS 7/31/2024 Management Use Only



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

Primary Care Physician Services 16.05 15.85 17.25 20.70 18.87 26.16 22.29		January	February	March	April	May	June	Year to Date
Referral Specialty Services 12.50 55.51 48.81 53.01 52.31 55.82	Physician Services							
Urgent Care & After House Advise	Primary Care Physician Services	16.05	15.85	17.25	20.70	18.87	26.16	22.92
Hospital Admitting Team	Referral Specialty Services	52.50	55.51	48.83	53.01	52.31	55.82	63.50
Total Physician Services 74,31 79,07 72,85 80,33 81,122 90,55 95,99	Urgent Care & After Hours Advice	5.73	7.68	6.75	6.59	10.03	8.55	9.05
Other Professional Services	Hospital Admitting Team	0.02	0.02	0.02	0.02	0.02	0.02	0.03
Vision Service Capitation 0.35 0.72 0.83 0.88 1.00 0.84 221 - Business Intelligence 0.41 0.37 0.37 0.37 0.39 0.41 0.46 310 - Health Services - Quality Improvement 0.60 0.58 0.32 0.66 0.48 0.45 0.50 312 - Health Services Guality Improvement 0.59 0.59 0.60 0.64 0.65 0.73 313 - Pharmacy 0.29 0.26 0.25 0.25 0.25 0.27 0.27 0.32 314 - Enhanced Care Management 0.73 0.71 0.69 0.76 0.78 0.75 0.88 317 - In Lie of Services 0.22 1.02 0.19 0.23 0.26 0.24 0.27 330 - Member Engagement 1.02 0.20 0.09 0.72 0.27 2.27 2.86 410 - Member Engagement 0.17 0.17 0.15 0.17 0.14 0.13 0.19 0.22 0.26 0.24 1.02 0.20 <td>Total Physician Services</td> <td>74.31</td> <td>79.07</td> <td>72.85</td> <td>80.33</td> <td>81.22</td> <td>90.55</td> <td>95.49</td>	Total Physician Services	74.31	79.07	72.85	80.33	81.22	90.55	95.49
221 - Business Intelligence 0.41 0.37 0.37 0.37 0.39 0.41 0.45 0.37 0.37 0.39 0.41 0.45 0.45 0.55 0.45 0.45 0.55 0.55 0.66 0.48 0.45 0.53 0.55 0.59 0.60 0.64 0.65 0.73 0.73 0.71 0.69 0.75 0.65 0.75	Other Professional Services							
1311 - Health Services - Utilization Management	Vision Service Capitation	0.35	0.72	0.83	0.88	1.00	0.84	0.92
1311 - Health Services Education 0.59 0.59 0.59 0.50 0.66 0.64 0.65 0.73 3132 - Health Services Education 0.59 0.59 0.59 0.59 0.50 0.66 0.66 0.73 3133 - Pharmacy 0.29 0.26 0.25 0.25 0.27 0.27 0.27 3134 - Enhanced Care Management 0.73 0.71 0.69 0.76 0.78 0.75 0.88 316 - Population Health Management 1.22 1.14 1.18 1.24 1.31 1.16 1.45 317 - In Lieu of Services 0.22 0.20 0.19 0.23 0.26 0.24 0.27 320 - Member Services 2.26 2.39 2.34 2.60 2.75 2.27 2.96 310 - Member Services 2.26 2.39 2.34 2.60 2.75 2.27 2.96 310 - Member Services 0.17 0.17 0.18 0.19 311 - Health Services 0.19 0.17 0.17 0.18 0.18 0.18 312 - Health Services 0.10 0.17 0.17 0.18 0.18 0.18 313 - Health Services 0.10 0.17 0.17 0.18 0.18 0.18 314 - Services 0.16 0.19 0.17 0.17 0.18 0.18 0.18 315 - Health Services 0.19 0.17 0.17 0.18 0.18 0.18 316 - Population Health Mealth Mea	221 - Business Intelligence	0.41	0.37	0.37	0.37	0.39	0.41	0.46
1312 - Health Services Education 0.59 0.59 0.59 0.50 0.66 0.64 0.65 0.73 313 - Pharmacy 0.29 0.25 0.25 0.25 0.27 0.27 0.32 314 - Enhanced Care Management 0.73 0.71 0.69 0.76 0.78 0.75 0.38 315 - Population Health Management 1.22 1.14 1.18 1.14 1.31 1.16 1.45 317 - In Lieu of Services 0.22 0.20 0.19 0.23 0.26 0.24 0.27 0.27 313 - Member Engagement 0.17 0.17 0.15 0.17 0.14 0.13 0.19 410 - Hember Engagement 0.17 0.17 0.15 0.17 0.14 0.13 0.19 401 - Behavior Health Management 0.19 0.25 0.28 0.34 0.33 0.31 402 - Quality & Health Equity 0.19 0.17 0.17 0.18 0.18 0.18 0.18 0.21 403 - Cinical Operations, Strategy, and Analytics 0.19 0.17 0.17 0.18 0.18 0.18 0.18 0.21 404 - Cinical Operations, Strategy, and Analytics 0.19 0.17 0.20 0.20 0.20 0.20 0.22 0.24 405 - Cinical Operations, Strategy, and Analytics 0.19 0.17 0.17 0.18 0.18 0.18 0.18 0.18 0.21 406 - Cinical Operations, Strategy, and Analytics 0.19 0.17 0.20 0.20 0.20 0.20 0.22 0.24 407 - Cinical Operations, Strategy, and Analytics 0.19 0.17 0.17 0.19 0.17 0.20 0.20 0.20 0.20 0.22 0.24 408 - Cinical Operations, Strategy, and Analytics 0.19 0.17 0.17 0.18 0.18 0.18 0.18 0.21 409 - Cinical Operations, Strategy, and Analytics 0.19 0.17 0.17 0.19 0.10 0.	310 - Health Servcies - Utilization Management	2.11	1.94	1.92	1.99	1.95	1.73	2.33
1313 - Pharmacy 0.29 0.26 0.25 0.25 0.27 0.27 0.28 314 - Enhanced Care Management 0.73 0.71 0.69 0.76 0.78 0.78 0.75 0.88 316 - Population Health Management 1.22 1.14 1.18 1.14 1.31 1.16 1.15 317 - In Lieu of Services 0.22 0.20 0.19 0.23 0.26 0.24 0.27 329 - Member Services 2.246 2.39 2.34 2.60 2.75 2.27 2.26 310 - Member Engagement 0.17 0.17 0.15 0.17 0.14 0.13 0.19 401 - Member Engagement 0.19 0.25 0.22 0.34 0.33 0.31 501 - Behavioral Health 0.16 0.19 0.25 0.22 0.34 0.33 0.31 502 - Quality & Health Equity 0.19 0.17 0.18 0.18 0.18 0.18 0.19 503 - Callotian Strategy, and Analytics 0.19 0.17 0.12 0.20 0.20 0.20 0.22 0.24 504 - Clinical Operations, Strategy, and Analytics 0.19 0.17 0.12 0.20 0.20 0.20 0.22 0.24 504 - Clinical Operations, Strategy, and Analytics 0.19 0.17 0.10 0.10 0.25 0.25 0.20 0.22 0.24 504 - Clinical Operations, Strategy, and Analytics 0.19 0.17 0.10 0.20 0.20 0.20 0.22 0.24 504 - Clinical Operations, Strategy, and Analytics 0.19 0.17 0.10 0.25 0.25 0.20 0.22 0.24 504 - Clinical Operations, Strategy, and Analytics 0.19 0.17 0.10 0.10 0.10 0.10 0.10 0.10 0.10 504 - Clinical Operations, Strategy, and Analytics 0.19 0.17 0.10 0.10 0.25 0.2	311 - Health Services - Quality Improvement	0.60	0.58	0.32	0.06	0.48	0.45	0.50
1314 - Enhanced Care Management	312 - Health Services Education	0.59	0.59	0.59	0.60	0.64	0.65	0.73
1.5 1.5 1.6 1.6 1.8 1.2 1.1 1.1 1.1 1.1 1.1 1.5 1.5 1.5 1.7 1.5	313 - Pharmacy	0.29	0.26	0.25	0.25	0.27	0.27	0.32
1317 - In Lieu of Services 0.22 0.20 0.19 0.23 0.26 0.24 0.27 0.28 0.28 0.24 0.23 0.29 0.29 0.29 0.29 0.29 0.28	314 - Enhanced Care Management	0.73	0.71	0.69	0.76	0.78	0.75	0.88
130 - Member Services 2.46 2.39 2.34 2.60 2.75 2.27 2.96 2.10 4	316 - Population Health Management	1.22	1.14	1.18		1.31	1.16	1.45
1310 1311 1312 1313 1313 1313 1313 1313 1314 1313 1313 1313 1314 1315 1315	317 - In Lieu of Services	0.22	0.20	0.19	0.23	0.26	0.24	0.27
Foot- Dehavioral Health 0.16 0.19 0.25 0.28 0.34 0.33 0.31	330 - Member Services	2.46	2.39	2.34	2.60	2.75	2.27	2.96
	410 - Member Engagement	0.17	0.17	0.15	0.17	0.14	0.13	0.19
Collicated Operations, Strategy, and Analytics 0.19 0.17 0.20 0.20 0.20 0.20 0.22	601 - Behavioral Health	0.16	0.19	0.25	0.28	0.34	0.33	0.31
Behavior Health Treatment	602 - Quality & Health Equity	0.19	0.17	0.17	0.18	0.18	0.18	0.21
Mental Health Services 3.77 1.50 2.57 2.03 0.97 0.82 2.33	604 - Clinical Operations, Strategy, and Analytics	0.19	0.17	0.20	0.20	0.20	0.22	0.24
Description Control Other Professional Services 11.47 12.59 11.60 10.45 4.47 4.72 11.07 10	Behavior Health Treatment	8.92	2.54	8.32	3.21	6.41	7.26	7.31
Total Other Professional Services 33.84 26.25 31.97 25.80 22.75 22.66 32.63	Mental Health Services	3.77	1.50	2.57	2.03	0.97	0.82	2.33
Bernegency Room	Other Professional Services	11.47	12.59	11.60	10.45	4.47	4.72	11.07
Inpatient Hospital 74.56	Total Other Professional Services	33.84	26.25	31.97	25.80	22.75	22.66	32.63
Reinsurance Expense Premium 0.24 0.24 0.31 0.29 0.29 0.27 0.33 0.34 0.34 0.34 0.35 0.36.06 36.78 30.90 33.44 0.31 0.29 0.29 0.27 0.33 0.33 0.33 0.35 0.36.06 36.78 30.90 33.44 0.31 0.29 0.27 0.33 0.34 0.34 0.34 0.35 0.36.06 36.78 30.90 33.44 0.31 0.35 0.36.06 0.36.78 0.30 0.35 0.36.06 0.36.78 0.30 0.35 0.36.06 0.36.78 0.30 0.35 0.36.06 0.36.78 0.30 0.35 0.36.06 0.36.78 0.30.90 0.33 0.34 0.34 0.41.71 0.35 0.36.06 0.36.78 0.30.90 0.33 0.34 0.41.71 0.35 0.36.06 0.36.78 0.30.90 0.35 0.36.06 0.36.78 0.30.90 0.35 0.36.06 0.36.78 0.36.06 0.36.78 0.36.06 0.36.78 0.36.06 0.36.78 0.36.06 0.36.78 0.36.06 0.36.78 0.36.06 0.36.78 0.36.06 0.36.78 0.36.06 0.36.78 0.36.06 0.36.78 0.36.06 0.36.78 0.36.90 0.35 0.27 0.26.24 0.24 0.24 0.24 0.24 0.24 0.24 0.24 0.24 0.24 0.24 0.24 0.24 0.25 0.27 0.33 0.23 0.05 0.35 0.27 0.26 0.35 0.27 0.26 0.35 0.27 0.26 0.35 0.27 0.26 0.35 0.27 0.26 0.35 0.27 0.26 0.35 0.27 0.26 0.35 0.27 0.26 0.2	Emergency Room							
Outpatient Hospital 33.34 38.20 36.06 36.78 30.90 33.44 41.71	Inpatient Hospital	74.56	71.46	75.29	82.45	75.66	81.15	91.96
Ambulance and NEMT	Reinsurance Expense Premium	0.24	0.24	0.31	0.29	0.29	0.27	0.33
Ambulance and NEMT	Outpatient Hospital	33.34	38.20	36.06	36.78	30.90	33.44	41.71
Home Health Services & CBAS 2.03 3.05 2.80 3.16 3.41 4.47 3.77	Other Medical							
Utilization and Quality Review Expenses 1.92 3.43 1.84 1.62 2.70 2.62 2.82	Ambulance and NEMT	7.94	9.35	9.90	9.93	12.04	11.63	12.14
Cong Term/SNF/Hospice 21.69 28.84 24.46 27.23 28.11 28.54 31.73	Home Health Services & CBAS	2.03	3.05	2.80	3.16	3.41	4.47	3.77
Provider Enhancement Expense - Prop. 56 3.56 3.67 3.68 3.69 3.30 3.89 4.35 Provider Enhancement Expense - GEMT 1.72 1.74 1.75 1.86 2.28 2.02 2.27 Enhanced Care Management 8.97 9.03 8.57 8.80 8.21 9.07 10.51 Major Organ Transplant 2.29 2.32 2.31 2.34 2.21 2.81 2.85 Cal AIM Incentive Programs 2.99 3.62 2.51 7.50 6.28 3.72 5.31 Housing and Homelessness Incentive 1.28 4.73 0.96 1.01 0.67 - 1.74 DME 3.57 5.52 4.33 4.02 4.14 4.39 5.19 Total Other Medical 57.97 75.30 63.11 71.14 73.33 73.14 82.68 Pay for Performance Quality Incentive 1.50 1.50 1.50 1.50 1.50 1.50 1.80 Hospital Directed Payments 59.98	Utilization and Quality Review Expenses	1.92	3.43	1.84	1.62	2.70	2.62	2.82
Provider Enhancement Expense - GEMT	Long Term/SNF/Hospice	21.69	28.84	24.46	27.23	28.11	28.54	31.73
Enhanced Care Management 8.97 9.03 8.57 8.80 8.21 9.07 10.51 Major Organ Transplant 2.29 2.32 2.31 2.34 2.21 2.81 2.85 Cal AIM Incentive Programs 2.99 3.62 2.51 7.50 6.28 3.72 5.31 Housing and Homelessness Incentive 1.28 4.73 0.96 1.01 0.67 - 1.74 DME 3.57 5.52 4.33 4.02 4.14 4.39 5.19 Total Other Medical 57.97 75.30 63.11 71.14 73.33 73.14 82.68 Pay for Performance Quality incentive 1.50 1.50 1.50 1.50 1.50 1.50 1.80 Hospital Directed Payments 59.98 60.20 61.35 60.73 56.65 62.77 72.24 Hospital Directed Payment Adjustment 0.10 5.79 0.54 0.33 (0.23) (0.05) 1.31 Non-Claims Expense Adjustment 0.35	Provider Enhancement Expense - Prop. 56	3.56	3.67	3.68	3.69	3.30	3.89	4.35
Major Organ Transplant 2.29 2.32 2.31 2.34 2.21 2.81 2.85	Provider Enhancement Expense - GEMT	1.72	1.74	1.75	1.86	2.28	2.02	2.27
Cal AIM Incentive Programs 2.99 3.62 2.51 7.50 6.28 3.72 5.31 Housing and Homelessness Incentive 1.28 4.73 0.96 1.01 0.67 - 1.74 DME 3.57 5.52 4.33 4.02 4.14 4.39 5.19 Total Other Medical 57.97 75.30 63.11 71.14 73.33 73.14 82.68 Pay for Performance Quality Incentive 1.50 1.50 1.50 1.50 1.50 1.80 Hospital Directed Payments 59.98 60.20 61.35 60.73 56.65 62.77 72.24 Hospital Directed Payment Adjustment 0.10 5.79 0.54 0.33 (0.23) (0.05) 1.31 Non-Claims Expense Adjustment 0.35 0.28 0.24 0.18 (0.09) (0.15) 0.13 (3.31) IBNR, Incentive, Paid Claims Adjustment 0.41 0.80 0.31 (2.28) (7.49) (8.49) (3.31)	Enhanced Care Management	8.97	9.03	8.57	8.80	8.21	9.07	10.51
Housing and Homelessness Incentive 1.28 4.73 0.96 1.01 0.67 - 1.74	Major Organ Transplant	2.29	2.32	2.31	2.34	2.21	2.81	2.85
DME 3.57 5.52 4.33 4.02 4.14 4.39 5.19	Cal AIM Incentive Programs	2.99	3.62	2.51	7.50	6.28	3.72	5.31
Total Other Medical 57.97 75.30 63.11 71.14 73.33 73.14 82.68	Housing and Homelessness Incentive	1.28	4.73	0.96	1.01	0.67	-	1.74
Pay for Performance Quality Incentive 1.50 1.50 1.50 1.50 1.50 1.50 1.50 1.80	DME	3.57	5.52	4.33	4.02	4.14	4.39	5.19
Hospital Directed Payments 59.98 60.20 61.35 60.73 56.65 62.77 72.24	Total Other Medical	57.97	75.30	63.11	71.14	73.33	73.14	82.68
Hospital Directed Payment Adjustment 0.10 5.79 0.54 0.33 (0.23) (0.05) 1.31	Pay for Performance Quality Incentive	1.50	1.50	1.50	1.50	1.50	1.50	1.80
Hospital Directed Payment Adjustment 0.10 5.79 0.54 0.33 (0.23) (0.05) 1.31 Non-Claims Expense Adjustment 0.35 0.28 0.24 0.18 (0.09) (0.15) 0.16 IBNR, Incentive, Paid Claims Adjustment 0.41 0.80 0.31 (2.28) (7.49) (8.49) (3.31)	Hospital Directed Payments	59.98	60.20	61.35	60.73	56.65	62.77	72.24
Non-Claims Expense Adjustment 0.35 0.28 0.24 0.18 (0.09) (0.15) 0.16 IBNR, Incentive, Paid Claims Adjustment 0.41 0.80 0.31 (2.28) (7.49) (8.49) (3.31)		0.10	5.79	0.54	0.33	(0.23)	(0.05)	1.31
IBNR, Incentive, Paid Claims Adjustment 0.41 0.80 0.31 (2.28) (7.49) (8.49) (3.31)								
Total Medical Costs 353.65 373.86 358.55 372.68 350.07 373.31 435.84								
	Total Medical Costs	353.65	373.86	358.55	372.68	350.07	373.31	435.84

KHS Board of Directors Meeting, August 15, 2024

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

	June	Budget	Variance	Year to Date	Budget	Variance
110 - Executive	580,943	614,464	33,521	3,573,649	3,270,115	(303,534)
112 - Government Relations	47,575	47,358	(217)	342,346	284,148	(58,198)
210 - Accounting	293,744	351,597	57,854	1,765,708	2,109,584	343,876
220 - Management Information Systems (MIS)	336,226	276,982	(59,244)	1,627,593	1,661,894	34,301
221 - Business Intelligence	197,729	202,179	4,450	1,248,142	1,213,073	(35,069)
222 - MIS Development	355,456	381,923	26,467	2,047,512	2,291,539	244,027
223 - Enterprise Configuration	136,019	178,406	42,387	980,125	1,070,434	90,309
225 - Infrastructure	834,263	859,136	24,873	4,368,515	5,154,815	786,300
226 - Technical Administrative Services	172,900	220,111	47,212	900,856	1,320,669	419,813
230 - Claims	698,241	795,470	97,229	4,478,126	4,772,817	294,691
240 - Project Development	303,949	417,789	113,840	1,924,058	2,506,737	582,679
310 - Health Services - Utilization Management	26,129	55,322	29,193	174,590	331,930	157,340
311 - Health Services - Quality Improvement	5,820	45,141	39,321	33,311	270,846	237,535
312 - Health Services - Education	•	357	357	1,495	2,140	645
313 - Pharmacy	10,500	38,333	27,833	74,454	230,000	155,546
314 - Enhanced Care Management	55,043	24,753	(30,290)	270,801	148,519	(122,281)
316 - Population Health Management	999	2,975	1,976	3,500	17,850	14,350
317 - Community Support Services	94	1,625	1,531	433	9,750	9,317
318 - Housing & Homeless Incentive Program (HHIP)	•	=	=	(0)	-	0
319 - CAL AIM Incentive Payment Program (IPP)	0	=	(0)	0	-	(0)
320 - Provider Network Management	250,781	325,800	75,020	1,587,804	1,954,802	366,998
321 - Homeless Management Information Services	-	896	896	-	5,375	5,375
322 - Delegation & Oversight	37,054	31,116	(5,938)	244,289	186,698	(57,591)
330 - Member Services	143,090	272,551	129,461	1,543,175	1,635,307	92,132
331 - Member Outreach	-	=	=	-	-	-
340 - Corporate Services	959,922	1,034,659	74,738	6,006,465	6,207,956	201,491
360 - Audit & Investigative Services	223,461	241,240	17,779	1,239,809	1,447,440	207,631
410 - Member Engagement	65,519	100,456	34,937	438,777	602,736	163,958
420 - Sales/Marketing/Public Relations	228,632	270,104	41,472	1,403,868	1,620,622	216,755
510 - Human Resourses	462,781	464,570	1,789	2,877,267	2,787,421	(89,846)
601 - Behavioral Health	-	1,779	1,779	22,554	10,675	(11,879)
602 - Quality & Health Equity	59,557	40,769	(18,788)	215,824	244,614	28,790
604 - Clinical Operations, Strategy & Analytics	-	479	479	-	2,875	2,875
605 - Quality Performance	261,599	305,117	43,518	1,598,433	1,830,704	232,271
Administrative Expense Adjustment	47,630	(43,839)	(91,469)	119,319	(263,037)	(382,355)
Total Administrative Expenses	6,795,655	7,559,619	763,964	41,112,794	44,941,047	3,828,253



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

	January	February	March	April	May	June	YTD TOTALS
110 - Executive	624,355	577,007	603,344	648,716	539,284	580,943	3,573,649
112 - Government Relations	68,770	45,458	47,484	87,379	45,680	47,575	342,346
210 - Accounting	304,846	303,886	292,257	252,083	318,893	293,744	1,765,708
220 - Management Information Systems (MIS)	391,965	262,588	237,010	146,132	253,670	336,226	1,627,593
221 - Business Intelligence	269,666	199,076	187,188	165,837	228,645	197,729	1,248,142
222 - MIS Development	377,641	315,894	321,173	281,395	395,954	355,456	2,047,512
223 - Enterprise Configuration	174,793	155,969	171,033	161,377	180,934	136,019	980,125
225 - Infrastructure	617,597	874,756	639,101	642,546	760,253	834,263	4,368,515
226 - Technical Administrative Services	49,489	108,635	117,698	325,913	126,222	172,900	900,856
230 - Claims	819,584	766,126	717,167	701,834	775,174	698,241	4,478,126
240 - Project Development	347,377	265,411	322,425	313,084	371,811	303,949	1,924,058
310 - Health Services - Utilization Management	30,997	29,562	29,327	29,768	28,807	26,129	174,590
311 - Health Services - Quality Improvement	8,514	7,726	4,159	858	6,234	5,820	33,311
312 - Health Services - Education	341	138	436	581	-	-	1,495
313 - Pharmacy	21,270	10,500	10,861	10,822	10,500	10,500	74,454
314 - Enhanced Care Management	44,036	43,641	48,782	54,522	24,778	55,043	270,801
316 - Population Health Management	656	700	1,145	-	-	999	3,500
317 - Community Support Services	34	-	280	25	-	94	433
318 - Housing & Homeless Incentive Program (HHIP)	3	12	(16)	1	-	-	(0)
319 - CAL AIM Incentive Payment Program (IPP)	22,503	12,348	2,057	(36,908)	-	0	0
320 - Provider Network Management	386,421	336,270	234,388	95,804	284,140	250,781	1,587,804
322 - Delegation & Oversight	21,948	20,301	29,846	95,971	39,170	37,054	244,289
330 - Member Services	667,205	268,918	162,283	166,335	135,344	143,090	1,543,175
340 - Corporate Services	1,024,905	966,025	929,506	977,234	1,148,873	959,922	6,006,465
360 - Audit & Investigative Services	195,508	186,054	187,655	202,574	244,557	223,461	1,239,809
410 - Member Engagement	76,778	80,429	69,534	82,742	63,776	65,519	438,777
420 - Sales/Marketing/Public Relations	177,987	306,155	176,484	267,848	246,762	228,632	1,403,868
510 - Human Resourses	447,072	430,722	409,608	641,247	485,837	462,781	2,877,267
601 - Behavioral Health	43	-	167	22,281	63	-	22,554
602 - Quality & Health Equity	40,103	59,304	81,243	(38,694)	14,311	59,557	215,824
604 - Clinical Operations, Strategy & Analytics	-	-	-	-	-	-	-
605 - Quality Performance	143,642	106,967	277,993	525,434	282,798	261,599	1,598,433
Administrative Expense Adjustment	258,024	(160,374)	(712)	(28,014)	2,765	47,630	119,319
Total Administrative Expenses	7,614,072	6,580,201	6,310,903	6,796,727	7,015,235	6,795,655	41,112,794



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

			Increase/
ASSETS	June 2024	May 2024	(Decrease)
Cash and Cash Equivalents	1,199,514	1,197,015	2,498
Interest Receivable	12,000	8,000	4,000
Total Current Assets	1,211,514	1,205,015	6,498
CURRENT LIABILITIES	-		
Other Liabilities	-	-	-
Total Current Liabilities	-	-	-
NET POSITION:			
Net Position at Beginning of Year	1,183,678	1,183,678	-
Increase (Decrease) in Net Position - Current Year	27,835	21,337	6,498
Total Net Position	1,211,514	1,205,015	6,498
TOTAL LIABILITIES AND NET POSITION	1,211,514	1,205,015	6,498

KHS 7/31/2024 Management Use Only



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

	June	Budget	Variance	Year to Date	Budget	Variance
REVENUES						
Premium	-	-	-	-	-	-
Interest	4,000	-	4,000	24,671	-	24,671
Other Investment Income	2,498	-	2,498	3,165	-	3,165
Total Revenues	6,498	-	6,498	27,835	-	27,835
EXPENSES MEDICAL COSTS						
IBNR and Paid Claims Adjustment	-	-	-	-	-	-
Total Medical Costs	-	-	-	-	-	-
GROSS MARGIN	6,498	-	6,498	27,835	-	27,835
ADMINISTRATIVE COSTS						
Management Fee Expense and Other Admin Exp	-	-	-	-		-
Total Administrative Expenses	-	-	-	-	-	-
TOTAL EXPENSES	-	-	-	-	-	-
OPERATING INCOME (LOSS) BEFORE TAX	6,498	-	6,498	27,835	-	27,835
NON-OPERATING REVENUE (EXPENSE)						
Total Non-Operating Revenue (Expense)	-	-	-	-	-	-
NET INCREASE (DECREASE) IN NET POSITION	6,498	-	6,498	27,835	-	27,835
MEDICAL LOSS RATIO	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ADMINISTRATIVE EXPENSE RATIO	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%



KERN HEALTH SYSTEMS MONTHLY MEMBERS COUNT

	2024 MEMBER												
MEDI-CAL	MONTHS	JAN'24	FEB'24	MAR'24	APR'24	MAY'24	JUN'24	JUL'24	AUG'24	SEP'24	OCT'24	NOV'24	DEC'24
ADULT AND FAMILY													
ADULT (SEE COMMENT)	442,890	73,352	78,663	78,717	63,272	74,432	74,454						
CHILD	1,032,311	169,496	168,966	173,240	181,718	169,847	169,044						
SUB-TOTAL ADULT & FAMILY	1,475,201	242,848	247,629	251,957	244,990	244,279	243,498	0	0	0	0	0	0
OTHER MEMBERS													
PARTIAL DUALS - FAMILY	4,258	774	770	790	694	629	601						
PARTIAL DUALS - CHILD	0	0	0	0	034	023	001	0	0	0	0	0	0
PARTIAL DUALS - BCCTP	28	6	5	5	3	5	4						
BCCTP - TABACCO SETTLEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
FULL DUALS (SPD)													
SPD FULL DUALS	134,512	21,544	22,475	22,251	22,380	22.903	22,959						
OF DIFFEE DOTIES	104,012	21,011	22,470	22,201	22,000	22,000	22,000					I I	
SUBTOTAL OTHER MEMBERS	138,798	22,324	23,250	23,046	23,077	23,537	23,564	0	0	0	0	0	0
TOTAL FAMILY & OTHER	1,613,999	265,172	270,879	275,003	268,067	267,816	267,062	0	0	0	0	0	0
SDP MEMBERS													
SPD (AGED AND DISABLED)	135,168	21,942	23.209	22.608	22,438	22,326	22,645						
[(100,100			,		,,							
TOTAL CLASSIC MEMBERS	1,749,167	287,114	294,088	297,611	290,505	290,142	289,707	0	0	0	0	0	0
ACA OE - MEDI-CAL OPTIONAL EXI	PANSION												
ACA Expansion Adult-Citizen	692,912	115,850	117,787	116,589	115,661	114,198	112,827						
EXPANSION DUALS	6,675	1,382	1,517	1,226	944	972	634						
TOTAL ACA OE	699,587	117,232	119,304	117,815	116,605	115,170	113,461	0	0	0	0	0	0
1 0 1 0 1 F D 1 0 1 D 5 (1 T 0)	_												
LONG TERM CARE (LTC)	290	38	49	47	46	53	57				1		
LTC DUALS	2,744	451	457	450	452	464	470						
TOTAL LTC	3,034	489	506	497	498	517	527	0	0	0	0	0	0
·													
GRAND TOTAL	2,451,788	404,835	413,898	415,923	407,608	405,829	403,695	0	0	0	0	0	0



MEMORANDUM

TO: Kern Health Systems Board of Directors

FROM: Robert Landis, Chief Financial Officer

SUBJECT: Reports on Accounts Payable, Administrative Contracts and IT Technology

Consulting Resources

DATE: August 15, 2024

Attached for your review are the following items:

1) Accounts Payable Vendor Report listing of payments over \$20,000 for the months of May 2024 and June 2024.

- 2) Administrative Contract Report listing of contracts between \$50,000 and \$200,000 for the months of May 2024 and June 2024.
- 3) IT Technology Consulting Resources Report for the period ending May 31, 2024.

Requested Action

Receive and file.

KERN·HEALTH SYSTEMS

May AP Vendor Report

Amount	S 0Ver \$20,000.00				
Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T1045	KAISER FOUNDATION HEALTH - HMO	851,068.94	4,109,865.35	MAY. 2024 EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T4350	COMPUTER ENTERPRISE	710,308.26	2,895,008.25	MAR. & APR. 2024 PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T3130	OPTUMINSIGHT, INC. ****	670,397.00	1,416,456.00	EASYGROUP ANNUAL LICENSE RENEWAL (5/2024-4/2025)	MIS INFRASTRUCTURE
T4737	TEKSYSTEMS, INC.	554,558.93	1,383,179.88	MAR. & APR. 2024 PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5022	SVAM INTERNATIONAL INC	268,464.50	461,385.50	MAR. & APR. 2024 PROFESSIONAL SERVICES	VARIOUS
T2918	STINSON'S ****	215,639.37	290,197.93	4TH FLR CUBICLE RECONFIGURATION & APR. OFFICE SUPPLIES	CAPITAL PROJECT/VARIOUS
T5111	ENTISYS 360, E360 ****	204,249.05	916,448.92	CITRIX MAINT. & SUPPORT RENEWAL, RUBRIC ENTERPRISE LICENSE RENEWAL	MIS INFRASTRUCTURE
T5026	TEL-TEC SECURITY SYSTEMS ****	197,194.62	201,443.12	CAMERA SURVEILLANCE SYSTEM PHASE 1	CAPITAL PROJECT
T5564	CLARISHEALTH, INC	152,246.74	468,915.27	APR. 2024 DRG AUDIT RECOVERIES	ADMINISTRATION
T5452	BLACKHAWK ENGAGEMENT SOLUTIONS, INC ****	149,892.70	359,892.70	PREFUND MEMBER INCENTIVES & MCAS MEMBER REWARDS PROGRAM	HEALTH SERVICES - WELLNESS & PREVENTION & HEALTH SERVICES - QI
T1408	DELL MARKETING L.P. ****	139,761.01	1,253,568.23	55 LAPTOPS, 82 MONITORS, 14 PORTABLE MONITORS, 2 DELL DOCKS, TONER CARTRIDGES & 6 M365 LICENSES	VARIOUS
T4657	DAPONDE SIMPSON ROWE PC	119,950.00	228,276.50	MAR. & APR. 2024 LEGAL SERVICES	VARIOUS
T5337	CAZADOR CONSULTING GROUP INC	119,291.29	501,056.31	MAR. & APR. 2024 TEMPORARY HELP - (2) IT: (19) MS: (1) PNM: (1) HR	VARIOUS
T5907	DIAMOND PEAK CONSTRUCTION ****	117,158.00	117,158.00	MAIL ROOM REDESIGN & WALL REPAIR NEAR GENERATOR AREA	CAPITAL PROJECT/CORPORATE SERVICES
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC	108,155.70	2,014,661.32	MAR. & APR. 2024 PROFESSIONAL SERVICES & EDI CLAIM PROCESSING	VARIOUS
T4217	CONTEXT 4 HEALTHCARE, INC ****	97,775.15	97,775.15	ANNL RENEWAL AMA FEES (6/2024-6/2025)	MIS INFRASTRUCTURE

KERN•HEALTH SYSTEMS

May AP Vendor Report

Amount	ts over \$20,000.00				
Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T1180	LANGUAGE LINE SERVICES INC.	90,180.93	480,708.15	APR. 2024 INTERPRETATION SERVICES	HEALTH SERVICES - WELLNESS & PREVENTION
T3011	OFFICE ALLY, INC	75,672.53	237,436.13	APR. 2024 EDI CLAIMS	CLAIMS
T3088	GLEN BROWN CONSULTING	58,612.50	266,775.00	APR. 2024 CONSULTING	CAPITAL PROJECT
T5658	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	56,572.09	283,198.85	MAY. 2024 VOLUNTARY LIFE, AD&D INSURANCE PREMIUM	VARIOUS
T2509	UNITED STATES POSTAL SERVICE ****	53,026.35	55,174.26	PERMIT 162 MEMBER NEWSLETTER SUMMER 2024 POSTAGE	HEALTH SERVICES - WELLNESS & PREVENTION
T2458	HEALTHCARE FINANCIAL, INC.	51,861.88	141,103.22	MAR. & APR. 2024 CONSULTING	ADMINISTRATION
T3449	CDW GOVERNMENT	50,061.04	264,130.94	JUNIPER SUPPORT RENEWAL (7/2024-8/2025), FORTIANALYZER LICENSES (4/2024-4/2025), 20 FIBER MODULES, 3 ADOBE LICENSES & VARIOUS IT SUPPLIES	MIS INFRASTRUCTURE
T4237	FLUIDEDGE CONSULTING, INC. ****	48,022.50	216,312.50	MAR. 2024 CONSULTING SERVICES	CAPITAL/PROJECT MANAGEMENT
T5890	DELTA DENTAL OF CALIFORNIA	45,237.43	221,361.25	MAY. 2024 EMPLOYEE DENTAL HEALTH BENEFITS PREMIUM	VARIOUS
T2167	PG&E	43,526.89	191,314.18	MAY. 2024 UTILITIES	CORPORATE SERVICES
T1183	MILLIMAN USA ****	42,911.75	81,157.50	MAR. 2024 CONSULTING SERVICES	ADMINISTRATION
T2969	AMERICAN BUSINESS MACHINES INC ****	40,166.53	102,322.92	APR. & MAY 2024 COPIER MAINTENANCE, 1ST QTR 2024 OVERAGES & 2 NEW PRINTERS	CAPITALPROJECT/MIS INFRASTRUCTURE
T2584	UNITED STATES POSTAL SVC HASLER ****	40,000.00	160,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T5886	US POSTAL SERVICE	40,000.00	120,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T5757	BITFOCUS, INC	39,873.58	108,993.40	MAR. & APR. 2024 HEALTH CHECK OF CLARITY HMIS SYSTEM	HOMELESS MANAGEMENT INFORMATION SERVICES
T4331	COTIVITI, INC ****	38,866.20	79,262.95	MAR. 2024 PROFESSIONAL SERVICES	HEALTH SERVICES - QI
T5420	PAYPRO ACH	36,382.28	198,554.96	MAY. 2024 EMPLOYEE PREMIUM	PAYROLL DEDUCTION
T2955	DELTA ELECTRIC INC ****	35,930.00	57,220.00	4TH FLR CUBICLE RECONFIGURATION & DATA ROOM 142	CAPITALPROJECT/CORPORATE SERVICES

KERN·HEALTH SYSTEMS

May AP Vendor Report

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T5435	TEGRIA SERVICES GROUP - US, INC	34,650.00	151,287.50	APR. 2024 CONSULTING SERVICES	BUSINESS INTELLIGENCE
T4452	WELLS FARGO ACH	33,119.92	168,036.36	APR. 2024 MISC CREDIT CARD PURCHASES	VARIOUS
T2787	SAGE SOFTWARE, INC ****	33,019.32	33,019.32	SAGE 300 LICENSE RENEWAL - FINANCE SOFTWARE (6/2024-6/2025)	FINANCE
T5751	EXCELL HCA, LLC	31,874.00	166,449.00	APR. 2024 PROFESSIONAL SERVICES	PROJECT MANAGEMENT
T5344	SIGNATURE STAFF RESOURCES LLC	31,218.00	229,710.00	APR. 2024 PROFESSIONAL SERVICES	CAPITAL PROJECT
T4460	PAYSPAN, INC ****	30,682.06	219,995.41	APR. 2024 EDI CLAIMS	CLAIMS
T4484	JACOBSON SOLUTIONS	30,601.98	109,667.23	APR. & MAY 2024 TEMPORARY HELP - CLAIMS (5)	CLAIMS
T5292	ALL'S WELL HEALTH CARE SERVICES	28,970.24	302,667.67	MAR. & APR. 2024 TEMPORARY HELP - QI: (6), UM: (3), PHM: (1),	VARIOUS
T4563	SPH ANALYTICS	28,845.50	97,850.88	2024 ECHO SURVEY & FINAL 25% ECM SURVEY	BEHAVIORAL HEALTH/ENHANCED CARE MANAGEMENT
T4985	CYBERCODERS, INC	28,500.00	111,500.00	APR. 2024 PROFESSIONAL SERVICES	CAPITAL PROJECT
T5583	THE MIHALIK GROUP, LLC	28,222.50	96,757.50	FEB. & MAR. 2024 CONSULTING SERVICES	HEALTH SERVICES - QI
T5930	DAYFORCE US, INC	27,787.98	89,649.56	APRMAY, 2024 SUBSCRIPTION FEES/PROFESSIONAL SERVICES/	HUMAN RESOURCES
T4501	ALLIED UNIVERSAL SECURITY SERVICES	27,731.11	109,998.16	DAYFORCE HUMAN CAPITAL MANAGEMENT APR. & MAY. 2024 ONSITE SECURITY	CORPORATE SERVICES
T4227	FREESTYLE EVENTS SERVICES INC ****	26,971.50	45,146.40	AUDIO SERVICES CONNECT FORUM & SPRING GALA EVENT	ADMINISTRATION/HUMAN RESOURCES
T5877	TGN CONSULTING LLC	23,271.70	192,870.18	FRONT LINES ACTIVATION & MGR BOOTCAMP & MAR APR. 2024 TRAVEL EXPENSES	HUMAN RESOURCES

KERN·HEALTH SYSTEMS

May AP Vendor Report

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T5119	PACIFIC WEST SOUND PROFESSIONAL AUDIO & DESIGN INC. ****	22,940.03	35,195.30	(2) SMARTBOARD INSTALLATIONS	CORPORATE SERVICES
T5963	ANTAGE INCORPORATED ****	21,600.00	21,600.00	APR. 2024 PROFESSIONAL SERVICES	ENTERPRISE DEVELOPMENT
T4733	UNITED STAFFING ASSOCIATES	21,572.95	433,667.74	APR. 2024 TEMPORARY HELP - (13) MS: (4) AD	VARIOUS
T5865	HARTE-HANKS RESPONSE MANAGEMENT/AUSTIN, INC	21,563.50	470,221.83	APR. 2024 NEW MEMBER WELCOME CALLS	MEMBER SERVICES
T5319	CITIUSTECH INC. ****	21,250.00	42,499.00	FAST+ 1ST QTR 2024 MAINTENANCE & SUPPORT	MIS INFRASTRUCTURE
T5536	CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION ****	20,000.00	22,500.00	2024 SCHOOL SCHOLARSHIPS	SALES/MARKETING/PUBLIC RELATIONS
		6,137,408.03			
	TOTAL VENDORS OVER \$20,000	6,137,408.03			
	TOTAL VENDORS UNDER \$20,000	820,639.57			
	TOTAL VENDOR EXPENSES- MAY \$	6,958,047.60			

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

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	4,109,865.35	EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T4350	COMPUTER ENTERPRISE	2,895,008.25	PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC	2,014,661.32	PROFESSIONAL SERVICES & ANNUAL LICENSING	VARIOUS
T3130	OPTUMINSIGHT, INC	1,416,456.00	ANNUAL LICENSED SOFTWARE	MIS INFRASTRUCTURE
T4737	TEKSYSTEMS, INC.	1,383,179.88	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T1408	DELL MARKETING L.P.	1,253,568.23	COMPUTER EQUIPMENT & SOFTWARE MAINTENANCE	MIS INFRASTRUCTURE
T5111	ENTISYS 360, E360	916,448.92	NUTANIX ACROPOLIS SOFTWARE LICENSE	MIS INFRASTRUCTURE
T4699	ZEOMEGA, INC	735,178.22	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T3022	MICROSOFT CORPORATION	612,498.75	CONSULTING SERVICES	ENTERPRISE CONFIGURATION
T5337	CAZADOR CONSULTING GROUP INC	501,056.31	TEMPORARY HELP	VARIOUS
T5684	REBELLIS GROUP LLC	486,947.50	MAPD BUSINESS CONSULTING	MEDICARE
T1180	LANGUAGE LINE SERVICES INC	480,708.15	INTERPRETATION SERVICES	HEALTH SERVICES - WELLNESS & PREVENTION
T5865	HARTE-HANKS RESPONSE MANAGEMENT/AUSTIN, INC	470,221.83	2024 SALESFORCE LICENSE FEES-CUSTOMER CARE CONTACT CENTER	MEMBER SERVICES
T5564	CLARISHEALTH, INC	468,915.27	DRG AUDIT RECOVERIES	ADMINISTRATION
T5022	SVAM INTERNATIONAL INC	461,385.50	PROFESSIONAL SERVICES	MIS ADMINISTRATION

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4733	UNITED STAFFING ASSOCIATES	433,667.74	TEMPORARY HELP	VARIOUS
T5340	GARTNER INC	374,565.00	ANNUAL LEADERS INDIVIDUAL ACCESS ADVISOR - PROFESSIONAL SERVICES	HUMAN RESOURCES
T5452	BLACKHAWK ENGAGEMENT SOLUTIONS INC	359,892.70	PREFUND MEMBER INCENTIVES & MCAS MEMBER REWARDS PROGRAM	HEALTH SERVICES - WELLNESS & PREVENTION & HEALTH SERVICES - QI
T5292	ALL'S WELL HEALTH CARE SERVICES	302,667.67	TEMPORARY HELP	VARIOUS
T2918	STINSON'S	290,197.93	OFFICE SUPPLIES	VARIOUS
T5658	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	283,198.85	VOLUNTARY LIFE, AD&D INSURANCE PREMIUM	VARIOUS
T3088	GLEN BROWN CONSULTING	266,775.00	CONSULTING	CAPITAL PROJECT
T3449	CDW GOVERNMENT	264,130.94	FORTINET RENEWAL & ADOBE LICENSES	MIS INFRASTRUCTURE
T3011	OFFICE ALLY, INC	237,436.13	EDI CLAIM PROCESSING	CLAIMS
T5344	SIGNATURE STAFF RESOURCES LLC	229,710.00	2023 & 2024 PROFESSIONAL SERVICES	PROJECT MGMNT/CAPITAL PROJECT
T4657	DAPONDE SIMPSON ROWE PC	228,276.50	LEGAL FEES	VARIOUS
T5890	DELTA DENTAL OF CALIFORNIA	221,361.25	EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS
T4460	PAYSPAN, INC	219,995.41	ELECTRONIC CLAIMS/PAYMENTS	FINANCE
T4237	FLUIDEDGE CONSULTING, INC	216,312.50	CONSULTING SERVICES	VARIOUS

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Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5026	TEL-TEC SECURITY SYSTEMS ****	201,443.12	SECURITY MAINTENANCE & UPGRADES	CAPITAL PROJECT/ CORPORATE SERVICES
T2469	DST HEALTH SOLUTIONS, LLC	200,350.00	ANNUAL ACG LICENSE & SUPPORT	BUSINESS INTELLIGENCE
T5420	PAYPRO ACH	198,554.96	EMPLOYEE PREMIUM	PAYROLL DEDUCTION
T5877	TGN CONSULTING LLC	192,870.18	FRONT LINES ACTIVATION & EXECUTIVE COACHING	HUMAN RESOURCES
T2167	PG&E	191,314.18	UTILITIES	CORPORATE SERVICES
T4024	QUADIENT INC	190,511.84	MAIL INSERTER, METER RENTAL & SOFTWARE SUPPORT	CAPITAL PROJECT/CORPORATE SERVICES
T2967	DEPARTMENT OF HEALTH CARE SERVICES	169,000.00	2021 MEDICAL MCAS PERFORMANCE MEASUREMENT MONETARY SANCTION	ADMINISTRATION
T4452	WELLS FARGO	168,036.36	ACH- MISC CREDIT CARD PURCHASES	VARIOUS
T5751	EXCELL HCA, LLC	166,449.00	PROFESSIONAL SERVICES	PROJECT MANAGEMENT
T2413	TREK IMAGING INC	163,985.86	COMMUNITY AND MARKETING EVENTS, MEMBER & HEALTH ED INCENTIVES, EMPLOYEE EVENTS, NEW HIRE SHIRTS	VARIOUS
T2584	UNITED STATES POSTAL SVC - HASLER	160,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T5435	TEGRIA SERVICES GROUP - US, INC	151,287.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T1128	HALL LETTER SHOP	148,796.76	MEMBER ID CARDS, MEMBER SURVEY & MAIL PREP, NEW MEMBER PACKETS & ENVELOPES	VARIOUS
T5931	SPROUT SOCIAL, INC	145,264.00	12 MONTHS OF SOCIAL MEDIA VIGILANCE & MANAGEMENT	CAPITAL PROJECT

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vander News	Voor to Dota	Description	Devotes
T2458	Vendor Name HEALTHCARE FINANCIAL, INC	Year-to-Date 141,103.22	Description CONSULTING	Department ADMINISTRATION
T5520	BG HEALTHCARE CONSULTING, INC	136,350.00	PROFESSIONAL SERVICES	POPULATION HEALTH MANAGEMENT
T5076		·		
	MERIDIAN HEALTH SYSTEMS, P.C.	133,912.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T5886	US POSTAL SERVICE	120,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T5907	DIAMOND PEAK CONSTRUCTION ****	117,158.00	BUILDING IMPROVEMENT/BUILDING MAINTENANCE	CAPITAL/CORPORATE SERVICES
T4985	CYBERCODERS, INC	111,500.00	PROFESSIONAL SERVICES	MIS ADMINISTRATION
T5509	NGUYEN CAO LUU-TRONG	111,000.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4501	ALLIED UNIVERSAL SECURITY SERVICES	109,998.16	ONSITE SECURITY	CORPORATE SERVICES
T4484	JACOBSON SOLUTIONS	109,667.23	TEMPORARY HELP	HEALTH SERVICES - UM
T5571	GHA TECHNOLOGIES INC	109,600.73	FORTINET SECURITY	MIS INFRASTRUCTURE
T5757	BITFOCUS, INC	108,993.40	ENTERPRISE SOFTWARE LICENSING & DATA MODELING	CAPITAL PROJECT
T2969	AMERICAN BUSINESS MACHINES INC	102,322.92	HARDWARE AND MAINTENANCE	CORPORATE SERVICES
T5742	MICHAEL NGUYEN	100,000.00	PROFESSIONAL SERVICES	QUALITY & HEALTH EQUITY
T4165	SHI INTERNATIONAL CO.	97,850.88	NETWORK SWITCHES WITH SUPPORT	MIS INFRASTRUCTURE/CAPITAL PROJECT

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Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4217	CONTEXT 4 HEALTHCARE, INC ****	97,775.15	ANNUAL RENEWAL AMA FEES	MIS INFRASTRUCTURE - QNXT
T5583	THE MIHALIK GROUP, LLC	96,757.50	NCQA TRAINING	HEALTH SERVICES - QI
T4054	ASSOCIATION FOR COMMUNITY AFFILIATED PLANS	92,500.00	2024 ANNUAL DUES ASSESSMENT	ADMINISTRATION
T4563	SPH ANALYTICS	91,647.00	HEDIS CAHPS, ECM & PROVIDER SATISFACTION SURVEY	VARIOUS
T5291	PINNACLE RECRUITMENT SERVICES LLC	90,781.11	TEMPORARY HELP	VARIOUS
T5121	TPX COMMUNICATIONS	90,283.79	LOCAL CALL SERVICES; LONG DISTANCE CALLS; INTERNET SERVICES; 800 LINES	MIS INFRASTRUCTURE
T5930	DAYFORCE US, INC	89,649.56	SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T4514	A.J. KLEIN, INC T. DENATALE, B. GOLDNER	89,500.07	LEGAL FEES	ADMINISTRATION
T2941	KERN PRINT SERVICES INC	88,883.24	OTHER PRINTING COSTS, ENVELOPES, LETTERHEAD	VARIOUS
T5882	RELIABLE JANITORIAL SERVICES AND CARPET CLEANING INC	85,392.28	BUILDING IMPROVEMENT/MAINTENANCE	CORPORATE SERVICES
T1272	COFFEY COMMUNICATIONS INC	84,539.30	MEMBER NEWSLETTER/WEBSITE IMPLEMENTATION	HEALTH SERVICES - WELLNESS & PREVENTION/MEDIA & ADVERTISING
T5329	RELAY NETWORK, LLC	83,333.30	TEXT MESSAGING SUBSCRIPTION	CAPITAL PROJECT
T1183	MILLIMAN USA	81,157.50	CY2022/2023 TNE & IBNP CONSULTING - ACTUARIAL	ADMINISTRATION
T4331	COTIVITI, INC	79,262.95	PROFESSIONAL SERVICES	HEALTH SERVICES - QI

Year to Date AP Vendor Report

Vendor	VanderNesse	Veen to Bet	Personal	P
No. T1022	Vendor Name UNUM LIFE INSURANCE CO.	Year-to-Date 75,757.31	Description EMPLOYEE PREMIUM	Department PAYROLL DEDUCTION
11022	UNUM LIFE INSURANCE CO.	75,757.51	EMPLOTEE PREIVION	PATROLE DEDUCTION
T5967	SAI360 INC	74,880.00	REGULATORY COMPLIANCE & BEST PRACTICES POLICY MANAGEMENT MODULES	CAPITAL PROJECT
T5155	A-C ELECTRIC COMPANY	74,853.43	CARPOOL SOLAR PROJECT	CAPITAL PROJECT
T4708	WAKELY CONSULTING GROUP, LLC FRMLY HEALTH MANAGEMENT ASSOCIATES, INC.	73,311.25	PROFESSIONAL SERVICES	ADMINISTRATION
T5863	MANNA HAGOS	70,462.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4963	LINKEDIN CORPORATION	65,388.50	ANNUAL ONLINE TRAINING FOR ALL EMPLOYEES	HUMAN RESOURCES
T5850	SERRANO ADVISORS LLC	65,250.00	PROFESSIONAL SERVICES	ENHANCED CARE MANAGEMENT
T1005	COLONIAL LIFE & ACCIDENT	60,605.20	LIFE INSURANCE PREMIUM	VARIOUS
T4792	KPLLC	58,449.18	PROVIDER DIRECTORIES	PROVIDER NETWORK MANAGEMENT
T4216	NEXSTAR BROADCASTING INC	57,750.00	ADVERTISEMENT - MEDIA	MARKETING
T2955	DELTA ELECTRIC INC.	57,220.00	BUILDING IMPROVEMENT/MAINTENANCE	CORPORATE SERVICES
T5467	MOSS ADAMS LLP	57,142.00	CLAIMS AUDIT TOOL ENHANCEMENT	CLAIMS
T2509	UNITED STATES POSTAL SERVICE ****	55,174.26	PERMIT 162 MEMBER NEWSLETTER POSTAGE	HEALTH SERVICES - WELLNESS & PREVENTION
T4415	DANIELLS PHILLIPS VAUGHAN AND BOCK	54,500.00	2023 AUDIT FEES	FINANCE

Vendor				
No.	Vendor Name	Year-to-Date	Description	Department
T1861	CERIDIAN HCM, INC.	53,039.29	MONTHLY SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T4503	VISION SERVICE PLAN	52,551.50	EMPLOYEE HEALTH BENEFITS	VARIOUS
T2726	DST PHARMACY SOLUTIONS, INC	52,500.00	PHARMACY CLAIMS	PHARMACY
T4265	SIERRA SCHOOL EQUIPMENT COMPANY	52,487.83	BOARDROOM FURNITURE	CORPORATE SERVICES
T1404	CALIFORNIA ASSOCIATION OF HEALTH PLANS	52,421.00	2024 ANNUAL DUES ASSESSMENT	ADMINISTRATION
T5298	TOTALMED, INC	49,603.87	TEMPORARY HELP	VARIOUS
T5562	JDM SOLUTIONS INC.	49,600.00	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5778	CONTOUR DATA SOLUTIONS, LLC	49,000.00	ANNUAL DATA SOLUTIONS	CAPITAL PROJECT
T5421	PREMIER ACCESS INSURANCE COMPANY	46,074.50	EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS
T2933	SIERRA PRINTERS, INC	45,524.97	PRINTING OF MEMBER EDUCATION MATERIAL/PROVIDER DIRECTORY/BUSINESS CARDS	VARIOUS
T4227	FREESTYLE EVENTS SERVICES INC ****	45,146.40	AUDIO SERVICES CONNECT FORUM & SPRING GALA EVENT	ADMINISTRATION/HUMAN RESOURCES
T5846	MOKSHA PSYCHOTHERAPY & COMMUNITY HEALTH CONSULTING INC ****	44,187.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T5319	CITIUSTECH INC	42,499.00	FAST+ ANNUAL MAINTENANCE & SUPPORT	MIS INFRASTRUCTURE
T4538	CHANGE HEALTHCARE SOLUTIONS, LLC	42,496.78	2023 & 2024 EDI CLAIM PROCESSING	CLAIMS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor				
No.	Vendor Name	Year-to-Date	Description	Department
T4353	TWE SOLUTIONS, INC	42,473.50	JUNIPER QFX SWITCHES & LICENSES	MIS INFRASTRUCTURE
T2446	AT&T MOBILITY	36,881.27	CELLULAR PHONE/INTERNET USAGE	MIS INFRASTRUCTURE
T5696	ASA GLOBAL HEALTHCARE SERVICES PC	36,500.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T5119	PACIFIC WEST SOUND PROFESSIONAL AUDIO & DESIGN INC ****	35,195.30	INSTALL & RELOCATE PROJECTORS/SMARTBOARDS	CORPORATE SERVICES
T5941	CORDELL KEY	33,966.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T2562	CACTUS SOFTWARE LLC	33,506.15	2024 CREDENTIALING LICENSE & SUPPORT	MIS INFRASTRUCTURE
T1655	KERN,KKXX,KISV,KGEO,KGFM,KEBT,KZOZ,KKJG,KVEC,KSTT,KRQK,KPAT,	33,450.00	RADIO ADVERTISING	SALES/MARKETING/PUBLIC RELATIONS
T2787	SAGE SOFTWARE. INC ****	33,019.32	SAGE 300 LICENSE RENEWAL - FINANCE SOFTWARE	FINANCE
T4607	AGILITY RECOVERY SOLUTIONS INC.	32,210.00	PROFESSIONAL SERVICES	CORPORATE SERVICES
T4902	CHANGE HEALTHCARE TECHNOLOGIES, LLC	32,068.08	2023 & 2024 EDI CLAIM PROCESSING	CLAIMS
T1097	NCQA	31,760.00	HEDIS, VOL 2 PLUS QUALITY COMPASS AND POPULATION HEALTH PROGRAM ACCREDIATION	HEALTH SERVICES - QI
T5791	WEINTRAUB TOBIN	30,843.50	LEGAL SERVICES	ADMINISTRATION
T5550	CHARTER COMMUNICATIONS OPERATING, LLC	30,683.32	INTERNET SERVICES	MIS INFRASTRUCTURE
T4259	SKARPHOL ASSOCIATES	30,333.12	BUILDING IMPROVEMENT -REMODELING & NEW OFFICES	CAPITAL PROJECT
T2851	SINCLAIR TELEVISION OF BAKERSFIELD, LLC	30,035.00	ADVERTISEMENT - MEDIA	MARKETING

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Vendor No.	Vendor Name	Year-to-Date	Description	Department
T1650	UNIVISION TELEVISION GROUP	30,011.50	ADVERTISEMENT - MEDIA	SALES/MARKETING/PUBLIC RELATIONS
T5843	SEVEN OAKS COUNTRY CLUB	29,227.50	PROVIDER DINNER EVENT & Q2 FORUM	PROVIDER NETWORK MANAGEMENT
T5936	AXIOS HQ INC	28,800.00	AI COMMUNICATION SOFTWARE LICENSING	CAPITAL PROJECT
T3986	JACQUELYN S. JANS	28,720.00	CONSULTING FOR KHS PUBLIC IMAGE CAMPAIGN	ADMINISTRATION/ MARKETING
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
T2441	LAURA J. BREZINSKI	25,000.00	MARKETING MATERIALS	MARKETING
T5486	ALLIED GENERAL CONTRACTORS, INC	24,800.00	BUILDING IMPROVEMENT/MAINTENANCE	CORPORATE SERVICES
T4182	THE LAMAR COMPANIES	24,673.96	OUTDOOR ADVERTISEMENT - BILLBOARDS	ADVERTISING
T4785	COMMGAP	23,851.25	INTERPRETATION SERVICES	HEALTH SERVICES - WELLNESS & PREVENTION
T4228	THE SSI GROUP, LLC ****	23,709.60	2023 & 2024 EDI CLAIM PROCESSING	CLAIMS
T2961	SOLUTION BENCH, LLC	23,220.00	M-FILES SOFTWARE ANNUAL RENEWAL	MIS INFRASTRUCTURE
T5466	ZIPARI, INC ****	23,000.00	OUTBOUND SSO SUBSCRIPTION & PROVIDER DIRECTORY UPDATES	MIS INFRASTRUCTURE
T5536	CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION ****	22,500.00	2024 SCHOOL SCHOLARSHIPS	SALES/MARKETING/PUBLIC RELATIONS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department	
T5986	ABSOLUTE DRYWALL, INC ****	21,870.00	BLUE ZONES WELLNESS GARDEN	CORPORATE SERVICES	
T5109	RAND EMPLOYMENT SOLUTIONS ****	21,754.57	TEMPORARY HELP	VARIOUS	
T5963	ANTAGE INCORPORATED ****	21,600.00	PROFESSIONAL SERVICES	ENTERPRISE DEVELOPMENT	
T5592	BRAND CO MARKETING ****	21,398.72	WEB HOSTING, RECRUITMENT & COMPANY STORE SUPPLIES	HUMAN RESOURCES	
T5615	HAPPY WHOLE YOU, INC	21,355.11	2024 CUSTOM PROGRAMS	HUMAN RESOURCES	
T5701	THE GRANGER NETWORK LLC	21,146.71	SUPERVISOR BOOTCAMP	HUMAN RESOURES	
T5851	ABSORB SORTWARE NORTH AMERICA, LLC ****	20,096.82	DAYFORCE LEARNING LICENSE	MIS INFRASTRUCTURE	
T5535	PANAMA-BUENA VISTA UNION SCHOOL DISTRICT	20,000.00	SCHOOL WELLNESS GRANT	COMMUNITY GRANTS	
T5779	COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION	20,000.00	SPONSORSHIP	SALES/MARKETING/PUBLIC RELATIONS	
		30,067,569.45			
	TOTAL VENDORS OVER \$20,000	30,067,569.45			
	TOTAL VENDORS UNDER \$20,000	1,711,900.23			
	TOTAL VENDOR EXPENSES- MAY \$	31,779,469.68			

Note

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

June AP Vendor Report
Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T1045	KAISER FOUNDATION HEALTH - HMO	864,326.54	4,974,191.89	JUN. 2024 EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T4350	COMPUTER ENTERPRISE	630,570.04	3,525,578.29	MAY. 2024 PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T5452	BLACKHAWK ENGAGEMENT SOLUTIONS, INC	362,000.00	721,892.70	PREFUND MEMBER INCENTIVES & MCAS MEMBER REWARDS PROGRAM	HEALTH SERVICES - WELLNESS & PREVENTION & HEALTH SERVICES - QI
T4737	TEKSYSTEMS, INC.	346,654.90	1,729,834.78	MAY. 2024 PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T1408	DELL MARKETING L.P.	203,631.94	1,457,200.17	25 MONITORS, 2 ECOLOOP PRO SLEEVE, 1 TABLET & PREMIER SUPPORT SERVICE	CAPITAL PROJECTS/MIS INFRASTRUCTURE/CORPORATE SERVICES
T5907	DIAMOND PEAK CONSTRUCTION	148,109.50	265,267.50	TENANT IMPROVEMENT 3RD & 4TH FLOOR	CAPITAL PROJECT/CORPORATE SERVICES
T5337	CAZADOR CONSULTING GROUP INC	108,123.45	609,179.76	APR. & MAY 2024 TEMPORARY HELP - (2) IT: (19) MS: (1) PNM: (1) HR	VARIOUS
T4733	UNITED STAFFING ASSOCIATES	93,551.75	527,219.49	APR. & MAY 2024 TEMPORARY HELP - (13) MS: (4) AD	VARIOUS
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC	92,727.14	2,107,388.46	MAY. 2024 PROFESSIONAL SERVICES & EDI CLAIM PROCESSING	VARIOUS
T3011	OFFICE ALLY, INC	82,513.42	31,949.55	APR. 2024 EDI CLAIMS	CLAIMS
T5684	REBELLIS GROUP LLC ****	81,575.00	568,522.50	MAR. & APR. 2024 PROFESSIONAL SERVICES	MEDICARE
T5877	TGN CONSULTING LLC	79,151.38	272,021.56	FRONT LINES ACTIVATION & MGR BOOTCAMP, MAY. 2024 TRAVEL EXPENSES & ADVANCED LEADERSHIP CONSULTING	HUMAN RESOURCES
T5292	ALL'S WELL HEALTH CARE SERVICES	78,596.82	381,264.49	APR. & MAY. 2024 TEMPORARY HELP - QI: (6), UM: (3), PHM: (1),	VARIOUS
T1272	COFFEY COMMUNICATIONS INC. ****	76,666.18	161,205.48	APR, MAY, JUN. WEB ASSIST & SUMMER 2024 ISSUE FAMILY HEALTH	MARKETING/HEALTH SERVICES- WELLNESS & PREVENTION
T5520	BG HEALTHCARE CONSULTING, INC ****	71,495.00	207,845.00	APR. & MAY 2024 SERVICES	HEALTH SERVICES - QUALITY MGMT. & POPULATION HEALTH MGMT.
T3088	GLEN BROWN CONSULTING	62,400.00	329,175.00	MAY. 2024 CONSULTING	CAPITAL PROJECT

June 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	61,108.91	344,307.76	JUN. 2024 VOLUNTARY LIFE, AD&D INSURANCE PREMIUM	VARIOUS
T4237	FLUIDEDGE CONSULTING, INC.	53,212.50	269,525.00	APR. 2024 CONSULTING SERVICES	CAPITALPROJECT/PROJECT MANAGEMENT
T2167	PG&E	47,275.19	238,589.37	JUN. 2024 UTILITIES	CORPORATE SERVICES
T5890	DELTA DENTAL OF CALIFORNIA	46,287.22	267,648.47	JUN. 2024 EMPLOYEE DENTAL HEALTH BENEFITS PREMIUM	VARIOUS
T2458	HEALTHCARE FINANCIAL, INC.	46,000.00	187,103.22	MAY: 2024 CONSULTING	ADMINISTRATION
T5435	TEGRIA SERVICES GROUP - US, INC	41,300.00	192,587.50	MAY. 2024 CONSULTING SERVICES	BUSINESS INTELLIGENCE
T5886	US POSTAL SERVICE	40,000.00	160,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T4452	WELLS FARGO ACH	37,208.53	205,244.89	MAY. 2024 MISC CREDIT CARD PURCHASES	VARIOUS
T4460	PAYSPAN, INC	36,629.03	256,624.44	MAY. 2024 EDI CLAIMS	CLAIMS
T5757	BITFOCUS, INC	35,771.86	144,765.26	MAY. 2024 HEALTH CHECK OF CLARITY HMIS SYSTEM	HOMELESS MANAGEMENT INFORMATION SERVICES
T5743	INTEL AGREE, COLABS ****	35,650.00	35,650.00	INTEL AGREE SUBSCRIPTION YEAR 2 OF 3	MIS INFRASTRUCTURE
T3972	JOURNEY AIR CONDITIONING CO., INC. ****	34,010.00	36,157.00	HVAC RECONFIGURATION OF MAILROOM, 3RD & 4TH FLOOR	CAPITAL PROJECT
T5850	SERRANO ADVISORS LLC ****	31,050.00	96,300.00	MAR. & MAY 2024 PROFESSIONAL SERVICES	ENHANCED CARE MANAGEMENT
T5930	DAYFORCE US, INC	29,032.79	118,682.35	MAY - JUN. 2024 SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T5494	LDP ASSOCIATES, INC. ****	28,045.00	28,045.00	YEAR 1 OF 3 UPS BATTERY SUPPORT	MIS INFRASTRUCTURE
T5420	PAYPRO ACH	26,166.99	224,721.95	JUN. 2024 EMPLOYEE PREMIUM	PAYROLL DEDUCTION

June AP Vendor Report Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T1183	MILLIMAN USA	24,129.25	105,286.75	APR. 2024 CONSULTING SERVICES	ADMINISTRATION
T4501	ALLIED UNIVERSAL SECURITY SERVICES	22,709.94	132,708.18	MAY & JUN. 2024 ONSITE SECURITY	CORPORATE SERVICES
T6054	WEBMD IGNITE ****	21,447.28	21,447.28	HEALTHWISE LICENSE FEES APR JUN. 2024	HEALTH SERVICES - WELLNESS & PREVENTION
T5751	EXCELL HCA, LLC	20,475.00	186,924.00	MAY. 2024 PROFESSIONAL SERVICES	PROJECT MANAGEMENT
T6040	KARLEN & PANICI BREWING LLC ****	20,333.75	20,333.75	SPRING GALA CATERING	HUMAN RESOURCES
T2578	AMERICAN STROKE ASSOC/AMERICAN HEART ASSOC WESTERN STATES ****	20,000.00 4,139,936.30	27,500.00	SPONSORSHIP KERN CPRA, GRFW & HEART WALK	MARKETING
	TOTAL VENDORS OVER \$20,000	4,139,936.30			
	TOTAL VENDORS UNDER \$20,000	804,143.27			
	TOTAL VENDOR EXPENSES- JUNE \$	4,944,079.57			

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

Year to Date AP Vendor Report

Vendor				
No.	Vendor Name	Year-to-Date	Description	Department
T1045	KAISER FOUNDATION HEALTH - HMO	4,974,191.89	EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T4350	COMPUTER ENTERPRISE	3,525,578.29	PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC	2,107,388.46	PROFESSIONAL SERVICES & ANNUAL LICENSING	VARIOUS
T4737	TEKSYSTEMS, INC.	1,729,834.78	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T1408	DELL MARKETING L.P.	1,457,200.17	COMPUTER EQUIPMENT & SOFTWARE MAINTENANCE	MIS INFRASTRUCTURE
T3130	OPTUMINSIGHT, INC	1,416,456.00	ANNUAL LICENSED SOFTWARE	MIS INFRASTRUCTURE
T5111	ENTISYS 360, E360	916,448.92	NUTANIX ACROPOLIS SOFTWARE LICENSE	MIS INFRASTRUCTURE
T4699	ZEOMEGA, INC	735,178.22	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5452	BLACKHAWK ENGAGEMENT SOLUTIONS INC	721,892.70	PREFUND MEMBER INCENTIVES & MCAS MEMBER REWARDS PROGRAM	HEALTH SERVICES - WELLNESS & PREVENTION & HEALTH SERVICES - QI
T3022	MICROSOFT CORPORATION	612,498.75	CONSULTING SERVICES	ENTERPRISE CONFIGURATION
T5337	CAZADOR CONSULTING GROUP INC	609,179.76	TEMPORARY HELP	VARIOUS
T5684	REBELLIS GROUP LLC	568,522.50	MAPD BUSINESS CONSULTING	MEDICARE
T4733	UNITED STAFFING ASSOCIATES	527,219.49	TEMPORARY HELP	VARIOUS
T1180	LANGUAGE LINE SERVICES INC	491,358.73	INTERPRETATION SERVICES	HEALTH SERVICES - WELLNESS & PREVENTION

Vender				
Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5865	HARTE-HANKS RESPONSE MANAGEMENT/AUSTIN, INC	485,820.72	2024 SALESFORCE LICENSE FEES-CUSTOMER CARE CONTACT CENTER	MEMBER SERVICES
T5564	CLARISHEALTH, INC	468,915.27	DRG AUDIT RECOVERIES	ADMINISTRATION
T5022	SVAM INTERNATIONAL INC	461,385.50	PROFESSIONAL SERVICES	MIS ADMINISTRATION
T5292	ALL'S WELL HEALTH CARE SERVICES	381,264.49	TEMPORARY HELP	VARIOUS
T5340	GARTNER INC	374,565.00	ANNUAL LEADERS INDIVIDUAL ACCESS ADVISOR - PROFESSIONAL SERVICES	HUMAN RESOURCES
T5658	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	344,307.76	VOLUNTARY LIFE, AD&D INSURANCE PREMIUM	VARIOUS
T3088	GLEN BROWN CONSULTING	329,175.00	CONSULTING	CAPITAL PROJECT
T3011	OFFICE ALLY, INC	319,949.55	EDI CLAIM PROCESSING	CLAIMS
T2918	STINSON'S	290,197.93	OFFICE SUPPLIES	VARIOUS
T3449	CDW GOVERNMENT	282,309.17	FORTINET RENEWAL & ADOBE LICENSES	MIS INFRASTRUCTURE
T5877	TGN CONSULTING LLC	272,021.56	FRONT LINES ACTIVATION & EXECUTIVE COACHING	HUMAN RESOURCES
T4237	FLUIDEDGE CONSULTING, INC	269,525.00	CONSULTING SERVICES	VARIOUS
T5890	DELTA DENTAL OF CALIFORNIA	267,648.47	EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS
T5907	DIAMOND PEAK CONSTRUCTION	265,267.50	MAIL ROOM REDESIGN & WALL REPAIR NEAR GENERATOR AREA	CAPITAL/CORPORATE SERVICES
T4460	PAYSPAN, INC	256,624.44	ELECTRONIC CLAIMS/PAYMENTS	FINANCE

Year to Date AP Vendor Report

Vendor				
No.	Vendor Name	Year-to-Date	Description	Department
T5344	SIGNATURE STAFF RESOURCES LLC	239,710.00	2023 & 2024 PROFESSIONAL SERVICES	PROJECT MGMNT/CAPITAL PROJECT
T2167	PG&E	238,589.37	UTILITIES	CORPORATE SERVICES
T4657	DAPONDE SIMPSON ROWE PC	228,276.50	LEGAL FEES	VARIOUS
T5420	PAYPRO ACH	224,721.95	EMPLOYEE PREMIUM	PAYROLL DEDUCTION
T5520	BG HEALTHCARE CONSULTING, INC	207,845.00	PROFESSIONAL SERVICES	POPULATION HEALTH MANAGEMENT
T4452	WELLS FARGO	205,244.89	ACH- MISC CREDIT CARD PURCHASES	VARIOUS
T5026	TEL-TEC SECURITY SYSTEMS	202,843.12	SECURITY MAINTENANCE & UPGRADES	CAPITAL/ CORPORATE SERVICES
T2469	DST HEALTH SOLUTIONS, LLC	200,350.00	ANNUAL ACG LICENSE & SUPPORT	BUSINESS INTELLIGENCE
T5435	TEGRIA SERVICES GROUP - US, INC	192,587.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4024	QUADIENT INC	192,570.22	MAIL INSERTER, METER RENTAL & SOFTWARE SUPPORT	CAPITAL PROJECT/CORPORATE SERVICES
T2458	HEALTHCARE FINANCIAL, INC	187,103.22	CONSULTING	ADMINISTRATION
T5751	EXCELL HCA, LLC	186,924.00	PROFESSIONAL SERVICES	PROJECT MANAGEMENT
T2413	TREK IMAGING INC	179,877.77	COMMUNITY AND MARKETING EVENTS, MEMBER & HEALTH ED INCENTIVES, EMPLOYEE EVENTS, NEW HIRE SHIRTS	VARIOUS
T2967	DEPARTMENT OF HEALTH CARE SERVICES	169,000.00	2021 MEDICAL MCAS PERFORMANCE MEASUREMENT MONETARY SANCTION	ADMINISTRATION

Vendor No.	Vander Name	Voor to Data	Description	Donostroot
NO.	Vendor Name	Year-to-Date	Description	Department
T1128	HALL LETTER SHOP	162,165.52	MEMBER ID CARDS, MEMBER SURVEY & MAIL PREP, NEW MEMBER PACKETS & ENVELOPES	VARIOUS
T1272	COFFEY COMMUNICATIONS INC	161,205.48	MEMBER NEWSLETTER/WEBSITE IMPLEMENTATION	HEALTH SERVICES - WELLNESS & PREVENTION/MEDIA & ADVERTISING
T2584	UNITED STATES POSTAL SVC - HASLER	160,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T5886	US POSTAL SERVICE	160,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T5931	SPROUT SOCIAL, INC	145,264.00	12 MONTHS OF SOCIAL MEDIA VIGILANCE & MANAGEMENT	CAPITAL PROJECT
T5757	BITFOCUS, INC	144,765.26	ENTERPRISE SOFTWARE LICENSING & DATA MODELING	CAPITAL PROJECT
T5076	MERIDIAN HEALTH SYSTEMS, P.C.	143,587.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4501	ALLIED UNIVERSAL SECURITY SERVICES	132,708.10	ONSITE SECURITY	CORPORATE SERVICES
T5509	NGUYEN CAO LUU-TRONG	126,975.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4985	CYBERCODERS, INC	125,500.00	PROFESSIONAL SERVICES	MIS ADMINISTRATION
T4484	JACOBSON SOLUTIONS	125,125.69	TEMPORARY HELP	HEALTH SERVICES - UM
T5930	DAYFORCE US, INC	118,682.35	SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T5571	GHA TECHNOLOGIES INC	109,600.73	FORTINET SECURITY	MIS INFRASTRUCTURE
T5121	TPX COMMUNICATIONS	108,555.61	LOCAL CALL SERVICES; LONG DISTANCE CALLS; INTERNET SERVICES; 800 LINES	MIS INFRASTRUCTURE

Year to Date AP Vendor Report

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T1183	MILLIMAN USA	105,286.75	CY2022/2023 TNE & IBNP CONSULTING - ACTUARIAL	ADMINISTRATION
T2969	AMERICAN BUSINESS MACHINES INC	104,291.47	HARDWARE AND MAINTENANCE	CORPORATE SERVICES
T2941	KERN PRINT SERVICES INC	102,333.30	OTHER PRINTING COSTS, ENVELOPES, LETTERHEAD	VARIOUS
T5882	RELIABLE JANITORIAL SERVICES AND CARPET CLEANING INC	102,166.28	BUILDING IMPROVEMENT/MAINTENANCE	CORPORATE SERVICES
T4165	SHI INTERNATIONAL CO.	100,036.29	NETWORK SWITCHES WITH SUPPORT	MIS INFRASTRUCTURE/CAPITAL PROJECT
T5742	MICHAEL NGUYEN	100,000.00	PROFESSIONAL SERVICES	QUALITY & HEALTH EQUITY
T5329	RELAY NETWORK, LLC	99,999.96	TEXT MESSAGING SUBSCRIPTION	CAPITAL PROJECT
T4217	CONTEXT 4 HEALTHCARE, INC	97,775.15	ANNL RENEWAL AMA FEES 6/2024-6/2025	MIS INFRASTRUCTURE - QNXT
T5583	THE MIHALIK GROUP, LLC	96,757.50	NCQA TRAINING	HEALTH SERVICES - QI
T5850	SERRANO ADVISORS LLC	96,300.00	PROFESSIONAL SERVICES	ENHANCED CARE MANAGEMENT
T5291	PINNACLE RECRUITMENT SERVICES LLC	95,115.52	TEMPORARY HELP	VARIOUS
T4054	ASSOCIATION FOR COMMUNITY AFFILIATED PLANS	92,500.00	2024 ANNUAL DUES ASSESSMENT	ADMINISTRATION
T1022	UNUM LIFE INSURANCE CO.	91,700.11	EMPLOYEE PREMIUM	PAYROLL DEDUCTION
T4563	SPH ANALYTICS	91,647.00	HEDIS CAHPS, ECM & PROVIDER SATISFACTION SURVEY	VARIOUS

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4514	A.J. KLEIN, INC T. DENATALE, B. GOLDNER	91,635.77	LEGAL FEES	ADMINISTRATION
T4331	COTIVITI, INC	91,034.61	PROFESSIONAL SERVICES	HEALTH SERVICES - QI
T4963	LINKEDIN CORPORATION	84,018.50	ANNUAL ONLINE TRAINING FOR ALL EMPLOYEES	HUMAN RESOURCES
T4708	WAKELY CONSULTING GROUP, LLC FRMLY HEALTH MANAGEMENT ASSOCIATES, INC.	82,071.25	PROFESSIONAL SERVICES	ADMINISTRATION
T5863	MANNA HAGOS	80,250.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T2955	DELTA ELECTRIC INC.	76,280.00	BUILDING IMPROVEMENT/MAINTENANCE	CORPORATE SERVICES
T5967	SAI360 INC	74,880.00	REGULATORY COMPLIANCE & BEST PRACTICES POLICY MANAGEMENT MODULES	CAPITAL PROJECT
T5155	A-C ELECTRIC COMPANY	74,853.43	CARPOOL SOLAR PROJECT	CAPITAL PROJECT
T1005	COLONIAL LIFE & ACCIDENT	72,514.14	LIFE INSURANCE PREMIUM	VARIOUS
T4265	SIERRA SCHOOL EQUIPMENT COMPANY	67,989.16	BOARDROOM FURNITURE	CORPORATE SERVICES
T4503	VISION SERVICE PLAN	63,593.69	EMPLOYEE HEALTH BENEFITS	VARIOUS
T2726	DST PHARMACY SOLUTIONS, INC	63,000.00	PHARMACY CLAIMS	PHARMACY
T5562	JDM SOLUTIONS INC.	59,520.00	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T4792	KPLLC	59,199.18	PROVIDER DIRECTORIES	PROVIDER NETWORK

Year to Date AP Vendor Report

Vandar				
Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5778	CONTOUR DATA SOLUTIONS, LLC	58,800.00	ANNUAL DATA SOLUTIONS	CAPITAL PROJECT
T4216	NEXSTAR BROADCASTING INC	57,750.00	ADVERTISEMENT - MEDIA	MARKETING
T5467	MOSS ADAMS LLP	57,142.00	CLAIMS AUDIT TOOL ENHANCEMENT	CLAIMS
T2509	UNITED STATES POSTAL SERVICE	56,882.58	PERMIT 162 MEMBER NEWSLETTER POSTAGE	HEALTH SERVICES - WELLNESS & PREVENTION
T5298	TOTALMED, INC	56,276.64	TEMPORARY HELP	VARIOUS
T4415	DANIELLS PHILLIPS VAUGHAN AND BOCK	54,500.00	2023 AUDIT FEES	FINANCE
T4353	TWE SOLUTIONS, INC	53,539.31	JUNIPER QFX SWITCHES & LICENSES	MIS INFRASTRUCTURE
T1861	CERIDIAN HCM, INC.	53,039.29	MONTHLY SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T1404	CALIFORNIA ASSOCIATION OF HEALTH PLANS	52,821.00	2024 ANNUAL DUES ASSESSMENT	ADMINISTRATION
T5941	CORDELL KEY	51,102.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T1655	KERN,KKXX,KISV,KGEO,KGFM,KEBT,KZOZ,KKJG,KVEC,KSTT,KRQK,KPAT,	47,705.00	RADIO ADVERTISING	SALES/MARKETING/PUBLIC RELATIONS
T2933	SIERRA PRINTERS, INC	46,125.52	PRINTING OF MEMBER EDUCATION MATERIAL/PROVIDER DIRECTORY/BUSINESS CARDS	VARIOUS

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5421	PREMIER ACCESS INSURANCE COMPANY	46,074.50	EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS
T4227	FREESTYLE EVENTS SERVICES INC	45,146.40	AUDIO SERVICES CONNECT FORUM & SPRING GALA EVENT	ADMINISTRATION/HUMAN RESOURCES
T2446	AT&T MOBILITY	44,477.71	CELLULAR PHONE/INTERNET USAGE	MIS INFRASTRUCTURE
T5846	MOKSHA PSYCHOTHERAPY & COMMUNITY HEALTH CONSULTING INC	44,187.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T5319	CITIUSTECH INC	42,499.00	FAST+ ANNUAL MAINTENANCE & SUPPORT	MIS INFRASTRUCTURE
T4538	CHANGE HEALTHCARE SOLUTIONS, LLC	42,496.78	2023 & 2024 EDI CLAIM PROCESSING	CLAIMS
T5696	ASA GLOBAL HEALTHCARE SERVICES PC	38,500.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T5791	WEINTRAUB TOBIN	37,086.50	LEGAL SERVICES	ADMINISTRATION
T5550	CHARTER COMMUNICATIONS OPERATING, LLC	36,654.85	INTERNET SERVICES	MIS INFRASTRUCTURE
T3972	JOURNEY AIR CONDITIONING CO., INC. ****	36,157.00	HVAC RECONFIGURATION OF MAILROOM, 3RD & 4TH FLOOR	CAPITAL PROJECT
T5743	INTEL AGREE, COLABS ****	35,650.00	INTEL AGREE SUBSCRIPTION YEAR 2 OF 3	MIS INFRASTRUCTURE
T5119	PACIFIC WEST SOUND PROFESSIONAL AUDIO & DESIGN INC	35,195.30	INSTALL & RELOCATE PROJECTORS/SMARTBOARDS	CORPORATE SERVICES

Year to Date AP Vendor Report

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T2851	SINCLAIR TELEVISION OF BAKERSFIELD, LLC	34,790.00	ADVERTISEMENT - MEDIA	MARKETING
T3986	JACQUELYN S. JANS	34,520.00	CONSULTING FOR KHS PUBLIC IMAGE CAMPAIGN	ADMINISTRATION/ MARKETING
T4785	COMMGAP	34,098.75	INTERPRETATION SERVICES	HEALTH SERVICES - WELLNESS & PREVENTION
T2562	CACTUS SOFTWARE LLC	33,506.15	2024 CREDENTIALING LICENSE & SUPPORT	MIS INFRASTRUCTURE
T1650	UNIVISION TELEVISION GROUP	33,411.50	ADVERTISEMENT - MEDIA	SALES/MARKETING/PUBLIC RELATIONS
T2787	SAGE SOFTWARE. INC	33,019.32	SAGE 300 LICENSE RENEWAL - FINANCE SOFTWARE	FINANCE
T4607	AGILITY RECOVERY SOLUTIONS INC.	32,210.00	PROFESSIONAL SERVICES	CORPORATE SERVICES
T4902	CHANGE HEALTHCARE TECHNOLOGIES, LLC	32,068.08	2023 & 2024 EDI CLAIM PROCESSING	CLAIMS
T1097	NCQA	31,760.00	HEDIS, VOL 2 PLUS QUALITY COMPASS AND POPULATION HEALTH PROGRAM ACCREDIATION	HEALTH SERVICES - QI
T4259	SKARPHOL ASSOCIATES	30,333.12	BUILDING IMPROVEMENT -REMODELING & NEW OFFICES	CAPITAL PROJECT
T2441	LAURA J. BREZINSKI	30,000.00	MARKETING MATERIALS	MARKETING
T5843	SEVEN OAKS COUNTRY CLUB	29,227.50	PROVIDER DINNER EVENT & Q2 FORUM	PROVIDER NETWORK MANAGEMENT
T5936	AXIOS HQ INC	28,800.00	AI COMMUNICATION SOFTWARE LICENSING	CAPITAL PROJECT

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4228	THE SSI GROUP, LLC	28,756.60	2023 & 2024 EDI CLAIM PROCESSING	CLAIMS
T4731	GO TO TECHNOLOGIES, INC	28,560.00	INTERNET SERVICES	MIS INFRASTRUCTURE
T4182	THE LAMAR COMPANIES	28,442.64	OUTDOOR ADVERTISEMENT - BILLBOARDS	ADVERTISING
T5741	HEALTHWISE, INCORPORATED	28,402.23	MEMBER SELF MANAGEMENT TOOLS	HEALTH SERVICES - WELLNESS & PREVENTION
T5494	LDP ASSOCIATES, INC. ****	28,045.00	YEAR 1 OF 3 UPS BATTERY SUPPORT	MIS INFRASTRUCTURE
T2578	AMERICAN STROKE ASSOC/AMERICAN HEART ASSOC WESTERN STATES ****	27,500.00	SPONSORSHIP KERN CPRA, GRFW & HEART WALK	MARKETING
T5109	RAND EMPLOYMENT SOLUTIONS	27,021.12	TEMPORARY HELP	VARIOUS
T5783	TELADOC HEALTH INC ****	25,116.00	EMPLOYEE MENTAL HEALTH PREMIUM	VARIOUS
T5486	ALLIED GENERAL CONTRACTORS, INC	24,800.00	BUILDING IMPROVEMENT/MAINTENANCE	CORPORATE SERVICES
T5779	COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION	24,500.00	SPONSORSHIP	SALES/MARKETING/PUBLIC RELATIONS
T5851	ABSORB SOFTWARE NORTH AMERICA, LLC	23,446.29	DAYFORCE LEARNING LICENSE	MIS INFRASTRUCTURE
T2961	SOLUTION BENCH, LLC	23,220.00	M-FILES SOFTWARE ANNUAL RENEWAL	MIS INFRASTRUCTURE

Year to Date AP Vendor Report

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5466	ZIPARI, INC	23,000.00	OUTBOUND SSO SUBSCRIPTION & PROVIDER DIRECTORY UPDATES	MIS INFRASTRUCTURE
T5536	CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION	22,500.00	2024 SCHOOL SCHOLARSHIPS	SALES/MARKETING/PUBLIC RELATIONS
T5963	ANTAGE INCORPORATED	22,319.97	PROFESSIONAL SERVICES	ENTERPRISE DEVELOPMENT
T5592	BRAND CO MARKETING	22,288.95	WEB HOSTING, RECRUITMENT & COMPANY STORE SUPPLIES	HUMAN RESOURCES
T3084	KERN COUNTY-COUNTY COUNSEL ****	21,915.30	LEGAL SERVICES	ADMINISTRATION
T5986	ABSOLUTE DRYWALL, INC	21,870.00	BLUE ZONES WELLNESS GARDEN	CORPORATE SERVICES
T5762	SCREENVISION MEDIA ****	21,741.65	CINEMA ADVERTISING	SALES/MARKETING/PUBLIC RELATIONS
T6054	WEBMD IGNITE ****	21,447.28	HEALTHWISE LICENSE FEES 2024	HEALTH SERVICES - WELLNESS & PREVENTION
T5615	HAPPY WHOLE YOU, INC	21,355.11	2024 CUSTOM PROGRAMS	HUMAN RESOURCES
T5701	THE GRANGER NETWORK LLC	21,146.71	SUPERVISOR BOOTCAMP	HUMAN RESOURES
T4934	APPLE INC. ****	20,935.11	IPADS, IPHONES & POWER ADAPTERS	MIS INFRASTRUCTURE/CAPITAL

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

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5759	SHELLBY ROSE P DUMLAO ****	20,548.50	PROFESSIONAL SERVICES	POPULATION HEALTH MANAGEMENT
T6040	KARLEN & PANICI BREWING LLC ****	20,333.75	SPRING GALA CATERING	HUMAN RESOURCES
T5436	THE BEACON STUDIOS, LLC ****	20,250.00	VIDEO SERVICES	SALES/MARKETING/PUBLIC RELATIONS
T5535	PANAMA-BUENA VISTA UNION SCHOOL DISTRICT	20,000.00 34,845,469.37	SCHOOL WELLNESS GRANT	COMMUNITY GRANTS
	TOTAL VENDORS OVER \$20,000	34,845,469.37		
	TOTAL VENDORS UNDER \$20,000	1,880,449.60		
	TOTAL VENDOR EXPENSES- JUNE	\$ 36,725,918.97		

Note:

^{****}New vendors over \$20,000 for the month of June

Vendor Name	Contract Amount	Budgeted Department Department Head Services that this vendor will provide to KHS			Effective Date	Termination Date	
January 2024							
Press Ganey/SPH Analytics	\$81,696.00	Yes	ECM	Loni Hill-Pirtle	ECM Member Satisfaction Survey	1/1/2024	12/31/2026
Michael Nguyen	\$197,500.00	Yes	HE	Traco Matthews	Health Equity Strategic Guidance and Cultural Insights Services	1/1/2024	12/31/2024
Harte Hanks	\$198,064.00	Yes	MS	Nate Scott	Up to (3,200) New Member Welcome calls	1/1/2024	12/31/2024
Entysis360	\$51,837.28	Yes	IT	Richard Pruitt	(52) licenses for VMware maintenance & technical support	1/1/2024	12/31/2024
GHA Technologies	\$71,550.61	Yes	IT	Richard Pruitt	Fotinet-Fortigate Maintenance & Support for Security Appliances	1/1/2024	12/31/2024
Gartner	\$189,765.00	Yes	IT	Richard Pruitt	Executive Program Leadership licenses (3)	1/1/2024	12/31/2024
Moss Adams	\$143,334.50	Yes	CLM	Robin Dow-Morales	Claims Audit Tool	1/1/2024	12/31/2026
The Granger Network	\$198,800.00	Yes	HR	Alan Avery	Front Lines Activation and Manager Bootcamp	1/1/2024	6/30/2024
BG Healthcare	\$199,000.00	Yes	QI	Dr. Martha Tasinga	Consulting services for the QI dept	1/1/2024	12/31/2024
BG Healthcare	\$199,000.00	Yes	PHM	Michelle Curiouso	Consulting services for the PHM dept	1/1/2024	12/31/2024
HD Dynamics	\$50,000.00	Yes	PNM	Amisha Pannu	Consulting services for CRM process	1/2/2024	12/31/2024
Poppyrock	\$120,000.00	Yes	MRKT	Louie Iturriria	KHS & KFHC Graphic Design	1/2/2024	12/31/2025
CEI	\$199,920.00	Yes	COSA	Josh Hosch	Business Analyst for UM team	1/2/2024	12/31/2024
Reliable Janitorial	\$199,008.00	Yes	CS	Andrea Hylton	Janitorial services	1/11/2024	1/10/2025
CAQH	\$50,000.00	Yes	PNM	Amisha Pannu	Acess to real-time Provider applications (ProView)	1/25/2024	1/24/2025
CDW-G	\$67,761.50	Yes	IT	Richard Pruitt	All Adobe licenses annual renewal (257)	1/26/2024	1/25/2025
TEKSystems	\$78,000.00	Yes	HR	Devin Brown	HRIS Analyst for HR DEPT	1/30/2024	7/30/2024
February 2024					,		
Clinica Sierra Vista	\$145,000.00	Yes	HE	Isabel Silva	MOU	2/1/2024	1/31/2025
BG Healthcare	\$81,000.00	Yes	UM	Dr. Tasinga	Consulting services for the UM dept	2/6/2024	5/5/2024
Diligent Corporation	\$50,000.00	Yes	CPL	Deborah Murr	Compliance Training Material	2/7/2024	2/6/2027
SPH Analytics	\$63,809.00	Yes	BH	Melinda Santiago	ECHO 3.0 (Behavioral Health) Satisfactions 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 HO	\$59,040.00	Yes	MRKT	Louie Iturriria	Internal AI Communication Software for Marketing team	2/23/2024	2/22/2026
LanguageLine	\$90,000.00	Yes	HE	Isabel Silva	Interpreting services	2/28/2024	2/27/2025
March 2024	11.17.11.11				The second secon		
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 Resouece	3/4/2024	12/31/2024
HMA	\$199,000.00	Yes	Acct	Veronica Barker	Actuarial services (RTD, Rate Analyst, & SDR's)	3/6/2024	3/5/2025
TEKSystems	\$193,752.00	Yes	UM	Dr. Tasinga	Reports & Dashboard Analyst for UM dept.	3/18/2024	12/31/2024
Dell	\$65,909.11	Yes	IT	Richard Pruitt	Dell 5540 laptops (30) & monitors (32)	3/25/2024	3/23/2028
SAI360	\$159,070.00	Yes	CPL	Deb Murr	Policy Management Platform	3/28/2024	3/27/2026

Vendor Name	Contract Amount	Budgeted	Department	Department Head	d Services that this vendor will provide to KHS E		Termination Date	
April 2024								
Coffey Communications	\$92,944.00	Yes	MRKT	Louie Iturriria	Digital renewal agreement for KHS website	4/1/2024	3/31/2026	
Imagenet	\$197,000.00	Yes	CLM	Robin Dow-Morales	OCR services	4/4/2024	4/3/2027	
The SSI Group	\$70,000.00	Yes	CLM	Robin Dow-Morales	EDI Claims & Electronic Remittance	4/4/2024	4/5/2026	
Dell	\$78,927.60	Yes	IT	Richard Pruitt	Microsoft Defender for Servers Standard P2 Node	4/16/2024	12/31/2024	
Dell	\$61,480.00	Yes	IT	Richard Pruitt	Dell monitors (50) & Laptops (25)	4/24/2024	4/24/2028	
Entysis360	\$162,227.40	Yes	IT	Richard Pruitt	k renewal of premium support for enterprise edition software and hardware for a co	4/29/2024	4/28/2025	
May 2024								
BG Healthcare	\$118,000.00	Yes	UM	Dr. Tasinga	Consulting services for UM team	5/6/2024	12/31/2024	
June 2024								
Relay Network	\$199,999.00	Yes	IT	Richard Pruitt	Mobile Communication Platform, Unlimited Texting	6/1/2024	5/31/2025	
The Granger Network	\$197,500.00	Yes	HR	Devin Brown	Advance Leadership Development		1/31/2025	
Milliman	\$199,000.00	Yes	ACCT	Veronica Barker	Actuarial Services	6/1/2024	5/31/2025	
Context4 Healthcare	\$97,775.15	Yes	IT	Richard Pruitt	ICD-10 Coding software	6/27/2024	6/27/2025	
HMA	\$30,681.00	Yes	PNM	Amisha Pannu	Timely Access Validation renewal	6/1/2024	5/31/2025	
Bitfocus	\$190,692.67	Yes	IT	Richard Pruitt	Clarity Human Services SaaS	6/22/2024	6/21/2025	
TWE Solutions	\$101,040.00	Yes	IT	Richard Pruitt	24x7 Security Monitoring	6/23/2024	6/22/2025	
SS&C	\$73,500.00	Yes	PHARM	Bruce Wearda	Rx Claims Processing	6/1/2024	12/31/2024	
LDP	\$122,850.00	Yes	CS	Andrea Hylton	UPS Battery Replacement & Service Plan	6/21/2024	6/20/2027	
Ignite Healthwise	\$146,062.26	Yes	HE	Isabel Silva	Care Management & Digital Experience w/ Patient Instructions Add-on	6/5/2024	6/4/2025	
Caravel	\$189,365.00	Yes	ACCT	Veronica Barker	Financial Advisory Services	6/25/2024	6/24/2026	
Dell	\$186,443.39	Yes	IT	Richard Pruitt	Microsoft Unified Enterprise Support	6/15/2024	6/14/2025	

	2024 PROJECT CONSULTING PROFESSIONAL SERVICES																
ITEM	PROJECT	CAP/EXP	BUDGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC	YTD TOTAL	REMAINING BALANCE
1	Member Engagement Platform	CAP	\$ 2,117,777	\$ 49,106	\$ 434,335	\$ 43,576	\$ 67,939	\$ 107,616								\$ 702,570	\$ 1,415,206.79
2	DSNP	CAP	\$ 4,210,408	\$ 24,075	\$ 23,625	\$ 18,675	\$ 22,193	\$ 26,025								\$ 114,593	\$ 4,095,815.88
3	HIE	CAP	\$ 1,250,870	\$ 18,000	\$ 32,152	\$ 45,024	\$ 25,168	\$ 24,024								\$ 144,368	\$ 1,106,502.40
4	Artifical Intelligence	CAP	\$ 534,560	\$ 29,496	\$ 29,411	\$ 31,378	\$ 31,509	\$ 31,290								\$ 153,084	\$ 381,476.10
5	PHI Data Visibility & Security	CAP	\$ 588,016	\$ -	\$ -	\$ -	\$ -	\$ -								\$ -	\$ 588,016.00
6	CBO Electronic Medical Record System	CAP	\$ 777,550	\$ -	\$ -	\$ -	\$ -	\$ -								\$ -	\$ 777,549.59
7	Policy Management System	CAP	\$ 267,280	\$ -	\$ -	\$ -	\$ 22,000	\$ 2,000								\$ 24,000	\$ 243,280.00
8	Accounting System Review	CAP	\$ 245,898	\$ 20,875	\$ 19,250	\$ 18,372	\$ 19,250	\$ 21,750								\$ 99,497	\$ 146,401.02
9	IT Staff Augmentation	EXP	\$ 1,388,680	\$ 658,391	\$ 669,659	\$ 744,969	\$ 768,752	\$ 782,076								\$ 3,623,848	\$ (2,235,167.59)
10	PM Staff Augmentation	EXP	\$ 3,739,782	\$ 241,543	\$ 219,591	\$ 212,689	\$ 234,970	\$ 246,493								\$ 1,155,284	\$ 2,584,497.28
11	DSNP Staff Augmentation	EXP	\$ 4,220,747	\$ 21,769	\$ 22,915	\$ 23,345	\$ 24,777	\$ 24,419								\$ 117,226	\$ 4,103,521.20
12	NCQA Tracking Only	EXP	\$ 350,000	\$ 23,408	\$ 16,703	\$ 11,520	\$ -	\$ -								\$ 51,630	\$ 298,370.00
13	DSNP Tracking Only	EXP	\$ 4,200,000	\$ 956	\$ 16,413	\$ 49,340	\$ 38,069	\$ 43,988								\$ 148,765	\$ 4,051,234.78
		TOTALS	\$ 23,891,568	\$ 1,087,619	\$ 1,484,052	\$ 1,198,887	\$ 1,254,626	\$ 1,309,681	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,334,864	\$ 17,556,703.46

KERN HEALTH SYSTEMS BOARD OF DIRECTORS NEW VENDOR CONTRACTS August 15, 2024

Legal Name DBA	Specialty	Address	Comments	Contract Effective Date		
PAC 07/01/2024						
No Meeting						
PAC 08/07/2024						
Amanda Gibson Licensed Clinical Social		2617 K St Ste. 125		Retro-Eff		
Worker Inc	Mental Health	Sacramento CA		8/1/2024		
Rebecca Deanne King	ABA Providers	20717 South St Suite C		Retro-Eff		
dba: King Educational Services	ADA Providers	Tehachapi CA		8/1/2024		
Central Valley Family Therapy CORP	Mental Health	4900 California Avenue #210B		Retro-Eff		
Central valley raining rherapy CONF		Bakersfield CA		8/1/2024		
Central Valley Critical Care Medicine, APC	ICU Hospitalist (Hosp	420 34th Street		9/1/2024		
central valley entited care integraline, in e	Based)	Bakersfield CA		3,1,2021		
Cranial Technologies, Inc.	Prosthetics / Orthotics	5701 Truxtun Ave Ste 103		9/1/2024		
	·	Bakersfield CA		-,-,		
Deepthi Cull MD PC	Physical Med/Rehab	5001 Commerce Drive		9/1/2024		
·	Specialist	Bakersfield CA				
Golden Valley Medical Transport Inc	Transportation	4604 Cimarron Ridge Dr		9/1/2024		
Mary Elizabeth Johnson	<u> </u>	Bakersfield CA				
dba: Your Doula Mary	Doula	5924 Margaret Ct		9/1/2024		
Kern County Transit Tech LLC		Bakersfield CA 4420 Easton Dr Ste 203C				
•	Transportation			9/1/2024		
dba: Kern County Transit Brittney Manley		Bakersfield CA 15801 Marty Dr				
dba: Brit's Helping Hands	Doula	Bakersfield CA		9/1/2024		
Mackenzie De La Cruz		9706 Cotton Creek Dr				
dba: Harmonia Birth Doula	Doula	Bakersfield CA		9/1/2024		
	SNF/Congregate Living	1827 W Avenue K12				
Magnifique Congregate Living Inc	Facility	Lancaster CA		9/1/2024		
Kathryn Sharma, MD	,	5500 Ming Ave Ste 254				
dba: Ocean Perinatal Medical Group	Maternal Fetal Medicine	Bakersfield CA		9/1/2024		
		1225 California Avenue		- 1. 1		
Stay Focused	ECM Case Management	Bakersfield CA		9/1/2024		
Bryanna Stiff	5 1	1217 Rebecca Ave		0/4/2024		
dba: Wild Heart Births	Doula	Ridgecrest CA		9/1/2024		
Pro Nursing Home Care Inc	Home Health	2201 Mt Vernon Avenue Ste. 110 Bakersfield CA		9/1/2024		
The Onyx Group A Psychology Corporation dba: Prism Healthcare	ABA Providers	4900 California Ave Ste. 210B Bakersfield CA	New Ownership / Existing Providers	9/1/2024		
The Open Door Network	CSS - Housing Trio	1600 E Truxtun Ave Bakersfield CA		9/1/2024		
Transamerica Medical Group Inc dba: Prime Valley Urgent Care	Urgent Care	1004 14th Ave Delano CA		9/1/2024		
Valley Tumor Medical Group dba: Antelope Valley Cancer Center	Specialty: Hematology/Oncology & Radiation Oncology	38660 Medical Ctr Dr Ste A120 Palmdale CA		9/1/2024		

KERN HEALTH SYSTEMS BOARD OF DIRECTORS TERMED CONTRACTS August 15, 2024

Legal Name DBA	Specialty	Address	Comments	Contract Term Date	
Atlas Urgent Care Corporation	Urgent Care	5531 Buisness Park S	Business	3/16/2024	
L	orgent care	Bakersfield, CA 93309	Dissolved		
Veritas Anesthesia, a Professional Nursing	Anesthesia	901 Olive Dr.	Business	6/20/2024	
Corporation	Allestilesia	Bakersfield, CA 93308	Dissolved		
Yoo's Rehab & Pain Clinic	Chasialist	3550 Q Street Ste. 201	Provider	7/5/2024	
1 YOU'S REHAD & PAIN CIMIC	Specialist	Bakersfield CA	Deceased	1/5/2024	
CA Diving Bight Transportation II C	Transportation	1300 West Street Ste. 205	Business	7/9/2024	
CA Divine Right Transportation LLC	Transportation	Redding CA	Dissolved	7/9/2024	
Diamentar Community Clinic	DCD	622 34th Street	Cita Classed	7/42/2024	
Bienestar Community Clinic	PCP	Bakersfield CA	Site Closed	7/12/2024	
		11EO Lordo Highway Sto. C	Change of		
Komin Medical Group	PCP	1150 Lerdo Highway Ste. C	Ownership &	7/14/2024	
		Shafter CA	TIN		
The David Chare	Dharman	111 Piute Drive	Sold to Rite	7/24/2024	
The Drug Store	Pharmacy	Kernville, CA 93238	Aid	7/24/2024	



MEMORANDUM

TO: Kern Health Systems Board of Directors

FROM: Traco Matthews, Chief Health Equity Officer

SUBJECT: Chief Health Equity Office Report

DATE: August 15, 2024

BACKGROUND

Kern Health Systems' Health Equity Department continues to lead the health plan market, significantly ahead of competitors, with strong member preference. Efforts to enhance member engagement and retention are progressing well, including the transition to a new vendor for the Member Rewards project and a strategy to use text messages and data information for strategic outreach.

Our commitment to health equity spans members, the community, employees, and providers, with initiatives addressing access and transportation challenges. Key programs like the Kern Health Equity Partnership and the IHI/DHCS Child Health Equity Collaborative are actively underway. For providers, we've implemented the EPT Program and cultural competency training. Employee engagement projects include DEIB and EE initiatives, the JEDI Committee, and comprehensive training.

Community engagement remains a priority, with substantial grants donated and active participation in various events, such as providing Medi-Cal benefits information and renewal assistance. Included is the summarized report reflecting our continued dedication to health and equity for all.

REQUESTED ACTION

Receive and file.



Chief Health Equity Officer Report

Prepared For KHS Board of Directors August 15, 2024

MARKETING

On an annual basis, Kern Health System's Provider Network Management Department conducts a survey. KHS dominates the market with an 89% share, significantly ahead of Anthem Blue Cross at 6% and Kaiser at 4%. Notably, 74% of members actively choose KHS over its competitors. To further strengthen its market position, KHS will launch targeted campaigns to attract prospective members and promote its services.

MEMBER ENGAGEMENT AND RETENTION

In August, KHS experienced five disenrollments, with a total of 329 voluntary disenrollments. Additionally, 5,340 members are on hold, pending renewal. This brings the total potential disenrollments to 5,674, though many of these members are expected to renew. Our retention rates have remained stable, ranging from 70% to 79% throughout the year.

The Member Rewards project is progressing well, with an estimated transition to a new vendor by October 2024. Starting in August 2024, we will implement a strategy to use text messages for community event and mobile clinic outreach. Our Medi-Cal renewal rate continues to track at around 85%, and efforts are ongoing to maintain and increase this rate.

HEALTH EQUITY

KHS's commitment to health equity spans four domains—member, community, employee, and provider—and involves identifying and addressing challenges within each area.

Addressing the Barriers for Members and Community

Limited availability of providers and telehealth options, issues with understanding and utilizing transportation benefits, and a disconnection from the health care system due to these access and transportation challenges are significant concerns. To address these challenges, KHS established the Kern Health Equity Partnership with the county, aligning our strategic goals with social determinants of health. Our HEO leads subcommittees on healthcare access and health education

and outreach. Additionally, we participate in the IHI/DHCS Child Health Equity Collaborative, working with two providers on pilot programs to improve children's health outcomes.

Meeting the Challenges for Providers

High rates of patient no-shows and lack of resources, particularly for small to medium-sized practices, are significant to patient-related issues. KHS has implemented the EPT Program, which now includes 12 practices eligible to earn up to \$7,619,527. We also offered cultural competency training focused on the South Asian community and the LGBTQIA++ population.

Meeting the Challenges for Employees

The employee engagement survey revealed hurdles impacting member access, hesitation to share feedback due to potential tracking, and perceived inequities in projects, pay, and promotions. To address these challenges, the health equity office will partner with HR on DEIB and EE initiatives, launch the JEDI Committee, set new performance goals, review recruitment and retention programs, and develop comprehensive health equity and DEIB training for all employees.

SOGI

KHS proudly sponsored the inaugural Sexuality and Gender Identity Healthcare Symposium on June 14, 2024, at Bakersfield College. The event showcased our commitment to health equity, with sessions on affirming healthcare, trans healthcare, 2sLGBTQIA+ intersections, substance abuse diversity, and suicide prevention.

Journey to NCQA Health Equity Accreditation

Several departments have met the minimum requirements for NCQA accreditation. We continue to monitor and compile necessary documents and reports to ensure compliance and progress.

COMMUNITY ENGAGEMENT

In 2024, KHS has donated \$372,731.52 in grants to 81 organizations. In August, KHS sponsored 16 events, totaling \$36,000, and participated in an additional seven events for other organizations.

Recent Activities

Greater Lamont Chamber of Commerce Back to School Event

Thursday, July 24, 2024

Provided KFHC benefits information, Medi-Cal renewal education, and school supplies to 301 families.

Cuadrilla de La Semana

Throughout June and August

Engaged with a 50-member migrant farmworker crew, providing Medi-Cal benefits information and renewal assistance.

Open-Door Network/Bakersfield Homeless Shelter

Saturday, July 13, 2024

Eighteen employees volunteered to serve meals to those in need.

CLOSING REMARKS

All departments within Kern Health Systems are diligently working, guided by our core values, to realize our mission of health and equity for all.



CHIEF HEALTH EQUITY OFFICER

BOARD REPORT AUGUST 15, 2024

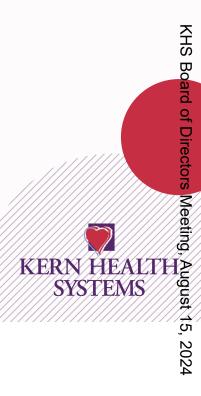


FAIR, BUT CAN DO BETTER

YELLOW

RED

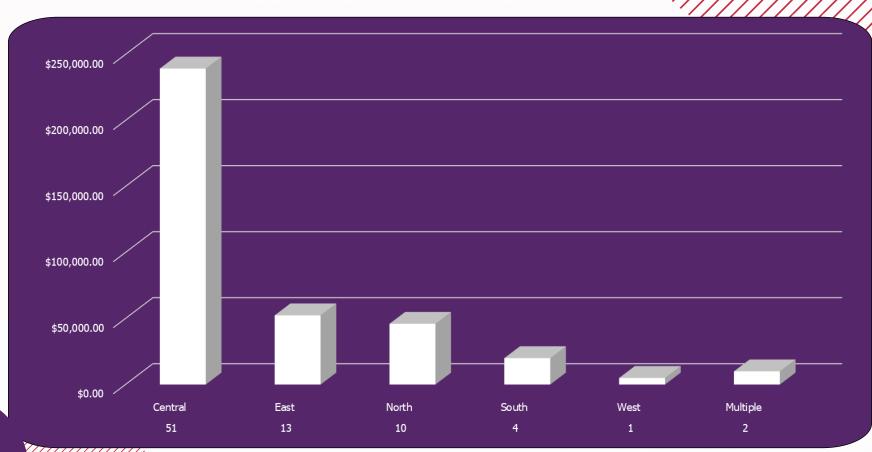
FOCUS AREA TO IMPROVE



MARKETING

COMMUNITY ENGAGEMENT

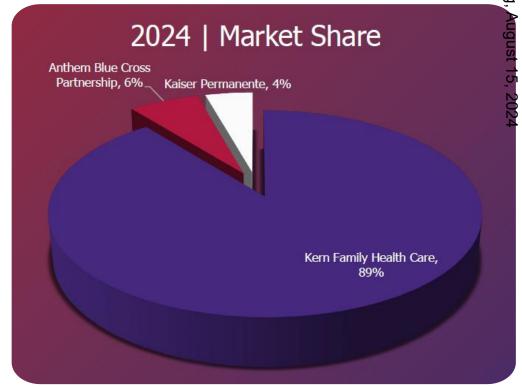
2024 COMMUNITY GRANT SUMMARY BY KERN REGION



KHS Board of Directors Meeting, August 15, 2024

KHS MEMBERSHIP BY COMPARISON

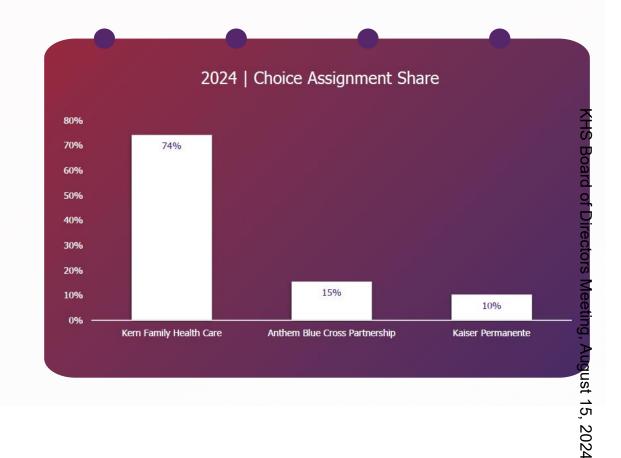
KERN FAMILY HEALTH CARE 89%
ANTHEM BLUE CROSS 6%
KAISER PERMANETE 4%



MARKETING

MEMBER CHOICE ASSIGNMENT COMPARISON

KERN FAMILY HEALTH CARE 74%
ANTHEM BLUE CROSS 15%
KAISER PERMANETE 10%



MEMBER ENGAGEMENT & RETENTION

AUGUST DISENROLLMENTS

Disenrollments 5
On Hold (5340)
Voluntary Disenrollment 329
Total 334 (5674)



January	February	March	April	May	June	July	Aug
70%	78%	79%	79%	78%	78%	78%	77%

MEMBER ENGAGEMENT & RENTENTION

GOALS & HIGHLIGHTS

Member Rewards
project is progressing
with an estimated
cutover to the new
vendor by October
2024

The strategy to use text messages for community event and mobile clinic event outreach will be implemented beginning August 2024

Member Medi-Cal renewal rate continues to track at -/+85% and efforts are ongoing to maintain and increase the rate of renewals

HEALTH EQUITY

HEALTH EQUITY

MEMBER & COMMUNITY

ACCESS, TRANSPORTATION, & TRUST

PROVIDER

PATIENT RELIABILITY & RESOURCES

EMPLOYEE

INTERNAL HURDLES, RELUCTANCE WITH FEEDBACK, & PERCEIVED INEQUITIES



HEALTH EQUITY

MEMBER & COMMUNITY

MEMBER & COMMUNITY CHALLENGES

Access

 Availability of providers/services for an appt (timeliness as well as service hours) availability of alternative options (telehealth)

Transportation

• Door to door vs curbside - No knowledge of benefit

Trust

• Often associated with two complaints above, people feel disconnected from system

MEETING THE CHALLENGE

KHS established the Kern Health Equity Partnership with the County, aligning our strategic goals with social determinants of health (SDOH). Our HEO leads subcommittees on Healthcare Access and Health Education & Outreach. Additionally, we participate in the IHI/DHCS Child Health Equity Collaborative, working with two providers on pilot programs to improve children's health outcomes.

) • • • • • •

PROVIDER CHALLENGES

Access

Patient No Shows

Transportation

• Insufficient resources, including the need to seek funding opportunities and build capacity for small to medium-sized practices, particularly in data management and understanding the bigger picture.

MEETING THE CHALLENGE

KHS has implemented the EPT Program, which now includes 12 practices eligible to earn up to \$7,619,527. We also offered cultural competency trainings focused on the South Asian community and the LGBTQIA++ population that were well-attended and well-received.

• • • • • • •

INAUGURAL SEXUALITY AND GENDER IDENTITY FORUM

JUNE 14, 2024 BAKERSFIELD COLLEGE

The event featured sessions on diverse topics, including affirming healthcare, trans healthcare, and 2sLGBTQIA+ intersections, aiming to equip local providers with essential skills to serve the community effectively.



KHS Board of Directors Meeting, August 15, 2024

HEALTH EQUITY

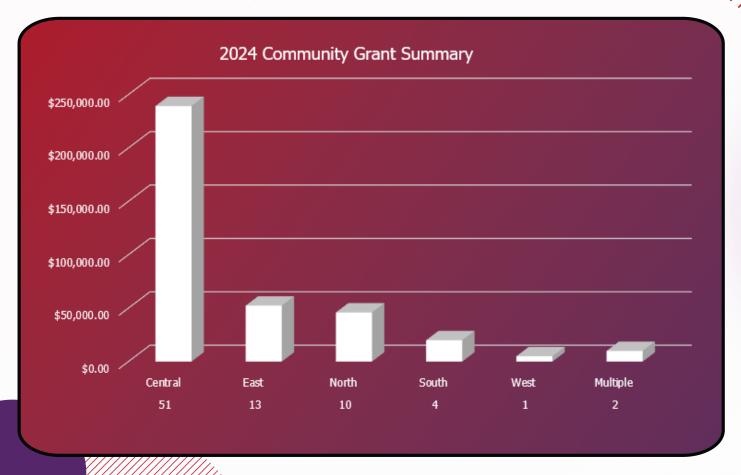
JOURNEY TO NCQA HEALTH EQUITY ACCREDITATION



COMMUNITY ENGAGEMENT

COMMUNITY ENGAGEMENT

2024 COMMUNITY GRANT SUMMARY



KHS has
donated to date 15, 2024
a total of
\$372,731.52 in
grant money to
81 organizations
to date in 2024.



COMMUNITY

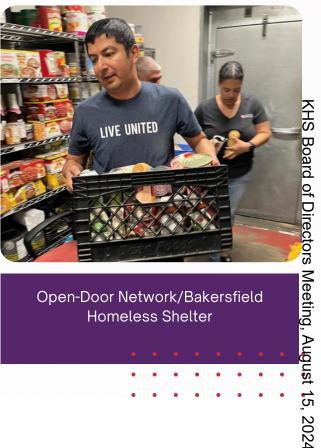




Greater Lamont Chamber of Commerce Back to School Event



Cuadrilla de La Semana

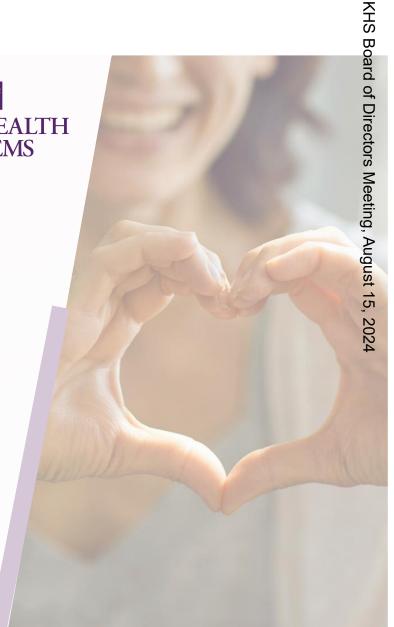


Open-Door Network/Bakersfield Homeless Shelter



THANK YOU







MEMORANDUM

TO: Kern Health Systems Board of Directors

FROM: Deborah Murr, Chief Compliance and Fraud Prevention Officer

SUBJECT: Compliance and Fraud Prevention Program Update

DATE: August 15, 2024

BACKGROUND

Compliance Program Update

Kern Health Systems (KHS) is mandated to maintain a robust Compliance Program that adheres to the regulatory standards of both the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) under the Knox-Keene license. These regulatory requirements, aligned with guidelines from the Office of Inspector General (OIG), guide all KHS operations, decisions, and communications.

The Governing Board is tasked with ensuring effective oversight of the Compliance Program's implementation and effectiveness. Regulatory demands remain high as KHS integrates new services and programs in accordance with state and federal contracts. Recent audits for 2023 are complete, with Corrective Action Plans under review by DHCS and DMHC.

KHS continues to manage fraud investigations, referring cases to the Department of Justice (DOJ) when necessary. Privacy concerns are investigated internally and reported to DHCS for further action.

Enterprise Risk Management (ERM) Initiative

In line with the OIG and DOJ guidelines for compliance program effectiveness, KHS is advancing its risk mitigation strategy through Enterprise Risk Management (ERM). ERM is a holistic approach that strategically manages risks across the organization, ensuring alignment with corporate objectives.

ERM involves identifying, assessing, and preparing for risks that could impact KHS's operations and goals. It focuses on communication and coordination among business units, fostering a unified approach to risk management. The ERM framework encompasses various risk domains, including compliance, legal, strategic, security, financial, and operational.

Continuous monitoring and development of key performance indicators are essential to assess ERM effectiveness. Risk assessments can be conducted internally or by external vendors, with data-driven action plans formulated for process improvements.

In response to guidance from the OIG and DOJ under the compliance program effectiveness guidelines, KHS has begun exploring opportunities to mitigate exposure and risk to our organization through completion of an Enterprise Risk Assessment.

This Quarter 2, 2024 report update outlines the ongoing efforts and updates in KHS's Compliance and Fraud Prevention Program and the newly initiated Enterprise Risk Management (ERM) framework. The integration of these updates ensures that KHS not only meets regulatory requirements but also proactively manages risks to enhance organizational resilience.

REQUESTED ACTION

Receive and file.

Compliance and Fraud Prevention Program Update



Compliance and Fraud Prevention Overview

Compliance & Fraud Prevention – Key Performance Indicators – (Attachment A)

Regulatory Audits

- DHCS
- DMHC
- Focused Audit

Fraud, Waste, and Abuse

- Process refinement
- Department of Justice

2024 Compliance Work Plan Update (Attachment B)

- Delegation oversight
 - Partnership
 - Pre-delegation and annual
- Training/Education
- Policy Management Platform
- Compliance Dashboard



Enterprise Risk Management

Enterprise Risk Management is defined as those Compliance risks relating to possible violations of applicable laws, regulations, contractual terms, standards, or internal policies where such violation could result in direct or indirect financial liability, civil or criminal penalties, regulatory sanctions, or other negative effects for the organization or its personnel.

Risk assessment is a necessary component of an effective compliance program as regulators recognize and emphasize the importance of assessing and managing risk as defined in:

- ☐ Department of Justice (DOJ) Evaluation of Corporate Compliance Programs
- ☐ Office of Inspector General (OIG) Measuring Compliance Program Effectiveness
- ☐ U.S. Sentencing Guidelines §8B2.1 Effective Compliance & Ethics Program



Focus Areas

	Eight Steps of Compliance											
Written Policies and Procedures	Designation of a Compliance Officer/ Committee	Training and Education Programs	Open Lines of Communication	Disciplinary policies to encourage good faith participation	A system for routine identification of compliance risk areas	A system for responding to compliance issues	A policy of non- intimidation and non-retaliation					
Fraud, Waste & Abuse, Anti- Kickback Statute, False Claims Act and Stark Law policies Whistle Blower/ Non- retaliation policy Clinical policies HIPAA Conflict of Interest Exclusion screening	Compliance Officer job description Compliance Committee Chair Oversight responsibility of the Program Prepare an Annual Compliance Report	Annual compliance training Compliance on-boarding training Monthly Spotlight Department training events Training at periodic all Staff meetings Ad Hoc training informs and train on recent events	Open door policy Compliance Hotline: allows individuals to report perceived compliance issues anonymously either online, through email, fax or mail	All members of organization are required to comply with applicable standards, laws, and procedures. Supervisors and/or Managers are accountable for the foreseeable compliance failures of their subordinates	Annual identification of top risks Ongoing audit and monitoring activities Ad hoc audits Monthly exclusion screening Maintain anonymous outside Hotline. Annual risk assessment Credentialing and peer review	Internal investigations and reporting Review of an Annual Conflict of Interest Disclosure Forms Process for reporting and resolving incidents	Whistleblower/ non-retaliation policy					



Compliance Program Evaluation

Department of Justice (DOJ) evaluation of an organization's well-designed compliance program seeks to understand how the organization has identified, assessed, and defined its risk profile, and the degree to which the program devotes appropriate scrutiny and resources to the spectrum of risks.

Office of Inspector General (OIG) measures compliance program effectiveness on its documented processes for risk assessment cycles, workplan development, and prioritization of risk with applicable risk partners (e.g., legal, Human resources, technical, risk management).



Risk Management Evaluation Process

Step 1: Identify risk areas

Step 2: Assess and prioritize risks

Step 3: Mitigate risks

Step 4: Monitor risk areas

Step 5: Report and repeat

Options for completion-

☐ Internal

☐ External vendor





Risk Management Evaluation Process (cont'd)

☐ Internal

- Potential for bias
- Certified internal auditor
- Staffing constraints/resources

☐ External

- Budgetary approval
- Request for Proposal (RFP)
- Extended timelines to initiate

Either will require strategies to develop or refine reporting mechanisms analysis, updated policy/procedures, process improvement actions, and ongoing monitoring and communication across the organization.



Next Steps

Chief Compliance and Fraud Prevention Officer will begin the Request for Proposal (RFP) process to seek an external partner to perform a Risk Assessment of KHS and develop a Risk Management program to ensure KHS's activities, internal controls and mitigation strategies align with DOJ and OIG requirements.

Proposed timeline-

•	August 19, 2024	

• September 2, 2024

• September 13, 2024

• September 23, 2024

October 10, 2024

• October 11, 2024

RFP release

Bidders Questions Due (1:00PM) Please e-mail.

KHS will e-mail responses to all Bidders

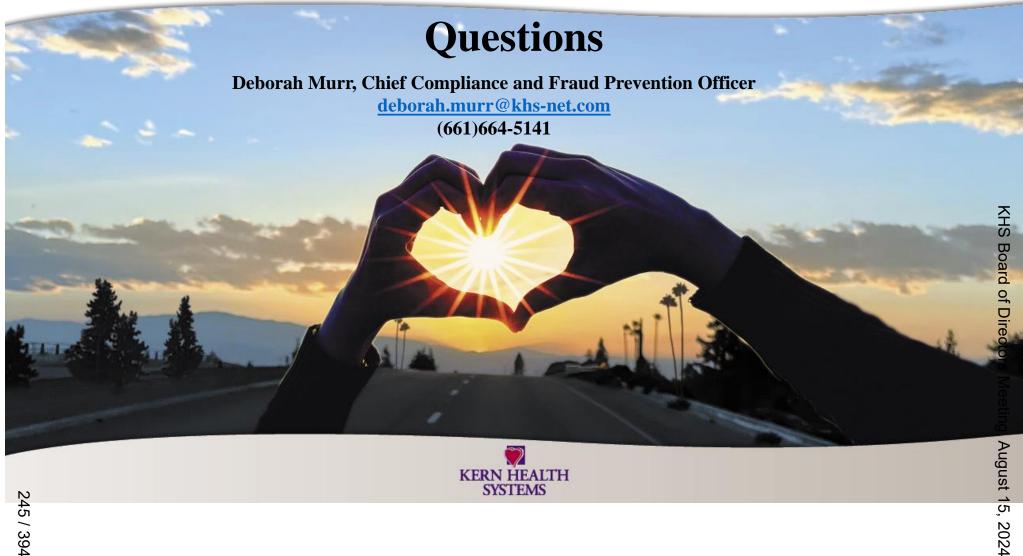
Proposals due (2:00PM)

Proposed contract presented to KHS Board for approval

Award Announcement



You + Us = a better day!



Attachment A

Compliance Key Performance Indicators Quarter 2 2024



Compliance Communications



All Plan Letter (APLs) & Guidance Letters



Department of Managed Health Care (DMHC)

 Awaiting DMHC feedback from 2023 Audit after KHS filed two submissions (April and June 2024).

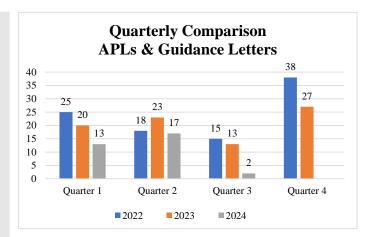
Department of Health Care Services (DHCS)

- 2023 Limited Scope Medical Audit and Focused Audit:
 - DHCS closed Corrective Action Plan (CAP) for Limited Scope Medical Audit on 06/05/2024
 - Received Preliminary Audit Report for Focused Audit portion on 06/18/2024; Response sent 07/10/2024, with updated response sent 07/22/2024. Awaiting Final Report.

Compliance Capsules:

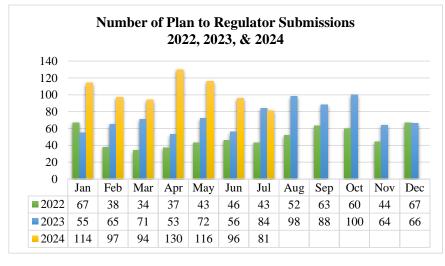
• June: Regulatory Agencies

• July: Anti-Kickback Statute and Stark Laws



All Plan Letters and Guidance Letters Received								
2022	2022 2023							
96	83	32						

m Regulatory Reports & Filings



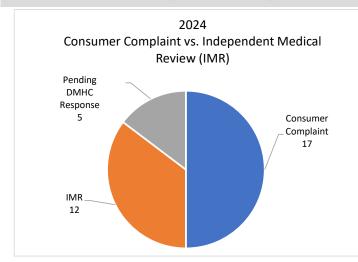
Regulatory Reports & Filings Submissions to Government Agencies									
Regulatory Agency	June 2024	July 2024							
DHCS	84	75							
DMHC	12	6							
Total	Total 96 81								

Note:

Approximately 60% increase in required submissions in 2024 compared to the same time period in 2023.







Decision	KHS Response	DMHC Response
Upheld	20	14
Overturned	2	6
Misdirected	8	6
Return to Plan (Grievance Process not completed prior to DMHC complaint)	2	
Services Never Denied	1	
In Process	1	8
Grand Total	34	34

Note: While transitioning the handling of Consumer Complaints to new personnel, the response for one (1) Consumer Complaint was submitted less than 24 hours late due to human error. Additional checks & balances have been implemented to prevent recurrence

HIPPA Breach Activity

HIPAA Breach Activity:

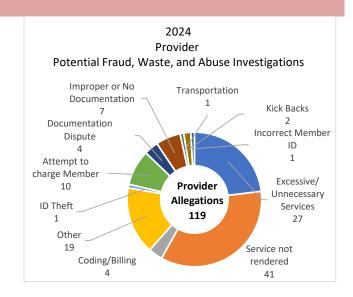
Summary of potential Protected Health Information ("PHI") disclosures for the time between May 22, 2024 and July 15, 2024:

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

During the period May 22nd to July 15th, 2024, the Compliance Department investigated and reviewed sixty (60) allegations of privacy concerns and four (4) 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 three (3) cases that are still under review by the State.

Fraud, Waste, and Abuse (FWA)





All Plan Letters (APLs) & Guidance Letters 5/22/24 to 7/15/24									
Department of Health Care Services (DHCS)									
APL 24-007 Targeted Provider Rate Increases (Issued 6/20/24) The purpose of this API requirements applicable	is to provide the Plan with guidance on Network Provider payment to Medi-Cal TRI.								
APL 24-008 Immunization Requirements (Issued 6/21/24) The purpose of this API services.	s to clarify requirements related to the provision of immunization								
Department of Managed Health Care (DMHC)									
	is to notify the Plan that the DMHC has revised the Request for (RHPI) and RHPI addendum form.								
Hospitals to Request Authorization for Post Stabilization Care (Issued 6/25/2024) more than one (1) call to enrollees.	is to remind the Plans they may not require a hospital to make o request authorization to provide post stabilization care to Plan								
Program Policies & program policies and reconstruction (Issued 6/28/2024) program policies and reconstruction previously published in	L is to inform the Plan of the DMHC Health Equity and Quality quirements. The instructions provided herein supersede those APL 22-028 and REVISED APL 23-029 ve Audits & Reviews								

Retrospective Audits & Reviews

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.

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.

Additional retrospective reviews have resumed, and updates will be provided in future reports.

	Regulatory Reports & Filings
Regulatory Reports & Filings Submission to Government Agencies	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. 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.
Regulatory Submission Volume	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.

DMHC Consumer Complaints & Independent Medical Reviews

KHS addresses and tracks enrollee complaints and requests for independent medical review (IMR) received from the DMHC. For the months of June and July 2024, a total of eighteen (18) Consumer Complaints were received, of which five (5) were sent on for Independent Medical Review, and four (4) still pending DMHC response.

Fraud, Waste, and Abuse (FWA)

The Plan investigates and reports information and evidence of alleged fraud, waste, & abuse cases to appropriate state and federal officials. Information compiled during an investigation is forwarded to the appropriate state and federal agencies as required. Through 07/26/2024, the Compliance Department has received 280 reported cases of alleged fraud, waste, or abuse, of which 146 were reported to DHCS. In 2024, we have already surpassed the total number of cases received in 2023.

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.
 - o Zero (0) findings on the state supported services portion of the audit.
 - o 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.
 - o DHCS closed the Corrective Action Plan as of 06/05/2024.

- For the Focused audit on Behavioral Health and Transportation, a preliminary audit report was received on 06/18/2024, with an exit conference being held with DHCS on 06/25/2024.
 - o The findings included four (4) items under Behavioral Health, and three (3) under Transportation.
 - The Behavioral Health preliminary findings surrounding coordination with the specialty mental health and substance use disorder benefits, which are carved out from KHS Medi-Cal benefits. During the audit period, KHS had already created a separate Behavioral Health Department and implemented corrective actions; however, since some of these actions were implemented during the audit period, DHCS still documented findings.
 - The Transportation preliminary findings were focused on our oversight and monitoring to ensure members receive door-to-door service, we are monitoring no show rates, and monitoring level of service modifications.
 - o KHS provided a response to the preliminary report on 07/10/2024, with a subsequent update on 07/22/2024. We partially disagreed with all findings.
 - o KHS is awaiting receipt of the final audit report.

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.

KERN HEALTH SYSTEMS 2024

Compliance Work Plan

Attachment B

ACTIVITY	DETAIL/TASK	TARGET DATE	ACCOUNTABILITY	Risk	STATUS	Q1 COMMENTS	Q2 COMMENTS	Q3 COMMENTS	Q4 COMMENTS
Compliance Plan		DATE							
A. Annual Review/Update of Compliance Documents and Written Policies and Procedures									
1. 2024 Compliance Work Plan	Create 2024 Compliance Plan		Chief Compliance Officer Director of Compliance						
	Obtain Board Approval of Compliance Work Plan	2/15/2024	Chief Compliance Officer		Complete				
2. Review/Update and Approval of Compliance Code of Conduct	Update Code of Conduct to align with 2024 DHCS Contract and obtain Board approval		Chief Compliance Officer Director of Compliance						
Obtain Board Approval of Compliance Code of Conduct	Obtain Board Approval of Compliance Code of Conduct	10/11/2024	Chief Compliance Officer		In Progress	Awaiting corporate updates to pillars to update Code of Conduct further.	Six (6) new pillars have been adopted an approved July 2024. Final revision to Code of Conduct in progress.		
Review/Update and Approval of Compliance Guide	Update Code of Conduct and obtain Board approval		Chief Compliance Officer Director of Compliance						
	Obtain Compliance Committee Approval of Compliance Guide	10/11/2024	Chief Compliance Officer		In Progress		Six (6) new pillars have been adopted an approved July 2024. Final revision to Code of Conduct in progress.	1	
3b. Obtain Board approval of Compliance Guide	Obtain Board approval of Compliance Guide	10/11/2024	Chief Compliance Officer		In Progress		Six (6) new pillars have been adopted an approved July 2024. Final revision to Code of Conduct in progress.	1	
4. Create 2024 Compliance Program	Create 2024 Compliance Program		Chief Compliance Officer Director of Compliance						
	Obtain Compliance Committee Approval of Compliance Program	3/29/2024	Chief Compliance Officer		Complete				
4b. Obtain Board approval of Compliance Program (Obtain Board approval of Compliance Program	2/15/2024	Chief Compliance Officer		Complete				
5. Coordinate Departmental Review/Update of all Policy and Procedures	Create schedule & ensure all policies		Compliance Manager Compliance Analyst Compliance Specialist						
5a. Create schedule and distribute to stakeholders	Create schedule for policy reviews and distribute	6/1/2024	Compliance Manager		Complete	Reconciliaton work in progress; policies identified that were not updated over past year for APLs/2024 Contract Readiness, which will be the initial focus for review.	7/5/2024 Notifications sent to department leadership/executives for annual policy review updates process.		
5b. Track to completion A	All policies to be reviewed by end of year	12/31/2024	Compliance Manager Compliance Analyst Compliance Specialist		In Progress		Ongoing monitoring for completed reivews and submissions for final approvals.		
	Provide quarterly update to Compliance Committee (number reviewed/to be reviewed by department)	Quarterly	Compliance Manager Compliance Analyst Compliance Specialist		In Progress	Reconciliation being finalized for NCQA, APL, 2024 DHCS Contract updates. Reporting will begin in Q2 Compliance Committee Meeting	Scheduled August 14, 2024		
	Review/Update all Compliance owned policy and procedures		Director of Compliance Compliance Manager						
6a. Create Public versions of policies where needed (e.g. C	Create public facing versions of identified policies (e.g. HIPAA; FWA; etc)	9/1/2024	Director of Compliance Compliance Analyst		In Progress	On track for publication by target date of 06/01/2024	Updated versions of HIPAA and FWA policies pending posting on website.		
3. Compliance Committee and Oversight									
Conduct Committee Meetings at least quarterly									
1a. Conduct Compliance Committee meetings at least quarterly	Create agenda, minutes and action items, related reporting and documents for review and hold meeting quarterly	Quarterly	Director of Compliance Compliance Manager		In Progress	Held February 29, 2024	Held May 8, 2024	Scheudled August 14, 2024	(
	Create agenda, minutes and action items, related reporting and documents for review and hold meeting	Quarterly	Director of Compliance Compliance Manager		In Progress	Held February 9, 2024	Held May 6, 2024	Scheduled August 5, 2024	
	quarterly		. 1						

2024 Compliance Work Plan FINAL 8.18.2024

KERN HEALTH SYSTEMS

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ACTIVITY	DETAIL/TASK	TARGET DATE	ACCOUNTABILITY			Q1 COMMENTS	Q2 COMMENTS	Q3 COMMENTS	Q4 COMMENTS
Review/update Committee Charters at least annually	Review/Update Charters and obtain Committee								
2a. Compliance Committee	Approvals Review/Update Charter	6/1/2024	Chief Compliance Officer		Delayed		Delayed in implementation Q3		
	Obtain Committee Approval on updated Charter	Q3 2024	Chief Compliance Officer		Delayed		Delayed in implementation Q3		
2b. FWA Committee	Review/Update Charter	6/1/2024	Chief Compliance Officer		Delayed		Delayed in implementation Q3		
2a.1 Obtain Committee Approval	Obtain Committee Approval on updated Charter	Q3 2024	Chief Compliance Officer		Delayed		Delayed in implementation Q3		
2c. Delegation Oversight Committee	Review/Update Charter	6/1/2024	Chief Compliance Officer		Delayed		Delayed in implementation Q3		
2c.1 Obtain Committee Approval	Obtain Committee Approval on updated Charter	Q3 2024 Bi-Monthly BOD	Chief Compliance Officer Chief Compliance and		Delayed		Delayed in implementation Q3		
Provide regular Compliance Updates to the Board of Directors		Meetings	Fraud Prevention Officer						
Effective Training and Education									
In coordination with HR, review/update Corporate Compliance ining for calendar year 2024									
1a. Compliance Training	Review/update Compliance Training	4/1/2024	Director of Compliance		Complete	Compliance working with Human Resources Learning and Development team to revise/refresh content and delivery of training	2024 FWA, HIPAA trainings updated and will be assigned to staff in August 2024		
1b. Fraud, Waste, and Abuse Training	Review/Update FWA Training	4/1/2024	Director of Compliance		Complete	Compliance working with Human Resources Learning and Development team to revise/refresh content and delivery of training	2024 FWA, HIPAA trainings updated and will be assigned to staff in August 2024		
1c. HIPAA/Privacy Training	Review/Update HIPAA/Privacy Training	4/1/2024	Director of Compliance		Complete	Compliance working with Human Resources Learning and Development team to revise/refresh content and delivery of training	2024 FWA, HIPAA trainings updated and will be assigned to staff in August 2024		
In coordination with HR, track/report on completion of andatory training (Compliance, FWA, HIPAA)	Track annual training to completion		Director of Compliance (HR resource TBD)						
2a. Report training status in quarterly Compliance Committee Meetings	Report status of training completions, by department, in quarterly Compliance Committee Meetings	Quarterly	Director of Compliance (HR resource TBD)		In Progress	Reported out in Compliance Committee Meeting 02/29/2024; will also be Q2 agenda item	Reported out in Compliance Committee Meeting 05/08/2024 and will continue to be an agenda item for each meeting.		
Review/Update New Hire Orientation Overview	Review/Update Compliance New Hire Orientation Overview	1/1/2024	Chief Compliance and Fraud Prevention Officer		Complete	Updated for 2024 in HR scheduled onboarding			
	Plan and Execute activities for annual Compliance & Ethics Week	11/15/2024	Compliance Manager Compliance Team Members		In Progress	onsourcing		Planning begins in September/October for November 2024	
Establish Compliance Training for Subcontractors	Establish content and method for delegated entity/subcontractor Compliance training	9/1/2024	Compliance Manager Director of Compliance		In Progress	Moved target date due to resource constraints related to regulatory audits		2021	
5a. Identify Delegated Entities/Subcontractors to receive training	Identify subcontractors to which Compliance Training applies	9/1/2024	Compliance Manager Director of Compliance		Complete	American Logistics VSP Health Dialog Language Line	Addionally delegated entities/vendors identified— All Med Cotiviti Hall Letter Harte Hanks LifeSigns SPH Analytics Web MD Ignite (Health Wise) Zelis (PaySpan)		
5b. Implement Compliance Training for Subcontractors	Implement delegated entity/identified subcontractor training	9/1/2024	Compliance Manager Director of Compliance		In Progress	Initial discussions with HR on potential use of new training platform. Currently re-reviewing DHCS contract to determine topics for delegate training.	Reviewing required topics for delegate training referencing increased number of identified delegates.		
Review and provide feedback on content of Provider Manual	Review and continually expand upon content of Provider Manual for Compliance-related topics	Quarterly	Compliance Manager Director of Compliance		In Progress	Director of Compliance added HIPAA/FWA language	Language added as identified		
Compliance distributes notifications to key stakeholders of any HCS-related meeting/webinar/presentations	Receive, review, distribute regulatory updates regarding trainings, webinars, meetings to relevant stakeholders	Ongoing	Compliance Manager		In Progress	Emails, webinar invitations, etc.	Emails, webinar invitations, etc.		

2 of 6 2024 Compliance Work Plan FINAL 8.18.2024

KERN HEALTH SYSTEMS 2024 Compliance Work Plan

inates with project team and key		Director of Compliance Compliance Analyst		In Progress	DHCS submissions/AIR completion Compliance Dashboard Health Equity Dashboard Reports	Compliance Dashboard Health		
				•	for PHM, UM, WP, PNM QNXT	PHM, UM, WP, PNM QNXT Config Updates MOU Status Reporting &		
W	Weekly [Director of Compliance		In Progress	Attended by Director of Compliance and CCO	Attended by Director of Compliance and CCO		
	Weekly	Manager of Compliance		In Progress	Attended by Director of Compliance and CCO	Attended by Director of Compliance and CCO		
nd report relevant updates to key stakeholders W	Weekly	Director of Compliance		In Progress	Attended by Director of Compliance and CCO	Attended by Director of Compliance and CCO		
As s		Director of Compliance Compliance Manager		In Progress	Attended by Director of Compliance and CCO	Attended by Director of Compliance and CCO		
Qu	Quarterly	Director of Compliance		In Progress	Attended by Director of Compliance and CCO	Attended by Director of Compliance and CCO		
М		Chief Compliance Officer Director of Compliance		In Progress	Attended by Director of Compliance and CCO	Attended by Director of Compliance and CCO		
Compliance Capsule email M the 15th of each month M		Compliance Manager Compliance Analysts		In Progress	and Member Privacy February 26, 2024-Privacy Protections/Permissions March	21, 2024- Centers for Medicare and	July 28, 2024- Anti-Kickback and Stark Law	
plement a compliance survey to om employees to evaluate how well ogram is functioning and identify areas thened.				Complete	Conducted 3/4/2024 (255 respondents)			
6/	5/1/2024	Director of Compliance		In Progress	Q1 Privacy protections	Q2 Enforcemnt		
					I			
A		,		In Progress	Governance			
A				In Progress	Regulatory Calendar Process	Compliance Training Process		
Bi-r	-montlhy	Chief Compliance Officer		In Progress	BOD February 15, 2024	BOD April 18, 2024	BOD August 18, 2024	
Oı		Compliance Manager Director of Compliance		In Progress	DHCS APL 23-001, 002, 003, 004, 005			
uttend meetings, request updates, in weekly meetings				In Progress	Director of Compliance attended weekly and provided feedback; transition to review of agenda by Compliance Auditor with oversight from Director of Compliance	Director of Compliance attended weekly and provided feedback; transition to review of agenda by Compliance Auditor with oversight from Director of Compliance		
attend meetings, request updates, in weekly meetings	weekly [Director of Compliance			Director of Compliance attended weekly meeting and responded to additional email reviews as needed.	Director of Compliance attended weekly meeting and responded to additional email reviews as needed.		
o pitiniti	memployees to evaluate how well gram is functioning and identify areas hened. 6 Bi cttend meetings, request updates, in weekly meetings ttend meetings, request updates, in weekly meetings	memployees to evaluate how well gram is functioning and identify areas hened. 6/1/2024 Ad hoc Ad hoc Bi-montthy Ongoing ttend meetings, request updates, in weekly meetings ttend meetings, request updates, weekly ttend meetings, request updates, weekly ttend meetings, request updates, weekly ttend meetings, request updates, weekly	memployees to evaluate how well gram is functioning and identify areas hened. Ad hoc Director of Compliance	memployees to evaluate how well gram is functioning and identify areas heried. Ad hoc Chief Compliance Officer	memployees to evaluate how well gram is functioning and identify areas hened. Ad hoc Chief Compliance Officer In Progress	plement a compliance survey to memployees to evaluate how well gram is functioning and identify areas hened. Compliance Compliance	plement a compliance survey to membloyees to evaluate how well gram is functioning and identify areas hened. 6/1/2024 Director of Compliance 6/1/2024 Director of Compliance In Progress Q1 Privacy protections Q2 Enforcemnt Ad hoc Chief Compliance Officer Director of Complia	25, 2024 - FWA Medicaid (CMS) 26, 2024 - FWA Medicaid (CMS) 27, 2024 - FWA Medicaid (CMS) 28, 2024 - FWA Medicaid (CMS) 29, 2024 - FWA Medicaid (CMS) 20, 2024 - FWA Medicaid (CMS)

2024 Compliance Work Plan FINAL 8.18.2024

KERN HEALTH SYSTEMS

2024	
Compliance Work Plan	

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ACTIVITY	DETAIL/TASK	TARGET DATE	ACCOUNTABILITY			Q1 COMMENTS	Q2 COMMENTS	Q3 COMMENTS	Q4 COMMENTS
. Incorporate further emphasis on disciplinary standards into compliance materials, trainings, policies, and new hire orientation		Ongoing	Director of Compliance		In Progress	Updated Compliance program to outline disciplinary standards	Working with HR Learning and Development for process for accountability for addressing late or incomplete trainings	г	
Routine Monitoring and Identification of Compliance Risks									
Complete Risk Assessments and incorporate into Compliance uditing/Monitoring Plan for 2025			Director of Compliance						
1a. 2023 APLs		8/30/2024	Director of Compliance		In Progress		Retrospecitve audits and internal audits inlcuded as part of monitoring plan		
1b. 2023 DHCS Medical Survey Findings 1c. 2023 DMHC Medical Survey Findings		8/30/2024 8/30/2024	Director of Compliance Director of Compliance	-	In Progress In Progress				
Prior Regulatory Audits		8/30/2024	Director of Compliance		In Progress				
Establish Routine monthly Operational Reporting for Monitoring/Oversight/Identification of Potential Compliance Issues e.g. Grievance timeliness)		9/30/2024	Director of Compliance		In Progress	Currently working on development of Compliance Dashboard and identifying additional reports to be included in Q2 Compliance Committee	Dashboard development delayed - still testing the first measures.		
. Report on items being monitored in quarterly Compliance committee Meeting		Quarterly	Director of Compliance		In Progress	Currently working on development of Compliance Dashboard and identifying additional reports to be included in Q2 Compliance Committee	Dashboard development moving delayed - still testing the first measures.		
5. Conduct and report out on all audits in the Compliance Committee Meeting (# TBD)		Q3 2024	Director of Compliance		In Progress	Results of grievance audit reported in 02/29/2024 Meeting	Results of two additional grievance audits and three utilization management activities underway and draft reporting in 05/08/2024 meeting.	Population Health Management internal audit planned for Q3 2024	
Procedures and Systems for Prompt Response to Compliance Issues									
. Create Compliance Issues Tracking Log			Director of Compliance						
Report on status of Compliance Issues in quarterly Compliance Committee Meetings		Quarterly	Director of Compliance Manager of Compliance		In Progress	Tracking Log has been created and will be reported upon in 1st quarter 2024 Compliance Committee Meeting (April/May)	Delayed until August meeting due to resource constraints and receipt of audit reports		
Create Compliance Policy for Prompt Response to compliance ssues (include tracking mechanism, reporting, CAP process)			Director of Compliance		In Progress	Policy drafted; will be routed for signatures in published by Q2.			
2b. Report on status of CAPS in quarterly Compliance Committee Meetings		Quarterly	Director of Compliance		In Progress	VSP Cap discussed in 4th Quarter Delegation Oversight Committee meeting held 02/26/2024 FWA CAP discussed in FWA Subcommittee 02/09/2024	Continued reporting out in Delegation Oversight meeting 05/07/2024 and FWA Committee meeting on 05/08/2024	VSP CAP closed with ongoing monitoring of access and availability of vision services.	
. Fraud, Waste, and Abuse (FWA)									
. Attend DOJ FWA Trainings		Quarterly/ Annual	Director of Compliance Chief Compliance Officer Compliance Analyst		In Progress	Q1 meeting schedule 3/26/2024- FWA/SIU and Manager Audits and Investigations attending	Q2 meeting held 05/07/2024 and attended by CCO, Manager of Audits & Investigations, and Sr. Compliancy Analyst		
. Review/Update Annual FWA Plan	Review, update, and submit annual FWA plan to DMHC	4/1/2024	Director of Compliance		In Progress	Began review and on track to submit to DMHC by target date			
Facilitate FWA Data Mining Workgroup at least every other nonth	Facilitate workgroup meetings and prioritize	Ongoing	Chief Compliance and Fraud Prevention Officer Director of Compliance		In Progress	Submit to Divinio by target date			

2024 Compliance Work Plan FINAL 8.18.2024 4 of 6

KERN HEALTH SYSTEMS 2024 Compliance Work Plan

ACTIVITY	DETAIL/TASK	TARGET	ACCOUNTABILITY	Risk	STATUS	Q1 COMMENTS	Q2 COMMENTS	Q3 COMMENTS	Q4 COMMENTS
AGIMIT	BETALETAGK	DATE	NOOONIABILITI	TUSK	STATOS	- QT SSMMENTS	QE SOMMENTS	QU USMIMERTO	a TOOMMENTO
3b. Faciiltate FWA Workgroup monthly/quarterly focused on complicated/high risk/Corrective Action Plans		Ongoing	Director of Compliance / Compliance Analyst FWA/CAP Workgroup		In Progress	Meetings held to review and obtain consensus on approach to suspected FWA	Internal compliance FWA workgroup meetings bi-weekly to address high risk		
Conduct investigations regarding potential FWA and provide Updated FWA Reporting to FWA Committee		Ongoing	Director of Compliance / Compliance Analyst		In Progress	Updates reported in 02/09/2024 FWA Subcommittee Meeting	Updates reported in 05/06/2024 FWA Subcommittee Meeting Status reporting submitted to DHCS on 04/30/2024 in alignment with 2024 contract.	Scheduled August 5, 2024	
I. Delegation Oversight									
Schedule & Coordinate Annual Delegation Oversight Audits									
1a. VSP		6/1/2024	Compliance/PNM/UM		In Progress	Audit Entrance Letter finalized and provided to VSP; finalizing dates of audit	Pre-Audit deliverables due June with completion targeted by mid- July	Joint operations meeting minutes and performance reivew 7/30/2024	
1b. American Logistics (AL)		6/1/2024	Compliance/Member Services Marketing		In Progress	Unannounced portion of audit (required by 2024 DHCS Contract) scheduled for 03/21/2024. Audit letter drafted	Results of unannounced portion discussed in Delegation Oversight meeting 05/07/2024; Final announced audit letter on target to be sent by mid-May for audit in June/July.	Joint operations meeting minutes and performance reivew 7/30/2024	
1c. Health Dialog		6/1/2024	ИМ		In Progress		Finalized list of requests on 05/07/2024 and will be communicated to Health Dialogue by mid-May	Health Dialogue acquired by Care Net for Nurse Advice Line services with KHS. Pre-delegation audit in progress.	
1d. Language Line		6/1/2024	Compliance/Cultural and Linguistics Health Equity		In Progress	Cultural Linguistics reported out on oversight in 02/08/2024 Meeting	Cultural Linguistics reported out on oversight in 05/07/2024 Delegation Oversight Committee Meeting	Joint operations meeting minutes and performance reivew 7/30/2024	
Participate in quarterly delegated subcontractor joint operating meetings (JOM)									2
3a. Kaiser		Ongoing	Director of Compliance		Complete	Kaiser JOM no longer occurring due to termination of contract effective 12/31/2023		Scheduled 8/22/2024	Č
3b. VSP		Ongoing	Director of Compliance		In Progress	Director of Compliance attended Q1 meeting 02/01/2024	Director of Compliance attended Q1 meeting 05/02/2024		
3c. AL		Ongoing	Director of Compliance		In Progress	Director of Compliance attended Q1 meeting 02/29/2024	CCO attended meeting 6/27/2024) 2 2
3d. Health Dialog		Ongoing	Director of Compliance		In Progress	Director of Compliance attended Q1 meeting 02/22/2024		Scheduled 9/4/2024	
3e. Language Line		Ongoing	Director of Compliance		In Progress	Q 1 mooning 02/22/2021			<u> </u>
Create delegation reporting and compliance plan Delegation Function Matrix Updates		6/1/2024	Director of Compliance Director of Compliance		Complete	Completed as part of 2024 DHCS Contract Readiness and published to website; will be updated as needed if new delegates identified			= ()
4b. Delegation Justification and Plan		6/1/2024	Director of Compliance		Complete	Completed as part of 2024 DHCS Contract Readiness and published to website; will be updated as needed if new delegates identified			o Modern 8, August
4c. Contract Requirements Grid		6/1/2024	Director of Compliance		Complete	Completed as part of 2024 DHCS Contract Readiness and published to website; will be updated as needed if new delegates identified			<u>.</u>
5. Track Delegated Entity Compliance with APLs through APL grid	Distribute APL grid and follow up as needed with subcontractors to complete; report out on status in	5th of the month following each	Compliance Manager						á
attestation at least quarterly	Delegation Oversight Committee quarterly	quarter							ت ح
5a. Report status of Delegates APL compliance quarterly	Report status in Delegation Oversight Committee meeting quarterly	Quarterly	Compliance Manager		In Progress		Reported in 05/07/2024 Delegation Oversight Committee Meeting; grid for Q1 sent to VSP		กุร
77									_

2024 Compliance Work Plan FINAL 8.18.2024

KHS Board of Directors Meeting, August 15, 2024

KERN HEALTH SYSTEMS 2024 Compliance Work Plan

1	ACTIVITY	DETAIL/TASK	TARGET DATE	ACCOUNTABILITY	Risk	STATUS	Q1 COMMENTS	Q2 COMMENTS	Q3 COMMENTS	Q4 COMMENTS
	5b. Determine if/how to incorporate other subcontractors and	Distribute APL grid and track to ensure responses	Quarterly	Compliance Manager		In Progress				
	which subcontractors and begin distribution/tracking	received	Quantony	Compilance Manager		r rogroco				

2024 Compliance Work Plan FINAL 8.18.2024 6 of 6



MEMORANDUM

TO: Kern Health Systems Board of Directors

FROM: Alan Avery, Chief Operating Officer

SUBJECT: 2nd Quarter 2024 Operations Report

DATE: August 15, 2024

Kern Health System's (KHS) Operational Departments met all regulatory requirements during the 2nd Quarter of 2024.

CLAIMS

We continued to experience an increase in the number of incoming provider claims received during the 2nd Quarter of 2024, receiving 1.5 million claims which was an increase of 105,478 claims over the 1st quarter claims volume. In the past 12 months, KHS has seen a 23% overall increase in provider claims submission. This increase can be attributed to the significant increase in new KHS membership, retention of members thru the redetermination process, and members once again seeking healthcare services. With the explosive membership growth in the 1st quarter, we project this increase in provider claim volume will continue throughout the year.

Due to the significant increase in claims volume management is continually monitoring incoming claims inventory and making adjustments to resources as needed to ensure we meet our performance and regulatory metrics. We are confident that we have systems in place to manage the increased number of claim receipts as 99% of claims continue to be submitted electronically with only 1% of the claims received via paper. These paper claims are then converted into an electronic file format allowing them to load electronically into the KHS claims workflow. Once loaded into the claims workflow, the QNXT core system processes them automatically. The auto adjudication of the claims continued to remain consistently high at 87%, meaning claims were received and processed without any manual intervention.

The Claims Department Provider Call Center continues to handle a consistently high volume of provider calls seeking clarification regarding provider claims payment processing questions. During the 2nd Quarter we noticed the call volume remained high at 9374 calls, but leveled off somewhat from January, which reported an all-time high of 10,000 calls from provider offices. We estimate call volume into the Claims Department Provider Call Center will continue to remain strong in 2024 due to the significant member increase and corresponding claim volume.

MEMBER SERVICES

Member and Provider calls to the Member Services Department came back in line with previous quarters reporting with a slight increased due to the January membership growth. Key indicators (abandonment rate, average speed to answer and average talk time) are all aligned with normal trends. The top five reasons members call Member Services continues to remain the same even with the significant January membership growth: (1) New Member questions (2) PCP changes (3) Making demographic changes (4) Requesting replacement ID Cards (5) Checking referral status.

Outbound call volume continues to follow similar trends of the previous two quarters. We continued to experience significant walk-in traffic with 1228 members who had questions regarding their new Plan, ID card replacement along with requesting assistance with the renewal of their Medi-Cal enrollment and redetermination process.

On-site member visits in the 2nd Quarter followed similar visit trends to address their questions, pick up new ID cards along with seeking assistance with renewing their Medi-Cal enrollment. We continue to successfully manage incoming phone activity by encouraging members to obtain their own personal account on the KHS Member Portal. Currently 81,752 members have online accounts which allows them to perform all of the top five reasons they would normally call Member Services.

PROVIDER RELATIONS

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

The Primary Care Provider (PCP) network looked very similar to the previous quarter with modest growth of 2.4% with 476 total PCP providers while the specialty provider network had a minor decrease of 5 net new providers during the 2nd Quarter. Our complete contracted provider network consisted of 4,125 providers at the close of the Quarter.

The Department monitors network capacity/adequacy via a Full-Time Equivalency (FTE) provider to member ratio, based on regulatory requirements. For PCPs, the regulatory standard is one FTE PCP for every 2,000 members. As of the 2nd Quarter of 2024, the Plan maintained a network of one FTE PCP for every 1,809 members, meeting the requirement. The Plan is also required to maintain a network of one FTE physician for every 1,200 members. As of the 2nd Quarter, the Plan maintained a network of one FTE Physician for every 294 members, meeting the requirement. Even as our membership continues to grow, the Plan's network continues to meet all regulatory capacity/adequacy requirements. PNM maintains ongoing recruitment and contracting efforts to promote network growth and ensure access to care for Plan members.

The last key provider network indicator that we continually monitor, and report is PCP and Specialty care appointment availability. Non-urgent PCP appointments must be available within 10 days. During the 2nd Quarter, the PCPs provided visits on average within 3.2 days. Non-urgent appointments with a specialist must be available within 15 days. Our specialist appointment is currently at 6.8 days.

GRIEVANCE REPORT

Total grievances for the 2nd quarter decreased overall by 12%, normalizing to similar grievance reporting trends in 2023. However, there are several grievance categories that are trending slightly higher including Access to Care, Other Issues and Quality of Care. We did not find any obvious identifiers for the increase in volume of these categories and we are continuing to

monitor going forward to identify any trends. The volume of Exempt grievances decreased by 37%, meaning the number of simple complaints that required minimal research and follow-up was greatly reduced. Grievance staff shifted their emphasis on research to the increased formal grievances which increased by 14%. We are not overly concerned with this slight increase but will continue to monitor closely, looking for patterns to make corrective adjustments.

DHCS requires health plans to forward copies of all member discrimination grievances within 10 days to their office of Civil Rights when members allege discrimination based on any characteristic protected by federal or state nondiscrimination laws. Characteristics protected by federal, or state nondiscrimination laws include sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental ability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, creed, or health status. The plan received 81 grievances classified as discrimination during the 2nd Quarter reporting period compared to 60 received during the 1st Quarter. We believe this increase can be attributed to the significant membership growth in January along with the increased patient visits. All discrimination grievances were reported timely to DHCS Office of Civil Rights.

Part two of the Grievance Report is the disposition of the formal grievances. Following the review and investigation of the 538 Potential Inappropriate Care by the Quality Department, 359 of the decisions were upheld, 94 were overturned and ruled in favor of the member and 85 grievances were still under review by the Quality Department. The remaining 1,514 grievances were reviewed and managed by the Grievance Coordinators, 721 of the decisions were upheld by the Plan, 411 were overturned and ruled in favor of the member and 287 were still under review. The primary reason for overturning the original decision of the grievance occurs when we receive additional supporting documentation from the member or the provider.

To fully comprehend the dynamics and relativity of the grievance volume, the plan calculates the number of grievances received in relation to the number of medical visits and the enrollment. During the 2^{nd} Quarter, there was over 1.5 million medical encounters provided to our 400,000 members many of whom are new to managed care. In total, KHS received 1.41 grievances per 1,000 members per month, within the range of the other LHPC Plan averages of 1.00 - 3.99 per month.

REQUESTED ACTION

Receive and file.

2nd Quarter 2024 Operations & Performance

Alan Avery
Chief Operating Officer



2nd Quarter 2024 Claims Department Indicators

Activity	Goal	2 nd Quarter 2024	Statu9,3 74s	1 st Quarter 2024	4 th Quarter	3 rd Quarter	2 nd Quarter 2023
Claims Received		1,490,017		1,384,539	1,222,704	1,093,561	1,146,582
Electronic	95%	99%		99%	99%	99%	99%
Paper	5%	1%		1%	1%	1%	1%
Claims Processed Within 30 days	90%	99%		97%	95%	98%	98%
Claims Processed within 45 days	95%	99%		99%	99%	99%	99%
Claims Processed within 90 days	99%	100%		100%	100%	100%	100%
Claims Inventory-Under 30 days	96%	99%		99%	99%	99%	99%
31-45 days	<3%	<1%		<1%	<1	<1%	<1%
Over 45 days	<1%	<1%		<1%	<1	<1%	<1%
Auto Adjudication	85%	87%		85%	87%	85%	87%
Audited Claims with Errors	<3%	<2%		<2%	<2%	<2%	<2%
Claims Disputes	<5%	<1%		<1%	<1%	<1	<1%
Provider Calls (New Category)		9,374		10,194	7,343	7,379	8,129

KHS Board of Directors Meeting, August 15, 2024

SYSTEMS

SYSTEMS

2nd Quarter 2024 Member Service Indicators

Activity	Goal	2 nd Quarter 2024	Status	1 st Quarter 2024	4 th Quarter	3 rd Quarter	2 nd Quarter 2023	
Incoming Calls		72,308		84,175	56,804	72,186	63,691	
Abandonment Rate	<5%	1%		10%	3%	5%	1%	
Avg. Answer Speed	<2:00	:15		2:22	:43	1:32	:18	
Average Talk Time	<9:00	9:10		10:20	9:26	8:54	8:39	
Top Reasons for Member Calls	Trend	 New Member PCP Change Demographic Changes ID Card Referrals 		 New Member PCP Change Demographic Changes ID Card Referrals 	 New Member PCP Change Demographic Changes ID Card Referrals 	 New Member PCP Change Demographic Changes ID Card Referrals 	 New Member PCP Change Demographic Changes ID Card Referrals 	
Outbound Calls	Trend	68,943		71,842	63,700	84,535	84,668	
# of Walk Ins	Trend	1228		1510	1163	1138	901	
Member Portal Accounts-Q/Total	4%	4466 81,752 (20.36%)		6825* 78,462 (19.14%)	3097 70,461 (19.45%)	3402 67,101 (18.21%)	3292 63,698 (17.03%)	

2nd Quarter 2024 Human Resources Indicators

Activity		3rd Quarter 2023	4th Quarter 2023	1st Quarter 2024	2nd Quarter 2024
Staffing Count	Budgeted FTEs 758	559	600	630	668
Employee Turnover	N/A	9.12%	8.72%	12.37%	10.80%
Turnover Reasons	Voluntary (17)	69.40%	70.20%	52.60%	58.80%
	Involuntary (4)	25%	25.50%	42.10%	32.40%
	Retired (1)	5.60%	4.30%	5.30%	5.90%

SYSTEMS

2nd Quarter 2024 Provider Network Indicators

Activity	Goal	2 nd Quarter 2024	Status	1 st Quarter 2024	4 th Quarter	3 rd Quarter	2 nd Quarter 2023
Provider Counts							
# of PCP		476		465	471	458	449
% Growth		2.37%		[1.27%]	2.84%	2.0%	2.51%
# of Specialist		559		564	546	518	502
% Growth		[.89%]		3.30%	5.41%	3.19%	[.39%]
FTE PCP Ratio	1:2000	1:1809		1:1889	1:1579	1:1760	1:1829
FTE Physician Ratio	1:1200	1:294		1:291	1:283	1:345	1:397
PCP	< 10 days	3.2 days		2.7 days	3.7 days	3.7 days	1.9 days
Specialty	< 15 days	6.8 days		4.9 days	8.1 days	5.0 days	9.6 days

2nd Quarter 2024 Grievance Report

Category2	Q2 2024	Status	Issue	Q1 2024	Q4	Q3	Q2 2023
Access to Care	541		Appointment Availability	384	347	254	235
Coverage Dispute	0		Authorizations and Pharmacy	0	0	0	0
Medical Necessity	357		Questioning denial of service	385	423	383	421
Other Issues	118		Miscellaneous	64	39	52	55
Potential Inappropriate Care	538		Questioning services provided. All PIC identified cases forwarded to Quality Dept.	572	522	490	703
Quality of Service	417		Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department	338	296	258	282
Discrimination (New Category)	81		Alleging discrimination based on the protected characteristics	60	40	32	64
Total Formal Grievances	2052			1803	1667	1469	1760
Exempt	1177		Exempt Grievances-	1881	1620	1328	1870
Total Grievances (Formal & Exempt)	3229			3684	3287	2797	3630

KHS Grievances per 1,000 members – 1.41 LHPC Average 1.0 – 3.99/month



Additional Insights-Formal Grievance Detail

Issue234	2024 2 nd Quarter Grievances	Upheld Plan Decision	Further Review by Quality	Overturned Ruled for Member	Still Under Review
Access to Care	262	127	0	98	37
Coverage Dispute	0	0	0	0	0
Specialist Access	279	126	0	108	45
Medical Necessity	357	224	0	116	17
Other Issues	118	77	0	17	24
Potential Inappropriate Care	538	359	85	94	0
Quality of Service	417	279	0	69	69
Discrimination	81	68	0	3	10
Total	2052	1260	85	505	202



Questions

For additional information, please contact:

Alan Avery
Chief Operating Officer
(661) 664-5005



KHS Board of Directors Meeting, August 15, 2024



MEMORANDUM

TO: Kern Health Systems Board of Directors

FROM: Martha Tasinga, MD, MPH, MBA

SUBJECT: Chief Medical Officer Report

DATE: August 15, 2024

BACKGROUND

The Chief Medical Officer's presentation provides an update on Physician Services, Inpatient Utilization, Outpatient Services, Emergency Room Visits, Obstetric Services, Community Support Services (CSS) 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



MARTHA TASINGA MD.MPH.MBA

AUGUST 15, 2024

CHIEF MEDICAL OFFICER REPORT



COMMUNITY SUPPORT SERVICES

COMMUNITY SUPPORT SERVICES (CSS)

What is CSS?

- Services provided by Medi-Cal managed care plans as cost-effective alternatives to traditional medical services or settings.
- They are designed to address social drivers of health (factors in people's lives that influence their health

Our CSS Goal:

- Allow Members to obtain care in the least restrictive setting possible and to keep them in the community as medically appropriate
- Substitute for, and potentially decrease utilization of, a range of covered Medi-Cal benefits, such as hospital care, nursing facility care, and emergency department (ED) use.

CURRENT COMMUNITY SUPPORT SERVICES

- •Housing Transition Navigation Services
- Housing Deposits
- •Housing Tenancy and Sustaining Services
- •Short-Term Post-Hospitalization Housing
- •Recuperative Care (Medical Respite)
- •Day Habilitation Programs
- Caregiver Respite Services
- •Nursing Facility Transition/Diversion to
- Assisted Living Facilities

- •Community Transition Services/Nursing
- •Facility Transition to a Home
- •Personal Care and Homemaker Services
- •Environmental Accessibility Adaptations
- •(Home Modifications)
- Medically Supportive Food/Meals/Medically
- Tailored Meals
- Sobering Centers
- Asthma Remediation

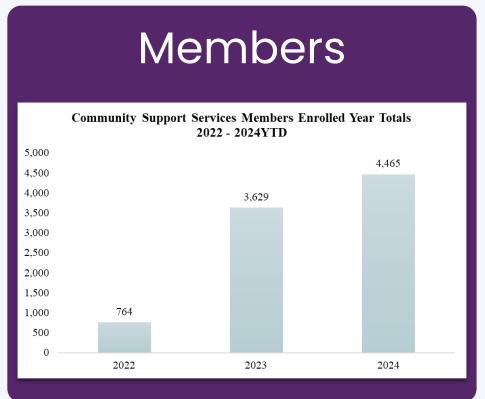
COMMUNITY

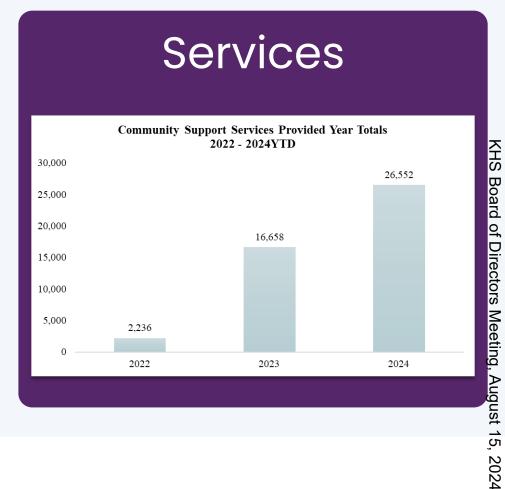
CSS Enrollment & Program Partners

What initially began with four Community Based Organizations has now evolved into a network of 20 unique Community Based Organization offering a total of 51 services across Kern County.

Program Providers	
Housing Authority of Kern	Kern Behavioral Health & Recover Services
CAPK	SD Consulting
EA Family Services	Community Wellness Program
CityServe	24 Hour Home Care
St. Vincent Preventative Care	GA Food Services
Good Samaritan Healing Center	Modify Health
Papo Hernandez, Respite, Rest & Recovery Services	Mom's Meals
Kern Medical Center	Roots Food Group
Central California Asthma Collaborative	Bento
Bakersfield Community Healthcare	Habitat for Humanity

CSS Membership and Service Growth





CSS HIGHLIGHT: Housing Services



The Community Support Services team is pleased to showcase a success story achieved through Community Action Partnership of Kern (CAPK) housing trio services, which encompass Housing Navigation, Deposits, and Sustainability

Housing Navigation

Housing transition services help members secure housing by conducting a comprehensive tenant screening and housing assessment to identify preferences and barriers. Services include searching for housing, assisting with applications and documentation, benefits advocacy, and securing rental subsidies and resources for expenses.

Housing Deposits

Housing Deposits assist with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household that do not constitute room and board. such as: security deposits, utility setup fees, and necessary health and safety services like pest control and cleaning before occupancy.



Housing Sustainability

Housing Sustainability provides tenancy and sustaining services, with a goal of maintaining safe and stable tenancy once housing is secured

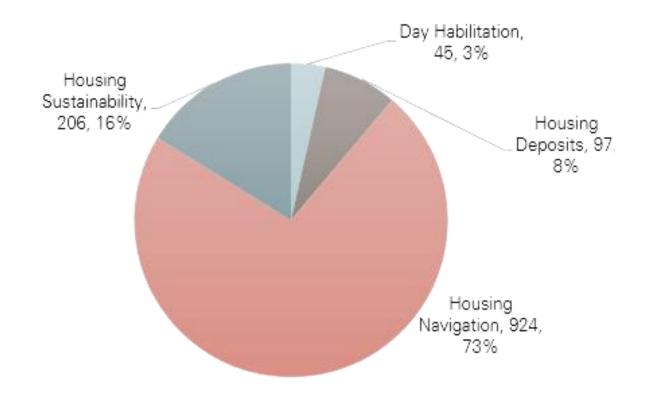
KHS Board of Directors Meeting, August 15, 2024

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CSS HIGHLIGHT: Housing Services



Community Support Services | CAPK Program Participants 2022 - 2024YTD



CSS 2023 DHCS UPDATES

DHCS has determined:

MCPs do not need to actively assess or report on cost effectiveness for Community Supports at the MCP or individual level for the purposes of rate setting or compliance with federal requirement.

DHCS is conducting statewide aggregate analyses of the cost effectiveness of each of the approved Community Supports services.

Preapproved Community Supports are cost-effective and medically appropriate substitutes for covered Medi-Cal services or settings.

Nothing shall prohibit MCPs from using utilization management techniques as applicable and as permitted by federal managed care regulations.

2024 possible Rental Assistance effective 2025

INCAS UPDATE

KHS MCAS MY2024 vs. **MY2023 Comparison**

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

*W30 0-15m does not display an accurate rate, issue is being reviewed.

KERN HEALTH **SYSTEMS**

MY2024 Trending Performance

MCAS MY2024 Performance Trending Metrics through June 2024 CDEV CHL CIS **FUA FUM** HBD IMA LSC TFLCH W30 WCV MPL YoY CHL Adults and Peds AMR **BCS** CBP CCS CDEV HITS FOR MPL (104) HITS FOR MPL 10,041 HITS FOR MPL 2,336

> +1.54 % change +3.70 % change Jun'23 49.59% Jun'23 35.72%

> > FUM 30 Day Follow-up

HITS FOR MPL 150

+3.49 % change Jun'23 15.37%

-1.67 % change Jun'23 69.80%

W30 0 - 15 Months

HITS FOR MPL 5,772

-6.53 % change

Jun'23 48.37%

HBD HBA1C >9%

%

HITS FOR MPL 1,529

-22.48 % change Jun'23 36.89%

+2.58 % change Jun'23 14.20%

+0.01 % change

Jun'23 45.26%

HITS FOR MPL (121)

+11.20 % change Jun'23 53.47%

W30 15 - 30 Months

HITS FOR MPL 491

+1.00 % change

Jun'23 26.37%

HITS FOR MPL 323

+3.79 % change Jun'23 57.89%

WCV

HITS FOR MPL 38,290

+0.88 % change Jun'23 22.30%

FUA 30 Day Follow-up

HITS FOR MPL 1,147

+8.56 % change

Jun'23 67.27%

-4.43 % change Jun'23 17.47%

PPC Post

HITS FOR MPL 578

+3.13 % change

Jun'23 59.88%

+9.94 % change Jun'23 11.58%

PPC Pre

HITS FOR MPL 1,811

+2.65 % change

Jun'23 34.28%

TFI CH

HITS FOR MPL (16,493)

+11.61 % change

Jun'23 17.55%

KHS MCAS MY2024 **Trending Rates**

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

*W30 0-15m does not display an accurate rate, issue is being reviewed.

KERN HEALTH **SYSTEMS**

MY2024 YTD Performance



MPL: 52.60% MPL: 61.31% Under MPL by 0.84% Under MPL by 20.65%

FUM 30 Day Follow-up

HITS FOR MPI 180

MPL: 54.87% Under MPL by 36.78% HITS FOR MPL 5,607

HBD HBA1C >9%

Under MPL by 14.46%

MPL: 37.96% Under MPL by 32.42% Inverted Measure

W30 0 - 15 Months

HITS FOR MPL 433

IMA

Under MPL by 17.33%

MPL: 34.31% Under MPL by 6.18%

W30 15 - 30 Months

HITS FOR MPI 172

MPL: 66.76% Under MPL by 2.71% LSC

Under MPL by 8.83%

HITS FOR MPL (167)

MPL: 62.79% Over MPL by 2.62%

WCV

HITS FOR MPL 33,640

MPL: 48.07% Under MPL by 22.27%

MPL: 36.34% MPL: 30.90% Under MPL by 17.80% Under MPL by 14.52% PPC Post PPC Pre HITS FOR MPL 565 MPL: 78.10%

Over MPL by 9.35%

AMR is not held to MPL.

CIS

HITS FOR MPL 1,133

Under MPL by 13.89%

HITS FOR MPL 1,873

FUA 30 Day Follow-up

HITS FOR MPL 139

MPL: 84.23% Under MPL by 45.99% HITS FOR MPI (16 585)

TELCH

MPL: 19.30% Over MPL by 10.09%

MPL: 58.38% Under MPL by 43.31%

HITS FOR MPL 1,502

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

Provider Meetings

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

Provider Collaborations

Endocrinologist maintaining program for Diabetic members, managing a group of members with uncontrolled Diabetes. The goal of the program is to improve members'A1C levels with the appropriate interventions. This is an incentive-based reimbursement structure I ·The QP leadership team is in the process of establishing an API to allow appointment scheduling for this population directly with the Endocrinologist's office.

Mobile Units

Pharmacy provider establishing routine vaccine events focused on children ages 2 and older.

Large provider groups are operational and on track with grant milestones. Various initiatives partnering with school districts and community organizations focused on children's domain of care.

KHS supporting various efforts with targeted call campaigns and geomapping insights for prime event locations.

Member Engagement

Member Engagement Reward Program (MERP) Campaigns:

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

PHYSICIAN SERVICES UTILIZATION

•SPDs utilization PMPM continue to be above projections

Second 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



KHS Board of Di<mark>rectors Mee</mark>ting, August 15, 2024

Refer to **Attachment A** for full Detail

INPATIENT UTILIZATION

- Admits per 1000 per member per month for 2nd Qtr. of 2024 is higher than projections for all AID codes
- The cost per bed day is higher than projection but remains stable since June 2024 for AID Codes.
- 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 2nd 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
- Outpatient utilization for the SPDs is higher than projections
- Oost per Outpatient hospital visit for all AID codes is higher than projections
- Preliminary analysis is showing increase utilization of hospital observation level of care
- Observation level of care is reported under hospital outpatient services
- Will continue a deeper dive analysis to determine the reasons for the increase in utilization of this level of care

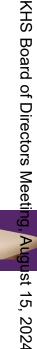
Refer to Attachment A for full Detail

EMERGENCY ROOM VISITS

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

OBSTETRIC SERVICES UTILIZATION

- Majority of deliveries occurring at Kern Medical and BMH
- C/Section rate is 23%
- We recently revised how we track and report the obstetrical data to be consistent with the Agency for Healthcare Research and Quality (AHRQ)
- In 2021, half of California hospitals' c-section rates were higher than the Healthy People 2030 target of 23.6%.
- Doing more analysis to identify any opportunities for improvement





Kern Health Systems

KHS Medical Management
Performance Dashboard
(Critical Performance Measurements)



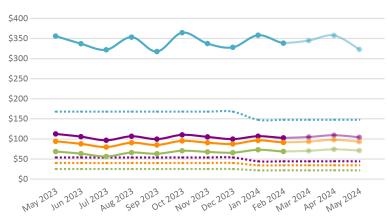


Physician Services

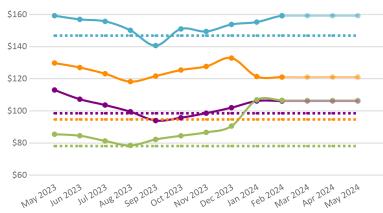
(Includes: Primary Care Physician Services, Referral Specialty Services, Other Professional Services and Urgent Care)

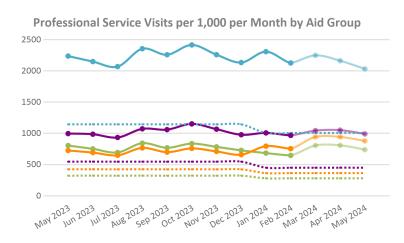


Professional Services Incurred by Aid Group PMPM

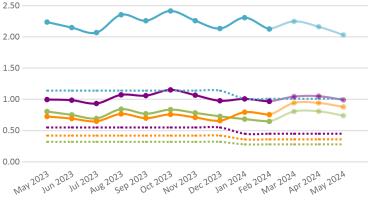


Cost per Professional Service Visit by Aid Group











\$0

Governed Reporting System

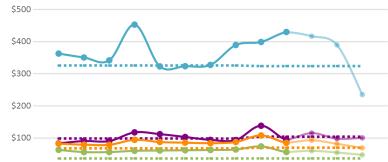


Inpatient

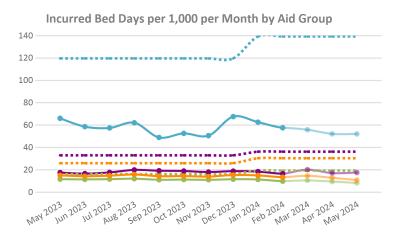
(Includes: Inpatient Hospital Claims)



Inpatient Services Incurred by Aid Group PMPM







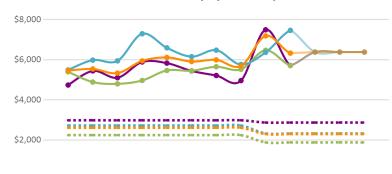
Cost Per Bed Day by Aid Group

Total Combined - Actual

Total Combined - Forecast

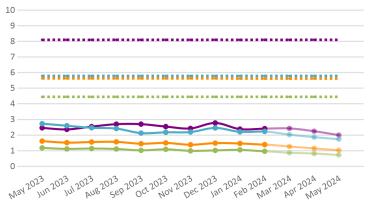
· · · · · Total Combined - Budget

KHS Board of Directors Meeting, August 15, 2024





Average Length of Stay in Days by Aid Group

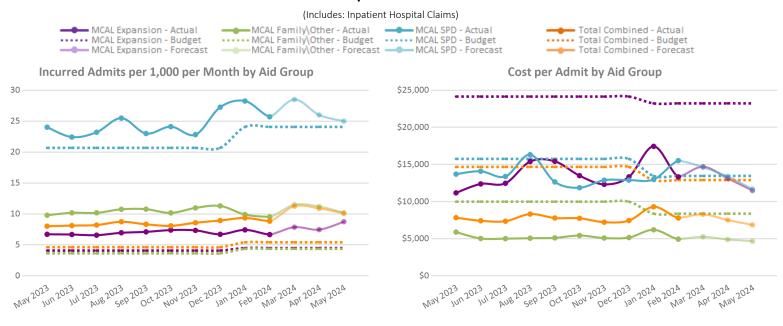


Services provided through: 5/31/2024

Claims Paid through: 6/30/2024



Inpatient



Services provided through: 5/31/2024

Claims Paid through: 6/30/2024



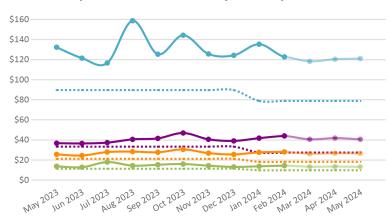


Outpatient Hospital

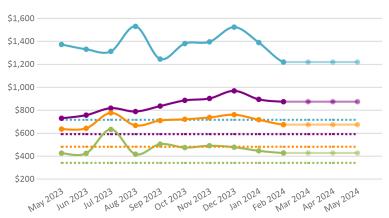
(Includes: Outpatient Diagnostic, Outpatient Surgery, Outpatient Observation, and Outpatient Other)



Outpatient Services Incurred by Aid Group PMPM

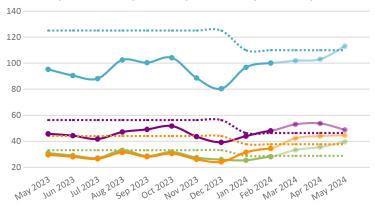


Cost Per Outpatient Visit by Aid Group

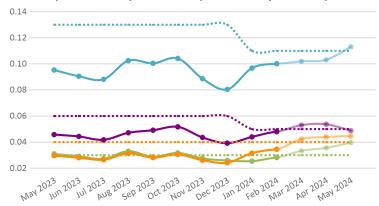


KHS Board of Directors Meeting, August 15, 2024





Outpatient Visits per Member per Month by Aid Group



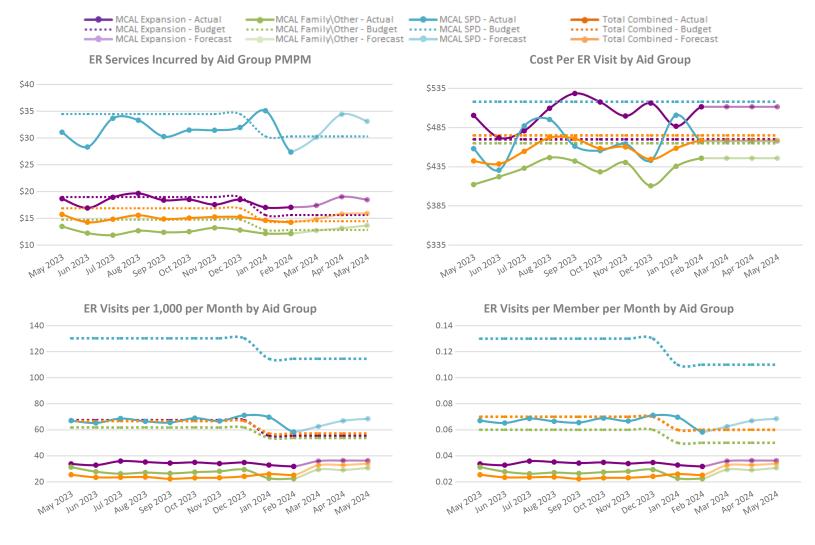
Services provided through: 5/31/2024

Claims Paid through: 6/30/2024



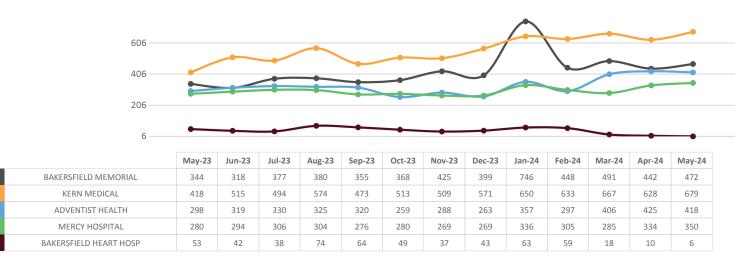


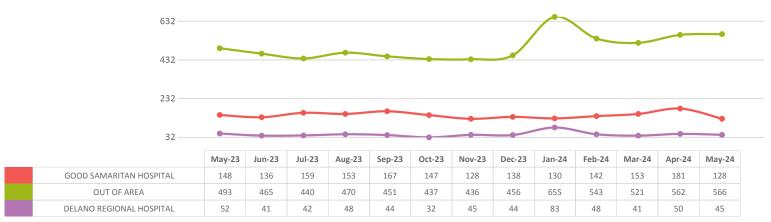
Emergency Room





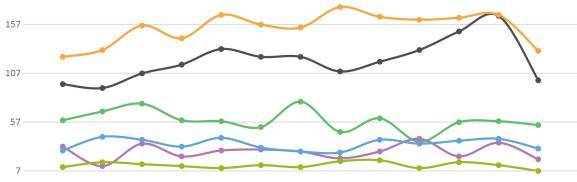
Inpatient Admits by Hospital



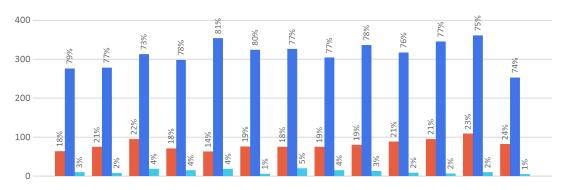




Obstetrics Metrics



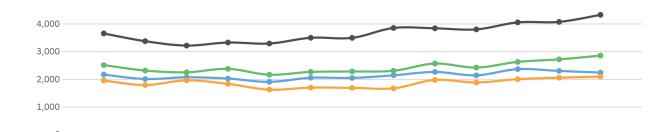
	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
BAKERSFIELD MEMORIAL	96	92	107	116	132	124	124	109	119	131	150	166	100
KERN MEDICAL	124	131	156	143	167	157	154	175	165	162	164	167	130
MERCY HOSPITAL	59	68	76	59	58	52	78	47	61	37	57	58	54
ADVENTIST HEALTH	28	42	39	32	41	31	27	26	39	35	38	40	30
DELANO REGIONAL HOSPITAL	32	12	35	22	28	29	27	20	27	40	22	36	19
OTHER	11	16	14	12	10	13	11	17	18	10	16	13	7



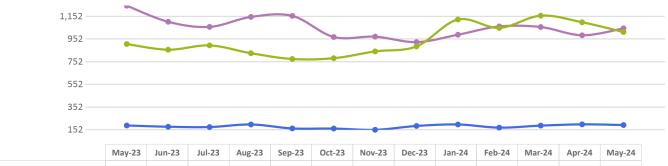
	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
VAGINAL DELIVERY	276	278	313	298	354	324	326	304	336	317	345	361	253
C-SECTION DELIVERY	64	75	95	71	63	76	75	75	80	89	95	109	82
PREVIOUS C-SECTION DELIVERY	10	8	19	15	19	6	20	15	13	9	7	10	5



Emergency Visits by Hospital



	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
BAKERSFIELD MEMORIAL	3,659	3,380	3,222	3,332	3,296	3,503	3,500	3,857	3,846	3,807	4,059	4,077	4,332
MERCY HOSPITAL	2,518	2,320	2,256	2,381	2,169	2,271	2,286	2,312	2,572	2,427	2,633	2,723	2,860
ADVENTIST HEALTH	2,176	2,014	2,079	2,030	1,911	2,060	2,054	2,147	2,269	2,147	2,371	2,307	2,246
KERN MEDICAL	1,960	1,796	1,965	1,839	1,631	1,702	1,694	1,677	1,981	1,888	2,009	2,061	2,099



	IVIay-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	IVIay-24
DELANO REGIONAL HOSPITAL	1,246	1,104	1,059	1,147	1,156	970	973	925	990	1,063	1,058	985	1,046
OUT OF AREA	908	858	896	827	776	783	843	887	1,124	1,050	1,158	1,100	1,014
KERN VALLEY HEALTHCARE	190	179	176	199	164	163	152	186	199	171	189	200	194



BOARD OF DIRECTOR'S MEETING

Chief Executive Officer's Report **Emily Duran**

August 15, 2024



KHS CORPORATE STRATEGIC PLAN

The KHS strategic plan outlines the priority areas for the organization and serves as a roadmap for 2023 – 2025. Included under <u>Attachment A: Strategic Plan Q2 2024 Status Report</u> is a breakdown of the key strategic plan accomplishments from the 2nd Quarter of 2024. Overall, KHS remains on track in accomplishing the strategic goals, as outlined in the attachment.

LEGISLSTIVE SUMMARY

2024 State Legislation - The Legislature adjourned for summer recess in early July, with members of the Legislature returning to their districts. The Legislature reconvened in Sacramento on August 5th. Upon their return, they head right into fiscal committee hearings to deliberate the fiscal implications of hundreds of bills still moving through the legislative process. A significant portion of bills initially heard in the respective fiscal committees will be placed on the suspense file, where further fiscal scrutiny will take place. The following week, both fiscal committees will meet to dispense with their respective suspense files before the August 16th fiscal deadline. Bills that clear the suspense file will have their day on the house floors. Bills that are held on suspense are "dead" for the year. The last two weeks of August will be limited to floor sessions only, where the legislature will work to pass as many bills off the floor as possible before wrapping up their business for the year on August 31st.

During this time, KHS Government Relations team has continued communication with local elected officials and staff regarding our remaining legislative priorities. With only a handful of weeks before the Legislature adjourns for the year, KHS staff will continue to advocate via our trade associations and local elected officials on remaining legislative priorities for KHS. The 2024 bill tracking document is included under **Attachment B: Bill Tracking** and currently includes over 40 potentially impactful bills.

2024-2025 Final State Budget - After a month of negotiations, the Newsom Administration and the Legislature came to an agreement on a \$297.9 billion budget deal after closing an estimated \$46.8 billion budget deficit. This deal includes widespread cuts to state run government programs, delayed funding for existing programs, pauses on some business tax credits, and an increased reliance on the MCO Tax. The Legislature and the administration largely avoided some of its deepest budget cuts in hopes that future revenue will be better. The Legislature has passed the agreement, and Governor Newsom has signed the final budget proposal.

The final MCO Tax agreement included 2025 rate increases for other medical professions that were left out of the budget agreement from last year such as private duty nurses, adult day center and community health workers. To further complicate matters, these added groups are also left out of an upcoming November ballot measure that would cement the MCO Tax structure that was agreed to last year. Because of this, the State won't have the final details on 2025 Targeted Provider Rate Increases until later this year.



The final budget agreement also included cuts to the Equity and Practice Transformation program as outlined in the Governor's May Revision. This includes reductions in the program from the initial \$700 million over five years to \$140 million over 3 years. The remaining funds will continue to support Cohort 1; however, the funding reduction will require that the program be reformulated to include a reduced number and different milestones, and a shorter program period. DHCS is conducting public-facing communications for practices currently in the program and key stakeholders to clearly articulate the impact of the funding reduction.

Also included in the budget is a provision granting the Department of Health Care Services authority to enact a fee on health plans, both commercial and Medi-Cal, to fund a third-party contractor associated with the California Youth and Behavioral Health Initiative. In the next couple of weeks, DHCS will construct the fee and more detail will be available to health plans. The KHS Government Relations team continues to engage State Departments on regulatory and policy matters, along with our Trade Associations and other partners on areas that are critical to our organization.

MCO Tax Ballot Initiative (Prop 35) – As noted above there is a November ballot measure which would put into statute the MCO Tax structure that was agreed to during last year's State Budget cycle. This would codify the distribution of certain portions of the MCO Tax revenues to increase provider rates. Historically the MCO Tax has been used to backfill the State's General Fund. Throughout the first half of the year a broad-based coalition of providers, hospitals, and health centers engaged in finalizing the measure language and gathering the required signatures to qualify for the November ballot. In May, both the Democratic and Republican Party voted to endorse the measure at their respective conventions. As of early July, the initiative officially qualified and was given a number (Proposition 35). Currently there is no registered opposition to the initiative, but the Governor's Administration is anticipated to oppose the measure due to restrictions it puts on State spending options. You can find more information about Prop 35 at the Secretary of State's website - Qualified Statewide Ballot Measures: California Secretary of State

LHPC - Local Plan Support for Hospital Partners

Local plans, which cover 70% of Medi-Cal managed care enrollees, are providing critical support to hospitals to maintain access to essential services. This support has mitigated the challenges hospitals face, including pandemic recovery, inflation, increased demand, and workforce shortages. Local plans are also advocating for policy solutions to address the underfunding of the Medi-Cal program, particularly for financially distressed hospitals serving many Medi-Cal patients. Their focus areas include Quality Incentive Payments, Emergency Grants and Capital Support, Programs to Decrease ED Usage, Transition of Care, Workforce Development, and Hospital Directed Payments.

Attachment C: LHPC Local Plans Support Hospitals



GRANTS AND STRATEGIC INITIATIVES 2023 – 2025

Community-Based Initiative: Community-Based Initiative: All 15 Community Based Organizations (CBO's) have initiated projects aligned with their scope of work. In Q3 of 2024, KHS would like to highlight Community Interventions. The organization received funding for their project Love in Action 2.0 where they conduct 3 healing support groups per week. The purpose of the project is to increase the use of mental health and wellness supports for populations who are marginalized, fragile, and newly engaging in mental wellness supports. A total of 203 community members have attended the healing circles from February 2024 to June 2024.

- Quality Grant: All 10 providers have initiated projects using the grant funding. In Q3 of 2024, KHS would like to highlight Vanguard. Through this quality grant, the provider is prioritizing appointments for well child visits as well as cancer and reproductive health gaps. From November 2023 to June 2024, provider has completed 836 well child visits. Provider has seen positive improvement for the Developmental Screening in the First 3 Years of Life (CDEV) increasing from 14.71% in March 2024 to 27.03% in July 2024. The Minimum Performance Level (MPL) for this measure is 34.70%.
- Recruitment and Retention (R&R) Grant: All contracts under this grant program have been fully executed. Below is a snapshot of the progress on the R&R Grant. Since the last CEO Report from June of 2024, the R&R grant has helped recruit an additional 7 providers, bringing the total to 13.

Recruitment and Retention (R&R)	Since Last CEO Report	As of 7/15/2024
Physicians Recruited under R&R	7	13
Physicians Retained under R&R	-	4
Transportation Services Rendered Kern Valley Healthcare District	340	1,430

• Healthcare Workforce Initiative: All nine (9) organizations have successfully executed their contracts and initiated projects. Clinica Sierra Vista (CSV) has completed the project and secured land to expand their new Rio Bravo Family Residency program. As summer break ends and the new fall semester starts, CSUB, Cerro Coso, and Taft College are picking back up and successfully completing their milestones towards the nursing programs. In regards to the residency programs, Dignity Health is continuously making efforts towards their milestones, floorplans are currently in review with the City and a General Contractor has been selected. Adventist Health has selected a consultant to begin their feasibility study for the Family Medicine Residency Program.



INCENTIVE PAYMENT PROGRAM FUNDING

Background

All nine (9) organizations have successfully executed their contracts and initiated projects. Clinica Sierra Vista (CSV) has completed the project and secured land to expand their new Rio Bravo Family Residency program. As summer break ends and the new fall semester starts, CSUB, Cerro Coso, and Taft College are picking back up and successfully completing their milestones towards the nursing programs. In regards to the residency programs, Dignity Health is continuously making efforts towards their milestones, floorplans are currently in review with the City and a General Contractor has been selected. Adventist Health has selected a consultant to begin their feasibility study for the Family Medicine Residency Program.

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 funds have been drawn down.

IPP Program Year 2 | January 1, 2023 - December 31, 2023

In the June 2024 Board Report, it was noted that three (3) providers were still outstanding with their IPP PY2 milestones with a due date of 6/30/2024. As of July 2024, one (1) ECM provider and one (1) CSS provider have completed their milestones. However, an extension was made to the remaining ECM provider, Bakersfield American Indian Health Project, to extend their last milestone to 9/30/2024. 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 to the last provider with their milestone.

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 Q3 of 2024, KHS would like to highlight Clinica Sierra Vista (CSV) for going live with their Lamont ECM Program on June 1, 2024. CSV will be expanding their services for Children and Youth, as well as individuals recently released from incarceration, offering support for a seamless transition into the community.

IPP Next Steps:

As programs are going live, milestones are being successfully completed, the grants team is preparing reimbursements and providing support with ongoing projects. The measurement period for IPP PY3 has come to an end, so the team is prioritizing and preparing to finalize data submission to Department of Health Care Services (DHCS) 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.

Among the 18 participating providers/Community-Based Organizations (CBOs), 14 have successfully completed their projects, drawing down all allocated funds. The four (4) remaining CBO's are making continuous progress towards completion of projects: California Veterans Assistance Foundation, Chaparral Medical Group, Housing Authority Norther - Chester, and Housing Authority - Youth. Ongoing engagement will remain with the four (4) outstanding projects which are due to be completed by December 31, 2024.

Q2 2024 Updates

Among the 18 participating providers/Community-Based Organizations (CBOs), 14 have successfully completed their projects, drawing down all allocated funds. The four (4) remaining CBO's are making continuous progress towards completion of projects: California Veterans Assistance Foundation, Chaparral Medical Group, Housing Authority Norther - Chester, and Housing Authority - Youth.

HHIP Next Steps:

Ongoing engagement will remain with the four (4) outstanding projects which are due to be completed by December 31, 2024.



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. KHS has received \$10,744,807.00 under the SBHIP program, earned through reaching established milestones of each targeted intervention. Data sharing agreements remain in progress between KHS and KCSOS to share basic student/member information. There also remains high potential to create a county/district wide electronic records system.

All districts remain on target to meet their defined milestones and outcomes. KHS submitted the DHCS Bi-quarterly update report on each district's targeted interventions on June 30, 2024. No response has been received to date regarding acceptance by DHCS. The four domains of focus, substance use disorder, parenting and family services behavioral health and wellness, and strengthening partnerships, aim to improve access and assistance at the school sites, thereby delivering care to the students and their families.

A Student Wellness Center is near completion to house the additional 9 behavioral health providers, Social Workers, Clinicians, and AmeriCorps. Current Family Resource Centers have offered expanded services for parenting programs and improved coordination of care for behavioral health services. Promotora models and linkages with Fresno State Parent University provides valuable resources to both parents and community. Early Childhood Development programs focusing on the provision of stimulating home environment are encouraging and facilitating early success in school for Pre-K and Kindergarten age children. Foster your and homelessness case management and wrap around services are provider critical support and wrap around services for this vulnerable age group.

KHS, Blue Cross, and Kaiser have agreed in principle to the Memorandum of Understanding (MOU) content. KCSOS is reviewing to finalize the joint, collaborative Memorandum of Understanding (MOU) scheduled for final execution before end of 2024.



EQUITY AND PRACTICE TRANSFORMATION (EPT) PROGRAM

Background

The Equity and Practice Transformation (EPT) Program is designed to support healthcare practices in achieving equity and transformation goals. Managed Care Plans (MCPs) play a crucial role in this initiative by providing necessary funding and support to practices. This funding helps practices implement changes that promote equitable healthcare delivery. The Department of Health Care Services (DHCS) oversees the program and allocates funding based on specific milestones achieved by participating practices.

Update

• Survey Completion Deadline:

MCPs must complete the survey by Monday, August 5th, end of business. This is to ensure practices receive the necessary information before the August 9th opt-out deadline.

• Milestone Payment Commitment:

MCPs are being asked to commit to advancing the first completed milestone payment for each practice, totaling \$310,264 for all 12 practices. DHCS has agreed to pay MCP funding tied to this milestone by Spring 2025, originally scheduled for October 2024.

• Funding Reductions:

The total EPT funding allocations have been reduced from \$26,225,000 to \$7,619,527. DHCS is filing the reduced allocations by provider.

KHS JUNE 2024 ENROLLMENT:

Member Demographics

Member Age	
0-5	12%
18-Jun	31%
19-44	35%
45-64	16%
65+	6%

	Ethnicity	
	Hispanic	63%
	Caucasian	16%
	No Valid Data	10%
	African American	6%
	Asian Indian	1%
	Filipino	1%
Ī	Other	3%

Language	
English	67%
Spanish	32%
Other	1%

Percentage Increase in Membership from previous month

				Enrollment Type			
	FAMILY-ADULT	FAMILY-CHILD	FAMILY-OTHERS'	Seniors & Persons with Disabilities (SPDs)	Adult Expansion	Long Term Care	Total KHS Medi-Cal Managed Care Enrollment
2024-07	74,624	167,933	23,368	22,427	112,388	511	401,251
2024-08	74,543	167,226	23,328	22,513	112,282	516	400,408
% Change	-0.1%	-0.4%	-0.2%	-0.4%	-0.1%	-1.0%	-0.2%

Enrollment Update: The Kern County Department of Human Services continues their "automated discontinuance process" for Medi-Cal Redeterminations when beneficiaries do not complete the Annual Eligibility Redetermination process.



COMMUNITY EVENTS

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

KHS will share spons	orship in the following	events in August and September:	
Organization Name	Event Name	Purpose	Donated Amoun
Vision y Compromiso	Back to School Summer Fest	This event will provide food, resources, backpacks and school supplies to kids before returning to school.	\$2,500
United Way of Central Eastern California - Fire Relief Fund	Borel Fire Relief Fundraiser	Support those affected by the Borel Fire.	\$2,000
Kern County Child Support Services	15th Annual Ready- Set Back 2 School	The goal is to educate families with children and teens about the resources available to them to create healthy and self-sufficient families.	\$2,500
Kern County Hispanic Chamber of Commerce	45th Annual California Hispanic Chamber of Commerce Statewide Convention Kick-Off and Conference	The Annual CHCC Convention brings together Hispanic business owners, corporate executives, and members from over 125 local and regional Hispanic Chambers of Commerce and diverse business associations nationwide. It allows all attendees to establish strategic, long-lasting partnerships through direct personal engagement, sharing of best practices, dialogue, networking, workshops, and more. The Annual Convention has become the largest networking venue for Hispanic and diverse businesses in the Western region.	\$15,000
Sisters We Are Built For This	Women's Retreat	Women's Retreat experience, aiming to educate women in the areas of Finance, Mental and Physical Health, Self-Care, Vaccinations, Advocacy Skills, Social Awareness, and the value of sisterhood and community. Expecting approximately 150+ women to attend. Since there is a cost to attend, scholarships would enable more women, especially those who might qualify for Medi-Cal, to attend who otherwise would not be able to make it.	\$3,000
Kern Valley Hospital Foundation	River Rhythms, Crab Fest, KVHD Health Fair	Support local scholarship programs for those going into the medical, public safety or stem fields. KVHD is also exploring the possibility of adding exercise equipment at Mountain Mesa Park encouraging the community to be more physically active.	\$5,000
Save a Life Kern County SALT	10th Annual Stomp Out Suicide Walk: A DECADE OF HOPE	Their mission is to honor those who have died by suicide while continuing to focus on reducing the rate of suicide in Kern County throughout the month of September.	\$1,000
Housing and Opportunity Foundation of Kern	Rock The Foundation	Proceeds support programs and activities that benefit Housing Authority of Kern residents, and other low- income residents.	\$5,000
Kern County Hispanic Chamber of Commerce	El Grito de Dolores	Support local commemoration of Mexican Independence.	\$5,000



Empowerment Dess Perkins Foundation	Grateful Gala	Dedicated to empowering at-risk youth and sex/human trafficking victims, helping them overcome their past and build a positive and resilient future. Restore hope to the hopeless, disenfranchised, at-risk, and victims turned survivors.	\$2,500
Kern Athletic Fencing Foundation	4th Annual En Garde Gala	Support at-risk students by improving their academic, social, physical well-being through sports participation,	\$1,500
		health education, and tutoring.	
CSF Medical Non-	7th Annual "Sharing	The community will have access to early diagnostic,	\$5,000
Profit Foundation	the Hope"	preventive screenings, and medical care.	
	Community Wellness		
	Health Fair		***
MADD Kern County	Walk Like MADD	Their mission is to both raise awareness and end drunk	\$1,000
	Dash	and drugged driving, serve the victims /survivors of	
Bakersfield Memorial	Under The Tuscan	this violent crime, and prevent underage drinking. Supporting modernization in equipment and	\$3,500
Hospital Foundation	Moon	technology at The Sarvanand Heart and Brain Center at	000,دو
Trospital Foundation	Widon	Bakersfield Memorial Hospital.	
Independent Living	5th Annual Deaf	Bring together diverse communities to celebrate and	\$2,000
Center of Kern	Community Day	promote Deaf culture, awareness, and inclusion.	
County			
Kern County Cancer	Kern Cancer	Proceeds will benefit KCCF Pediatric transportation	\$1,000
Foundation	Run/Walk Festival	and financial assistance programs for KC cancer	
	2024	patients and their families.	

KHS will share sponsorship in the following events in August and September:

Organization Name	Event Name	Location	Date	Time
Blessing Corner	Annual Back2School Fun Day	101 Union Ave., Bakersfield, CA 93307	08/02/24	9:30am-12:30pm
New Generation Church	Loving Our City	Poso Dr & Poplar Ave Wasco, CA 93280	08/03/24	6:30pm -8:30pm
NAMI Kern County	Multicultural Symposium	5917 Knudsen Dr. Bakersfield, CA 93308	8/6/2024	10:00am - 2:00pm
Clinica Sierra Vista National Health Center Week	National Health Center Week Cuadrilla de la Semana	Lamont/Arvin area	8/7/2024	10:00am-2pm
Del Oro High School	Del Oro High School Family Fun Day	1750 E Panama Ln. Bakersfield, CA 93307	08/09/24	5:00pm-8:00pm
Greenfield Family Resource Center	Back to School Health Fair	725 Capitola Rd. Bakersfield, CA 93307	8/10/2024	8:30am-12:30pm
Wendale Davis Foundation	17th Annual Peace Rally & Family Health Resource Fair	Seventh Day Adventist Church - 1330 3rd St. Bakersfield, CA 93304	9/28/2024	10:00am-1:00pm



Medi-Cal Renewal Updates

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

Below are Medi-Cal Redetermination Trending Rates.



Employee Video Newsletter

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

KHS Media Clips

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



KHS ORGANIZATIONAL HIGHLIGHTS

KHS Externship Program

The student externship program at Kern Health Systems, which began on June 4th and involved 41 students, provided valuable hands-on experience in various departments, including Member Services, IT Ops/Cyber Space, Marketing, and more. The program aimed to enhance practical skills, promote networking and mentorship, understand workplace dynamics, and actively involve students in meaningful projects. Each extern was assigned a supervisor to offer guidance and feedback, contributing to ongoing projects, participating in team meetings, shadowing professionals, and presenting findings.

The externship facilitated practical skill development, professional growth, and industry insights, proving to be a valuable experience for all participants. Included is an example of what students received upon completion of the program.







Certificate of Achievement

Letter of Recommendation



To Whom it May Concern:

This letter serves to highlight Bernabe Garcia-Rodriguez contributions during his summer 2024 extenship with our HR department at Kern Health Systems. He played a crucial role in the implementation of the no pay timesheet project.

During his externship, he was actively involved in several critical tasks which significantly contributed to the success of our project:

- · Entered Temporary Hires: Responsible for accurately inputting data for temporary hires

- Emerce I emporary rares: Responsione for accurately imputing data for temporary aires and gained proficiency in auditing records after input.
 Terminated Temporary Hires: Handled the process of terminating temporary hires from the system and maintaining current active census.
 Troubleshooted Login Issues: Displayed strong problem-solving skills by assisting temporary employees with troubleshooting login issues.
 Assigned New User Roles: Actively participated in assigning appropriate user roles within the system, ensuring employees had the necessary permissions to access their timesheets.
- timesheets.

 Ran Timesheet Reports: Proficiently ran timesheet reports, providing valuable insights to
- our HR team and aiding in the timesheet management process.
 Performed Timesheet Reconciliation: Meticulously conducted timesheet reconciliation
- Protection of minimal recurrency and completeness in our records.
 Other Taks: Oversaw the coordination of Granger training before and after the event and assisted in the employee store.

Bernabe not only performed these tasks with diligence and attention to detail but also demonstrated a keen interest in learning about the complexities of our HR system. His ability to adapt quickly to our system and process was admirable, and he proved to be a valuable member to our team throughout his externship.

His positive attitude, professionalism, and willingness to learn are greatly appreciated by everyone in our department. I am confident his skills, work ethic, and desire to learn will help him to be successful in his future career.

If you require additional information, please feel free to contact me.

Cesar J Chavez Benefits and Wellness Manager cesar.chavez@khs-net.com

<u>Prepared Resume</u>

Bernabe Garcia-R.

gbernabe066@yahoo.com Bakersfield, CA 🏫

Dedicated student, passionate to acquire a position that offers the opportunity for growth, mentorship, and hands-on experience.

- . CPR -Basic Life Support Training Completed
- Bilingual (Spanish/English)
 Flexible
- Microsoft Office
- Written/Verbal comm
- Google Workspace

Experience

AUGUST 2023 - 2024

AUGUST 2023 – 2024
Ophthalmic Technician (Internship Program) / Bakersfield High School
Under the Kern High School District program through CTEC. Perform patient medical history screenings
and diagnostic testing prior to first meeting with ophthalmologists within a thriving laser vision
correction practice. Provided chair side assistance for physician & fulfill diagnostic testing orders
following physician care toward assessment of patients. Use MRK for eye glass prescriptions. Managed
an average daily case load of \$3 patients. Comply with HIPAA regulations.

KHS Human Resource Extern / Bakersfield High School

Manage all temporary employee timecards. Assist with orientations, meetings, and luncheons. Maintain confidentiality. Assist with KHS career events, resume sorting, & assemble new hire material. General office duties; filing, answering phones, scanning, copies, and data entry.

AUGUST 2022 - 2024

Student Council / Bakersfield High School

Promote leadership, be punctual, set up for school events, functions, dances, and school rallies

JUNE 2022 - 2024

Car Wash Attendant / E&J Detailing

Wash & polish care exterior and interior. Provide excellent customer service. Collect cash, write receipts, manage inventory and act as a liaison to the owner on a regular basis.

KHS Human Resource Extern/ June 2024 - August 2024

Manage all temporary employee timesheets. Assisted with running reports on Dayforce along with auditing invoices with Temp agencies, also helped with orientations, meetings, and luncheons. Maintain confidentiality. Assist with NRS career events, resume sorting, resetting passwords & importing newly hired temps into Dayforce. General office duties; filing, answering phones, scanning, copies, and data



KHS Juneteenth

In honor of Juneteenth, Traco Matthews, our Chief Health Equity Officer, hosted a special and insightful presentation for KHS employees at our headquarters.

His presentation included a discussion of Juneteenth's historical significance, the struggles and triumphs of the African American community, and how recognizing Juneteenth ties into the importance of promoting equality and justice for all in everything we do each day.

This was a wonderful opportunity for our team to learn about this significant federal and state holiday, connect with fellow KHS colleagues, and participate in meaningful discussions to promote understanding to recognize the rich heritage that shapes our diverse community.





KHS MEMBER ENGAGEMENT | COMMUNITY HIGHLIGHTS

Shirly Lane Elementary School - Neighborhood Crisis

When Team KHS heard that nearly 200 homes in the Shirley Lane Elementary School neighborhood were without water, we knew we had to step in to help.

Our team immediately mobilized and began working towards providing assistance to the neighborhood in crisis. Our team purchased and packaged "Care Bags" with items like dry shampoo, mouthwash, deodorants, and bath wipes. KHS was at the school for 4 days and organized food donations, CSV's medical mobile unit & mobile showers provided by Resurrection Church.

We thank all our community partners and volunteer employees for their collaboration in this effort. We're committed to supporting Shirly Lane Elementary and its neighborhood during this tough time.



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Building Healthy Communities Kern - The Great Medi-Cal Enrollment Event

We were proud to be an event sponsor for "The Great Medi-Cal Enrollment Event" alongside Building Healthy Communities Kern. This event was a wonderful opportunity to engage with our community and assist individuals in securing vital health care coverage. Health care coverage is an essential step towards living a healthy life, and we are delighted to have helped many individuals apply for Medi-Cal coverage right here in Kern County. Through this event, we demonstrated our ongoing commitment to improving the health and well-being of our community by ensuring that more residents have access to the medical services they need.





Goal 1		
Goal Name Description	Ouality and Equity Deliver exceptional quality outcomes and health equity for KHS members	
Strategy 1	Increase overall quality with a drive toward achieving Managed Care Accountability Set (MCAS) Minimum Performance Levels (MPL) and closing disparity gaps.	
Accomplishments	 Measurement Year (MY) 2023 MCAS audit completed and approved by HSAG. KHS Met 8 of 18 MCAS measures compared to 5 of 15 measures in previous year, and 6 additional measures within 5% of Minimum Performance Level. For MY2024, YTD administrative rates: currently meeting MPL for 2 measures and within 5% MPL for 2 measures. Demonstrating improvement in 15 MCAS measures compared to same time last year. As part of the recent Quality Grants Program, 4 mobile units are now operational. Partnerships established with multiple school districts to conduct routine mobile clinics at various school sites throughout the county. KHS Outreach team focused on Children's domain of care and CCS MCAS measure 	
Strategy 2	Meet National Committee for Quality Assurance (NCQA) standards and work toward accreditation.	
Accomplishments	 NCQA Accreditation Specialists were hired to support department stakeholders as we prepare for our survey dates: 4/8/2025 (Health Plan Accreditation) and 6/10/2025 (Health Equity Accreditation). Mock audit file reviews completed for Population Health Management team. On-going efforts made to prepare for full mock audit of NCQA Standards in Q3. 	
Strategy 3	Further maturity of the organization's Health Equity programs under the direction of the Chief Health Equity Officer.	
Accomplishments	 Launched Regional Access Committees (RACs) in the 5 different regions of Kern to gather qualitative data to better understand member and community experience. Expanded internal demographic collection capability to include Sexual Orientation and Gender Identity (SOGI) information in KHS' system (QNXT) and Member Portal; Questionnaire added to revised Health Risk Assessment (HRA.) Hosted and participated in numerous committee meetings including Executive Quality Improvement Health Equity Committee (EQIHEC), Health Equity Transformation Steering Committee (HETSC), Community Advisory Committee (CAC), CA Racial Equity Commission (REC), Kern Health Equity Partnership (KHEP) 	



Goal 2		
Goal Name Description	Workforce Develop initiatives for the recruitment and retention of both internal and external workforce needed to fulfill KHS' mission	
Strategy 1	Identify Provider Network needs and gaps to inform target areas and approaches.	
Accomplishments	 Completed Annual Network and Timely Access Reporting and Q2 Provider Network Management Network Report; will be utilized for network expansion work planning, goal setting, and benchmarking. Worked on Provider Network Management, Accessibility of Services report – identified potential appointment availability issues amongst Psychiatry, Neurology, and Oncology. Identified need for Geographic Information System for conducting improved geographic access analysis, in line with regulatory methodology. 	
Strategy 2	Strengthen and expand the KHS provider network through innovative and effective recruitment and retention programs.	
Accomplishments	 Onboarded Provider Recruitment Specialist who's working to identify recruitment opportunities amongst uncontracted providers within Plan-identified gaps. Monitored activities of organizations who are participating in the KHS Recruitment & Retention grant program. To further improve Healthcare Workforce, we've partnered with local educational institutions and hospitals to develop programs around Healthcare Workforce. This includes CSUB's development and implementation of the new Doctor of Nursing Practice Program with concentration in Family Nurse Practitioner. Bakersfield Memorial Hospital will launch a new Graduate Medical Education Program, recruiting residents who will practice in Kern County with the goal of the residents remaining in the area for practice. And Taft and Cerro Coso will focus on development and expansion of the Associate Degree in Nursing to recruit more nursing students and aiming to growing our own talent and strengthening our healthcare workforce. In Q2 2024 the Plan has identified a 2% growth amongst its Primary Care Network and a 1% increase amongst its Specialty Provider Network. 	



Strategy 3	Identify business needs and gaps in current workforce to inform target areas and approaches.	
Accomplishments	Mercer's compensation analysis and proposal was received and reviewed. KHS HR team is developing an updated salary and payband structure to reflect Mercer's findings and other relevant market factors.	
Strategy 4	Meet the growing operational demands of the organization by creating recruitment and retention programs for internal staffing and leadership needs.	
Accomplishments	 Successfully launched the 2024 Summer Extern program. Conducted interviews and onboarding for 41 positions. Participants gained valuable work experience and learning about the healthcare insurance industry. The 8-week program concluded in early August. KHS received Board direction to proceed with the self-funded health plan in June 2024 and have begun the education and implementation process to be prepared to go live with the Blue Shield of California health plan on January 1, 2025. 	



Goal 3	
Goal Name Description	<u>CalAIM</u> Continue to develop, implement, and grow the programs and policies included under DHCS' CalAIM initiative
Strategy 1	Continued growth and maturity of existing CalAIM programs – Population Health Management, Enhanced Care Management, Community Supports, and Long-Term Care.
Accomplishments	 Continued expansion of ECM program providers, including Clinica Sierra Vista ECM in Lamont with CalAIM Incentive Payment Program Year 3 Funding as of June 1st. Ongoing preparations to launch 5 more ECM program providers by the end of 2024 including Centric Health 9/1; Bakersfield American Indian Health Project 9/1 (with the awarding of IPP PY3 funding); Be Finally Free 10/1(with the awarding of IPP PY3 funding); Clinica Sierra Vista Baker 9/1 (with the awarding of IPP PY3 funding); and Stay Focused Ministries 10/1. Community Supports team added two new Day Habilitation Programs and an additional Medically Tailored Meals provider. Population Health Management team developed best-practice training on chronic kidney disease (CKD) management, which was presented to providers at the Provider Network Forum on May 17, 2024. The training has been converted to an interactive learning management module and is available for providers to access at their convenience via Provider Portal.
Strategy 2	Strengthen Existing and Establish New Community Partnerships to Support CalAIM.
Accomplishments	 Providing ongoing support for the Community Based Initiative grant funding. Meeting regularly with awardees and monitoring their progress against set milestones to ensure they are on track. Coordinated local collaborative meetings related to the Justice Involved Population, Homeless Youth, and CalAIM Roundtable. Regular meetings with various County agencies to support execution of MOUs to improve coordination. Progress reports to DHCS.
Strategy 3	Ongoing collaboration between KHS staff and the Department of Health Care Services (DHCS) on the development and implementation of future CalAIM initiatives.
Accomplishments	• The ECM Leadership Team continued to build and maintain monthly collaborative meetings with the Kern County Probation Department, Kern County Sheriff Department, Kern Behavioral Health and Recovery Services, Kern County Department of Human Services, Kern Medical, the California Department of Corrections and Rehabilitation, and our local Managed Care plans including



Anthem Blue Cross and Kaiser Permanente, for the purposes of collaborating and maintaining relationships regarding the implementation of the Justice-Involved Initiative/pre-release services in Kern County. Currently, CDC-R plans to implement services some time in 2025 and Kern County is planning to implement in March or April of 2025 pending approval of their correctional facility readiness assessments.

- Finalized contract with Habitat for Humanity for the new Environmental Accessibility Community Support effective in July.
- Community Support Services is conducting research on a future benefit known as transitional rent.



Goal 4	
Goal Name Description	Medicare Duals Special Needs Plan (D-SNP)
	Develop and implement a competitive Medicare Duals Special Needs Plan (D-SNP) product in alignment with State and Federal requirements
Strategy 1	Development of the long-term D-SNP strategy and implementation roadmap.
Accomplishments	 Selected a Delegated Partner and proposed a Draft Plan-to-Plan arrangement with Division of Financial Responsibilities (DOFR), Payment, Delegation Grid, Reporting Deliverables, and Service Level Agreements identified. Participated in D-SNP Readiness Meetings with DMHC, DHCS, and CMS regulators on 4/18, 5/16, and 6/24 to design a final approved Delegation Model for the Medicare line of business (LOB) only. Finalized pre-delegation audit tool for Medicare LOB to be compliant with CMS requirements.
Strategy 2	Analysis of the appropriate market factors to maximize the competitiveness of the product.
Accomplishments	 Leadership review of Kern D-SNP Feasibility Study with Financial Projections modeling Delegate Partner proposal. Initiated a plan for creation of the bid in preparation for CY2026 submission encompassing Market, Product, and Competitor analysis.
Strategy 3	Design and implementation of an efficient Medicare D-SNP offering with competitive advantages, leveraging KHS innovation and new business/new product development capabilities.
Accomplishments	 Kicked off D-SNP Model of Care (MOC) Project (Q3 '24 – Q1 '25 schedule outlined) – targeted Population Analysis completed with draft MOC development initiated. Letter of Intent executed between KHS and Delegated Partner. Relationship building and documentation review kicked off for implementation with Delegated Partner.



Goal 5	
Goal Name Description	Behavioral Health Improve the integration accordination and outcomes for members experiencing behavioral and montal health conditions
Strategy 1	Improve the integration, coordination and outcomes for members experiencing behavioral and mental health conditions Development and maturity of an internal Behavioral Health Department.
Accomplishments	 Expanded department with 1 Board Certified Behavior Analyst (BCBA) and 1 Community Health Worker (CHW) in May. Initiated efforts for BH team to outreach to members who visit the ER for Mental Health and Substance Use issues. Initiated efforts with Applied Behavioral Analysis (ABA-BHT) providers. BCBA partnering to meet with ABA providers directly, build relationships, be available to answer questions, and learn more about services offered. Outreach to providers for capacity and availability. Assisting with grievance resolution, care coordination and care management, discharges, and provider assignments.
Strategy 2	Evaluate and ensure the mental health provider network is adequate to provide all outlined non specialty mental health services (NSMHS).
Accomplishments	 Identified need for pediatric, geriatric, and perinatal psychiatrist for our network. BH will continue efforts and collaboration with contracting, credentialing, and PNM recruiter to expand network. Meetings with Grow Therapy to look at expanding access to their providers and looking at the different services they offer to enhance our service delivery.
Strategy 3	Communication and coordination with County Behavioral Health regarding DHCS requirements.
Accomplishments	 The Memorandum of Understanding (MOU) with County Mental Health and DMC-ODS was approved and executed. Initiated discussion on coordination efforts for 18 cases that are KHS members with eating disorders to collaboratively work toward developing best-practice guidelines to assist members from Emergency Room to other options.
Strategy 4	Further evaluate and develop the implementation of Primary Care Provider Roles with Substance Use Disorder services / Medication Assisted Treatment (MAT) services.
Accomplishments	Ongoing efforts in BH Project to develop and implement MAT workflow.



Goal 6	
Goal Name Description	Member Engagement Increase member engagement in their health care
Strategy 1	Identify and implement innovative and effective offerings designed to engage members more in their health care.
Accomplishments	 Member Engagement Program Manager has been hired. Currently recruiting for two Member Engagement Representative positions for the Ridgecrest and Mojave areas. The Member Engagement Project for the new Member Rewards vendor is progressing with an anticipated cut over in September.
Strategy 2:	Work with internal staff and external partners to develop strategies that ensure continuity of coverage for our members.
Accomplishments	 Revisions to Medi-Cal Renewal outreach materials is in progress including the Member Navigator and Member Services Representative over the phone scripts, IVR non-bypass message, flyer, and text messages to improve member call to action. Community Enrollment Navigators in-office are available in various locations for in-person member assistance. Member Navigators are continuing in-person outreach and assistance for walk-in members at the KHS headquarters. In coordination with the Grants and Special Programs Department, Marketing and Community Engagement has secured a local non-profit partner to assist with renewing and enrolling individuals of the indigenous population.
Strategy 3:	Leverage convenient technology to enhance the effectiveness of engagement and suit members' needs.
Accomplishments	 Member Engagement Project for the Customer Relations Management (CRM) is progressing and testing will begin in July. An RFI to discover a new Member and Provider Portal platform was completed and an RFP is in progress. Text messaging campaigns for community event and mobile clinic event were approved. Development of a Care and Case Management (CCM) text message outreach solution is underway.



Goal 7	
Goal Name Description	KHS Foundation
	Explore the opportunity for KHS to create a non-profit foundation to further its mission in the community
Strategy 2	Begin collaboration with law firm on the corporate formation documents and finalize the development phase of the foundation.
Accomplishments	 Initial bylaws drafted and a bylaws committee was established. Meeting held to review and recommend any changes. Bylaws outcomes and next steps to be reviewed with the KHS Board of Directors during the October meeting.

Bill Tracking:

Title	Description	Status
AB 236 (Holden)	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. 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. 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 to establish a methodology and processes to ensure accuracy of provider directories and consistency with other laws, regulations, or standards. 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. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232	Status CAHP/LHPC Opposed 06/27/24 - Read second time and amended. Re- referred to Com. on APPR.
AB 815 (Wood)	O240AB236 This bill would require the California Health and Human Services Agency to create and maintain a physician credentialing board, with specified membership, and would require the board, on or before July 1, 2027, to develop a standardized credentialing form to be used by all health care service plans and health insurers. The bill would require every health care service plan and health insurer to use the standardized credentialing form,	CAHP Concern / LHPC Opposed Unless Amended
	as specified. The bill would not apply the standardized form requirements to specified Medi-Cal managed care contracts with the State Department of Health Care Services. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232_0240AB815	07/03/24 - Read second time and amended. Re- referred to Com. on APPR.

AB 1316 (Irwin)	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. 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. 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. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=20232	06/25/24 - Read second time. Ordered to third reading.
	<u>0240AB1316</u>	
AB 1842 (Reyes)	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 statemandated local program. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=20232_0240AB1842	06/11/24 - Read second time. Ordered to third reading.

This bill would require an acute care hospital operates a perinatal unit and expects challenges in the next 6 months that may result in a reduction or loss of perinatal services, to provide specified information to the Department of Health Care Access and Information, including, but not limited to, the number of medical staff and employees working in the perinatal unit and the hospital's prior performance on financial metrics. The bill would require the Department of Health Care Access and Information to forward the provided information to various entities, including the State Department of Health Care Services. The bill would require this information be kept confidential to the extent permitted by law. The bill would require, within 3 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 and the State Department of Health Care Services, to conduct a community impact assessment to identify the 3 closest hospitals operating a perinatal unit, their distance from the at-risk facility. The challenged facility, and whether those hospitals have any restrictions on their reproductive health services. The bill would require the Department of Health Care Access and

07/03/24 -From committee: Do pass and rerefer to Com. on APPR.

AB 1895 (Weber)

The bill would require the Department of Health Care Access and Information to provide the community impact assessment to specified entities and would require these entities to keep the community impact assessment confidential. If the hospital closes its perinatal unit, the bill would require the hospital to provide public notice of the 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 closure. The bill would require the public to be permitted to comment on the 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.

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232 0240AB1895

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.

07/01/24 - In Senate. Held at Desk.

AB 1936 Cervantes

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 statemandated local program.

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=20232 0240AB1936

AB 1943 (Weber)	This bill would require the department to, by October 1, 2025, 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. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232 0240AB1943	06/17/24 - In committee: Referred to suspense file.
	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.	06/24/24 -In committee: Referred to suspense file.
AB 1970 (Jackson)	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. The bill would make these provisions subject to an appropriation by the Legislature. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=20232_0240AB1970	

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, no sooner than July 1, 2026, upon appropriation and 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. The bill would require the department to define the qualifying medical conditions for purposes of the covered interventions. The bill would	06/24/24 - In committee: Referred to suspense file.
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. The bill would require the department, upon appropriation 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. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232_0240AB1975	
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. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232	06/24/24 - In committee: Referred to suspense file.
	interventions, as defined, a covered benefit under the Medi-Cal program, through both the fee-for-service and managed care delivery systems, no sooner than July 1, 2026, upon appropriation and 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. 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. The bill would require the department, upon appropriation 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. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill id=20232 0240AB1975 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 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 b

0240AB2043

AB 2105 Lowenthal	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. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232_0240AB2105	06/25/24 - Read second time. Ordered to third reading.
AB 2129 (Petrie- Norris)	This bill would require a contract between a health care service plan or health insurer and a health care provider issued, amended, or renewed on or after January 1, 2025, to authorize a provider to separately bill for devices, implants, or professional services, or a combination thereof, associated with immediate postpartum contraception if the birth takes place in a general acute care hospital or licensed birth center. The bill would prohibit that provider contract from considering those devices, implants, or services to be part of a payment for a general obstetric procedure. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232 0240AB2129	07/03/24 - Read third time and amended. Ordered to second reading.
AB 2132 (Low)	This bill would require a patient who is 18 years of age or older receiving health care services in a facility, clinic, center, office, or other setting, where primary care services are provided, to be offered the 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 care coverage, care coverage, except as specified. The bill would also require the health care provider to offer the patient follow-up health care or refer the patient to a health care provider who can provide follow-up health care if a screening test is positive. This bill would require a Medi-Cal managed care plan to ensure access to care for latent TB infection and active TB disease and coordination with local health department TB control programs for plan enrollees with active TB disease, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232_0240AB2132	07/03/24- From committee: Do pass and re- refer to Com. on APPR.

	This bill would require a health care service plan contract or health	06/17/24 - In
	insurance policy issued, amended, or renewed on or after January 1,	committee:
	2027, to include coverage for screenings for social determinants of health,	Referred to
	as defined. The bill would require providers to use specified tools or	suspense file.
	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	
AB 2250	the respective departments to adopt guidance to implement its provisions	
	until regulations are adopted and would require the departments to	
(Weber)	coordinate in the development of guidance and regulations. 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.	
	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.	
	https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232 0240AB2250	
	This bill would expand the definition of telehealth "asynchronous store	07/02/24 -
	and forward" to include asynchronous electronic transmission initiated	Read second
	directly by patients, including through mobile telephone applications.	time. Ordered
	arrectly by patients, melading through mobile telephone applications.	to third
	The bill would also authorize a health care provider to establish a new	reading.
	patient relationship using asynchronous store and forward when the	J
	patient requests an asynchronous store and forward modality, as	
AB 2339	specified.	
(Aguiar-		
Curry)	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.	
	https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232	
	<u>0240AB2339</u>	

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.

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

06/25/24 -Read second time. Ordered to third reading.

AB 2340 (Bonta)

under 21 years of age.

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.

The bill would require the department or a Medi-Cal managed care 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.

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232 0240AB2340

AB 2357 (Bains)	This bill would create the University of California San Joaquin Valley Regional Campus Medical Education Endowment Fund. Upon appropriation by the Legislature, the bill would require moneys in the endowment fund to be allocated to the University of California to support the annual operating costs for the development, operation, and maintenance of a branch campus of an existing University of California School of Medicine in the County of Kern, and to conduct a feasibility study related to that campus. The bill would similarly require moneys in the endowment fund to initially be invested with the goal of achieving capital appreciation to create a balance sufficient to generate ongoing earnings to cover the estimated annual operating costs of a branch campus, as provided, and, upon the determination by the Controller that a sufficient balance is achieved and maintained in the endowment fund, would subsequently require moneys in the endowment fund to be invested to generate earnings to fund annual operating costs associated with the development, operation, and maintenance of a branch campus, as provided. 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. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=20232 0240AB2357	06/24/24 - Read second time and amended. Re- referred to Com. on APPR.
AB 2376 (Bains)	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 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 require a general acute care hospital, acute psychiatric hospital, or distinct unit thereof, providing chemical dependency recovery services that meet specified federal program requirements, to provide the confidentiality protections required by specified federal regulations to the hospitals or unit's patients with a substance use disorder. The bill would 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. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=20232_0240AB2376	07/03/24 - Read second time and amended. Re- referred to Com. on APPR.

AB 2428 Calderon	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. 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. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=20232_0240AB2428	07/01/24 - In committee: Referred to suspense file.
AB 2446 (Ortega)	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. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232_0240AB2446	06/26/24 - From committee: Do pass and re- refer to Com. on APPR.
АВ 2449 (Та)	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 another national accrediting entity approved by the Secretary of California Health and Human Services. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232 0240AB2449	06/17/24 - In committee: Referred to suspense file.
AB 2467 (Bauer- Kahan)	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. The bill would require a health care service plan or health insurer to annually provide clinical care recommendations, as specified, for hormone therapy to all contracted primary care providers who treat individuals with perimenopause and menopause. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232_0240AB2467	07/03/24 - From committee: Do pass and re- refer to Com. on APPR.

		Τ
	Existing law requires the department to seek any necessary federal	07/01/24 - In
	approvals and issue appropriate guidance to allow an FQHC or RHC to bill,	committee:
	under a supervising licensed behavioral health practitioner, for an	Referred to
	encounter between an FQHC or RHC patient and an associate clinical	suspense file.
	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	
AB 2703	practitioner as a separate visit.	
(Aguiar-		
Curry)	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.	
	https://loginfologiclature.com/focos/hillToutClight.uhtml?hill_id=20222	
	https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=20232 0240AB2703	
	This bill would require a health care service plan or health insurance	07/03/24 -
	policy that is issued, amended, renewed, or delivered on or after January	Read second
	1, 2025, to provide coverage without cost sharing for emergency room	time and
	medical care and follow-up health care treatment for an enrollee or	amended. Re-
	insured who is treated following a rape or sexual assault. The bill would	referred to
AB 2843	prohibit a health care service plan or health insurer from requiring, as a	Com. on APPR.
(Petrie-	condition of providing coverage, (1) an enrollee or insured to file a police	COIII. OII 7 II 1 II.
Norris)	report, (2) charges to be brought against an assailant, (3) or an assailant to	
	be convicted of rape or sexual assault.	
	https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232	
	<u>0240AB2843</u>	

This bill would, among other things, require, as prescribed, 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 the tool is first deployed 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 California Privacy Protection Agency within 30 days of a request by the agency 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 agency. The bill would exempt an impact assessment from the California Public Records Act, as specified.

07/03/24 -Read second time and amended. Rereferred to Com. on APPR.

AB 2930 (Bauer-Kahan)

This bill would require a deployer to, prior to an automated decision tool making a consequential decision, as defined, or being a substantial factor, as defined, in making a consequential decision, notify any natural person that is subject to the consequential decision that an automated decision tool is being used and to provide that person with specified information. The bill would require a deployer that has deployed an automated decision tool to make, or be a substantial factor in making, a consequential decision concerning a natural person, to provide to the natural person, among other things, an opportunity to correct any incorrect personal data. 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 instead be subject to an alternative selection process or accommodation, as prescribed.

This bill would prohibit a deployer from using an automated decision tool if an impact assessment identifies a reasonable risk of algorithmic discrimination, which the bill would define to mean the condition in which an automated decision tool contributes to unlawful discrimination, including 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 or federal law, until that risk has been mitigated. The bill would also prohibit a developer from making available to potential deployers an automated decision tool until the risk of algorithmic discrimination has been mitigated.

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=20232 0240AB2930 Under the bill, in the case of a Medi-Cal managed care plan enrollee who has other health coverage, as specified, 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.

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. The bill would also prohibit a Medi-Cal fee-for-service provider from being required to contract with a Medi-Cal managed care plan in order to provide services to an enrollee who fits the above-described criteria and

to bill the Medi-Cal managed care plan.

availability of federal financial participation.

07/03/24 -Read second time and amended. Rereferred to Com. on APPR.

AB 3156 Patterso n

The bill would require the department to solicit input from specified stakeholders regarding the coordination of other commercial health coverage with Medi-Cal managed care, with a specific emphasis on Medi-Cal recipients receiving regional center services. The bill would require the department to include an item on the agenda of the first meeting of the Medi-Cal Managed Care Advisory Committee of 2025 to discuss this topic and, within 12 months of the advisory committee meeting, take the actions it deems necessary to ensure to ensure that Medi-Cal managed care enrollees who have other health coverage, including those receiving regional center services, are able to coordinate their care as seamlessly as possible. 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

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232 0240AB3156

	This bill would instead require the records, books, and papers of a health	06/25/24 -
AB 3221 (Pellerin)	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.	Read second time. Ordered to third reading.
	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. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232	
_	0240AB3221 Existing law generally requires a health care consideral an contract or a	06/17/24 - In
AB 3245	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.	committee: Referred to suspense file.
(Patterso n)	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 approved by the California Health and Human Services Agency.	
	https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232 0240AB3245	

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. 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, if the plan has received the information necessary to make a decision.

This bill would require a plan's grievance system to include expedited review of urgent grievances, as specified. 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

06/27/24 -Read second time and amended. Rereferred to Com. on APPR.

AB 3260 (Pellerin)

make a decision.

enrollee, except in specified circumstances. The bill would require a decision to approve, modify, or deny a request by a provider or insured before the provision of health care services to be communicated no more than 5 business days from the health insurer's receipt of the request. If the insurer lacks information reasonably necessary to make the decision, the bill would require the insurer to notify the insured and provider within 5 business days from receipt of request and to afford the insured and provider at least 45 days from receipt of that notice to provide the information. If the insured's condition is urgent, as defined, the bill would require a decision to approve, modify, or deny a request by a provider or insured before, or concurrent with, the provision of health care services to be communicated no more than 72 hours from the insurer's receipt of the request. If the insurer lacks information reasonably necessary to make the decision, the bill would require the insurer to notify the insured and provider no later than 24 hours from receipt of request and to afford the insured and provider at least 48 hours from receipt of that notice to provide the information. The bill would require an insurer to communicate a decision to modify or deny a concurrent care request, as specified, within 24 hours from the insurer's receipt of the request. If an insurer fails to provide notice of a decision, the bill would require an insurer to treat the request as a grievance and immediately notify the insured and provider that a grievance has commenced, if the insurer has received the information necessary to

If a grievance is filed internally with an insurer, this bill would require an insurer to acknowledge receipt of the grievance within 24 hours of receipt if urgent and 5 calendar days if nonurgent, and then communicate its final grievance determination within 72 hours of receipt if urgent and 30 days if nonurgent. Upon notice from the department to a health insurer that an insured has submitted a complaint to the department, the bill would require an insurer to respond within 24 hours if a complaint is urgent, or within 5 calendar days regarding a nonurgent complaint.

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232 0240AB3260

Commencing January 1, 2026, this bill instead would require a health care service plan or health insurer to reimburse a clean claim or a portion thereof within 30 calendar days after receipt of the claim, or, if a claim does not meet the criteria for a clean claim, to notify the claimant within 30 calendar days that the claim is contested or denied. The bill would require the Department of Managed Health Care and the Department of Insurance to determine the criteria for a clean claim, as specified, no later than July 31, 2025. The bill would authorize the departments to issue guidance and amend regulations related to these provisions.

06/27/24 -Read second time and amended. Rereferred to Com. on APPR.

AB 3275 (Soria)

process, as specified.

This bill would require a complaint or inquiry made by an enrollee to a health care service plan about a delay or denial of a payment of a claim to be treated as a grievance subject to that grievance process.

Existing law requires health care service plans to establish a grievance

Existing law creates the Managed Care Administrative Fines and Penalties Fund.

This bill would require that an administrative fee assessed upon a health care service plan for a violation of the above-describe provisions related to clean claim reimbursement be deposited into the fund. The bill would require those moneys to be retained in the fund to assist enrollees and providers impacted by a violation, upon appropriation by the Legislature.

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232 0240AB3275

SB 136	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. 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. This bill would raise that tax amount for that tier to \$205 for all 3 of those calendar years. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill id=20232 0240SB136	03/25/24 - Chaptered by Secretary of State. Chapter 6, Statutes of 2024.
AB/SB 159	Budget trailer bill is a result of negotiations between Legislatures and the Governor. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=20232 0240SB159	06/29/24 - Chaptered by Secretary of State. Chapter 40, Statutes of 2024.
AB/SB 160	The bill would raise MCO provider tax amount for 3 calendar years. Reappropriate specified funds from the Budget Act of 2023 related to DHCS. The bill would require the approval of 23 of the membership of each house of the legislature to change state statute that would result in taxpayer paying a higher tax. The bill would declare that it is to take effect immediately as a bill providing for appropriations related to the Budget bill. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=20232_0240AB160	06/29/24 Chaptered by Secretary of State - Chapter 39, Statutes of 2024.

SB 1063 (Grove)	Existing law requires a public school or private school that serves pupils in any of grades 7 to 12, inclusive, and that issues pupil identification cards to have printed on the pupil identification cards the telephone number for the National Suicide Prevention Lifeline, among other telephone numbers, and authorizes those schools to have printed on the identification cards certain other suicide-prevention and emergency-response numbers, as provided. This bill, commencing July 1, 2025, would instead require a public school or private school that serves pupils in any of grades 7 to 12, inclusive, and that issues pupil identification cards to have printed on the identification cards the number for the 988 Suicide and Crisis Lifeline. The bill would require schools subject to this requirement that, as of January July 1, 2025, have a supply of unissued identification cards that are noncompliant with this requirement to issue the noncompliant identification cards until that supply is depleted. The bill, commencing July 1, 2025, also would expressly authorize those schools to additionally have printed on either side of the card a quick response (QR) code that links to the mental health resources internet website of the county in which the school is located. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232_0240SB1063	07/01/24 - Read second time. Ordered to consent calendar.
SB 1112 Menjivar	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. 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. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232_0240SB1112	06/26/24 - From committee: Do pass and re- refer to Com. on APPR. with recommendati on: To consent calendar.

SB 1120 (Becker)	This bill would require a health care service plan or disability insurer, including a specialized health care service plan or specialized health insurer, that uses an artificial intelligence, algorithm, or other software tool for the purpose of utilization review or utilization management functions, or that contracts with or otherwise works through an entity that uses that type of tool, to ensure compliance with specified requirements, including that the tool bases its determination on specified information and is fairly and equitably applied. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232_0240SB1120	07/08/24 - Read second time and amended. Re- referred to Com. on APPR.
SB 1180 (Ashby)	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. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2025, to establish a process to reimburse coverage for services provided by a community paramedicine program, a triage to alternate destination program, and a mobile integrated health program, as defined. 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 prohibit reimbursement rates adopted pursuant to this provision from exceeding the health care service plan's or health insurer's usual and customary charges for services rendered. 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. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232_0240SB1180	06/24/24 - Read second time and amended. Re- referred to Com. on APPR.

SB 1220 (Limon)	This bill would, until July 1, 2030, require any state agency authorized to provide or enter into contracts relating to public benefit programs, 211 services, or 988 services, or any local government agency authorized to provide or enter into contracts relating to public benefits or services, funds, as specified, to provide services through, or contract for services provided by, a call center that directly serves callers with services performed solely with and by workers employed in California. The bill would also prohibit a state agency or specified local agency from using, or contracting with a call center that uses, artificial intelligence (AI) or automated decision systems (ADS) that would eliminate or automate core job functions of a worker, as specified. The bill would require an agency that utilizes AI or ADS that impact core job functions of workers to notify the workers, their collective bargaining representatives, and the public within a specified timeframe about prescribed information, including a general description of the AI or ADS system. The bill would require a contractor to certify in its bid that any services provided by the contractor, or its subcontractors are to be performed with and by workers employed in California. The bill would also extend these contracting requirements to local government agencies. This bill would, until July 1, 2030, delete the above-described exception for contracts between a state agency and a health care service plan or a specialized health care service plan regulated by the Department of Managed Health Care and for contracts between a state agency and a disability insurer or specialized health insurer regulated by the Department of Insurance. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill id=20232 0240SB1220	07/03/24 - Read second time and amended. Re- referred to Com. on APPR.
SB 1258 (Dahle)	Existing law requires the Director of Health Care Services to establish administrative appeal processes to review grievances or complaints arising from the findings of an audit or examination. 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. 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. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=20232_0240SB1258	06/26/24 - From committee: Do pass and re- refer to Com. on APPR. with recommendati on: To consent calendar.

SB 1289 (Roth)	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. 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. By creating new duties for counties relating to call-center data, the bill would impose a state-mandated local program.	07/02/24 - July 2 set for first hearing. Placed on suspense file.
	The bill would require the department to prepare a report, excluding any personally identifiable information, on call-center data. The bill would require the department to post the report on its internet website on a quarterly basis no later than 45 calendar days after the conclusion of each quarter, with the initial report due on May 15, 2025. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232_0240SB1289	
	Existing law prohibits a long-term health care facility that participates as a	06/26/24 -
SB 1354 (Wahab)	provider under the Medi-Cal program from discriminating against a Medi-Cal patient on the basis of the source of payment for the facility's services that are required to be provided to individuals entitled to services under the Medi-Cal program. Existing law prohibits that facility from seeking to evict out of the facility, or transfer within the facility, any resident as a result of the resident changing their manner of purchasing the services from private payment or Medicare to Medi-Cal, except as specified. 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.	From committee: Do pass and re- refer to Com. on APPR. (Ayes 16. Noes 0.) (June 25). Re- referred to Com. on APPR.
	Existing federal regulations require certain nursing facilities to post their resident census and specified nurse staffing data on a daily basis.	
	This bill would require a skilled nursing facility that participates as a provider under the Medi-Cal program to make publicly available its current daily resident census and nurse staffing data, as defined.	
	https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=20232 0240SB1354	

SB 1423 (Dahle)	critical access hospital and certified as such by the Secretary of the United States Department of Health and Human Services under the federal Medicare rural hospital flexibility program, is eligible for supplemental payments for Medi-Cal covered outpatient services rendered to Medi-Cal eligible persons. Existing law sets forth various other provisions regarding Medi-Cal reimbursement in consideration of small and rural hospitals. This bill would require the department to convene a Rural Hospital Technical Advisory Group, with a certain composition of stakeholders, at least bimonthly during the 2025 calendar year. The bill would set forth the purposes of the advisory group, including, among other things, analyzing the continued ability of small, rural, or critical access hospitals, as defined, to remain financially viable under existing Medi-Cal reimbursement methodologies, to provide related recommendations, and to identify key contributors to the financial challenges of those hospitals, as specified. The bill would require, by March 31, 2026, the department, in consultation with the advisory group, to report to the Legislature on the findings and recommendations arising out of the convenings, as specified. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20232_0240SB1423 This bill would clarify that reference to a "group" in the act does not	Read second time and amended. Rereferred to Com. on APPR.
SB 1511 Health Comm.	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. This bill would make conforming changes to related provisions for consistency with that definition of gravely disabled. The bill would also make technical changes. 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. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=20232_0240SB1511	Read second time and amended. Re- referred to Com. on APPR.

LOCAL PLANS SUPPORT HOSPITALS



Local plans, which cover 70 percent of all Medi-Cal managed care enrollees, have stepped up to provide support for their hospital partners to ensure continued access to critical services. As an important and necessary part of the health care safety net, local plans' support of hospitals has helped lessen the impact of some hospitals' challenges over the recent years related to pandemic recovery, inflation, increasing demand and utilization, and

workforce shortages. In addition to identifying creative ways to support their hospital partners, plans continue to advocate for policy solutions that will address the systemic underfunding of the Medi-Cal program, especially for hospitals that are financially distressed and serve a high proportion of Medi-Cal patients.

LOCAL PLAN SUPPORT FOR HOSPITAL PARTNERS



Quality Incentive Payments

Many local plans provide additional funding to hospitals through quality improvement programs. This focus on quality helps improve both plans and hospitals' performance on state and national quality metrics and, ultimately, will improve health outcomes for vulnerable Medi-Cal populations.

- For the past seven years, Inland Empire Health Plan (IEHP) has offered a hospital pay for performance program that incentivizes hospitals to engage in process and outcome measures aimed at improving quality and experience of care.
- CenCal Health collaborates with hospitals on a readmission reduction incentive and the hospitals' primary care groups through a quality care incentive program.

Emergency Grants and Capital Support

Local plans have provided grants to address urgent shortfalls, support capital improvements and bridge financing for a short period of time.

- L.A. Care Health Plan provided \$2 million to ensure Catalina Island Health could remain open through the end of 2024.
- Alameda Alliance for Health supported infusion center upgrades at St. Rose Hospital, in addition to other short-term financial supports.
- CenCal Health provided \$2.3 million to help one of their hospitals construct a psychiatric unit in their service area.
- Partnership HealthPlan of California funded essential neonatal devices for Plumas District Hospital.

LOCAL PLANS SUPPORT HOSPITALS



Programs that Decrease ED Usage

Local plans work to ease demand on hospital Emergency Departments as a regular source of care and increase the use of preventive care to reduce the need for ED visits. For example, CalAIM Enhanced Care Management (ECM) helps connect members to needed care and avoid unnecessary hospitalizations.

- CalOptima Health helped launch Orange County's first street medicine program to deliver comprehensive health care to individuals experiencing homelessness through a street medicine model.
- CenCal Health supported a hospital system's development of interim supportive housing for individuals experiencing homelessness.
- Kern Health Systems has provided over \$2.6 million to Kern Medical Center for ECM and for mobile clinics in underserved areas.
- Partnership HealthPlan of California has awarded over \$500,000 to street medicine programs to help them build capacity to deliver medical care and social services to individuals who are unhoused and unsheltered.

Transitions of Care

Supporting transitions of care ensures placement and care for hospital patients that are ready to be discharged or moved to a different level of care. Local plans help link hospitals with case managers and ECM providers to support discharge and follow-up care.

- To support its hospital partners, IEHP is integrating real-time messages into a hospital dashboard that allows for real time review of member needs and discharge planning that truly begins at the time of admission.
- Kern Health Systems has invested \$2.6 million for recuperative care and short-term post-hospitalization care in their region.
- L.A. Care hosted collaborative sessions with hospitals and skilled nursing facilities to identify barriers to successful transitions of care, and discovered a lack of trust around information exchanged by providers was a key issue. The sessions led to stronger relationships among all entities, and L.A. Care created a pilot to test new discharge coordination methods.
- CenCal Health has launched an incentive payment program for ECM and is partnering with its local hospitals' transitional care services.

Workforce Development

Provider shortages have strained hospital staff and administrators and have increased costs. Local plans have a long history of supporting residency slots, providing scholarships, and funding retention programs to build and retain hospitals' workforce.

- Kern Health Systems has given over \$7 million to support medical education programs, retention programs, and residency feasibility studies.
- L.A. Care Health Plan's Elevating the Safety Net initiative has committed \$205 million for four-year medical school scholarships, physician recruitment grants for safety net clinics/ practices, medical school loan repayments for new physicians committing to work in the safety net for three years, and a 10-week caregiver training for in-home supportive services providers.
- CalOptima Health championed a \$50 million
 Provider Workforce Development Initiative, including
 \$25 million that was awarded to health care
 educational institutions, which aims to secure the
 delivery of health care safety net services and ease
 workforce shortages in Orange County.
- Community Health Group provides scholarships to local colleges, high schools, and community organizations, supporting students in health care fields and enhancing community well-being and economic health.

Hospital-Directed Payments

In addition to base rates paid to hospitals by local plans, the California Department of Health Care Services (DHCS) provides hospitals with supplemental funding through directed payments, the vast majority of which are paid through Medi-Cal managed care plans.

 Local plans ensure that in-network hospitals receive directed payments timely and consistent with DHCS guidance. The magnitude of hospital-directed payments is significant, totaling \$13-15 billion annually in net benefit to hospitals on top of the base rates that plans pay to hospitals.

Public Relations & Publicity

Media Clips June 2024-July 2024

¿Necesitas atención médica?

By: El Popular | June 7, 2024

"La colaboración #Health4Kern, compuesta por una amplia variedad de grupos comunitarios y organizaciones de salud, se está uniendo para organizar "El Gran Evento de Inscripción Medi-Cal" para ofrecer a las personas y las familias la atención médica que necesitan, y el evento es gratuito...Building Healthy Communities-Kern, **Kern Family Health Care**..." Click here to read more.

Kern County expands Medi-Cal access, hosts major enrollment event at fairgrounds

By: BakersfieldNow | June 8, 2024

"Maritza Jimenez with the **Kern Family Health Care** said at least 500 people were expected to come out and get help for filling out a renewal or new Medi-cal application...Now that the barriers that made it difficult to become eligible in the past have been lifted, the resources they offer can make it easier, regardless of immigration status." <u>Click here to read more.</u>

Kern residents enrolled for full health coverage at MediCal event

By: Kern Sol News | June 13, 2024

"To bring Medi-Cal to more Kern residents several local organizations and health insurers came together to offer a free enrollment event...BHCK, Kern Family Health Care, Dignity Health, Clinica Sierra Vista, Department of Human Services, and other organizations planned a large-scale event to enroll more residents." Click here to read more.

Bill to Create New Kern County UC Medical School Passes Senate Committee

By: California Globe | June 21, 2024

"Kern Health Systems CEO Emily Duran also noted that "Growing up in Kern County, I completely understand the benefits the San Joaquin Valley would receive to have our own School of Medicine...Having more home-grown doctors and nurses in our county would create more access to healthcare in both rural and urban areas, therefore, securing better health outcomes for all." Click here to read more.

Organizations rally as neighbors in southeast Bakersfield are left without water for days

By: 23abc | June 24, 2024

"Kern Health Systems also organized with Clinica Sierra Vista to offer a free mobile clinic and showers temporarily Tuesday. "We take advantage of just how much we rely on water, washing your hands, taking a shower, we have several families who rely on swamp coolers and you need water for those," said Emily Duran with Kern Family Health." Click here to read more.

Elementary school becomes nexus of community response to water crisis

By: The Bakersfield Californian | June 25, 2024

"One such individual was nearby resident Fatima Sarabia, who showed up to the school at about 1:30 p.m. Monday to get water for her dogs but then found ways to help out and stayed for seven hours. She returned at 8 a.m. Tuesday and by about noon was directing a small army of volunteers and **Kern Health Systems** staff tending to the needs of neighbors." Click here to read more.

Neighborhood comes together to keep each other afloat while dealing with a water pressure issue

By: 23abc | June 27, 2024

"Maritza Jimenez Community Engagement Supervisor said "We were able to bring out showers, so we know people were out of water, right? They couldn't shower, so we had showers that people came and took a shower. We got towels for them and soap." Click here to read more.

Public invited to summer camp, swimming and activities at South Fork

By: Kern Valley Sun | July 4, 2024

"Another program offered is Junior Guards, where students learn CPR, AED machines, safety in pool trainings, first aid, and safety awareness. Ultimately those attending have the opportunity to seek job openings because the school hires high school students as lifeguards...She said **Kern Family Health Care** and First 5 Kern are both funders for the different aspects for their program through grants." Click here to read more.

CalAIM Community Supports Early Adopters: Spotlight on Asthma Remediation By: California Health Care Foundation | July 16, 2024

"This fact sheet looks at how asthma remediation has been implemented by **Kern Family Health Care**, a Medi-Cal managed care plan in Kern County...**Kern Family Health Care** has been an early adopter of Community Supports, offering 13 of the 14 available services. Because of poor regional air quality, asthma remediation is at the forefront." Click here to read more.

Oasis Family Resource Center hosts baby shower for 20 expectant moms By: The Daily Independent | July 16, 2024

"Late last month, Oasis joined forces with First 5 Kern and **Kern Family Health Care** and hosted a grand "baby shower" event for 18 expecting mothers who needed a little help. Assistance was also provided to two other new mothers." Click here to read more.

La escasez de viviendas afecta la salud de las familias

By: El Popular | July 18, 2024

"A finales de 2022, recibimos subvenciones de financiación de **Kern Health Systems** para ayudar a completar nuestras dos propiedades Cornerstone en Oildale que, en conjunto, proporcionan 34 hogares para jóvenes que han estado en hogares de acogida y que no tienen hogar o corren el riesgo de quedarse sin hogar", dijo Pelz. <u>Click here</u> to read more.

It Takes a Village to Raise a Child

By: The News Review Ridgecrest, CA | July 19, 2024

"We are grateful for the support of First 5 Kern and **Kern Family Health Care** for granting us the main source of funding for our 2024 Oasis Family Resource Baby Shower, which enabled us to help Ridgecrest families be better prepared for the arrival of their newborn. Click here to read more.

Letter to the editor: Oasis FRC grateful for support in hosting baby shower

By: The Daily Independent | July 19, 2024

"It takes a village to raise a child, and an even bigger one to raise 20 children!...We are grateful for the support of First 5 Kern and **Kern Family Health Care** for granting us the main source of funding for our 2024 Oasis Family Resource Baby Shower, which enabled us to help Ridgecrest families be better prepared for the arrival of their newborn. Click here to read more.

Oasis Family Resource Center hosts baby shower for 20 expectant moms

By: The Daily Independent | July 19, 2024 (Print)

Late last month, Oasis joined forces with First 5 Kern and **Kern Family Health Care** and hosted a grand "baby shower" event for 18 expecting mothers who needed a little help. Assistance was also provided to two other new mothers.

Housing shortage impacting families' health

By: El Popular | July 22, 2024

"In late 2022, we received funding awards from **Kern Health Systems** to help complete our two Cornerstone properties in Oildale that together provide 34 homes for former foster youth who are homeless or at risk of homelessness," said Pelz. Click here to read more.

Foundation invites public to River Rhythms

By: Kern Valley Sun | July 25, 2024

"Sponsors of the event include **Kern Family Health Care**, AltaOne, California Water Service, David Woods-Edward Jones, General Plumbing, Grocery Outlet, Harry P. Thal insurance, Kernville Saloon and Hotel, Lake Linx, OnPoint Gym. Pizza Barn, QualCare, Sun Power, and West America Bank." <u>Click here to read more.</u>



COMMITTEE: BEHAVIORAL HEALTH ADVISORY COMMITTEE

DATE OF MEETING: APRIL 8, 2024

CALL TO ORDER: 10:05 AM BY MELINDA SANTIAGO, DIRECTOR OF BEHAVIORAL HEALTH - CHAIR

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

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Quorum	Attendance / Roll Call	Committee quorum requirements not met.	N/A
Call to Order	Dr. Martha Tasinga, CMO and Melinda Santiago, KHS Director of Behavioral Health called the meeting to order at 10:05 AM.		N/A
Committee Minutes	Approval of Minutes Approval of Minutes from March 11, 2024 meeting.	☑ APPROVED: Minutes were accepted as presented with no changes.	4/8/24
OLD BUSINESS	BH Satisfaction Survey	CLOSED: Informational discussion only	4/8/24
	Melinda presented the condensed surveys that were narrowed down and reduced significantly after receiving feedback from the members at the last meeting and work with Dr. Tasinga. Pediatric		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	surveys were condensed to 33 questions and Adult surveys condensed to 28 questions. All surveys were cleaned up and sent to DHCS for approval with anticipated launch date the end of April 2024.		
	Melinda informed the members that groups of members have been identified to survey in both English and Spanish, including 5-major categories and race/ethnicity.		
	The first 400 surveys received will be entered into a raffle and 10 members will be selected to receive \$100 gift card. By providing incentives it is anticipated that more members will participate which will allow for a year-to-year analysis and benchmarking to see where interventions, needs, and access is needed.		
NEW BUSINESS	NCQA Accreditation Standards	☑ CLOSED: Informational discussion only.	4/8/24
	Melinda presented the National Committee for Quality Assurance (NCQA) Accreditation Standards and efforts for QI4 – Continuity and Coordination between Medical Care and Behavioral Healthcare. Melinda provided the committee members with information the 6 factors that will be covered in QI4 including the Healthcare Effectiveness Data and Information Set (HEDIS) Measures and Medical Managed Care Accountability Sets (MCAS). Melinda informed the members that we are currently creating the infrastructure for how to gather this information, create upgrades to our electronic management system and create a provider portal that has capacity for bi-directional coordination within the system for the PCP and BH Providers to access BH specific information that is needed to support coordination and continuity of care.		
	 Additional information shared included: Creating a dashboard to identify the high-risk members based on co-morbidities; collecting data to do quantitative analysis to determine interventions. Antidepressant AMM / ADD / SSD – MCP is not held to minimum performance levels (MPL) standards at this time, and efforts will be made with submission for we continue to review our performance. Committee discussed the benefits and process to sharing this information between the MCP and MHP. 		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	 18+ Antidepressant Medication management – National benchmark 60.9 and KHS is at 60.44 and will continue to look to see where we can improve. ADD follow-up care children prescribed ADHD medication national standard is 40.4 and KHS is at 39.78 – we will continue to look to see where we can improve. SSD – Diabetes screening with people with schizophrenia or bipolar disorder who are on antipsychotic medications national standard is 70 and KHS is 79.36 – KHS is doing good in this standard. Complex Case Management within PHM – high risk comorbidity members reviewing to see how many members behavioral health diagnosis has been referred to behavioral health or visits to behavioral health and determine if any interventions based on that information is needed. ME 7E – annual assessment of BH Care and Services – survey is the assessment and services will work with our grievance team to show how that information is broken down within grievances and identify patterns and provide interventions. ME 7E – Provider Survey – two specific questions for provider feedback to come up with provider interventions. 		
OPEN FORUM	Open Forum Members discussed the 12 and under members who have been diagnosed with ADHD receiving actual medication effort with therapy and/or medication management, compliance with medication. Most of these members are being treated by the Mental Health Plan, Kern Behavioral Health & Recovery Services (KBHRS) receiving outpatient treatment. Director of KBHRS, Alison Burrowes reported that collecting data has been challenging. since their transition to Smart Care. The committee discussed the challenges with ADHD being treated at the PCP level, due to providers capacity and scope of services. KHS has started to look at the school base services, identifying. prevention and early intervention/prevention programs. Melinda discussed the Student Behavioral Health Incentive Program (SBHIP) and the plan for school-based services in 2025. Melinda informed the committee that the state is currently working with Cohort 1 for the children and youth Behavioral Health Initiative	☑ CLOSED: Informational discussion only.	4/8/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	(CYBHI) statewide multi payer school-linked fee schedule. KHS is supporting the selected LEAs through SHIP to build the programs that will support the school-based fee schedule.		
	Members asked if a provider survey or input from network providers will be performed. Melinda indicated that a provider survey is slated for next year.		
NEXT MEETING	Next meeting will be held Monday, July 10, 2024.	☑ CLOSED: Informational only.	N/A
	Melinda inquired if the set day and time still work for the members. Discussed options for morning, afternoon, evening, and preferences for days of the week. Committee shared that Monday and Friday may not be the best days. Melinda agreed to send out survey to all committee members to vote on best option for next meeting in July.		
ADJOURNMENT	The Committee adjourned at 11:10 am.	N/A	N/A
	Respectfully submitted: Amy L. Daniel; Executive Health Services Coordinator		

For Signature Only – Behavioral Health Advisory Committee Minutes 4/8/2024				
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: JUNE 5, 2024

CALL TO ORDER: 7:09 AM BY MARTHA TASINGA, MD - CHAIR

Members Present On-Site:	Martha Tasinga, MD – KHS Chief Medical Officer Atul Aggarwal, MD – Network Provider, Cardiology Hasmukh Amin, MD – Network Provider, Pediatrics	Raju Patel, MD - Network Provider, Internal Medicine	
Members Virtual Remote:	David Hair, MD - Network Provider, Ophthalmology	Ashok Parmar, MD- Network Provider, Pain Medicine	
Members Excused=E Absent=A		Gohar Gevorgyan, MD – Network Provider, FP (E) Miguel Lascano – Network Provider, OB/GYN (E)	
Staff Present:	Alan Avery, Chief Operating Office Michelle Curioso, Director of PHM Amy Daniel, Executive Health Services Coordinator Jake Hall, Deputy Director of Contracting	Yolanda Herrera, Credentialing Manager Magdee Hugais, Director of Quality Improvement John Miller MD, Quality Improvement Medical Director	Abdolreza Saadabadi MD, BH Medical Dir. (R) Yesenia Sanchez, Credentialing Coordinator Sukhpreet Sidhu MD, PHM Medical Director Bruce Wearda, Pharmacy Director

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Quorum	Attendance / Roll Call	Committee quorum requirements met.	N/A
Call to Order	Dr. Martha Tasinga, MD, KHS Chief Medical Officer, called the meeting to order at 7:09 am.		N/A
Committee Minutes	Approval of Minutes The Committee's Chairperson, Dr. Tasinga presented the meeting	☑ ACTION: Dr. Amin moved to approve minutes of May 1, 2024,	6/5/24

KHS Board of Directors Meeting, August 15, 2024

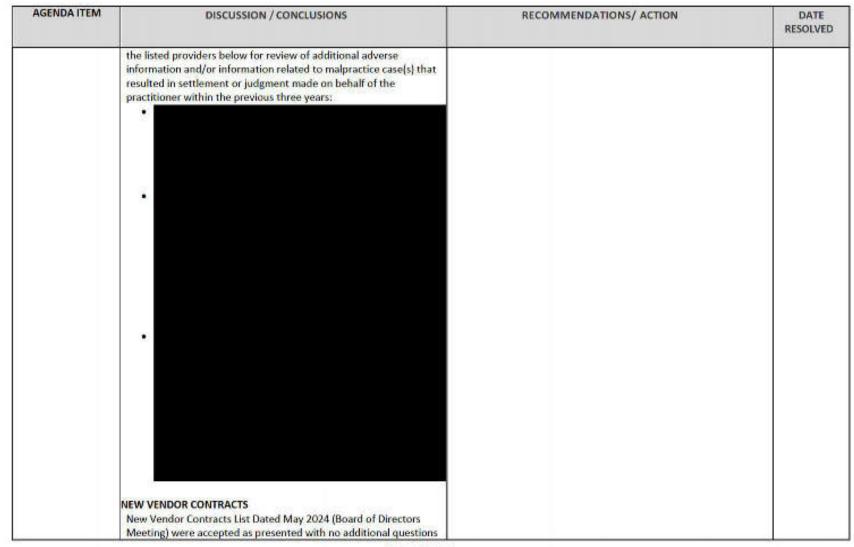
AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	minutes for approval.	seconded by Dr. Patel, Motion carried.	
	Peer Review Reports		
	CREDENTIALING REPORT Mental Health Pre-Approvals from 6/03/24: In compliance with Senate Bill 2581, Dr. Tasinga, KHS CMO, pre- approved the Mental/Behavioral Health providers as listed on 6/03/2024 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. INITIAL CREDENTIALING REPORT Initial Applicants List Dated 6/05/2024: There was (1) initial application presented for comprehensive review.	☑ ACTION: Dr. Amin moved to approve the Credentialing, Recredentialing and New Vendor Contracts from the reports dated June 5, 2024, seconded by Dr. Patel. Motion carried.	6/5/24
	RECREDENTIALING REPORT Recredentialing Providers List Dated 6/05/2024: Recredentialing meeting clean file review were accepted as presented with no additional questions or alternative actions.		
	Recredentialing with comprehensive reviews were conducted for		

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AND CALIFORNIA HEALTH & SAFETY CODE SECTIONS 1370-1371

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AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	or comments by the committee members.	☑ ACTION: Dr. Amin moved to approve the Delegation of Credentialing Activities from the reports dated June 5, 2024, seconded by Dr. Patel. Motion carried.	
	DELEGATION OF CREDENTIALING ACTIVITIES — 4 TH QUARTER 2023 REPORTS Ms. Herrera reported 4 th Quarter 2023 Delegation of Credentialing activities for CHLA Medical Group, ConferMed, Kaiser, Valley Children's ChildNet, VSP, UCLA Medical Group and USC Medical Group have been received. There were no significant changes in credentialing program, policies/procedures, or provider network.	☑ ACTION: Monthly Monitoring new events were received and reviewed by the Committee members with no additional requests at this time. Providers will continue to be monitored monthly with any additional reporting to the committee as it is received.	6/5/2024
	MONTHLY MONITORING – DISCIPLINARY ACTIONS OR ADVERSE EVENTS: The May 2024 monthly monitoring report that includes licensing disciplinary issues, adverse events, or sanctioned/excluded providers to be reviewed by the committee members. New monitoring activities were presented as follows:		6/5/2024
	•		

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AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	
OLD BUSINESS	Delegated Credentialing 2024 Audit Summary – Opportunity for Improvements and/or Corrective Actions ConferMED (E-Consults Peer to Peer) submitted their evidence of compliance for their opportunity for improvement as follows: Opportunity for improvement: 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. Delegates Response: 5/8/2024 Evidence of compliance received updated Credentialing Policy and Procedure Section 2.2 for Behavioral Health applications completion pursuant to AB2581. Closed/Compliant.		6/5/24
	UCLA Medical Group (Survey Date 1/30/24) Opportunity for Improvement Opportunity for Improvement: Recommendations to updated Ongoing Monitoring for Opt-Out to new CMS Medicare Opt-Out Affidavit and ensure P&P includes notification with 7-business days of BH Applications are complete or incomplete per CA	☑ ACTION: Dr. Amin moved to approve the Delegated Credentialing 2024 Audit Summary report follow-up regarding UCLA Medical Group, seconded by Dr. Aggarwal. Motion carried.	6/5/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	AB2581 Delegates Response: 5/28/2024 Evidence of compliance KHS received updated Credentialing Policy and Procedure Section 14.5 Medicare Opt-Out revised and corrected language and Section 8.4 for Behavioral Health application process pursuant to AB2581 added. Closed / Compliant.		
	Bariatric Surgery Quality of Care Issues	☐ PENDING: Dr. Miller conduct random 10-case review in 6-months as follow-up on this issue.	10/2/24
	Advanced Practice Pharmacist Credentialing Criteria. 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 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.	□ PENDING: Dr. Tasinga requested that KMs proposal and request to utilize Advanced Practice Pharmacist be escalated to legal for review and analysis.	Pending
NEW BUSINESS	Pharmacy Criteria Bruce Wearda, KHS Pharmacy Director, presented the following Pharmacy Criteria including initial therapy criteria, exclusion criteria and criteria for continued coverage for the following: Cantharidin (Yeanth) Criteria Members discussed this topical medication and that only Dermatologist prescribe it; however, there was a question raised regarding some PCPs have also prescribed this medication as well and would be beneficial to disseminate this information to both the Dermatologist and Primary Care Physicians regarding these criteria.	☑ ACTION: Dr. Amin moved to approve the Pharmacy Criteria for Cantharidin (Yeanth), seconded by Dr. Aggarwal and to fax blast these criteria to the dermatology providers and primary care physicians. Motion carried. Yolanda Herrera Credentialing Manager will ensure criteria is faxed to the stated providers.	6/5/24

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AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
OPEN FORUM	No additional information presented or discussed.	☑ CLOSED	N/A
NEXT MEETING	Next meeting will be held Wednesday, August 7, 2024	Informational only.	N/A
ADJOURNMENT	The Committee adjourned at 7:55am Respectfully submitted: Amy L. Daniel, Executive Health Services	N/A	N/A
	Coordinator		

For Signature Only – Physician Advisory Committee Minutes 06/05/2024						
The foregoing minutes were APPROVED AS PRESENTED on:						
	Date	Name				
The foregoing minutes were APPROVED WITH MODIFICATION on: _						
	Date	Name				



COMMITTEE: POPULATION HEALTH MANAGEMENT COMMITTEE

DATE OF MEETING: JUNE 5, 2024

CALL TO ORDER: 11:01 AM BY SUKHPREET SIDHU, MD - CHAIR

Members Present On-Site:	Maria Bermudez, Asst. Director at Dept. of Human Services Lordes Bucher, Administrator at KCSOS Brynn Carrigan, Director at KC Public Health Valerie Civelli, MD at LTC Premier Valley Med. Group	Babita Datta, MD OB/GYN at Wasco Medical Plaza Paula De La Riva-Barrera, Manager at First 5 Kern Dixie Denmark-Speer, SS Director at Height Street SNF Minty Dillon, Administrator at Premier Valley Medical Grp Desiree Escobedo, Admissions at Height Street SNF	Lito Morillo, Executive Director at KC Human Services Jasmine Ochoa, Manager at KC Public Health Cody Rasmussen, Administrator at Height Street SNF Curt Williams, Director Homeless/Foster at KCSOS
Members Virtual Remote:	Kristine Khuu, Assistant Director at Kern Regional Ctr. Ashok Parmar MD, Pain Mgmt.		
Members Excused=E Absent=A	Christopher Boyd, Licensed Clinical Psychologist (E) Cristina Castro, Recovery Specialist at KCBHRS (E) Babita Datta, MD OB/GYN at Wasco Medical Plaza (E) Minty Dillon, Administrator at Premier Valley Med. (E) Laura Hasting, NP at Priority Urgent Care (E)	Gina Lascon, DON at Delano SNF (E) Alissa Lopez, Administrator at KCBHRS (E) Colleen Philley, Program Director at KC Aging & Adult (E) Celia Pinai, Kern Regional Center (E) Vivek Radhakrishan, MD Primary Care @ Premier (E)	Martin Reynoso, Supervisor at KC Aging & Adult (E) Jennie Sill, Administrator at KCBHRS (E) Jay Tamsi, President/CEO Hispanic Chamb of Comm. (E) Alejandra Vargas, BOM at Height Street SNF (E)
Staff Present:	Desiree Buena, RN PHM Supervisor Missy Clendenen, RN PHM LTC Case Manager Michelle Curioso, Director of PHM Amy Daniel, Executive Health Services Coordinator	Russell Hasting, PHM Manager of CM Yolanda Herrera, Credentialing Manager Magdee Hugais, KHS Director of QI Jacinto Marcelo II, Director of Special Programs John P. Miller, MD QI Medical Director	Noehmi Morfin, RN PHM Clinical Auditor & Trainer Courtney Morris, Behavioral Health Supervisor Marilu Rodriguez, Senior Health Equity Analyst 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	Sukhpreet Sidhu, MD, KHS PHM Medical Director called the meeting to order at 11:01 AM.		N/A
Committee Minutes	Approval of Minutes The minutes of March 6, 2024 were presented for review and approval.	☑ ACTION: Lito Morillo moved to approve minutes of March 6, 2024, seconded by Curt Williams. Motion carried.	N/A
OLD BUSINESS	There was no old business to present	N/A	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
NEW BUSINESS	Welcome & Introduction Introductions: Members and KHS Staff introduced themselves and from the facility/organization they are representing.	☑ CLOSED: Informational discussion only.	6/5/24
	Review and Approval of Policy INTERMEDIATE CARE FACILITY FOR DEVELOPMENTALLY DISABLED Michelle Curioso, Director of PHM, presented the ICF/DD Policy outlining the care coordination to ensure there are no duplication of efforts along with Quality Improvement Team. The policy is for internal use describing the care management and coordination responsibilities.	☑ ACTION: Curt Williams moved to approve the ICF/DD Internal Policy, seconded by Cody Rasmussen. Motion carried.	6/5/24
	SUBACUTE CARE POLICY Jacinto Marcelo II, Director of Special Programs presented the Subacute Care Policy after meeting with management and avoid duplication of efforts, the policy was developed to assist in the care management coordination of care to sub-acute facilities. Since there is no local sub-acute for pediatrics the internal policy will be beneficial for navigating outside our service area. Members acknowledged the appreciation for this type of coordination and outreach.	☑ ACTION: Cody Rasmussen moved to approve the Sub-Acute Internal Policy, seconded by Curt Williams. Motion carried.	
	I Management Deliantichie is a negotiarne est of NCOA and DUCC This wellow	☑ ACTION: Lito Morillo moved to approve the Sub-Acute Internal Policy, seconded by Cody Rasmussen. Motion carried.	
	Long-Term Care Quality Assurance Performance Improvement Missy Clendenen, LTC Case Manager, RN presented the Quality Assessment Performance Improvement report for 2023. Using the last 3 Quarters of data, it was identified that patient falls are the major outlier, second is pressure injuries, and third are UTIs. Using the QAPI algorithm, it was identified that the patient Hoyer Lift was broken. A systematic root/cause/analysis was conducted. Collaboration with the staff was ideal to help with the needed changes required in real time. It was identified that there was no clear process to report damaged/broken equipment.	☑ ACTION: Lordes Bucher moved to approve the Long-Term Care Quality Assessment Report, seconded by Dr. Ashok Parmar. Motion carried.	6/5/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	KHS's goal and commitment is to assist our LTC providers with education, and training, assist with facility issues, and become compliant with regulatory issues. Next Steps with Falls will be education and training on how to avoid falls. Pressure Injuries for patients unable to ambulate will require periodic rounds to rotate the patient frequently to minimize skin breakdown and prevent loss of circulation. UTI guideless will continue to be modified to account for the various factors required to treat this diagnosis. Mr. Rasmussen discussed the responsibility with mitigating falls and the difficulty to get physicians to follow criteria. KHS has assigned specific physicians to round at the contracted facilities as a way to engage practitioners' assignment to KHS members following approved criteria		
	and/or guidelines. Dr. Valerie Civelli confirmed that applying protocol to patients, drug resistance as well as nurse experience is all taken into consideration in the treatment of the patient types in these facilities.	☑ ACTION: Paula De La Riva-Barrera moved to approve the Palliative Care	
	Palliative Care Services Russell presented the Palliative Care Service Report conducted over the last year as a result of SB1004 in 2018. DHCS established standards and requirements for technical assistance with Palliative Care. Criteria was developed outlining Palliative Care versus Hospice along with staff Training. KHS hired Masters Level License Care Social Worker who	Report, seconded by Dr. Ashok Parmar. Motion carried.	6/5/24
	received 30-hours training at the Shirley Haynes Institute for Palliative Care. The Team of Social Workers conduct outreach, assessment/screenings, and patient plans of care. There is also a dedicated Clinical Medical Assistant who assists with patient scheduling, and mailings.		
	After launching the Program in October 2023, efforts began to develop EMR tool, training team members and the pilot program was rolled out in November 2023. In January 2024 the full program was launched working with local community providers, primary care physicians and determining the member needs specific to palliative care versus hospice care. Currently, there have been 124 members accepted into the Palliative Care Program through member screenings as well as from other referral sources.		
	In March 2024 a formal program summit will be held networking with other plans aimed to ensure best practices are being used to ensure members receive the appropriate care.		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	Provider Engagement and Capacity Report including the services provided. In collaboration with Aasta and Hoffman both have developed program goals and expectations through our interdisciplinary team meetings.		
	Provider education will be large component to the success of this program and our team has been diligently working on newsletters and provider bulletins to our provider network informing them of our criteria and guidelines.		
	Additional next steps will include reporting and oversight of local vendors, identifying resource needs assessment and information exchange ideally with the goal of having referrals in the patient portal.		
	Committee members expressed concern that most patients fear being sent home to expire with no medications or education; however, Committee members commended PHM Staff for this strategic program to deliver care, provide education to our local venders, physicians and staff.		
	I lacinto Marcelo II presented the Transition of Care Special Programs Report	☑ ACTION: Kurt Williams moved to approve the Transition of Care Report, seconded by Dr. Ashok Parmar. Motion carried.	6/5/24
	The program's goal is to transfer the patient to the least restrictive level that will support the patient with the services required for that patient. In 2023 requirements changed requiring a Registered Nurse for all High-Risk Members. This has now been implemented for all member transfers 2024 and forward. Additionally, the RN will have a Certified Medical Assistant to assign with the transfers and the focus will be to automate our process by end of year 2024.		
	PHM Survey Responses	T CLOSED, Informational discussion only	- (- (
	Michelle Curioso presented the feedback received from the PHM Survey Responses sent to our providers during the last quarter. Mental Health was identified as the top issue of concern for our providers. Next quarter will invite the Behavioral Health Department to share information on available resources and how to send referrals to better assist our network providers.	☑ CLOSED: Informational discussion only.	6/5/24
	Transportation and Rural Communities were also identified as areas of concern and will be reviewed for next steps and how best PHM can provide assistance.		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
OPEN FORUM	Open Forum No additional items presented for discussion.	☑ CLOSED: Informational discussion only.	6/5/24
NEXT MEETING	Next meeting will be held Wednesday, September 4th, 2024 at 11:00 am	☑ CLOSED: Informational only.	N/A
ADJOURNMENT	The Committee adjourned at 12:02 PM	N/A	N/A
	Respectfully submitted: Amy L. Daniel; Executive Health Services Coordinator		

For Signature Only – Quality Improvement Committee Minutes 06/05//24				
The foregoing minutes were APPROVED AS PRESENTED on:				
	Date	Name		
The foregoing minutes were APPROVED WITH MODIFICATION on:				
	Date	Name		

COMMITTEE: UTILIZATION MANAGEMENT COMMITTEE

DATE OF MEETING: JUNE 19, 2024

CALL TO ORDER: 12:11 PM BY MANINDER KHALSA, MD, UM MEDICAL DIRECTOR - CHAIR

Members Present On-Site:	Parikshat Sharma, MD – Outpatient Provider Ashok Parmar, MD - Specialist	Philipp Melendez, MD – OB/GYN Maninder Khalsa, MD – KHS UM Medical Director	
Members Virtual Remote:			
Members Excused=E Absent=A			
Staff Present:	Linda Corbin, KHS Health Services Consultant (Remote) Lela Criswell, Member Engagement Manager Amy Daniel, Executive Health Services Coordinator	Traco Matthews, Chief Health Equity Officer	Nate Scott, Director of Member Services Sukhpreet Sidhu, MD, PHM Medical Director Isabel Silva, Director of Health & Wellness

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Quorum	Attendance / Roll Call	Committee quorum requirements were not met as the composition as described in the committee charter are still in development and recruiting participating providers.	N/A
Call to Order	Dr. Maninder Khalsa, KHS UM Medical Director called the meeting to order at 12:11 PM.		N/A
Committee Minutes	Approval of Minutes The minutes of March 20, 2024 were presented for review and approval.	☑ ACTION: Dr. Sharma moved to approve minutes of March 3, 2024, seconded by Dr. Patel. Motion carried.	N/A
OLD BUSINESS	There was no old business to present.	N/A	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
NEW BUSINESS	Welcome & Introduction Introductions: Dr. Khalsa welcomed the members of UM Committee meeting and reviewed the outline of the agenda.	☑ CLOSED: Informational discussion only.	6/19/24
	 this policy was only relevant to Access Section 1.D. KHS Policy 3.33-P Admission, Discharge, Concurrent Review and Authorization Notification Process – Redline revision for this policy was only relevant to the same topic regarding 	☑ ACTION: Dr. Sharma moved to approve revisions to P&P #3.31 Emergency Services, seconded by Dr. Parmar. Motion carried. ☑ ACTION: Dr. Sharma moved to approve revisions to P&P #3.33 Admission, Discharge, Concurrent Review and Authorization Notification Process, seconded by Dr. Parmar. Motion carried.	6/1924
	following highlights were noted: • Turn Around Time – KHS remains compliant with both routine 100% and urgent 99.6 UM Timeliness of Decisions in comparison to past quarters. • UM Referral Notification – KHS remains compliant with UM Referral notifications in comparison to past quarters. • Total Referrals Received = 1st Q4 quarter revealed a significant increase in referrals at 93648 in comparison to Q3	☑ ACTION: Dr. Sharma moved to approve revisions to P&P #3.33 Admission, Discharge, Concurrent Review and Authorization Notification Process, seconded by Dr. Parmar. Motion carried. ☐ FOLLOW-UP: Dr. Khalsa to discuss data with Director of Claims to identify the Mental Health data to determine the separation, if any between ABA and BHT Services and whether or not non-specialty mental health services are included. ☐ FOLLOW-UP: Dr. Khalsa to follow-up to ensure if the ECM Referrals	6/19/24 Pending Pending
		are only those that get to UM level of review since JIVA system is auto authorizing and may not go into our baseline statistics.	renaing

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	Audit Numbers – Numbers by month for 1st Quarter were reviewed and no significant trends or patterns identified. Loni Hill-Pirtle questioned the audit numbers for ECM referrals and feels that number may be significantly low as ECM is authorizing somewhere near 500 to 1000 referrals.		
	 2024 UM Program Description/Regulatory Compliance Linda presented the previously approved 2024 UM Program Description with brief overview of the regulatory compliance aspects to ensure UM Staff review the inpatient program as required. Dr. Khalsa provided a brief summary indicating the need to ensure the UM Program Description and our UM Policies align to how we practice complete the UM functions and processes. Dr. Khalsa further explained that KHS is reviewing the differences between Medicare, NCQA and DHCS and adopting the toughest requirement or process that will then meet all requirements of these regulatory bodies for KHS to have the most conservative process. 		6/19/24
	Quarterly Completion of Milliman Care Guidelines Inter-Rater Reliability (MCG-IRR) Held until next meeting.	☑ CLOSED: The committee members in attendance approved the 2024 UM Program Description as presented with no additional discussion.	<u>Pending</u>
OPEN FORUM	Open Forum Dr. Parmar asked if KHS Members are assigned to specific specialist. Dr. Khalsa informed the Committee that specialists are not assignable, and, in many cases, a prior authorization is not required; however, referrals are sent to the patient when directed or approved to see a specialist. Dr. Sidhu informed the Committee that Network Providers are encouraged to utilize the Portal as an additional mechanism and tool to ensure the members are receiving the proper care. The KHS Patient Portal is constantly being upgraded and enhanced to try and meet the needs of our provider population and network providers.	☑ CLOSED: Informational discussion only.	6/19/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	Christine Pence informed the Committee that KHS is currently in contract phase with AllMed and working to define the scope of work that will be delegated to AllMed. As the scope of work is defined, the UM Committee will be updated with any changes to our process, procedures and policies affected with this delegation of services and if required, approval by this committee and Board of Directors will be presented as needed.		
NEXT MEETING	Next meeting will be held Wednesday, September 11, 2024 at 12:00 pm	☑ CLOSED: Informational only.	N/A
ADJOURNMENT	The Committee adjourned at 12:45 PM Respectfully submitted: Amy L. Daniel; Executive Health Services Coordinator	N/A	N/A

For Signature Only – Utilization Management Committee Minutes 06/19/24				
The foregoing minutes were APPROVED AS PRESENTED on:	Date	 Name		
The foregoing minutes were APPROVED WITH MODIFICATION on: _				
	Date	Name		

21 e

COMMITTEE: DRUG UTILIZATION REVIEW (DUR) COMMITTEE

DATE OF MEETING: JUNE 24, 2024

CALL TO ORDER: 6:34 P.M. BY MARTHA TASINGA, MD - CHAIR

Members Present On-Site:	Alison Bell, PharmD – Network Provider, Geriatrics Dilbaugh Gehlawat, MD – Pediatrician Kimberly Hoffmann, Pharm D Pharmacist and BOD Member	James "Patrick" Person, RPh – Network Provider	Martha Tasinga, MD – KHS Chief Medical Officer Bruce Wearda, RPh – KHS Director of Pharmacy
Members Virtual Remote:	Abdolreza Saadabadi, MD – Network Provider, Psy.D. Vasanthi Srinivas, MD – Network Provider, OB/GYN	Sarabjeet Singh, MD - Network Provider, Cardiology	
Members Excused=E Absent=A	Joseph Tran, MD – Network Provider – A		
Staff Present:	Amy Daniel, KHS Executive Health Svcs Coordinator Sukhpreet Sidhu, MD, KHS Medical Director		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Quorum	Attendance / Roll Call	Committee quorum requirement met.	N/A
APPROVAL OF MINUTES	The Committee's Chairperson, Martha Tasinga MD, presented the meeting minutes for approval.	☑ ACTION: Pat Person moved to approve minutes of March 18, 2024, seconded by Alison Bell. 7 approved, 0 nays.	06/24/24
OLD BUSINESS	Incontinent Supplies Audit	Dr. Miller and Dr. Sidhu are still working on developing the verification audits to comply with our current policies.	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
NEW BUSINESS	Report of Plan Utilization Metrics Dr. Tasinga brought up concerns regarding the Rheumatologists pushing back on self-injected meds and Biosimilars. Many of these drugs would actually flow to Medi-Cal Rx. KHS desires the medications if infused, to be done at an Infusion Center. Dr. Gehlawat asked about Home Health Agencies. That too is acceptable, but there is possible non-compliance and also push-back from the specialists. Educational Articles The State DUR Educational Article on Aspirin use was shared. We also share this information with the KHS Network. NCQA Bruce indicated that NCQA requires criteria to be developed and	RECOMMENDATIONS/ ACTION	
	named. NCQA also requires policies explaining how criteria is used. The following was presented the committee members: Policy 13.24-P		
	Step-Therapy Considerations for Pharmacy Services – Criteria		
	This is not new criteria, it is just renamed and formatted to meet NCQA standards. The principles reflect procedures and standards in place since the formation of the Health Plan.		
	Molluscum Contagiosum Treatment Cantharidin (Ycanth) Criteria		
	KHS states that the CDC recommendations are to leave alone unless the infection is in sensitive areas on the body and/or causing issues. The condition resolves without scarring on its own.		
	Dr. Gehlawat inquired who was requesting. Bruce indicated mainly Pediatric Dermatologists.		
	Dr. Srinivas stated that she often uses it. Bruce replied, her patients would fall under the sensitive areas category and therefore is indicated more frequently.		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	Dr. Gehlawat wanted to know if CCS covers this drug. Bruce replied that CCS covers specific conditions, however, not so much medications. If it met the condition, it would be covered.		
	Dr. Srinivas and Dr. Gehlawat stated they often use other medications, that are off-label use to treat the condition. That agrees with the statement that CDC put out as well for the management of Molluscum Contagiosum.		
	Multiple Sclerosis (MS) Treatment Criteria was also presented to the committee.		
	DHCS/Executive Order N-01-09 Medi-Cal		
	Medi-Cal Rx will now be accepting specific ICD-10 codes to satisfy the Code I requirements for chronic weight management prescription requests.		
	Medi-Cal Rx will now cover the GLP-1 specifically FDA indicated for weight management.		
OPEN FORUM	There were no topics presented during open forum.	☑ ACTION: N/A	06/24/24
NEXT MEETING	Next meeting will be held Monday, September 30, 2024 at 6:30 pm	☑ CLOSED: Informational only.	N/A
ADJOURNMENT	The Committee adjourned 7:26 pm.	☑ ACTION: Kim Hoffmann moved to adjourn the meeting. It was seconded by Alison Bell. 8 Ayes, 0 Nays.	06/24/24

Respectfully submitted: Amy Daniel, KHS Executive Health Services Coordinator For Signature Only – Drug Utilization Review Committee Minutes 06/24/24

The foregoing minutes were APPROVED AS PRESENTED on:			
-	Date	Name	
The foregoing minutes were APPROVED WITH MODIFICATION on:			
	Date	Name	



21 f

COMMITTEE: COMMUNITY ADVISORY COMMITTEE (CAC)

DATE OF MEETING: June 26, 2024

CALL TO ORDER: 11:08 AM by Rukiyah Polk - Chair

Members	Rukiyah Polk	Members Absent:	Staff	Anastasia Lester, Senior Health Equity Analyst
Present:	Beatriz Basulto	Jay Tamsi (Excused)	Present:	Moises Manzo, Cultural & Linguistics Specialist
	Evelin Torres-Islas	Jennifer Slayton (Excused)		Vanessa Nevarez, Health Equity Coordinator
	Tammy Torres	Jessika Lopez (Excused)		Louis Iturriria, Sr Director of Marketing & Member Engagement
	Jasmine Ochoa	Mark McAlister (Excused)		Lela Criswell, Member Engagement Manager
	Lourdes Bucher			Nate Scott, Senior Director of Member Services
	Ashton Chase			Cynthia Jimenez, Cultural & Linguistics Specialist
	Jesus Gonzalez			Nohemy Campos, Cultural & Linguistics Specialist
	Rocio Castro			Isabel Silva, Senior Director of Wellness & Prevention
	Nalasia Jewel			Amy Sanders, Member Services Manager
	Michelle Bravo			

Agenda Item	Discussion/Conclusion	Recommendations/Action	Date Resolved
Quorum	11 of 15 committee members present; Jay Tamsi, Jennifer Slayton, Jessika Lopez, and Mark McAlister were absent.	Committee quorum requirements met.	N/A
Call to Order	Rukiyah Polk, Chair, called meeting to order at 11:08 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	 Rukiyah gave the opportunity for member updates. Jesus G. announced the success of the Gender & Sexuality symposium which had 150 in attendance and thanked KHS for their support. Jesus G. announced his departure from The Center, and member of the Community Advisory Committee (CAC) and Executive Quality Improvement Health Equity Committee (EQIHEC) and recommended Dani Munoz as his replacement. Rocio C. mentioned that not enough people showed up to the Regional Advisory Committee (RAC) meeting in Arvin because there was not enough notice. She recommended we market and advertise more than a day in advance. 	Informational Only.	N/A
Committee Minutes	Approval of Minutes CA-3) The Committee's Chairperson, Rukiyah Polk, presented the CAC Minutes for approval.	Action: Lourdes B. first, Jasmine O. second. All aye's. Motion carried.	6-25-24



Old Business	There was no old business to present.	N/A	N/A
New Business	Consent Agenda Items CA-4) March 2024 Medi-Cal Membership Enrollment Report	Action: Lourdes B. first, Jasmine O. second. All aye's. Motion carried.	6-25-24
	CA-5) Wellness and Prevention Q1 2024 Report	Informational only.	N/A
	Agenda Items 6) Member Services Grievance Operational Report and Grievance Summary for Q1 2024 • Amy S. presented the Grievance Report and Summy for Q1 2024. • Committee member Evelin Torres arrived at 11:18 am. 7) Culturally and Linguistically Appropriate Services	Tammy T. first, Jesus G. second. All aye's. Motion carried.	6-25-24
	 Isabel S. gave a presentation of the services provided by the linguistics department. Beatriz B. asked how much time in advance is needed to use KHS Culture and Linguistic (C&L) services and how much time does a member have with a C&L interpreter. Beatriz B. would like to know as much as possible because she is the one that relays this information back to her community. Beatriz B. commented that a 	 Isabel S. will take the questions and comments back to her team to better communicate to members that these services are available and how to better use the services per Beatriz B's request. 	



lot of times providers do not have qualified interpreters. Isabel S. responded that it depends on the language that is being requested. Sign language and indigenous languages are harder to find. KHS also has telephonic and video interpreting to prevent delays at health care appointments. • Jasmine O. would like KHS to provide a clearer understanding on what services they provide as well as a list of what services providers provide. Members are often discouraged by providers to use KFHC translation services because providers may have their own, but they are not the best, which creates issues. • Rukiyah P. announced a 5-minute break for lunch at 11:37am. • Rukiyah P. reconvened the meeting at 11:42am.	Isabel S. will take these comments back to the team to better KHS services.	6-25-24
Anastasia L. proposed the CAC extend the meeting time to 90 minutes.	 Jasmine O. first, Rukiyah P. second. All aye's. Motion carried. 	6-25-24
9) Member Rewards Flyer		
Lela C. presented the new Member Rewards flyer and asked the committee for feedback. The intent of the flyer is to have the most upto-date information by scanning the QR code on the flyer.		N/A



Jesus G. recommended the verbiage "scan with your phone" should be added to the flyer. Jasmine O. recommended to add more graphics and images to the flyer. Tammy T. commented that the website that the QR codes takes you to is too wordy and adding supplemental images would help for those that cannot read. Ashton C. commented that HEDIS state age requirements seem to be different than her hospitals for screenings such as HIV, Hepatitis C, Chlamydia and Gonorrhea. Patients should be screen at 40, not at 50 as the flyer states. Rukiyah P. asked why the flyer says there is STD screening for women and not men. Lourdes B. asked if the flyer was available in other languages. Lela C. responded that is it not available in other languages because it would take too much time. Amy S. advised the committee to use the KHS language line for assistance with the flyer.	 Lela C. thanked all for their comments and recommendations and will take back to the team for edits. Louie I. will investigate the screening age differences. Tammy T. first, Evelin T. second. All aye's. Motion carried. 	6-25-24
 Lela C. presented the Usability Test and encouraged the committee to take the test and provide feedback by the end of the week, if possible. Rukiyah P. asked where to send the test once completed. Lela C. advised to email it to Stephanie R. Beatriz B. asked if this test was 	Informational only.	N/A



for all members.	Lela C. respon	ded that this
test is just for the	e CAC.	

 Beatriz B. commented that she is unable to download the online transportation mileage reimbursement form in Spanish but can download the English version.

11) Member Satisfaction Survey Results

- Lela C. presented the member satisfaction survey results and stated that the committee's feedback has been previously taken and KHS is trying to improve. Beatriz B. asked if telehealth services are provided by PCP's only, or other specialists, and if members are responsible to select these services or someone else. Lela C. responded that both PCP's and specialists can have telehealth services but not all do. Beatriz B. commented that she is very thankful these services are available and emphasized that she doesn't have to miss work because of them.
- Nate S. asked the room how many are registered on the KHS member portal. He emphasized that the portal has a lot of good information. A committee member commented that she likes the website because that is where she finds the most information for her child who has asthma. Beatriz B. likes the website as well but is concerned that some may not know how to navigate it well or have the knowledge to use it correctly. Beatriz B.

• Lela C. will investigate why members are unable to download the Spanish mileage reimbursement form.

 Lela C. will make sure the KHS provider list states which providers offer telehealth. N/A



Adjournment	chair and gave him well wishes. • The next meeting will be held Tuesday, September 24, 2024, at 11:00am. The Committee adjourned at 12:17pm. Respectfully submitted:	Tamme T. first, Lourdes B. second. All aye's. Motion carried.	6-25-24
Next Meeting	knows this to be true because she is a passionate health promoter and helps others navigate. Nate S. thanked Beatriz B. for her assistance with members and asked to have them contact member services and we will walk them through it. • Rukiyah P. thanked Jesus G. for serving as vice	N/A	N/A

KHS Board of Directors Meeting, August 15, 2024

COMMITTEE: QUALITY IMPROVEMENT COMMITTEE DATE OF MEETING: JUNE 27, 2024

CALL TO ORDER: 12:03 PM BY MARTHA TASINGA, MD, CHIEF MEDICAL OFFICER - CHAIR

Members Present On-Site:	Dr. John Paul Miller, KHS QI Medical Director, Chair Carmelita Magno, Kern Medical Process Improvement Dir.		
Members Virtual Remote:	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
Members Excused=E Absent=A			
Staff Present:	Kailey Collier, RN, KHS Director of Quality Performance Michelle Curioso, KHS Director of PHM Amy Daniel, KHS Executive Health Services Coordinator	Dan Diaz, RN, KHS ECM Clinical Manager Pawan Gill, KHS Health Equity Manager Loni Hill-Pirtle, KHS Director of Enhanced Case Mgmt Magdee Hugais, KHS Director of QI	Steven Kinnison, KHS NCQA Manager Courtney Morris, KHS Behavioral Health Supervisor Isabel Silva, KHS 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 Director called the meeting to order at 12:01 PM.		N/A
Committee Minutes	Approval of Minutes The Committee's Chairperson, Dr. John Miller, presented the last meeting minutes for approval.	☑ ACTION: Dr. Joseph Hayes moved to approve minutes of March 29, 2024, seconded by Dr. Mansukh Ghadiya. Motion carried.	6/27/24
OLD BUSINESS	Committee Survey & Discussion At the March meeting, Magdee Hugais, posed a committee survey question "What do you see as the top priority to improve the overall quality of healthcare in our community?" A QR Code was given to the members to complete. Magdee reported the results are not yet completed and will be presented at the September 26 th meeting.	☑ CLOSED: Informational discussion only.	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
NEW BUSINESS	Quality of Clinical Care	☑ CLOSED: Informational discussion only.	
	MCAS / QP Report 1st Quarter 2024 Magdee Hugais, QI Director, reported the Quality Performance 1st Quarter 2024 summarizing the following: • Facility Site Reviews: Of the 8 initial FSR reviews completed in Q1 2024 all passed with 100% and 83% Medical Record Reviews. One site failed first review however, corrected action plan was implemented and closed upon compliance. • Performance Improvement Projects (PIPs): The first PIP was W30 MCAS measure, specific to Health Equity of the 0-15		6/27/24
	months African American Population in Kern County. The second PIP is non-clinical Behavioral Health, specific to the FUA and FUM measures. • MCAS Update: The QP Team continues with MCAS specific initiatives in support of improving all measures for current year with a focus on Children's domain of care.	☑ CLOSED: Informational discussion only. QI will take Dr.	
	 OOC Grievances and POIs Magdee Hugais presented the 1st Quarter QOC Grievances and PQIs (Potential Quality Improvements). The following highlights were noted: 3905 Grievances were closed by QI of which 610(15.62%) were classified as QOC Grievances. 37% increase in total grievance volume was noted in Q1 2024. No other significant trends or issues of concern were identified, and QI will continue to monitor. Dr. Michael Komin asked if KHS is still requiring physician explanations to the QOC Grievances. April Dutton responded that yes, every physician/provider is required to submit explanation. Dr. Komin requested whether there was training available to assist with appropriate documentation for responding to these types of requests. 	Komin's request for training on documentation as a follow-up.	6/27/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	Standard Q13: Across Settings	☑ CLOSED: Informational/discussion only.	6/27/24
	As part of the QI Plan, Magdee Hugais presented the annual Qualitative and Quantitative Analysis for Continuity and Coordination of Medical Care. This is an NCQA requirement (QI-3A). Magdee then shared the requirements of QI-3A from the 2024 Standards, as well as the measures selected for improvement, and the quantitative analysis. He then opened the floor for discussion of barriers and potential interventions.		
	Summary of Discussion: Measures analyzed are 7 day follow up post discharge, and diabetic retinal eye exam (EED) information shared with PCP.		
	Barriers identified and discussed: Health literacy Provider availability Providers unaware Discharge Plan not getting sent to PCP office. Accurate contact info Staffing including CHWs.		
	Possible interventions discussed: Member/Patient education before they are discharged. Add CHWs to staff at clinics and on street. Opening another clinic in East Kern for high-risk, homeless patients Improvements to provider portal to include discharge records provider education.	,	
	Standard Q13: Across Practitioners	☑ CLOSED: Informational/discussion only.	6/27/24
	In 2023, only 39% of members had office visits within 7 days of inpatient discharge. Committee was asked to discuss barriers in the community that are preventing the follow up visit from happening, and what we can do to improve it. Lela Criswell, Manager of Member Engagement, suggested 2 barriers: 1. Members are not educated to call their doctor to schedule the		
	follow up visit. 2. Provider availability		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	Michelle Curioso, Director of KHS PHM, offered that one way this can be improved is through implementation of the DHCS mandate that every member transitioning from one setting or care level to another will have a Care Coordinator. This will be accomplished through the KHS Population Health Management transitional care team. Part of the requirement is to ensure that the medical records from the hospital are shared with the PCPs. She also shared that an analysis of members who were seen by PCP within 7 days of discharge had a lower rate of readmission. She shared that a barrier raised at Provider Advisory Committee is that PCPs are not often aware that their patients have been to the hospital. Melinda Santiago, Director of Behavioral Health suggested doing a		
	better job with using the provider portal to facilitate the transfer of medical records to the PCPs. Dr. John Miller suggested that PCP awareness of patient in hospital is		
	an age-old problem, and that it is necessary to hand hold everyone at the hospital, because other interventions have not worked.		
	Another barrier brought up by Melinda Santiago is accurate contact information. Dr. Mansukh Ghadiya agreed this is an issue, especially with the large homeless population, so that in-person modality and making sure we have feet on the street is important.		
	Melinda Santiago stated she has added two CHWs going out into the community. Dr. Mansukh Ghadiya MD will be opening another office in East Kern, Lake Isabella, and Basin area.		
	Isabel Silva asked if Golden & Premier would consider adding CHWs to staffing model, as there is a lot of data showing they make a significant difference in outcomes of patients being discharged from hospital. Dan Diaz, ECM Clinical Manager, said both Golden & Premier were starting ECM programs, and both have CHWs. Those high-risk patients who are transferring out of hospital are part of ECM.		
	Carmelita Magno, Kern Medical Process Improvement Director, discussed no contact information or incorrect information being a barrier they see. They do have nurses follow patients after discharge		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	from hospital. What they have done, is to reiterate while patient is still in hospital that someone will be calling them, so that when they see the number 326-6000, they recognize and pick up.		
	Safety of Clinical Care	☑ CLOSED: Informational/discussion only.	6/27/24
	8 Initial Facility Site Reviews and 4 Initial Medical Record Reviews were completed in Q1 2024. 2 Periodic FSRs and 2 periodic MRRs were also completed. 100% of Facility Site Reviews passed and 83% YTD of Medical Record Reviews passed. 1 site failed the first review, however Corrective Action Plans were completed and closed. QP also conducts mid-cycle interim reviews of facilities to monitor facility compliance. Of which, 5 were completed in Q1 2024. The QP department also conducts Physical Accessibility Review Surveys (PARS) and 4 were completed in Q1 2024.		
	NCQA Accreditation	☑ CLOSED: Informational/discussion only.	6/27/24
	Stephen Kinnison, KHS NCQA Manager presented the 2024 NCQA Readiness Project Status noting the following key accomplishments: • Quality Dept has hired 2-specialists. • HEA points have increased from 37% to 43%.		
	 Reports continue to be submitted for UM Evaluation and PHM are now considered "Standard Met." Next steps include continuing mock audits for UM, Credentialing and PHM as well as preparation for operation readiness to be completed by July 31st. Accreditation Dates has been scheduled for April 8, 2025 		
	ECM CAP Process	☑ ACTION: Dr. Joseph Hayes, moved to approve ECM CAP Process, seconded by Dr. Michael Komin. Motion carried.	
	The Corrective Action Plan process was presented to the Quality Improvement Committee to explain the updated new escalation path specific to contracted Enhanced Care Management sites.		
	Dan Diaz, ECM Clinical Manager asked Committee for approval prior to publishing this as policy to the public.		
	Workplan Scorecard – 1st Quarter 2024	☑ CLOSED: Informational/discussion only.	
	Magdee Hugais, QI Director, presented the QI Program Workplan Q1 2024 Scorecard that identified the key measures that are on track, in jeopardy, barrier or completed and the actions and/or		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	improvement being taken. Most key measures are either completed or on track; there appear to be no barriers at this time, and MCAS Measures and Telephone access to Member Services continue to be analyzed for improvements.		
OPEN FORUM	Open Forum Dr. Michael Komin requested clarification if doing as assessment on a mother when their child is an established patient, but they are not. KHS will check with Member Services department to follow up on this question.	☑ PENDING	6/27/24
NEXT MEETING	Next meeting will be held Wednesday, September 26, 2024 at 12:00 pm	☑ CLOSED: Informational only.	N/A
ADJOURNMENT	The Committee adjourned at 12:50 PM Respectfully submitted: Amy L. Daniel; Executive Health Services Coordinator	N/A	N/A

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Meeting,
August 1
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2024

or Signature Only – Quality Improvement Committee Minutes 06/27/24			
The foregoing minutes were APPROVED AS PRESENTED on:			
	Date	Name	
The foregoing minutes were APPROVED WITH MODIFICATION on:			
	Date	Name	

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COMMITTEE: HEALTH EQUITY TRANSFORMATION STEERING COMMITTEE (HETSC)

July 1, 2024 DATE OF MEETING:

CALL TO ORDER: 3:06pm - Pawan Gill, Health Equity Manager - CHAIR

Staff Present:	Jackie Byrd, Senior Marketing and Communication Specialist Lela Criswell, Member Engagement Manager Pawan Gill, Health Equity Manager Anastasia Lester, Senior Health Equity Analyst Traco Matthews, Chief Health Equity Officer Finster Paul III, Manager of Community Health and Wellness	 Marilu Rodriguez, Senior Health Equity Analyst Daisy Torrez, Member Engagement Supervisor James Winfrey, Deputy Director of Provider Network Adriana Salinas, Director of Community and Social Services 	 Dalia Fontaine, Community and Social Services Manager Frankie Gonzalez, Employee Relations Manager Vanessa Nevarez, Health Equity Coordinator Cecilia Flores, Community Engagement Coordinator
Staff Virtual:	 Amy Carrillo, Member Services Manager Jake Hall, Senior Director of Contracting and Quality Performance Gregory Panero, Provider Network Analyst Program Manager Stephen Wuertz, Business Intelligence Data Insight and Analyst Manager Nate Scott, Senior Director of Member Services 		

AGENDA ITEM	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ACTION	DATE RESOLVED
QUORUM	Attendance / Roll Call	N/A – Workshop-style Committee	N/A
	Pawan Gill, Health Equity Manager and Chair called the meeting to order at 3:06pm.	N/A	N/A
COMMITTEE MINUTES	There were no previous minutes to approve.	N/A	N/A

AGENDA ITEM	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ACTION	DATE RESOLVED
OLD BUSINESS	There was no old business to present.	N/A	N/A
NEW BUSINESS	1) Community Advisory Committee (CAC)- PRESENTAION Anastasia Lester provided a detailed overview of the Community Advisory Committee 2024-2026.	Adriana Salinas referred to slide 8 of Anastasia Lester's presentation and asked what "dual aged" means. Lela Criswell explained that they are members that are covered by both plans in the senior category.	N/A
		 Finster Paul commented that he would like to attend the next CAC meeting. Anastasia Lester stated anyone is welcome as it is a public meeting. 	N/A
		 Stephen Wuertz commented that he liked the presentation and feeling involved. 	N/A
		Amy Sanders commented that she enjoys attending the CAC meetings because of the feedback that comes out of them.	N/A
	2) Regional Advisory Committee (RAC)- PRESENTATION Anastasia Lester provided a detailed overview of the RACs that took place in quarter 2. Anastasia Lester noticed a common theme at all locations. There was very good representation and feedback at the meetings, especially Ridgecrest. The discussion topics at the RACs included education, medical facilities, providers, transportation, healthy food, and special needs services.	 Jackie Byrd asked if KHS departments can collaborate and work on marketing efforts to help coordinate messages. Anastasia Lester responded that yes, that is the plan. 	N/A
		 Traco Matthews commented that the presentation was great, and the data is excellent. 	N/A
		 Adriana Salinas commented that Community and Social Services would like to partner with an organization that specializes in healthy foods. 	N/A
	D 12.6	Lela Criswell mentioned that text messaging will be used for the quarter 3 RACs so we will be able to see the difference in	N/A

	attendance.	
	• Finster Paul asked if updates and outcomes are given back to the communities where the RACs were held. Pawan Gill responded that once feedback is received and reviewed, the information does not have to wait until the next RAC to be given, a meeting can be called with key players at any time to solve an issue. Pawan Gill continued that we want to build and maintain trust within the communities; we can end the meeting with a "Did you know?" and highlight a service we may offer.	N/A
	Stephen Wuertz asked if our members have good access to internet and cell phones. Anastasia Lester responded that there are areas where that is challenging and if a member doesn't have the correct phone, it may affect their telehealth experience; we can give this feedback to our providers.	N/A
	 Finster Paul asked if our members are given a survey after they attend the RACs. He mentioned that there seemed to be a low turnout in Oildale where is would have seemed there would be a great turnout. Anastasia Lester explained that the date changed a few times and Oildale apologized for that; they have since invited KHS to go back another time. 	N/A
	Jackie Byrd commented that Health Equity should evaluate how KHS currently operates to find gaps and to see how Health Equity can improve.	N/A
3) 2024 Health Equity Strategic Roadmap - PRESENTATION	Item tabled until the next HETSC meeting on September 12 th , 2024, due to time restraints.	07/01/24

AGENDA ITEM	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ACTION	DATE RESOLVED
OPEN FORUM	Pawan opened the floor for announcements.	 Pawan Gill announced that Kern Health Equity Partnership (KHEP) is looking for externs that can help find out when doctors are in and when services are provided. She also announced that Health Equity is looking for externs to help with SOGI data entry. 	N/A
NEXT STEPS	Pawan reported out on next steps.	 Pawan Gill will send out a document for each department to complete that tracks health equity, population and focus, and the name of the program. Pawan Gill has asked all departments for their contracts. 	N/A
NEXT MEETING	Next meeting will be held Thursday, September 12 th , 2024, at 2:00pm.	Review 2024 Health Equity strategic roadmap.	N/A
ADJOURNMENT	The Committee adjourned at 4:04pm	N/A	N/A
	Respectfully submitted:		
	Vanessa Nevarez, Health Equity Coordinator		

For Signature Only – HETSC Minutes 07/01/24			
The foregoing minutes were APPROVED AS PRESENTED on:			
	Date	Name	
The foregoing minutes were APPROVED WITH MODIFICATION on:			
	Date	Name	

SUMMARY

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GOVERNANCE AND COMPLIANCE COMMITTEE MEETING

KERN HEALTH SYSTEMS 2900 Buck Owens Boulevard Bakersfield, California 93308

Thursday, August 1, 2024

8:30 A.M.

COMMITTEE RECONVENED

Members: Acharya, Hoffmann, Meave, Turnipseed

ROLL CALL: All present

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

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

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.

SUMMARYGovernance and Compliance Committee Meeting
Kern Health Systems

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COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

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

NO ONE HEARD.

COMMITTEE MATTERS

- Report on Kern Health Systems Enterprise Risk Management (Fiscal Impact: None) – RECEIVED AND FILED
- 4) Report on Kern Health Systems MCAS Managed Care Plan Comparison (Fiscal Impact: None) RECEIVED AND FILED

ADJOURN TO THURSDAY, SEPTEMBER 12, 2024, AT 8:30 A.M.