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Mark A. Neubauer (73728)
mneubauer@carltonfields.com
CARLTON FIELDS, LLP
2000 Avenue of the Stars, Suite 530N
Los Angeles, CA 90067-4707
Telephone: (310) 843-6300
Facsimile: (310) 843-6301

Donald R. Kirk (*Admitted Pro Hac Vice*)
DKirk@carltonfields.com
John Ryan Yant (*Admitted Pro Hac Vice*
ryant@carltonfields.com
Carlton Fields, P.A.
4221 W. Boy Scout Blvd., Suite 1000
Tampa, FL 33607-5780
Telephone: (813) 223-7000

Attorneys for Angeles IPA
Medical Group

UNITED STATES BANKRUPTCY COURT

CENTRAL DISTRICT OF CALIFORNIA – LOS ANGELES DIVISION

In re VERITY HEALTH SYSTEM OF CALIFORNIA, INC., et al., Debtors and Debtors in Possession.	Case No.: 2:18-bk-20151-ER Chapter 11 Assigned to Hon. Ernest M. Robles **OBJECTION OF ANGELES IPA MEDICAL GROUP TO NOTICE TO COUNTERPARTIES TO EXECUTORY CONTRACTS AND UNEXPIRED LEASES OF THE DEBTORS THAT MAY BE ASSUMED AND ASSIGNED [ECF NO. 1704]; AND SUPPLEMENTAL NOTICE [ECF NO. 1836]**
Affects St. Francis Medical Center	Date: April 17, 2019 Time: 10:00 a.m. Place: United States Bankruptcy Court Courtroom 1568 255 E. Temple St. Los Angeles, CA 90012

TABLE OF CONTENTS

I. INTRODUCTION 1
II. STATEMENT OF FACTS 4
A. Background 4
B. Cure Amount Calculations 5
1. Debtors' Documentation of Amounts Owed (at least $2,478,004) 6
2. Angeles IPA's Cure Amount Calculations ($6,818,021) 8
i. Overstatement of 2018 Risk Pool Expenses for services performed at St. Francis 10
ii. Overstatement of 2018 Risk Pool Expenses for services provided by third parties. 11
iii. January 2019 11
iv. Outstanding Refund Request 12
v. Expected Monthly Entitlement Post-January 2019 12
3. Summary 12
C. Other Defaults 13
1. Debtors have not properly segregated Risk Pool Funds 13
2. Debtors are Required to Pay Valid Claims and Only Account for Claims Actually Paid. 14
III. LEGAL ARGUMENT 15
Renewal of Limited Objection to Motion to Approve Asset Purchase Agreement and Sale Procedures. 19

TABLE OF AUTHORITIES

Page(s)

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Energy Consulting & Mgmt. Solutions, LLC v. Western States Equip. Co., 574 F. App'x 736 (9th Cir. 2014) 16

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PLEASE TAKE NOTICE that Angeles IPA Medical Group ("AIPA" or the "Group"), as a creditor and party-in-interest of St. Francis Medical Center ("St. Francis" or "Hospital"), Verity Health System of California, Inc. ("Verity"), and the above referenced affiliated debtors and debtors in possession in the above-captioned chapter 11 bankruptcy cases (collectively, the "Debtors"), hereby objects (the "Objection") to the "Cure Amount" proposed by the Debtors in the *Notice To Counterparties To Executory Contracts And Unexpired Leases Of The Debtors That May Be Assumed And Assigned* [Docket No. 1704] (the "Cure Notice"), as amended by the *Supplemental Notice to Counterparties to Executory Contracts and Unexpired Leases of the Debtors that May be Assumed and Assigned* [Docket No. 1836] (the "Supplement," and, together with the Cure Notice, the "Supplemented Cure Notice").

AIPA is a party to an executory contract that is potentially subject to assumption via the proposed sale of St. Francis Medical Center. In order to assume and assign this contract, AIPA's contract with St. Francis Medical Center must be cured and brought current. While the Debtors' initial cure notification filed with the Court indicates a cure amount of only $3,002.64, the Debtors' own documentation reflects a balance due to AIPA in the amount of $2,478,004. This, too, is understated, as AIPA's records reflect a balance due in the amount of $**5,398,837** through January 31, 2019, and is expected to reach $**6,818,021** by June 30, 2019. The discrepancy between Debtor's documentation and AIPA's is largely due to Debtors' failure to accurately reflect expenses associated with the contract.

In support of the Objection, the Group states as follows:

I. <u>INTRODUCTION</u>

On March 5, 2019, the Debtors filed the Cure Notice, providing that the Cure Amount owed by St. Francis to the Group was $3,002.64, in connection with the Healthcare Services Risk Sharing Agreement, as amended ("Risk Sharing Agreement"),

between the Group and St. Francis and dated April 1, 2016.[1] [*See* Cure Notice, Ex. A – Part 3, Line 74]. Thereafter, on March 18, 2019, the Debtors filed the Supplement to the Cure Notice, modifying the Cure Amount from "$3,002.64" to "TBD."[2] Notwithstanding, the Group files this Objection in order to preserve its rights under the Agreement and to specifically assert that the cure amount due and owing the Group is at least **$5,398,837 as of January 31, 2019** plus any amounts owed and accruing for the current 2019 risk pool after January 31, 2019, and any defaults related thereto, including any additional pecuniary losses as allowed pursuant to § 365 of the Bankruptcy Code (the "Actual Cure Amount"). [*See* Declaration of Dr. Narciso Azurin in Support of Objection ("Azurin Decl.") ¶ 20.] The Actual Cure Amount consists of moneys owed to the Group under the Risk Share Agreement for 2017, 2018, and January of 2019, and is determined by AIPA's independent review and examination of financials and documents provided by Debtors. [*See Id*.] The Group expects an additional $1,419,184 will become due and owing to the Group by June 30, 2019, for a total cure amount of at least **$6,818,021 by June 30, 2019**, plus any amounts owed and accruing after June 30, 2019, and any defaults related thereto, including any additional pecuniary losses as allowed pursuant to § 365 of the Bankruptcy Code**.** [*See Id*.] The Group reserves the right to update and supplement the Actual Cure Amount as additional information becomes available.

Even though the Debtors now list the Cure Amount as TBD, Debtors' own records provided to AIPA evidence that the Cure Amount is at least **$2,478,004**. [*See* Azurin Decl. ¶ 14.] The below chart presents an overview of the differences in calculation for

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[1] The Risk Sharing Agreement includes a confidentiality provision and contains AIPA's confidential information. While the Debtors should have copies of the foregoing, other parties in interest may request such copies by written request to the undersigned counsel and upon the entry into either an acceptable confidentiality agreement or the entry of an appropriate protective order. Upon request by the Court, AIPA will provide the Risk Sharing Agreement to it for *in camera* review.

[2] "TBD" is defined in the Supplement as "To Be Determined."

the cure amount between what Debtors' documentation reflects and the balance of AIPA's documentation, broken down by calendar year for convenience:

	DEBTORS	**AIPA**
2017 Amounts Due	$1,042,805	$1,171,679
2018 Amounts Due	$1,251,561	$3,865,616[3]
January 2019 Amounts Due[4]	$183,638	$278,485
Outstanding Refund	$0	$9,105
Legal Expenses[5]	$0	$73,952
Subtotal through January 2019	***$2,478,004***	***$5,398,837***
February 2019 through June 2019 (estimate)	n/a	$1,419,184
TOTAL	***$2,478,004***	***$6,818,021***

St. Francis is in default under the Risk Sharing Agreement because it has failed to pay the Group monies owed, both pre and post-petition, and is inflating and manipulating reserves in the 2018 risk pool, contrary to the Risk Sharing Agreement. Debtors are also in default by not paying valid claims, as required under the Risk Sharing Agreement, and by not maintaining the Risk Pool Funds in a St. Francis account. Debtors must cure these

[3] In calculating the 2018 amounts due, AIPA is excluding costs for unpaid pre-petition Risk Pool Expenses (as that term is defined in the Risk Sharing Agreement) due to the Debtors' bankruptcy filing; to the extent such amounts are paid, the surplus calculation will be revised.

[4] Debtors have only provided financial figures for January of 2019 at the time of filing this Objection. AIPA reserves the right to supplement this objection as additional information becomes available.

[5] As of March 27, 2019.

defaults, paying the Actual Cure Amount in full, in order to assume and assign the Risk Sharing Agreement.

II. STATEMENT OF FACTS

A. Background

AIPA, as an "independent practice association," is an association of independent physicians that provides services to managed care organizations on a negotiated per capita rate. AIPA has been associated with St. Francis through the Risk Sharing Agreement since April 1, 2016. [*See* Risk Sharing Agreement, generally.] The Risk Sharing Agreement created a risk sharing pool for revenue and expenses related to medical services and hospital patient care for patients of certain prepaid capitated health care plans (the "Risk Pool").[6] [*See* Risk Sharing Agreement ¶s 1.14, 2.2; Azurin Decl. ¶s 5-8.] Both St. Francis and the Group have specific duties and rolls under the Risk Sharing Agreement pertaining to the Risk Pool – St. Francis administers the Risk Pool, and AIPA manages and coordinates Member patient care. [*See* Risk Sharing Agreement, Recital D and ¶s 2.2 and 3.1; Azurin Decl. ¶s 7 and 24.]

Essentially, the Risk Pool is comprised of moneys St. Francis receives from the capitated healthcare plans as prepayments for all future care Member patient needs. [*See* Risk Sharing Agreement ¶s 1.16 and 2.2; Azurin Decl. ¶s 6, 8.] Typically, the Risk Pool receives $1,340,000 monthly from the prepaid capitated health care plans to pay for all institutional charges associated with Member patient care, including first-party charges from Verity/St. Francis and Outside Provider Claims (i.e. third-party) from outside hospitals, other licensed health care facilities, and ancillary vendors which provide health care services such as ambulances, hemodialysis, and DME expenses. [*See* Azurin Decl. ¶s 6, 8.] Ultimately, AIPA and the Debtor split any surplus that remains from the Risk

[6] "Risk Pool" is defined in the Risk Sharing Agreement (¶1.14) as follows: "Risk Pool shall mean the risk pool established and administered by Hospital under the Agreement to which Risk Pool Revenues are credited and from which Risk Pool Expenses are debited."

Pool Revenues[7] after payment of all Risk Pool Expenses[8] pursuant to the terms of the contract. [*See* Risk Sharing Agreement Article 4, generally; Azurin Decl. ¶s 5, 12.] AIPA's share of the Risk Pool surplus is its compensation for its services under the Risk Sharing Agreement. [*See* Risk Sharing Agreement, ¶ 4.1 and Recital D.]

One component of Risk Pool Expenses is "IBNR" or "Incurred But Not Reported." [*See* Risk Sharing Agreement ¶ 1.7; Azurin Decl. 9.] As set forth in the accompanying declaration, IBNR is a reserve that estimates future patient care expenses in an effort to account for potential costs for each patient or Member of the plans associated with the Risk Sharing Agreement. [*See* Azurin Decl. ¶s 9-11.] The purpose of setting this reserve from the Risk Pool monies received from the capitated plans is to make sure there is enough money in the funds received from the capitated plans to pay for the required services. [*See* Risk Sharing Agreement ¶ 1.7; Azurin Decl. ¶ 9.] The IBNR Reserve must be a *reasonable* estimate of these unpaid and unreported claims. [*See* Risk Sharing Agreement ¶ 1.7; Azurin Decl. ¶s 9-11.] However, the Risk Pool ultimately receives the actual bill for these medical services, typically within sixty days, and the IBNR Reserve is reduced to express the actual expenses as reported. [*See* Azurin Decl. ¶ 10.] To the extent that the reported or actual bills are less than the IBNR Reserve, that differential is required to be shared between AIPA and St. Francis. [*See* Azurin Decl. ¶s 9-12; Risk Sharing Agreement, Article 4.]

B. <u>Cure Amount Calculations</u>

In the Cure Notice filed by the Debtor on March 5, 2019, the Debtor states that St. Francis' monetary obligations to AIPA needed to cure the Risk Sharing Agreement are only $3,002.64. Debtor later amended the Cure Notice via the Supplement filed on March 18, 2019, altering the Cure Amount to "TBD," or "To Be Determined." But the Debtors' own financial statements express and acknowledge that AIPA is owed a

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[7] As defined in the Risk Sharing Agreement, paragraph 1.16.

[8] As defined in the Risk Sharing Agreement, paragraph 1.15.

substantial amount of money, well in excess of the $3,002.64 initially alleged. In total, the Debtors' documents are proof that AIPA is owed *at least* **$2,478,004** in connection with the Risk Sharing Agreement. [*See* Azurin Decl. ¶ 14.] Yet even this number is substantially less than the actual amount owed – **$5,398,837 as of January 31, 2019** – as evidenced by AIPA's calculations. [*See* Azurin Decl. ¶ 20.] The actual amount owed is expected to exceed **$6,818,021** by June 30, 2019. [*See* Azurin Decl. ¶ 20.]

1. Debtors' Documentation of Amounts Owed (at least $2,478,004)

By Debtors' own documentation, AIPA is owed at least $2,478,004 pursuant to the Risk Sharing Agreement, including $1,042,805 for 2017, $1,251,561 for 2018, and $183,638 for January 2019. [*See* Azurin Decl. ¶ 14.]

Attached as **Exhibits A** and **B** are "Conifer Value-Based Care Hospital Risk Pool Report[s]" dated December 31, 2018 for "CY 2017" (i.e. calendar year 2017) and "CY 2018" (i.e. calendar year 2018), respectively (the "2017 Conifer Report" and the "December 2018 Conifer Report"). [*See* Azurin Decl. ¶ 14.] The 2017 Conifer Report and the December 2018 Conifer Report were prepared by Conifer Health Care Solutions ("Conifer"), Debtors' agent, and are statements regarding the amount Debtors acknowledge AIPA is owed, as of December 31, 2018, for calendar years 2017 and 2018. [*See Id*.] As reflected in the 2017 Conifer Report, Debtors acknowledge that AIPA is owed at least $1,042,805 for services provided under the Risk Sharing Agreement relating to the 2017 Risk Pool.[9] [*See Id*.] The December 2018 Conifer Report evidences Debtors' acknowledgement that AIPA is owed at least $1,178,948 for services provided under the Risk Sharing Agreement relating to the 2018 Risk Pool.[10] [*See Id*.]

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[9] Listed as the "Net Angeles' Pool Share" under the "Total" column of the 2017 Conifer Report.

[10] Listed as the "Net Angeles' Pool Share" under the "Total" column of the December 2018 Conifer Report.

The amounts due and owing to AIPA exhibited in the 2017 Conifer Report and the December 2018 Conifer Report have been acknowledged and verified by both Verity and St. Francis. [*See* Azurin Decl. ¶ 15.] Attached as **Exhibit C** is an email from Dr. Michael Schweitzer, Chief of Population Health at Verity, to AIPA, exhibiting such acknowledgement (the "Schweitzer Email"). [*See Id*.] The Schweitzer Email includes two attachments – the "2017 Final Settlement Documents" (**Exhibit D**) and the "2018 Second Interim Settlement Documents" (**Exhibit E**). [*See Id*.]

In the Schweitzer Email, Dr. Schweitzer states the following:

> Attached are the settlement payment calculations by Conifer for 2017 Final [the 2017 Final Settlement Documents] and 2018 2nd Interim [the 2018 Second Interim Settlement Documents]. These were ***reviewed and approved by Terri Pasion, CFO at SFMC*** [St. Francis].
>
> (emphasis added). [*See* Azurin Decl. ¶ 16.]

A "Conifer Value-Based Care Memorandum," signed by Cheryl Chavez, Conifer's Vice President of Finance, is attached as page one of the 2017 Final Settlement Documents (the "2017 Memo"). [*See Id*.] The 2017 Memo states that AIPA's outstanding share of the 2017 Risk Pool is $1,042,805. [*See Id*.] Page one of the 2018 Second Interim Settlement Documents is a "Conifer Value-Based Care Memorandum" pertaining to the 2018 Risk Pool (the "2018 Memo"). [*See Id*.] The 2018 Memo, also signed by Ms. Chavez, reflects a $1,178,948 2018 Risk Pool surplus due to AIPA.[11] [*See Id*.] Thus, representatives of Verity, St. Francis, and Conifer have all acknowledged that AIPA is owed at least $2,221,753 for services provided under the Risk Sharing Agreement related to the 2017 and 2018 Risk Pools. [*See Id*.]

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[11] The 2018 Memo states a $589,474 Net Physician's Pool Share as well as an additional $589,474 "2nd Interim Settlement 50% Withhold," which consists of half of AIPA's share of the 2018 Risk Pool surplus but is withheld until the Final Settlement. In total, these figures are equal to the expressed amount owed AIPA in the December 2018 Conifer Report.

Conifer, however, has subsequently updated the December 2018 Conifer Report to reflect more-recent financials as of January 31, 2019. [*See* Azurin Decl. ¶ 17.] A copy of the Updated 2018 Conifer Report is attached as **Exhibit F**. [*See* Azurin Decl. ¶ 17.] The Updated 2018 Conifer Report increases Debtors' calculation of AIPA's share of the 2018 Risk Pool surplus as $1,251,561, an increase of $72,613 over the December 2018 Conifer Report stated surplus share. [*See Id.*]

Additionally, the Debtors have provided a "Conifer Value-Based Care Hospital Risk Pool Report" for the 2019 Risk Pool as of January 31, 2019 (the "2019 Conifer Report") (**Exhibit G**). [*See* Azurin Decl. ¶ 18.] The 2019 Conifer Report states that AIPA is owed at least $183,638 for services provided under the Risk Sharing Agreement for January of 2019. [*See Id.*]

In total, the Debtors' own documents express and acknowledge that there is at least $2,478,004 currently due and owing to AIPA under the Risk Sharing Agreement, including $1,042,805 for 2017 (*see* 2017 Conifer Report), $1,251,561 for 2018 (*see* Updated 2018 Conifer Report), and $183,638 for January 2019 (*see* 2019 Conifer Report). [*See* Azurin Decl. ¶ 19.]

2. Angeles IPA's Cure Amount Calculations ($6,818,021)

AIPA's independent calculations confirm that it is owed substantially more under the Risk Sharing Agreement for its share of the Risk Pool surpluses for both 2017 and 2018 than what is stated in the Debtors' documentation. In total, AIPA is owed and due at least $5,398,837 for services provided under the Risk Sharing Agreement, including $1,171,679 for the 2017 Risk Pool, $3,865,616 for the 2018 Risk Pool, $278,485 from services provided in January of 2019, $9,105 from outstanding refund requests related to errors and overpayments by AIPA to Debtors, and $73,952 in legal expenses.[12] [*See* Azurin Decl. ¶ 20.] Further, AIPA expects an additional $1,419,184 to become due and owing by June 30, 2019, for a total of $6,818,021. [*See Id.*]

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[12] Legal expenses as of March 27, 2019.

Attached as **Exhibit H** is a copy of AIPA's 2017 Risk Pool calculation, presented side-by-side with the figures presented in Debtors' 2017 Conifer Report (the "2017 Angeles Report"). [*See* Azurin Decl. ¶ 21.] The *only* point of distinction between AIPA's calculation of the 2017 Risk Pool surplus with Debtors' is that AIPA's calculations remove all third party claims that have remained unpaid as of December 31, 2018, the date of the Final Settlement calculation and pursuant to the express terms of the Risk Sharing Agreement. [*See* Risk Sharing Agreement ¶ 2.3; Azurin Decl. ¶ 21.] These unpaid claims erroneously included by Debtors in their 2017 Risk Pool calculations total $208,642 – AIPA's contractual share of this additional surplus is $128,873, for a total amount due and owing of $1,171,679 for 2017. [*See* Azurin Decl. ¶ 21.]

AIPA is owed $3,865,616 under the Risk Sharing Agreement relating to the 2018 Risk Pool. [*See* Azurin Decl. ¶ 22.] Attached as **Exhibit I** is a copy of AIPA's 2018 Risk Pool calculation, presented side-by-side with the figures presented in Debtors' December 2018 Conifer Report (the "2018 Angeles Report").[13] [*See Id*.] The actual amount due and owing to AIPA for services related to the 2018 Risk Pool, $3,865,616, is $2,614,055 more than what is stated in the Updated 2018 Conifer Report. [*See Id*.] This discrepancy is largely based on Debtors' unreasonable inflation of "IBNR" expenses relating to both services performed at St. Francis (or other capitated hospitals) and services performed by third parties. [*See Id*.] AIPA has also excluded all pre-petition IBNR for pre-petition services as those expenses are unlikely to be paid. [*See Id*.]

[13] AIPA is also providing its 2018 Risk Pool statements that present the individual plans that make up the risk pool, broken down as pre-petition 2018, reflecting the Risk Pool financials from January 1, 2018 through August 31, 2018 (**Exhibit J**), and the post-petition 2018 Risk Pool financials from September 1, 2018 through December 31, 2018 (**Exhibit K**). [*See* Azurin Decl. ¶ 22.]

i. Overstatement of 2018 Risk Pool Expenses for services performed at St. Francis

In total, Debtors overstate the expenses related to services at St. Francis by $4,225,770. [*See* Azurin Decl. ¶ 23.] A large discrepancy pertains to the "Total IBNR Reserves (Capitated Hosp.)," which is the total IBNR estimated expenses for treatments performed or to be performed by St. Francis that have not yet been paid to the Debtors. [*See Id*.] Debtors reflect a Total outstanding IBNR Reserve for Capitated Hospital expenses in the amount of $1,058,898 for the 2018 Risk Pool. [*See Id*.] But this is a gross overstatement of $986,138 – the actual IBNR Reserve for Capitated Hospital expenses is only $72,760.[14] [*See Id*.]

Under the Risk Sharing Agreement, the Group is tasked with coordinating and managing the utilization of hospital services. [*See* Risk Sharing Agreement, Recital D; Azurin Decl. ¶ 24.] As such, AIPA is aware of all admissions of capitated Member patients to St. Francis (and other capitated hospitals). [*See* Azurin Decl. ¶ 24.] AIPA knows what services are provided to these individual member patients. It knows which capitated hospital expenses have and have not been paid. [*See Id*.] And it knows what the contractual rates are for these expenses. [*See Id*.] Accordingly, AIPA knows what capitated hospital expenses have not been paid, and how much is ultimately outstanding. [*See Id*.] That amount for the 2018 Risk Pool is $72,760. [*See Id*.]

Additionally, Debtors, through Conifer, overpaid for St. Francis ER / "All Other Services" by $32,640. [*See* Azurin Decl. ¶ 25.] In total, Risk Pool Expenses related to services provided by St. Francis is overstated by $1,018,778, which consists of overpayments on hospital services and a grossly overstated, unreasonable IBNR. [*See Id*.]

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[14] Excluding IBNR for pre-petition claims.

ii. Overstatement of 2018 Risk Pool Expenses for services provided by third parties.

The actual 2018 Risk Pool Expenses for services provided by third parties totals $5,594,127. [*See* Azurin Decl. ¶ 26.] The true 2018 third party Risk Pool Expenses are $3,206,526 less than what Debtors state in the December 2018 Conifer Report, which consists of $12,951 in overpayments by Conifer and a $3,193,575 embellishment of the IBNR reserves for third parties. [*See Id*.]

AIPA's third party IBNR Reserves, totaling $1,333,694, are based on a reasonable estimate of what outstanding third party claims will ultimately be paid.[15] [*See* Azurin Decl. ¶ 27.] AIPA knows how many Member patients are admitted to third party facilities, and knows how long they then stay at those facilities. [*See Id*.] AIPA then applies the average expense per Member per day. [*See Id*.] The result is a very accurate reflection of expected third party Risk Pool Expenses. [*See Id*.] Debtors' IBNR calculation is not a reasonable or accurate estimate of these future expenses. [*See Id*.]

In total, Debtors overstate 2018 Risk Pool Expenses by $4,229,288 in their Updated 2018 Conifer Report. [*See* Azurin Decl. ¶ 28.] AIPA's share of that discrepancy is $2,614,055, and a total of $3,865,616 is due and owing for the 2018 Risk Pool. [*See Id*.]

iii. January 2019[16]

AIPA is owed at least $278,485 for January 2019. [*See* Azurin Decl. ¶ 29.] Attached as **Exhibit L** is a copy of AIPA's January 2019 Risk Pool calculation, presented side-by-side with the figures presented in Debtors' January 2019 Conifer Report (the "January 2019 Angeles Report.") [*See Id*.] AIPA's records reflect that it is owed an

[15] AIPA has excluded IBNR related to pre-petition claims.

[16] January 2019 is the last period for which financial reports are available. AIPA reserves the right to supplement this Objection and its cure claim when additional information becomes available.

additional $94,847 for services rendered in January 2019 above and beyond the amounts stated by Debtors. [*See Id*.] This discrepancy is largely due to $167,923 in overstatements of Hospital and Third Party IBNR expenses by Debtors, and for the same reasons stated regarding the 2018 IBNR overstatements. [*See Id*.] AIPA, through its own analysis, believes its calculation of $278,485 owed as its share of the 2019 Risk Pool as of January 31, 2019, is an accurate reflection of the true balance due. [*See Id*.]

iv. Outstanding Refund Request

In addition to the discrepancies attributed to the Risk Pool accounting stated above, AIPA is owed an additional $9,105.32 for outstanding refund requests, which Debtors owe to AIPA due to errors, duplicate payments, and overpayments. [*See* Azurin Decl. ¶ 30.]

v. Expected Monthly Entitlement Post-January 2019

AIPA is continuing to perform pursuant to the terms of the Risk Sharing Agreement, and thus the Actual Cure Amount will continue to increase until the Risk Sharing Agreement is ultimately assumed. [*See* Azurin Decl. ¶ 32.] Based on current levels of Member patients covered under the Risk Sharing Agreement, AIPA estimates that its share of the 2019 Risk Pool surplus will be $1,697,669 through June 30, 2019, or $282,945 per month. [*See Id*.] This monthly amount should be applied to the Actual Cure Amount for every month the Risk Sharing Agreement is in effect until the estimate is supplanted by actual financials as they become available.[17] [*See Id*.] In total, AIPA anticipates an additional $1,419,184, at least, will be due and owing to AIPA by June 30, 2019, for a total amount due under the Risk Sharing Agreement of $6,818,021. [*See Id*.]

3. Summary

Accordingly, AIPA is owed at least $5,398,837 for outstanding services performed pursuant to the Risk Sharing Agreement through January 31, 2019. [*See* Azurin Decl. ¶

[17] Currently, the Risk Sharing Agreement and Risk Pool financials are available through January 2019; therefore, this estimated amount should be added to the Actual Cure Amount for every month after January 2019 until the actual financials become available.

20.] Additionally, AIPA's monthly expected share of the Risk Pool moving forward is $282,945, and will increase the Actual Cure Amount accordingly until the Risk Sharing Agreement is assumed. [*See Id*.] AIPA anticipates that this will result in an additional $1,419,184 due and owing to AIPA by June 30, 2019, for a total of at least $6,818,021. [*See Id*.]

C. <u>Other Defaults</u>

Debtors' defaults under and related to the Risk Sharing Agreement are not simply monetary; Debtors are in default by not properly segregating the Risk Pool Funds, and by not completing its contractual duty to pay valid claims. [*See* Azurin Decl. ¶ 33.]

1. <u>Debtors have not properly segregated Risk Pool Funds</u>

The Risk Sharing Agreement requires that St. Francis keep all Risk Pool Funds in a St. Francis-controlled account. [*See* Risk Sharing Agreement, ¶ 2.4; Azurin Decl. ¶ 34.] The Risk Pool Funds are not discretionary and cannot be used by St. Francis or its parent, Verity, but rather are to be used solely for the Risk Pool medical plan patients. [*See* Azurin Decl. ¶ 34.] These funds are earmarked exclusively for Member patient care and are essentially required to be held in trust – the Risk Sharing Agreement requires that St. Francis "establish *and maintain* the funds for the Risk Pool in a [St. Francis]-designated general operating fund. [St. Vincent] shall credit all Risk Pool Revenue into such accounts and debit Risk Pool Expenses *only in accordance with the requirements of this Agreement*." [*See* Risk Sharing Agreement, ¶ 2.4 (emphasis added); Azurin Decl. ¶ 34.] Thus, St. Francis – not Verity or any associated entity – is required to keep and preserve all Risk Pool Funds in a *St. Francis* held and controlled bank account, with those funds exclusively being used for Member patient care. [*See* Azurin Decl. ¶ 34.] Debtors have not done such, which is a default and a violation under the Risk Sharing Agreement. [*See Id*.]

2. Debtors are Required to Pay Valid Claims and Only Account for Claims Actually Paid.

The Debtors are obligated to pay all valid claims that arise under the Risk Sharing Agreement; failure to pay valid claims in full is an inherent default. [*See* Risk Sharing Agreement, generally; Azurin Decl. ¶ 35.] Under the Risk Sharing Agreement and associated Risk Agreements,[18] the parties have joint financial obligations. [*See* Risk Sharing Agreement, Recital B; Azurin Decl. ¶ 35.] Paying valid claims is St. Francis' responsibility. [*See* Risk Sharing Agreement, ¶s 1.11 and 1.15 ("Risk Pool Expenses shall mean the following expenses . . . for which [St. Francis] is responsible: (a) all amounts incurred by Hospital for Hospital Claims; (b) all Outside Provider Claims [i.e. 3rd-party claims] . . . ."); Azurin Decl. ¶ 35.] Nonpayment is therefore a default. [*See* Azurin Decl. ¶ 35.]

But if Debtors do not pay valid claims in full, the non-payment would result in an enhanced Risk Pool surplus, for which AIPA is entitled to its contractual share. [*See* Azurin Decl. ¶ 36.] Both St. Francis and AIPA "*shall* share the benefits" that arise with the Risk Pool. [*See* Risk Sharing Agreement, ¶ 2.1 (emphasis added); Azurin Decl. ¶ 36.] AIPA is entitled to *any* surplus in the Risk Pool accounting, regardless of the manner in which it is created, including Debtors' failure to pay valid claims, in full or in part. [*See* Risk Sharing Agreement, ¶ 2.2 ("Total Risk Pool Expenses shall be deducted from the total Risk Pool Revenues for the Calculation Period of the Risk Pool and *any surplus* . . . *shall be shared* by [St. Francis] and Group in accordance with the terms of this Agreement.")(emphasis added); Azurin Decl. ¶ 36.] In calculating the Risk Pool balance, St. Francis is only entitled to consider expenses that are *actually paid*. [*See* Risk Sharing Agreement, ¶s 2.3 ("Risk Pool Expenses shall be debited to the Risk Pool only to the extent such Risk Pool Expenses related to the Calculation period are *paid* by St. Francis .

[18] Individual agreements between either St. Francis or AIPA and a Plan.

. . .")[19] and 2.5 ("Outside Provider Claims for Hospital Services shall be debited against the Risk Pool in accordance with the claim amounts *actually paid* by [St. Francis].")(emphasis added); Azurin Decl. ¶ 36.] A contrary result would create a windfall for Debtors. [*See* Azurin Decl. ¶ 36.] But Debtors may only debit Risk Pool Expenses in accordance with the Risk Sharing Agreement, and therefore may only include claims actually paid in its calculation of the Risk Pool surplus. [*See* Risk Sharing Agreement, ¶ 2.4 ("Hospital shall . . . debit Risk Pool Expenses only in accordance with the requirements of this Agreement."); Azurin Decl. ¶ 36.] Any moneys not actually paid on valid claims must be split with AIPA pursuant to the terms of the Risk Sharing Agreement. [*See* Azurin Decl. ¶ 36.]

III. LEGAL ARGUMENT

In order for St. Francis to assume and assign the Risk Sharing Agreement pursuant to §§365(b)(1)(A),(B) and (C), and 365(f)(2), the following must occur:

i. St. Francis must cure any defaults or provide adequate assurance that the defaults will be promptly cured (i.e. pay amounts owed to the Group);

ii. St. Francis must compensate or provide adequate assurance to the Group that the St. Francis will promptly compensate the Group for any pecuniary loss to the Group resulting from St. Francis' defaults (i.e. attorney's fees and costs and any other resulting monetary damage caused by the St. Francis' defaults); and

iii. The Group must receive adequate assurance of the assignees' future performance under the Risk Sharing Agreement.

When a contract is assumed under section 365 of the Bankruptcy Code, the non-debtor third-party to that contract must be "made whole at the time of the debtor's

[19] An exception under ¶ 2.3 is "for an IBNR Reserve." But an IBNR Reserve must be *reasonable* – i.e. a reasonable approximation of what claims, or the portion of those individual claims, will ultimately get paid – and cannot include moneys Debtors do not ultimately expect to pay out to the 3rd party claimants. [*See* Risk Sharing Agreement, ¶ 1.7.; Azurin Decl. ¶ 36.] Therefore, Debtors may only expense claims actually paid or *expected* to be paid, and only to the extent those claims are expected to be paid if not in full. [*See* Azurin Decl. ¶ 36.]

assumption of the contract." *In re Entertainment, Inc.*, 223 B.R. 141, 151 (Bankr. N.D. Ill. 1998). A debtor's assumption of a contract or lease must be *cum onere* – including all of the conditions, limitations and obligations as well as the benefits of such contract or lease. *See N.L.R.B. v. Bildisco & Bildisco*, 465 U.S. 513, 531 (1984) (indicating that a debtor is required to assume a contract "*cum onere*"); *Energy Consulting & Mgmt. Solutions, LLC v. Western States Equip. Co.*, 574 F. App'x 736 (9th Cir. 2014) (same) (citations omitted). The proper Cure Amount should include all liabilities and obligations that have arisen or accrued under an Agreement both before and after the Petition Date. *See* 11 U.S.C. Section 365(b)(1)(A) ("[i]f there has been a default in an executory contract or unexpired lease of the debtor, the trustee may not assume such contract or lease unless, at the time of the assumption of such contract or lease, the trustee—cures, or provides adequate assurance that the trustee will promptly cure, such default…").

Accordingly, in order for St. Francis to satisfy §§365(b)(1)(A) and (B) and assume the Risk Sharing Agreement, it must pay the Group the
Actual Cure Amount in full.

Further, in order to satisfy §§ 365(b)(1)(C) and 365(f)(2), the ultimate purchaser of St. Francis' assets, whom will have the option to assume the Risk Sharing Agreement (hereinafter, the "Potential Assignee"), must provide adequate assurance of future performance under the Risk Sharing Agreement. Adequate assurance should not be limited solely to the financial capability of the Potential Assignee. Part of the impetus for the Group entering into the Risk Sharing Agreement is to ensure cost-effective, quality medical care for its patients. The reputation of the Potential Assignee is critical to the Group since its association with the Potential Assignee directly affects the Group's reputation in the healthcare industry and its relationship with its patients.

For this reason, the Group objects to the Stalking Horse Purchaser as the Potential Assignee of the Risk Sharing Agreement on the basis that it cannot provide adequate assurance of future performance.

The Stalking Horse Purchaser's parent company, KPC (formerly known as IHHI), and its owner Dr. Kali P. Chaudhuri, "has a history of being embroiled in a number of lawsuit battles with its own physicians and mismanagement scandals, with a negative trickle-down effect on the quality of healthcare at its hospitals,"[20] and has "had its share of financial and legal controversy."[21] As reported in a 2015 article from The Press Enterprise:

> Chaudhuri is no stranger to controversy. In 1999, he paid $24 million to buy a sprawling chain of 52 medical clinics out of bankruptcy. The chain, which had 550,000 patients, was already in deep trouble when he bought them.
>
> A little over a year, doctors and patients arrived at KPC clinics to find they had been shuttered – the business closed down. The abrupt closure left hundreds of thousands of patients with disrupted care and no access to their medical records. It also left unpaid debts of $450 million to doctors and creditors.[22]

Because of Chaudhuri's history and the 2000 bankruptcy of KPC Medical Management, "state regulators and local physicians blocked Chaudhuri from his attempt

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[20] OC Weekly Staff, *IHHI – Owned Western Medical Center Anaheim Receives An "A" in Patient Safety*, OC Weekly (June 19, 2012), available at https://ocweekly.com/ihhi-owned-western-medical-center-anaheim-receives-an-a-in-patient-safety-6452969/.

[21] Bernard Wolfson, *Inland-owned group renames four O.C. hospitals*, The Press Enterprise (June 11, 2015), available at https://www.pe.com/2015/06/11/inland-owned-group-renames-four-oc-hospitals/]

[22] *Id.*; *see also* Ronald Cambell, *Controversial doctor gets more clout at Western Med*, The Orange County Register (January 25, 2010), available at https://www.ocregister.com/2010/01/25/controversial-doctor-gets-more-clout-at-western-med/ ("Chaudhuri previously headed KPC Medical Management Inc., whose bankruptcy in late 2000 disrupted the care of 300,000 patients. That company, which operated dozens of clinics, collapsed owing $450 million to local doctors and other creditors."); *See also* Alliance for Patient Safety, *Articles about Dr. Kali Chaudhuri former owner of defunct KPC,* available at http://www.allianceforpatientsafety.org/chaudhuri-articles.pdf.

to take control of IHHI in 2004. Since then, however, he gradually has amassed a bare majority of the stock." *See* Campbell, *supra.*

In 2010, Chaudhuri became IHHI's principal lender, taking over $70 million in debt as to the four hospitals IHHI acquired from Tenet Healthcare in 2005. *See* Wolfson, *supra*. "In November, 2011 a Santa Ana-based law firm sued… Chaudhuri, for engaging in fraud and racketeering on Riverside County physicians. A few years before that in 2009, The U.S. Securities Exchange Commission sued the heads of IHHI's Tustin-based medical lender company, Medical Capital Holdings Inc. for defrauding investors. Company president Joey Lampariello recently pled guilty to the alleged Ponzi-like scheme which resulted in 1 billion dollars stolen from investors.

And in 2007, IHHI sued one of its own, Dr. Michael Fitzgibbons, for slander, because he sent an email to colleagues surmising that IHHI would default on a $50 million loan; a judge later dismissed the suit. Dr. Fitzgibbons was later awarded a $5.7 million judgment for retaliation by IHHI by "setting up a gun charge," which was upheld by the 4th DCA.[23] Most recently, the Western Medical Center Anaheim shuttered its neonatal intensive care unit due to financial troubles, putting mothers and newborn babies in need of immediate care at risk." [24]

Notwithstanding the ultimate outcome of KPC's and Chaudhuri's financial and legal entanglements, the negative perception of KPC's tumultuous history is deeply concerning to the Group. The Stalking Horse Purchaser's assumption of the Risk Sharing Agreement would expose the Group's doctors and patients to a corporate history mired in

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[23] Jenna Chandler, *Doctor Wins $5.7 Million from Hospital Chain Over 'Personal Grudge,"* Orange County Register (May 13, 2015), available at https://www.ocregister.com/2015/05/12/doctor-wins-57-million-verdict-against-hospital-chain-that-he-said-planted-a-gun-in-his-car-to-silence-him/

[24] OC Weekly Staff, *IHHI – Owned Western Medical Center Anaheim Receives An "A" in Patient Safety*, OC Weekly (June 19, 2012), available at https://ocweekly.com/ihhi-owned-western-medical-center-anaheim-receives-an-a-in-patient-safety-6452969/).

controversy. Accordingly, even if the Actual Cure Amount is paid in full, the Group objects to the Stalking Horse Purchaser's ability to provide adequate assurance of future performance.

The Group expressly reserves its rights to: (a) supplement the Actual Cure Amount as additional Risk Pool reports and reconciliations become available, including to assert any additional cure amounts incurred prior to assumption of the Agreements, (b) supplement the Group's objection to the Stalking Horse Purchaser's ability to provide adequate assurance of future performance, and (c) object to any other Potential Assignee's ability to provide adequate assurance of future performance.

Renewal of Limited Objection to Motion to Approve Asset Purchase Agreement and Sale Procedures.

AIPA reasserts and renews its previously filed Limited Objection and Reservation of Rights to the Debtors' Motion to Approve Form of Asset Purchase Agreement, Sale Procedures, and Other Relief (Doc. 1388) (the "APA Objection"), which pertains to the Debtors' Motion for Entry of an Order Approving Form of Asset Purchase Agreement for Stalking Horse Bidder and Prospective Overbidders (Doc. 1279) ("APA Motion.") AIPA filed the APA Objection because, under the literal reading of the APA Motion, Debtors are only committed to withholding Debtors' asserted cure amounts pending the resolution of contract assumptions and associated cure issues. The effect of that language in this instance would be that the Debtors will withhold either $3002.64 or "$TBD" (which is not an actual numeric value) from the potential hospital sale proceeds pending the resolution of the assumption of the Risk Sharing Agreement. But, as stated above, AIPA is owed in excess of $6,818,021 through June 30, 2019. Debtors must be required to withhold (or not distribute) at least this amount of the sale proceeds so that AIPA can be made whole if the future buyer chooses to assume the Risk Sharing Agreement.[25]

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[25] AIPA seeks the following treatment of sale proceeds: To the extent an assumption dispute relates solely to the Cure Amount, the Debtors may assume and/or assume and assign the applicable executory contract or unexpired lease prior to the resolution of the

The APA Objection does not seek additional segregation of sale proceeds or special treatment of AIPA. Debtors have already committed in the APA Motion – and the Court has already approved – that it will hold back the distribution of sale proceed moneys to satisfy cure and assumption issues. AIPA simply wants to ensure that this holdback amount extends to the higher cure amount asserted by the creditors associated with the contracts subject to assumption – a process and protection that benefits *all* counterparties to contracts that may be assumed and assigned.

WHEREFORE, the Group respectfully requests that the Court: (a) deny approval of the Cure Amount, or, alternatively, require that the Debtors amend the Cure Notice consistent with this Objection; (b) deny assumption of the Risk Sharing Agreement by the Stalking Horse Purchaser; (c) ensure that the Debtors retain the funds necessary to fully satisfy the ultimate cure amount; and (d) grant the Group such other and further relief as may be necessary, including strict compliance with § 365 of the Bankruptcy Code.

Dated: March 28, 2019

CARLTON FIELDS, LLP
MARK A. NEUBAUER
DONALD R. KIRK
RYAN YANT

By: */s/ Mark A. Neubauer*
MARK A. NEUBAUER
Attorneys for Angeles IPA Medical Group

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assumption dispute; provided, that the Debtors or the Reorganized Debtors reserve cash in the amount sufficient to pay the full amount reasonably asserted as the required cure payment by the non-Debtor party to such executory contract or unexpired lease (or such smaller amount as may be fixed or estimated by the Bankruptcy Court or otherwise agreed to by such non-Debtor party and the applicable Reorganized Debtor.)

Mark A. Neubauer (73728)
mneubauer@carltonfields.com
CARLTON FIELDS, LLP
2000 Avenue of the Stars, Suite 530N
Los Angeles, CA 90067-4707
Telephone: (310) 843-6300
Facsimile: (310) 843-6301

Donald R. Kirk (*Admitted Pro Hac Vice*)
DKirk@carltonfields.com
John Ryan Yant (*Admitted Pro Hac Vice*
ryant@carltonfields.com
Carlton Fields, P.A.
4221 W. Boy Scout Blvd., Suite 1000
Tampa, FL 33607-5780
Telephone: (813) 223-7000

Attorneys for Angeles IPA Medical Group

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA – LOS ANGELES DIVISION

In re VERITY HEALTH SYSTEM OF CALIFORNIA, INC., et al., Debtors and Debtors in Possession. – Affects St. Francis Medical Center	Case No.: 2:18-bk-20151-ER Chapter 11 Assigned to Hon. Ernest M. Robles **DECLARATION OF DR. NARCISO AZURIN IN SUPPORT OF OBJECTION OF ANGELES IPA MEDICAL GROUP TO NOTICE TO COUNTERPARTIES TO EXECUTORY CONTRACTS AND UNEXPIRED LEASES OF THE DEBTORS THAT MAY BE ASSUMED AND ASSIGNED [ECF NO. 1704]; AND SUPPLEMENTAL NOTICE [ECF NO. 1836]** Date: April 17, 2019 Time: 10:00 a.m. Place: United States Bankruptcy Court Courtroom 1568 255 E. Temple St. Los Angeles, CA 90012

DECLARATION OF

DR. NARCISO AZURIN

I, Dr. Narciso Azurin, declare as follows:

1. At all times herein mentioned, I am and have been the President of the movant Angeles IPA Medical Corporation (the "Group" or "AIPA"). As President of the Group, I am personally familiar with the Group's operations, its relationship and dealings with Debtor St. Francis Medical Center ("St. Francis"), including the Healthcare Services Risk Sharing Agreement, as amended (the "Risk Sharing Agreement"), and the financial records relating to the Risk Sharing Agreement and the Group's dealings with St. Francis. All of the Group's dealings and transactions with St. Francis, including under the Risk Sharing Agreement, have been and are all conducted either by me or under my supervision, direction and control.

2. Based on my position and activities with the Group, I have personal knowledge of all of the facts set forth in this Declaration and, if called and sworn as a witness at trial or at any other hearing before this Court, would and could testify as set forth in this Declaration.

3. I make this declaration in support of the Group's *Objection Of Angeles IPA Medical Group To Notice To Counterparties To Executory Contracts And Unexpired Leases Of The Debtors That May Be Assumed And Assigned [ECF No. 1704]; And Supplemental Notice [ECF No. 1836]* (the "Objection").

4. A true and correct copy of the Risk Sharing Agreement between Debtor St. Francis and the Group will be available upon Court request for an *in camera* review. The Risk Sharing Agreement contains a confidentiality provision, and contains AIPA's confidential information.

5. Under the Risk Sharing Agreement, the parties agreed that certain capitated health plans would pay funds into a risk pool to be shared by the Group and St. Francis. From those funds, the Group coordinates the medical services for members of those capitated health plans and the costs of that health care is paid from the Risk Pool. If the

medical services cost less than the funds paid by the capitated health plans, the Group and St. Francis share in the savings.

6. Typically, the Risk Pool established under the Agreement receives $1,340,000 monthly from the prepaid capitated health care plans to pay for all institutional charges associated with the plans' Member patient care, both those from St. Francis, as well as third-party charges from sources such as outside hospitals, ambulances, hemodialysis, and DME expenses.

7. St. Francis is responsible for establishing and maintaining the Risk Pool, to which "Risk Pool Revenues"[1] for a calendar year are credited and "Risk Pool Expenses"[2] for a calendar year are debited. *See* Risk Sharing Agreement, ¶1.14. St. Francis is also responsible for "Risk Pool Administration." Paragraph 2.2 of the Risk Sharing Agreement states:

> Hospital shall establish and administer a Risk Pool, as required by the Risk Agreements with each Plan, to which Risk Pool Revenues for a Calculation Period shall be credited and Risk Pool Expenses for a Calculation Period shall be debited. Total Risk Pool Expenses shall be deducted from the total Risk Pool Revenues for the Calculation Period of the Risk Pool and any surplus or deficit at the end of such Calculation Period shall be shared by the Hospital and Group in accordance with the terms of this Agreement.

Ex. A at p. 3.

8. The Hospital Risk Revenues largely consist of the $1,340,000 in monthly prepaid capitated payments made by the capitated health care plans. These capitated payments are predetermined and fixed; the capitated plans pay a set amount per Member, regardless of the actual amount of services that are ultimately provided or whether that care is provided by St. Francis or is outsourced to a third party facility. The set payments

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[1] As that term is defined in the Risk Sharing Agreement. Ex. A at p. 2, ¶ 1.16.
[2] As that term is defined in the Risk Sharing Agreement. Ex. A at p. 2, ¶ 1.15.

are not supplemented if the patient care is underfunded and are not refunded if patient care costs less than what was initially paid by the capitated plan.

9. Risk Pool Expenses include substantially all expenses paid on a Member patient's behalf incurred during the course of their treatment, including all expenses incurred by St. Francis, all expenses incurred by third-party outside providers, and a "reasonable reserve" for "Incurred But Not Reported" claims, or "IBNR", which is a holdback for estimated expenses that have been incurred but not yet been billed. The IBNR is merely a placeholder figure that sets aside funds to pay future expenses. This IBNR Reserve is required to be reasonable – it must be a reasonable estimate of the total IBNR claims for Hospital Services rendered during the appropriate Calculation Period or portion thereof. *See* Risk Sharing Agreement, ¶ 1.7. IBNR expenses are ultimately supplanted by the actual expense charges once bills are received; the balance of the IBNR reserve which are not consumed as actual expenses are removed from the books as a debit.

10. As part of the general course of business, the actual amount of the expense is known within 30-90 days from the delivery of the medical service when St. Francis' administrator of the Risk Pool accounting receives invoices of the exact amount. St. Francis' administrator is then supposed to replace the IBNR estimate with the exact amount of the Risk Pool's liability, and the IBNR becomes "Reported." Historically, the exact amount has been less than the IBNR estimate, leaving a surplus of funds that the capitated plans paid into the Risk Pool.

11. If the IBNR Reserve is unreasonable, or if the IBNR is not reduced when the actual Risk Pool Expenses become "Reported," the paper expenses stated in the Risk Pool and the associated Risk Pool Reports will become inflated, reducing the appearance of a Risk Pool surplus. But as the IBNR is simply an estimate, and not an actual expense, that reduction of the Risk Pool surplus by an unreasonable IBNR Reserve is not a true reflection of the actual Risk Pool balance. In order to have a true, accurate accounting of the Risk Pool balance, the IBNR Reserve must be a reasonable and accurate reflection of

the IBNR, and must be properly reduced once the actual expenses become known and reported.

12. Simply, the Risk Pool surplus (or deficit) is the balance of the Risk Pool Revenue minus the associated Risk Pool Expenses, creating a surplus when revenues exceed expenses. The Risk Pool surplus is supposed to be split between the Group and St. Francis, with the Group's share serving as its sole compensation for its services provided under the Risk Sharing Agreement. A report detailing the final financials for a Risk Pool fiscal year is not provided until after the year ends. That date was originally a year and thirty days after the conclusion of a calendar year (i.e. January 30 a year after the conclusion of a calendar year), but has been amended to 45 days after April 30, 2019 (i.e. June 14, 2019) for the 2018 calendar year Final Settlement.

13. The Risk Sharing Agreement requires that St. Francis keep all Risk Pool Funds in a St. Francis-controlled account. [*See* Risk Sharing Agreement, ¶ 2.4.] The Risk Pool Funds are not discretionary and cannot be otherwise used by St. Francis or its parent, Verity, but rather are to be used solely for the Risk Pool medical plan patients. These funds are earmarked exclusively for Member patient care and are essentially required to be held in trust – the Risk Sharing Agreement requires that St. Francis "establish *and maintain* the funds for the Risk Pool in a [St. Francis]-designated general operating fund. [St. Francis] shall credit all Risk Pool Revenue into such accounts and debit Risk Pool Expenses *only in accordance with the requirements of this Agreement*." *See* Ex. A, Risk Sharing Agreement, ¶ 2.4 (emphasis added). Thus, St. Francis – not Verity or any associated entity – is required to keep and preserve all Risk Pool Funds in a *St. Francis* held and controlled bank account, with those funds exclusively being used for Member patient care. Debtors have not done such, which is a default and a violation under the Risk Sharing Agreement.

14. St. Francis has provided documentation that evidences and acknowledges that the Group is owed at least $2,478,004 in connection with the Risk Sharing Agreement for services performed and rendered as of January 31, 2019, including

$1,042,805 for 2017, $1,251,561 for 2018, and $183,638 for January 2019. Attached as **Exhibits A** and **B** are true and correct copies of "Conifer Value-Based Care Hospital Risk Pool Report[s]" dated December 31, 2018 for "CY 2017" (i.e. calendar year 2017) and "CY 2018" (i.e. calendar year 2018), respectively (the "2017 Conifer Report" and the "December 2018 Conifer Report"), which were provided by Conifer to the Group in the ordinary course of business. The 2017 Conifer Report and the December 2018 Conifer Report were prepared by Conifer Health Care Solutions ("Conifer"), Debtors' agent, and are statements regarding the amount Debtors acknowledge AIPA is owed, as of December 31, 2018, for calendar years 2017 and 2018. As reflected in the 2017 Conifer Report, Debtors acknowledge that AIPA is owed at least $1,042,805 for services provided under the Risk Sharing Agreement relating to the 2017 Risk Pool.[3] The December 2018 Conifer Report evidences Debtors' acknowledgement that AIPA is owed at least $1,178,948 for services provided under the Risk Sharing Agreement relating to the 2018 Risk Pool.[4]

15. The amounts due and owing to AIPA exhibited in the 2017 Conifer Report and the December 2018 Conifer Report have been acknowledged and verified by both Verity and St. Francis. Attached as **Exhibit C** is true and correct copy of an email from Dr. Michael Schweitzer, Chief of Population Health at Verity, to AIPA, exhibiting such acknowledgement (the "Schweitzer Email"). The Schweitzer Email includes two attachments – the "2017 Final Settlement Documents" (a true and correct copy is attached as **Exhibit D**) and the "2018 Second Interim Settlement Documents" (a true and correct copy is attached as **Exhibit E**).

16. In the Schweitzer Email, Dr. Schweitzer states the following:

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[3] Listed as the "Net Angeles' Pool Share" under the "Total" column of the 2017 Conifer Report.

[4] Listed as the "Net Angeles' Pool Share" under the "Total" column of the December 2018 Conifer Report.

> Attached are the settlement payment calculations by Conifer for 2017 Final [the 2017 Final Settlement Documents] and 2018 2nd Interim [the 2018 Second Interim Settlement Documents]. These were ***reviewed and approved by Terri Pasion, CFO at SFMC*** [St. Francis].
>
> (emphasis added).

A "Conifer Value-Based Care Memorandum," signed by Cheryl Chavez, Conifer's Vice President of Finance, is attached as page one of the 2017 Final Settlement Documents (the "2017 Memo"). The 2017 Memo states that AIPA's outstanding share of the 2017 Risk Pool is $1,042,805. Page one of the 2018 Second Interim Settlement Documents is a "Conifer Value-Based Care Memorandum" pertaining to the 2018 Risk Pool (the "2018 Memo"). The 2018 Memo, also signed by Ms. Chavez, reflects a $1,178,948 2018 Risk Pool surplus due to AIPA.[5] Thus, representatives of Verity, St. Francis, and Conifer have all acknowledged that AIPA is owed at least $2,221,753 for services provided under the Risk Sharing Agreement related to the 2017 and 2018 Risk Pools.

17. Conifer, however, has subsequently updated the December 2018 Conifer Report to reflect more-recent financials as of January 31, 2019, which Conifer provided to AIPA in the ordinary course of business. A true and correct copy of the Updated 2018 Conifer Report is attached as **Exhibit F**. The Updated 2018 Conifer Report increases Debtors' calculation of AIPA's share of the 2018 Risk Pool surplus as $1,251,561, an increase of $72,613 over the December 2018 Conifer Report stated surplus share.

18. Additionally, the Debtors have provided to the Group a "Conifer Value-Based Care Hospital Risk Pool Report" for the 2019 Risk Pool as of January 31, 2019

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[5] The 2018 Memo states a $589,474 Net Physician's Pool Share as well as an additional $589,474 "2nd Interim Settlement 50% Withhold," which consists of half of AIPA's share of the 2018 Risk Pool surplus but is withheld until the Final Settlement. In total, these figures are equal to the expressed amount owed AIPA in the December 2018 Conifer Report.

(the "2019 Conifer Report")(**Exhibit G**). The 2019 Conifer Report states that AIPA is owed at least $183,638 for services provided under the Risk Sharing Agreement for January of 2019.

19. In total, the Debtors' own documents express and acknowledge that there is at least $2,478,004 currently due and owing to AIPA under the Risk Sharing Agreement, including $1,042,805 for 2017 (*see* 2017 Conifer Report), $1,251,561 for 2018 (*see* Updated 2018 Conifer Report), and $183,638 for January 2019 (*see* 2019 Conifer Report).

20. But the Group's own independent calculations show that the Group is actually owed **$5,398,837** for services provided under the Risk Sharing Agreement through January 31, 2019, including $1,171,679 for the 2017 Risk Pool, $3,865,616 for the 2018 Risk Pool, $278,485 from services provided in January of 2019, $9,105 from outstanding refund requests related to errors and overpayments by AIPA to Debtors, and $73,952 in legal expenses (as of March 27, 2019). Additionally, AIPA anticipates that an additional $1,419184 will become due and owing by June 30, 2019, for a total cure amount of at least $**6,818,021** by that date.

21. Attached as **Exhibit H** is a true and correct copy of AIPA's 2017 Risk Pool calculation, presented side-by-side with the figures presented in Debtors' 2017 Conifer Report (the "2017 Angeles Report"), and which I caused to be created. The *only* point of distinction between AIPA's calculation of the 2017 Risk Pool surplus with Debtors' is that AIPA's calculations remove all third party claims that have remained unpaid as of December 31, 2018, the date of the Final Settlement calculation and pursuant to the express terms of the Risk Sharing Agreement. [*See* Risk Sharing Agreement ¶ 2.3.] These unpaid claims erroneously included by Debtors in their 2017 Risk Pool calculations total $208,642 – AIPA's contractual share of this additional surplus is $128,873, for a total amount due and owing of $1,171,679 for 2017.

22. AIPA is owed $3,865,616 under the Risk Sharing Agreement relating to the 2018 Risk Pool. Attached as **Exhibit I** is a true and correct copy of AIPA's 2018 Risk

Pool calculation, presented side-by-side with the figures presented in Debtors' December 2018 Conifer Report (the "2018 Angeles Report"), and was created at my direction.[6] The actual amount due and owing to AIPA for services related to the 2018 Risk Pool, $3,865,616, is $2,614,055 more than what is stated in the Updated 2018 Conifer Report. This discrepancy is largely based on Debtors' unreasonable inflation of "IBNR" expenses relating to both services performed at St. Francis (or other capitated hospitals) and services performed by third parties. AIPA has also excluded all pre-petition IBNR for pre-petition services as those expenses are unlikely to be paid.

23. In total, Debtors overstate the 2018 Risk Pool Expenses related to services at St. Francis by $4,255,770. A large discrepancy pertains to the "Total IBNR Reserves (Capitated Hosp.)," which is the total IBNR estimated expenses for treatments performed or to be performed by St. Francis that have not yet been paid to the Debtors. Debtors reflect a Total outstanding IBNR Reserve for Capitated Hospital expenses in the amount of $1,058,898 for the 2018 Risk Pool. But this is a gross overstatement of $986,138 – the actual IBNR Reserve for Capitated Hospital expenses is only $72,760.[7]

24. Under the Risk Sharing Agreement, the Group is tasked with coordinating and managing the utilization of hospital services. [*See* Risk Sharing Agreement, Recital D.] As such, AIPA is aware of all admissions of capitated Member patients to St. Francis (and other capitated hospitals). AIPA knows what services are provided to these individual member patients. It knows which capitated hospital expenses have and have not been paid. And it knows what the contractual rate for these expenses are.

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[6] AIPA is also providing its 2018 Risk Pool statements that present the individual plans that make up the risk pool, broken down as pre-petition 2018, reflecting the Risk Pool financials from January 1, 2018 through August 31, 2018 (a true and correct copy is attached as **Exhibit J**), and the post-petition 2018 Risk Pool financials from September 1, 2018 through December 31, 2018 (a true and correct copy is attached as **Exhibit K**).

[7] Excluding IBNR for pre-petition claims.

Accordingly, AIPA knows what capitated hospital expenses have not been paid, and how much is ultimately outstanding. That amount for the 2018 Risk Pool is $72,760.

25. Additionally, Debtors overstate the "Claims Paid – Inpatient Services" by $32,640. In total, Risk Pool Expenses related to services provided by St. Francis is overstated by $830,064. In total, Risk Pool Expenses related to services provided by St. Francis is overstated by $1,018.778, which consists of overpayments on hospital services and a grossly overstated, unreasonable IBNR.

26. The actual 2018 Risk Pool Expenses for services provided by third parties totals $5,594,127. The true 2018 third party Risk Pool Expenses are $588,276 less than what Debtors state in the December 2018 Conifer Report, which consists of $12,951 in overpayments by Conifer and a $3,193,575 embellishment of the IBNR reserves for third parties.

27. AIPA's third party IBNR Reserves, totaling $1,333,694, are based on a reasonable estimate of what outstanding third party claims will ultimately be. AIPA knows how many Member patients are admitted to third party facilities, and knows how long they then stay at those facilities. AIPA then applies the average expense per Member per day. The result is a very accurate reflection of expected third party Risk Pool Expenses. Debtors' IBNR calculation is not a reasonable or accurate estimate of these future expenses.

28. In total, Debtors overstate 2018 Risk Pool Expenses by $4,229,288 in their Updated 2018 Conifer Report. AIPA's share of that discrepancy is $2,614,055, and a total of $3,865,616 is due and owing for the 2018 Risk Pool.

29. AIPA is owed at least $278,485 for January 2019. Attached as **Exhibit L** is a true and correct copy of AIPA's January 2019 Risk Pool calculation, presented side-by-side with the figures presented in Debtors' January 2019 Conifer Report (the "January 2019 Angeles Report"), which I caused to be created by the Group. AIPA's records reflect that it is owed an additional $94,847 for services rendered in January 2019 above and beyond the amounts stated by Debtors. This discrepancy is largely due to $167,923

in overstatements of Hospital and Third Party IBNR expenses by Debtors, and for the same reasons stated regarding the 2018 IBNR overstatements. AIPA, through its own analysis, believes its calculation of $278,485 owed as its share of the 2019 Risk Pool as of January 31, 2019, is an accurate reflection of the true balance due.

30. In addition to the discrepancies attributed to the Risk Pool accounting stated above, AIPA is owed an additional $9,105.32 for outstanding refund requests, which Debtors owe to AIPA due to errors, duplicate payments, and overpayments.

31. AIPA has also accrued $73,952 in legal expenses as of March 27, 2019.

32. AIPA is continuing to perform pursuant to the terms of the Risk Sharing Agreement, and thus the Actual Cure Amount will continue to increase until the Risk Sharing Agreement is ultimately assumed. Based on current levels of Member patients covered under the Risk Sharing Agreement, AIPA and I estimate that its share of the 2019 Risk Pool surplus will be $1,697,669 through June 30, 2019, or $282,945 per month. This monthly amount should be applied to the Actual Cure Amount for every month the Risk Sharing Agreement is in effect until the estimate is supplanted by actual financials as they become available.[8] In total, AIPA anticipates an additional $1,419,184, at least, will be due and owing to AIPA by June 30, 2019, for a total amount due under the Risk Sharing Agreement of $6,818,021.

33. Debtors' defaults under and related to the Risk Sharing Agreement are not simply monetary; Debtors are in default by not properly segregating the Risk Pool Funds, and by not completing its contractual duty to pay valid claims.

34. The Risk Sharing Agreement requires that St. Francis keep all Risk Pool Funds in a St. Francis-controlled account. [*See* Risk Sharing Agreement, ¶ 2.4.] The Risk Pool Funds are not discretionary and cannot be used by St. Francis or its parent,

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[8] Currently, the Risk Sharing Agreement and Risk Pool financials are available through January 2019; therefore, this estimated amount should be added to the Actual Cure Amount for every month after January 2019 until the actual financials become available.

Verity, but rather are to be used solely for the Risk Pool medical plan patients. These funds are earmarked exclusively for Member patient care and are essentially required to be held in trust – the Risk Sharing Agreement requires that St. Francis "establish *and maintain* the funds for the Risk Pool in a [St. Francis]-designated general operating fund. [St. Vincent] shall credit all Risk Pool Revenue into such accounts and debit Risk Pool Expenses *only in accordance with the requirements of this Agreement*." *See* Risk Sharing Agreement, ¶ 2.4 (emphasis added). Thus, St. Francis – not Verity or any associated entity – is required to keep and preserve all Risk Pool Funds in a *St. Francis* held and controlled bank account, with those funds exclusively being used for Member patient care. Debtors have not done such, which is a default and a violation under the Risk Sharing Agreement.

35. The Debtors are obligated to pay all valid claims that arise under the Risk Sharing Agreement; failure to pay valid claims in full is an inherent default. [*See* Risk Sharing Agreement, generally.] Under the Risk Sharing Agreement and associated Risk Agreements,[9] the parties have joint financial obligations. [*See* Risk Sharing Agreement, Recital B.] Paying valid claims is St. Francis' responsibility. [*See* Risk Sharing Agreement, ¶s 1.11 and 1.15 ("Risk Pool Expenses shall mean the following expenses . . . for which [St. Francis] is responsible: (a) all amounts incurred by Hospital for Hospital Claims; (b) all Outside Provider Claims [i.e. 3rd-party claims] . . . ." Nonpayment is therefore a default.

36. But if Debtors do not pay valid claims in full, the non-payment would result in an enhanced Risk Pool surplus, for which AIPA is entitled to its contractual share. Both St. Francis and AIPA "*shall* share the benefits" that arise with the Risk Pool. [*See* Risk Sharing Agreement, ¶ 2.1 (emphasis added).] AIPA is entitled to *any* surplus in the Risk Pool accounting, regardless of the manner in which it is created, including Debtors' failure to pay valid claims, in full or in part. [*See* Risk Sharing Agreement, ¶ 2.2 ("Total

[9] Individual agreements between either St. Francis or AIPA and a Plan.

Risk Pool Expenses shall be deducted from the total Risk Pool Revenues for the Calculation Period of the Risk Pool and *any surplus . . . shall be shared* by [St. Francis] and Group in accordance with the terms of this Agreement.")(emphasis added).] In calculating the Risk Pool balance, St. Francis is only entitled to consider expenses that are *actually paid*. [*See* Risk Sharing Agreement, ¶s 2.3 ("Risk Pool Expenses shall be debited to the Risk Pool only to the extent such Risk Pool Expenses related to the Calculation period are *paid* by St. Francis . . . .")[10] and 2.5 ("Outside Provider Claims for Hospital Services shall be debited against the Risk Pool in accordance with the claim amounts *actually paid* by [St. Francis].")(emphasis added).] A contrary result would create a windfall for Debtors. But Debtors may only debit Risk Pool Expenses in accordance with the Risk Sharing Agreement, and therefore may only include claims actually paid in its calculation of the Risk Pool surplus. [*See* Risk Sharing Agreement, ¶ 2.4 ("Hospital shall . . . debit Risk Pool Expenses only in accordance with the requirements of this Agreement."] Any moneys not actually paid on valid claims must be split with AIPA pursuant to the terms of the Risk Sharing Agreement.

I declare under the penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on March 27, 2019, at South Gate, California.

Narciso Azurin, M.D.

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[10] An exception under ¶ 2.3 is "for an IBNR Reserve." But an IBNR Reserve must be *reasonable* – i.e. a reasonable approximation of what claims, or the portion of those individual claims, will ultimately get paid – and cannot include moneys Debtors do not ultimately expect to pay out to the 3rd party claimants. [*See* Risk Sharing Agreement, ¶ 1.7.] Therefore, Debtors may only expense claims actually paid or *expected* to be paid, and only to the extent those claims are expected to be paid if not in full.

EXHIBIT A

Conifer Value-Based Care Hospital Risk Pool Report **VERITY STMT**

St. Francis Medical Center - Verity Health

Angeles IPA Medical Group - Summary by Health Plan - YTD **FINAL SETTLEMENT**

Risk Pool Period: CY 2017, as of 12/31/2018

	New 1/1/17		New 7/1/17			
Description	**Care 1st Medi-Cal**	**Health Net CMC**	**Health Net Senior**	**Molina Medi-Cal**	**TOTAL**	
Net Paid Member Months	**159,516**	**777**	**6,075**	**30,947**	**197,315**	
Gross Cap PMPM Revenue	70.88	446.55	426.91	50.23	80.08	
Gross Cap Revenue (Note 2)	11,306,553	346,971	2,593,496	1,554,407	15,801,426	
Cap Check Adjustments	(55)	(15,211)	(31)	0	(15,297)	
Other Revenue	236,800	0	0	0	236,800	
Total Pool Revenue	**11,543,298**	**331,760**	**2,593,465**	**1,554,407**	**16,022,930**	
Expenses:						
A. Services at the Cap'd Hospital: (Less Copay n Ded	0	(257)	(6,157)	0	(6,414)	VBC Paid
Total IBNR Reserves (Capitated Hosp.)	**0**	**0**	**0**	**0**	**0**	3,132,527
Claims Paid - Inpatient Services	2,096,851	22,272	393,058	89,682	2,601,863	
Claims Paid - ER	79,080	2,000	34,263	5,201	120,544	
Claims Paid - All Other Services	310,717	9,009	64,590	25,806	410,121	
Total In-house Services	**2,486,648**	**33,023**	**485,754**	**120,689**	**3,126,115**	
B. Services Provided by Third Parties:						VBC Paid
Total IBNR Reserves (Third Parties)	**0**	**0**	**0**	**0**	**0**	8,493,904
Claims Paid - Inpatient Services	4,260,080	65,171	806,695	609,034	5,740,981	
Claims Paid - ER	670,241	6,798	43,653	87,137	807,829	
Claims Paid - SNF; Subacute	87,440	1,380	114,518	66,703	270,041	
Claims Paid - HH; DME; Injectibles; Hospice	641,002	3,028	96,288	78,576	818,894	
Claims Paid - All Other Services	598,896	8,422	233,684	15,159	856,160	
Claims Paid by Health Plan	126,551	0	0	0	126,551	
Total Third Party Services	**6,384,210**	**84,800**	**1,294,838**	**856,609**	**8,620,457**	
C. Cash Recoveries & Prior Year Impact						
Recovery Cash Receipts	(2,562)	(92)	0	0	(2,654)	
Prior Years IBNR Carryover (Capitated)	0	0	0	0	0	
Prior Years IBNR Carryover (Third Parties)	0	0	0	0	0	
Prior Years Claims Paid (Capitated)	0	0	28,005	0	28,005	
Prior Years Claims Paid (Third Parties)	0	32,013	200,327	0	232,340	
Total Cash Recoveries & Prior Years Impact	**(2,562)**	**31,920**	**228,332**	**0**	**257,690**	
D. Reinsurance Premiums (Note 3)	47,004	995	9,659	8,681	66,338	
Reinsurance Recoveries	0	0	0	0	0	
D. Net Reinsurance	47,004	995	9,659	8,681	66,338	
E. Management Fees in Pool	252,035	1,228	9,599	48,896	311,758	
F. Other Expenses	(1,092,849)	(372)	(36,174)	(17,882)	(1,147,277)	
Total Expenses	**8,074,486**	**151,594**	**1,992,008**	**1,016,992**	**11,235,081**	
PMPM Expenses	50.62	195.10	327.90	32.86	56.94	
Net Risk Pool Balance	**3,468,811**	**180,166**	**601,457**	**537,414**	**4,787,849**	29.9%
Hospital's Pool share	1,214,084	90,083	300,729	188,095	1,792,990	Profit Margin
Angeles' Pool share (Note 1)	2,254,727	90,083	300,729	349,319	2,994,858	
2nd Interim Settlement pd Mar '18-chk #456394	(657,213)	(41,470)	(205,419)	(47,951)	(952,052)	
3rd Interim Settlement pd Aug '18-chk #460082	(683,783)	(24,316)	(111,753)	(29,787)	(849,638)	
Remaining Balance of chk #460082	(121,010)	(4,303)	(19,777)	(5,271)	(150,362)	
Net Angeles' Pool Share	**792,722**	**19,994**	**(36,220)**	**266,310**	**1,042,805**	
Margins:	30.1%	54.3%	23.2%	34.6%	29.9%	
Sect A PMPM (b4 copays)	15.59	42.83	80.97	3.90		
Sect B PMPM (b4 cap deducts)	39.23	109.14	213.14	27.68		

NOTES: (1) Group share for surplus and deficit is 50% of Senior and CMC, 65% of Medi-Cal, Deficit NTE 25% of Hosp Revenue.
(2) RAF Adjustments Included
(3) CY18 Reins premium Non-SPD $0.18; SPD $1.47

EXHIBIT B

Conifer Value-Based Care Hospital Risk Pool Report **VERITY STMT**

St. Francis Medical Center - Verity Health

Angeles IPA Medical Group - Summary by Health Plan - YTD

Risk Pool Period: CY 2018, as of 12/31/2018

Description	Care 1st Medi-Cal	Health Net CMC	Health Net Senior	Molina Medi-Cal	TOTAL	
Net Paid Member Months	**131,591**	**809**	**6,165**	**64,093**	**202,658**	
Gross Cap PMPM Revenue	69.90	391.02	468.30	53.45	78.10	
Gross Cap Revenue (Note 2)	9,197,952	316,334	2,887,062	3,425,700	15,827,048	
Cap Check Adjustments	(50,136)	(8,871)	0	0	(59,007)	
Other Revenue	543,900	0	0	0	543,900	
Total Pool Revenue	**9,691,716**	**307,463**	**2,887,062**	**3,425,700**	**16,311,941**	
Expenses:						
A. Services at the Cap'd Hospital: Copay n Ded	0	0	(12,991)	0	(12,991)	VBC Paid
Total IBNR Reserves (Capitated Hosp.)	**1,270,609**	**25,762**	**65,461**	**11,519**	**1,373,351**	1,772,596
Claims Paid - Inpatient Services	702,533	10,200	435,926	297,306	1,445,965	
Claims Paid - ER	48,183	4,245	31,781	17,459	101,668	
Claims Paid - All Other Services	115,713	0	76,612	32,637	224,962	
Total In-house Services	**2,137,038**	**40,207**	**596,790**	**358,921**	**3,132,956**	
B. Services Provided by Third Parties:						VBC Paid
Total IBNR Reserves (Third Parties)	**2,750,298**	**46,416**	**1,105,441**	**981,005**	**4,883,160**	3,360,499
Claims Paid - Inpatient Services	1,346,898	61,492	185,510	480,855	2,074,756	
Claims Paid - ER	273,055	2,090	10,776	132,503	418,424	
Claims Paid - SNF; Subacute	46,645	0	6,000	11,101	63,747	
Claims Paid - HH; DME; Injectibles; Hospice	208,475	1,153	39,254	147,394	396,276	
Claims Paid - All Other Services	228,657	4,066	132,188	42,387	407,297	
Claims Paid by Health Plan	556,994	0	0	0	556,994	
Total Third Party Services	**5,411,022**	**115,218**	**1,479,168**	**1,795,245**	**8,800,653**	
C. Cash Recoveries & Prior Year Impact						
Recovery Cash Receipts	(18,429)	(7,114)	(3,204)	(3,248)	(31,996)	
Prior Years IBNR Carryover (Capitated)	0	0	0	0	0	
Prior Years IBNR Carryover (Third Parties)	0	0	0	0	0	
Prior Years Claims Paid (Capitated)	0	0	0	0	0	
Prior Years Claims Paid (Third Parties)	0	0	0	0	0	
Total Cash Recoveries & Prior Years Impact	**(18,429)**	**(7,114)**	**(3,204)**	**(3,248)**	**(31,996)**	
D. Reinsurance Premiums (Note 3)	72,148	1,950	20,036	35,109	129,243	
Reinsurance Recoveries	0	0	0	0	0	
D. Net Reinsurance	72,148	1,950	20,036	35,109	129,243	
E. Management Fees in Pool	207,914	1,278	9,741	101,267	320,200	
F. Other Expenses	(168,543)	0	(14,249)	1,500	(181,292)	
Total Expenses	**7,641,150**	**151,539**	**2,088,282**	**2,288,793**	**12,169,763**	
PMPM Expenses	58.07	187.32	338.73	35.71	60.05	
Net Risk Pool Balance	**2,050,566**	**155,925**	**798,781**	**1,136,908**	**4,142,179**	25.4%
Hospital's Pool share	717,698	77,962	399,390	397,918	1,592,968	Profit Margin
Angeles' Pool share (Note 1)	1,332,869	77,962	399,390	738,990	2,549,211	
1st Interim Settlement pd Dec '18 - Wire	(717,947)	(43,855)	(218,841)	(389,620)	(1,370,263)	
	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
	0	0	0	0	0	
Net Angeles' Pool Share	**614,922**	**34,107**	**180,549**	**349,370**	**1,178,948**	
Margins:	21.2%	50.7%	27.7%	33.2%	25.4%	
Sect A PMPM (b4 copays)	16.24	49.70	98.91	5.60		
Sect B PMPM (b4 cap deducts)	36.89	142.42	239.93	28.01		

NOTES: (1) Group share for surplus and deficit is 50% of Senior and CMC, 65% of Medi-Cal, Deficit NTE 25% of Hosp Revenue.
(2) RAF Adjustments Included
(3) CY17 Reins premium Non-SPD $0.47; SPD $1.47

EXHIBIT B

EXHIBIT C

Yant, Ryan

From: Wilson, Stephen <Stephen.Wilson@mazarsusa.com>
Sent: Thursday, March 14, 2019 4:02 PM
To: Yant, Ryan
Subject: FW: Angeles 2017 Final and 2018 Interim settlements
Attachments: SFMC - Angeles CY18 2nd Interim RP Settlement.pdf; SFMC - Angeles CY 2017 Final Settlement.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Thank you.

Stephen Wilson

MAZARS

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Mazars USA LLP
2151 River Plaza Drive, Suite 205
Sacramento, CA 95833
(P) 916.696.3674
(Email) stephen.wilson@mazarsusa.com

From: Schweitzer, Michael <MichaelSchweitzer@verity.org>
Sent: Friday, February 8, 2019 7:12 AM
To: Wilson, Stephen <Stephen.Wilson@mazarsusa.com>
Subject: Angeles 2017 Final and 2018 Interim settlements

Stephen,

Attached are the settlement payment calculations by Conifer for 2017 Final and 2018 2nd Interim.
These were reviewed and approved by Terri Pasion, CFO at SFMC.
Please forward on to the appropriate people affiliated with Angeles IPA.

If you have questions we can address before next week's JOM, please send me a note or call me.
Thanks,

Mike Schweitzer, MD, MBA
Chief, Population Health
Verity Health
O. (424) 367-0738
C. (210) 836-6867

Verity Health

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EXHIBIT D

Conifer Value-Based Care **MEMORANDUM**

February 4, 2019

Eleanor Ramirez, CEO
St. Francis Medical Center

Re: CY 2017 Final Risk Pool Settlement for St. Francis Medical Center and Angeles IPA

I have attached the CY 2017 Final Risk Pool Summary Report for dates of service Jan '17 – Dec '17; paid through Dec '18. This Final settlement does not include any IBNR as stated in section 4.4 (a) of the risk pool agreement. However, all unpaid pre-petition claims have been included in the claim expense calculations.

Total Physician's Pool Share	***$2,994,858***
2nd Interim Settlement	***($952,052)***
3rd Interim Settlement	***($849,638)***
Remaining Balance of $1M payment	***($150,362)***
Net Physician's Pool Share	***$1,042,805***

I approve the settlement amount of $1,042,805. If you agree with the distribution amount, please issue a check to Angeles IPA Medical Group. Please feel free to contact me with any questions or concerns at (818) 461-5032.

Sincerely,

Cheryl Chavez
VP, Finance
Conifer Value-Based Care

Please make check payable to Angeles IPA Medical Group and mail to:
HealthSmart Management Services Organization, Inc.
Attention: Carol Houchins, President
10855 Business Center Drive, Suite C
Cypress, CA 90630

Conifer Value-Based Care Hospital Risk Pool Report
St. Francis Medical Center - Verity Health
Angeles IPA - Summary by Health Plan - YTD
Risk Pool Period: CY 2017 as of 12/31/2018 **Final Settlement**

Description	Care 1st Medi-Cal (New 1/1/17)	Health Net CMC	Health Net Senior	Molina Medi-Cal (New 7/1/17)	TOTAL	
Net Paid Member Months	**159,516**	**777**	**6,075**	**30,947**	**197,315**	
Gross Cap PMPM Revenue	70.88	446.55	426.91	50.23	80.08	
Gross Cap Revenue (Note 2)	11,306,553	346,971	2,593,496	1,554,407	15,801,426	
Cap Check Adjustments	(55)	(15,211)	(31)	0	(15,297)	
Other Revenue	236,800	0	0	0	236,800	
Total Pool Revenue	**11,543,298**	**331,760**	**2,593,466**	**1,554,407**	**16,022,930**	
Expenses:						
A. Services at the Cap'd Hospital: (Copay n Ded)	0	(257)	(6,157)	0	(6,414)	VBC Paid
Total IBNR Reserves (Capitated Hosp.)	**0**	**0**	**0**	**0**	**0**	3,132,529
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Claims Paid - ER	79,080	2,000	34,263	5,201	120,544	
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Total In-house Services	**2,486,648**	**33,023**	**485,754**	**120,689**	**3,126,115**	
B. Services Provided by Third Parties:						VBC Paid
Total IBNR Reserves (Third Parties)	**0**	**0**	**0**	**0**	**0**	8,493,906
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Total Third Party Services	**6,384,210**	**84,800**	**1,294,838**	**856,609**	**8,620,457**	
C. Cash Recoveries & Prior Year Impact						
Recovery Cash Receipts	(2,562)	(92)	0	0	(2,654)	
Prior Years IBNR Carryover (Capitated)	0	0	0	0	0	
Prior Years IBNR Carryover (Third Parties)	0	0	0	0	0	
Prior Years Claims Paid (Capitated)	0	0	28,005	0	28,005	
Prior Years Claims Paid (Third Parties)	0	32,013	200,327	0	232,340	
Total Cash Recoveries & Prior Years Impact	**(2,562)**	**31,920**	**228,332**	**0**	**257,690**	
D. Reinsurance Premiums (Note 3)	47,004	995	9,659	8,681	66,338	
Reinsurance Recoveries	0	0	0	0	0	
D. Net Reinsurance	47,004	995	9,659	8,681	66,338	
E. Management Fees in Pool	252,035	1,228	9,599	48,896	311,758	
F. Other Expenses - (Cap Claims Overpayment)	(1,092,849)	(372)	(36,174)	(17,882)	(1,147,277)	
Total Expenses	**8,074,486**	**151,594**	**1,992,008**	**1,016,992**	**11,235,081**	
PMPM Expenses	50.62	195.10	327.90	32.86	56.94	
Net Risk Pool Balance	**3,468,811**	**180,166**	**601,457**	**537,414**	**4,787,849**	**29.9%**
Hospital's Pool share	1,214,084	90,083	300,729	188,095	1,792,990	**Profit Margin**
Angeles' Pool share (Note 1)	2,254,727	90,083	300,729	349,319	2,994,858	
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Remaining Balance of chk #460082	(121,010)	(4,303)	(19,777)	(5,271)	(150,362)	
Net Angeles' Pool Share	**792,722**	**19,994**	**(36,220)**	**266,310**	**1,042,805**	
Margins:	30.1%	54.3%	23.2%	34.6%	29.9%	
Sect A PMPM (b4 copays)	15.59	42.83	80.97	3.90		
Sect B PMPM (b4 cap deducts)	39.23	109.14	213.14	27.68		

NOTES: (1) Group share for surplus and deficit is 50% of Senior and CMC, 65% of Medi-Cal, Deficit NTE 25% of Hosp Revenue.
(2) RAF Adjustments Included
(3) CY17 Reins premium Non-SPD $0.18; SPD $1.47

Conifer Value-Based Care Hospital Risk Pool Report
St. Francis Medical Center - Verity Health
Angeles IPA - Care1st Medi-Cal
Risk Pool Period: CY 2017 as of 12/31/2018

Final Settlement
Effective 01/01/17

Description	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total	
Net Paid Member Months	**12,849**	**13,559**	**13,592**	**13,869**	**13,544**	**13,792**	**14,104**	**14,510**	**14,915**	**15,061**	**10,317**	**9,404**	**159,516**	
Gross Cap PMPM Revenue	70.69	70.06	70.67	71.19	72.08	72.03	71.89	72.42	72.75	72.61	65.40	65.14	70.88	
Gross Cap Revenue	908,341	949,882	960,609	987,377	976,273	993,386	1,013,990	1,050,813	1,085,051	1,093,579	674,682	612,572	11,306,553	
Cap Check Adjustments	0	0	0	0	0	0	0	0	0	(55)	0	0	(55)	
Other Revenue (incl ESRD)	0	0	0	0	0	0	0	0	0	236,800	0	0	236,800	
Total Pool Revenue	**908,341**	**949,882**	**960,609**	**987,377**	**976,273**	**993,386**	**1,013,990**	**1,050,813**	**1,085,051**	**1,330,324**	**674,682**	**612,572**	**11,543,298**	
Expenses:														
A. Services Provided at the Cap'd Hospital: (Less Copay & Ded)													0	VBC Paid
Total IBNR Reserves (Capitated Hosp.)													**0**	2,486,648
Claims Paid - Inpatient Services	19,759	83,970	172,483	264,758	279,185	197,370	289,056	131,654	211,187	127,804	93,015	226,610	2,096,851	
Claims Paid - ER	2,483	2,562	7,195	4,644	5,746	10,715	9,657	9,290	8,273	8,727	6,909	2,880	79,080	
Claims Paid - All Other Services	9,789	7,263	8,009	17,406	14,177	50,492	25,388	19,549	28,136	119,446	4,374	6,686	310,717	CAP pmpm
Total In-house Services	**32,032**	**93,795**	**187,688**	**286,808**	**299,109**	**258,577**	**324,101**	**160,493**	**247,595**	**255,977**	**104,298**	**236,176**	**2,486,648**	15.59
B. Services Provided by Third Parties:														VBC Paid
Total IBNR Reserves (Third Parties)													**0**	6,257,629
Claims Paid - Inpatient Services	266,186	483,768	581,440	314,405	332,681	329,071	459,262	364,114	302,270	394,552	133,800	207,429	4,260,080	
Claims Paid - ER	5,859	37,331	58,377	66,935	57,193	57,159	78,811	69,140	69,390	72,819	38,421	52,276	670,241	
Claims Paid - SNF; Subacute	3,499	2,566	5,935	2,640	10,505	17,500	6,143	10,022	7,799	20,831	0	0	87,440	
Claims Paid - HH; DME; Injectibles; Hospice	24,802	34,928	62,562	50,938	62,626	69,850	88,326	66,747	59,760	58,590	31,737	30,136	641,002	
Claims Paid - All Other Services	20,398	37,599	40,811	50,449	49,524	49,632	65,052	72,454	58,084	55,910	31,249	19,127	598,896	
Claims Paid by Health Plan	0	0	0	148	2,649	12,497	51,212	2,314	50,628	2,404	1,627	3,072	126,551	3rd Party pmpm
Total Third Party Services	**320,744**	**596,192**	**749,125**	**485,516**	**515,177**	**535,710**	**748,806**	**584,790**	**547,931**	**605,106**	**236,834**	**312,040**	**6,384,210**	40.02
C. Cash Recoveries & Prior Year Impact														Total pmpm
Recovery Cash Receipts	0	0	0	0	0	0	0	(24)	0	0	(2,538)	0	(2,562)	55.61
Prior Years IBNR Carryover (Capitated)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Prior Years IBNR Carryover (Third Parties)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Prior Years Claims Paid (Capitated)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Prior Years Claims Paid (Third Parties)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Cash Recoveries & Prior Years Impact	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(24)**	**0**	**0**	**(2,538)**	**0**	**(2,562)**	
D. Reinsurance Premiums $0.18/$1.47 PMM (Note 2)	2,313	4,136	4,166	4,215	4,139	4,202	4,258	4,369	4,434	4,472	3,618	2,682	47,004	
Reinsurance Recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0	
D. Net Reinsurance	2,313	4,136	4,166	4,215	4,139	4,202	4,258	4,369	4,434	4,472	3,618	2,682	47,004	
E. Management Fees in Pool	20,301	21,423	21,475	21,913	21,400	21,791	22,284	22,926	23,566	23,796	16,301	14,858	252,035	
F. Other Expenses - (Cap Claims OverPayment)	0	0	0	0	0	0	0	0	0	0	0	(1,092,849)	(1,092,849)	
Total Expenses	**375,390**	**715,546**	**962,455**	**798,452**	**839,824**	**820,280**	**1,099,450**	**772,554**	**823,526**	**889,351**	**358,513**	**(527,093)**	**8,074,486**	
PMPM Expenses	29.22	52.77	70.81	57.57	62.01	59.48	77.95	53.24	55.21	59.05	34.75	(56.05)	50.62	
Net Risk Pool Balance													**3,468,811**	30.1%
Hospital's Pool share													1,214,084	Profit Margin
Angeles' Pool share (Note 1)													2,254,727	
2nd Interim Settlement pd Mar'18 - chk #456394													(657,213)	
3rd Interim Settlement pd Aug'18 - chk #460082													(683,783)	
Remaining Balance of chk #460082													(121,010)	
Net Angeles' Pool Share													**792,722**	

NOTES: (1) Group share for surplus and deficit is 50% of Senior and CMC, 65% of Medi-Cal, Deficit NTE 25% of Hosp Revenue.
(2) CY17 Reins premium Non-SPD $0.18; SPD $1.47

EXHIBIT D

EXHIBIT D

ST. FRANCIS MEDICAL CENTER - ANGELES IPA

Capitation Audit & Reconciliation Detail Report

Conifer Value-Based Care

Health Plan: **Care1st Health Plan**
Product Line: **Medi-Cal**
IPA: **Angeles IPA**
Company ID: **ANGSFH**
Cap Thru: **Dec-17**

	Current Cap		Retro Cap		Gross - b/4 Adjustments		Cap Check Adjustments							Net	Current
Months	Member Months	Capitation Revenue	Member Months	Capitation Revenue	Member Months	Capitation Revenue	ESRD	Incentive	Withhold	Claims Pd. by Payor	Supplemental Cap	Misc. Adj.	Total Adj.	Cap Check Cash	Cap PMPM
	A	B	C	D	E	F	G	H	I	K	L	M	N	O	P
Jan-17	12,849	908,341.15	0	0.00	12,849	908,341.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	908,341.15	70.69
Feb-17	13,363	938,514.24	196	11,367.50	13,559	949,881.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	949,881.74	70.23
Mar-17	13,445	948,897.89	147	11,711.01	13,592	960,608.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	960,608.90	70.70
Apr-17	13,707	972,295.08	162	15,081.70	13,869	987,376.78	0.00	0.00	0.00	(148.34)	0.00	0.00	(148.34)	987,228.44	71.19
May-17	13,413	967,021.31	131	9,251.57	13,544	976,272.88	0.00	0.00	0.00	(2,648.73)	0.00	0.00	(2,648.73)	973,624.15	71.91
Jun-17	13,578	979,395.89	214	13,989.65	13,792	993,385.54	0.00	0.00	0.00	(12,497.16)	0.00	0.00	(12,497.16)	980,888.38	71.13
Jul-17	13,955	1,004,684.14	149	9,305.94	14,104	1,013,990.08	0.00	0.00	0.00	(51,212.36)	0.00	0.00	(51,212.36)	962,777.72	71.00
Aug-17	14,329	1,037,800.03	181	13,012.80	14,510	1,050,812.83	0.00	0.00	0.00	(2,313.92)	0.00	0.00	(2,313.92)	1,048,498.91	72.45
Sep-17	14,669	1,066,206.10	246	18,844.57	14,915	1,085,050.67	0.00	0.00	0.00	(50,628.16)	0.00	0.00	(50,628.16)	1,034,422.51	71.68
Oct-17	14,883	1,083,165.95	178	10,412.73	15,061	1,093,578.68	0.00	0.00	0.00	(2,403.76)	236,800.00	(55.00)	234,341.24	1,327,919.92	91.79
Nov-17	10,067	659,210.93	250	15,470.73	10,317	674,681.66	0.00	0.00	0.00	(1,626.64)	0.00	0.00	(1,626.64)	673,055.02	65.46
Dec-17	9,601	626,561.79	(197)	(13,989.96)	9,404	612,571.83	0.00	0.00	0.00	(3,072.39)	0.00	0.00	(3,072.39)	609,499.44	63.51
CY2017Totals:	**157,859**	**11,192,094.50**	**1,657**	**114,458.24**	**159,516**	**11,306,552.74**	**0.00**	**0.00**	**0.00**	**(126,551.46)**	**236,800.00**	**(55.00)**	**110,193.54**	**11,416,746.28**	**70.**

Legend:

a, b, c, d = Information available from the HMO/Payor back-up
e = (a - c) = Calculated field
f = (b - d) = Calculated field
g, h, i, j, k = Information available from the HMO/Payor back-up
L = (g + h + i + j + k) = Calculated field
m = (f - L) = Calculated field
n = (b/a) = Calculated field
o = (d/c) = Calculated field
p = (f/e) = Calculated field
q = (L/e) = Calculated field
r = (m/e) = Calculated field

EXPLANATIONS OF CERTAIN CAP CHECK ADJUSTMENTS:

201712 Claim Deduct $-3,072.39 Cap Deduct (11/15/17 - 12/14/17) - ($3,072.39)
201711 Claim Deduct $-1,626.64 Cap Deduct (10/15/17 - 11/14/17) - ($1,626.64)
201710 Claim Deduct $-2,403.76 Cap Deduct (9/15/17 - 10/14/17) - ($2,403.76)
201710 Miscellaneous Adjustment $-55.00 Miscellaneous Adjustment
201710 Maternity Kick OB Kick $236800.00 OBKick
201709 Claim Deduct $-50628.16 Cap Deduct (8/15/17 - 9/14/17) - ($50,628.16)
201708 Claim Deduct $-2,313.92 Cap Deduct (7/15/17 - 8/14/17) - ($2,313.92)
201707 Claim Deduct $-51212.36 Cap Deduct (6/15/17 - 7/14/17) - ($51,212.36)
201706 Claim Deduct $-12497.16 Cap Deduct (5/15/17 - 6/14/17) - ($12,497.16)
201705 Claim Deduct $-2,648.73 Cap Deduct (4/15/17 - 5/14/17) - ($2,648.73)
201704 Claim Deduct $-148.34 Cap Deduct (03/15/17 - 04/14/17) - ($148.34)

Conifer Value-Based Care Hospital Risk Pool Report
St. Francis Medical Center - Verity Health
Angeles IPA - Health Net Cal MediConnect
Risk Pool Period: CY 2017 as of 12/31/2018

Final Settlement

Description	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total	
Net Paid Member Months	**65**	**54**	**64**	**62**	**64**	**68**	**62**	**62**	**64**	**70**	**72**	**70**	**777**	
Gross Cap PMPM Revenue	430.50	422.43	414.42	409.53	413.44	363.44	393.02	691.43	430.15	576.88	411.88	404.09	446.55	
Gross Cap Revenue/Retro RAF (Note 2)	27,983	22,811	26,523	25,391	26,460	24,714	24,367	42,869	27,530	40,381	29,656	28,286	346,971	
Cap Check Adjustments	(1,049)	(940)	(995)	(952)	(2,284)	(1,174)	(34)	(2,036)	(1,308)	(1,688)	(1,409)	(1,342)	(15,211)	
Other Revenue (incl ESRD)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Pool Revenue	**26,933**	**21,872**	**25,528**	**24,439**	**24,176**	**23,540**	**24,333**	**40,832**	**26,222**	**38,693**	**28,247**	**26,945**	**331,760**	
Expenses:														
A. Services Provided at the Cap'd Hospital: (Less Copay & Ded)													(257)	VBC Paid
Total IBNR Reserves (Capitated Hosp.)													**0**	33,281
Claims Paid - Inpatient Services	0	0	0	0	0	10,372	0	0	0	11,900	0	0	22,272	
Claims Paid - ER	0	0	0	0	0	1,000	1,000	0	0	0	0	0	2,000	
Claims Paid - All Other Services	0	0	766	677	1,796	0	1,192	0	0	1,477	1,763	1,338	9,009	CAP pmpm
Total In-house Services	**0**	**0**	**766**	**677**	**1,796**	**11,372**	**2,192**	**0**	**0**	**13,377**	**1,763**	**1,338**	**33,023**	42.50
B. Services Provided by Third Parties:														VBC Paid
Total IBNR Reserves (Third Parties)													**0**	84,800
Claims Paid - Inpatient Services	19,540	11,617	0	0	9,091	0	0	6,747	10,567	0	7,609	0	65,171	
Claims Paid - ER	1,095	0	240	1,855	0	617	0	1,023	1,973	0	0	0	6,798	
Claims Paid - SNF; Subacute	0	0	0	0	0	0	0	0	0	1,380	0	0	1,380	
Claims Paid - HH; DME; Injectibles; Hospice	140	119	626	178	136	327	174	235	373	132	112	368	3,028	
Claims Paid - All Other Services	2,846	0	0	0	3,997	506	0	428	0	646	0	0	8,422	
Claims Paid by Health Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	3rd Party pmpm
Total Third Party Services	**23,621**	**11,736**	**866**	**2,034**	**13,224**	**1,449**	**174**	**8,433**	**12,913**	**2,158**	**7,721**	**368**	**84,800**	109.1
C. Cash Recoveries & Prior Year Impact														Total pmpm
Recovery Cash Receipts	0	0	0	0	0	0	0	0	0	0	(92)	0	(92)	151.6
Prior Years IBNR Carryover (Capitated)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Prior Years IBNR Carryover (Third Parties)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Prior Years Claims Paid (Capitated)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Prior Years Claims Paid (Third Parties)	0	0	0	0	0	0	0	0	0	0	0	32,013	32,013	
Total Cash Recoveries & Prior Years Impact	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(92)**	**32,013**	**31,920**	
D. Reinsurance Premiums $1.28 PMPM	83	69	82	79	82	87	79	79	82	90	92	90	995	
Reinsurance Recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0	
D. Net Reinsurance	83	69	82	79	82	87	79	79	82	90	92	90	995	
E. Management Fees in Pool	103	85	101	98	101	107	98	98	101	111	114	111	1,228	
F. Other Expenses - (Cap Claims OverPayment)	0	0	0	0	0	0	0	0	0	0	0	(372)	(372)	
Total Expenses	**23,806**	**11,890**	**1,815**	**2,888**	**15,203**	**13,016**	**2,543**	**8,610**	**13,096**	**15,735**	**9,598**	**33,548**	**151,594**	
PMPM Expenses	366.25	220.18	28.36	46.58	237.55	191.41	41.02	138.87	204.63	224.78	133.31	479.26	195.10	
Net Risk Pool Balance													**180,166**	54.3%
Hospital's Pool share													90,083	Profit Margin
Angeles' Pool share (Note 1)													90,083	
2nd Interim Settlement pd Mar'18 - chk #456394													(41,470)	
3rd Interim Settlement pd Aug'18 - chk #460082													(24,316)	
Remaining Balance of chk #460082													(4,303)	
Net Angeles' Pool Share													**19,994**	

NOTES: (1) Group share for surplus and deficit is 50% of Senior and CMC, 65% of Medi-Cal, Deficit NTE 25% of Hosp Revenue.
(2) RAF Included: August = $13,159.08 & October = $11,516.86

ST. FRANCIS MEDICAL CENTER - ANGELES IPA

Capitation Audit & Reconciliation Detail Report

Conifer Value-Based Care

Health Plan: **Health Net**
Product Line: **Cal MediConnect**
IPA: **Angeles IPA**
Company ID: **ANGSFH**
Cap Thru: **Dec-17**

	Current Cap		Retro Cap		Gross - b/4 Adjustments		Cap Check Adjustments							Net	Current
Months	Member Months	Capitation Revenue	Member Months	Capitation Revenue	Member Months	Capitation Revenue	ESRD	Incentive	Withhold	Claims Pd. by Payor	Supplemental Cap	Misc. Adj.	Total Adj.	Cap Check Cash	Cap PMPM
	A	B	C	D	E	F	G	H	I	K	L	M	N	O	P
Jan-17	62	25,741.05	3	2,241.69	65	27,982.74	0.00	0.00	0.00	0.00	0.00	(1,049.42)	(1,049.42)	26,933.32	415.18
Feb-17	62	25,540.57	(8)	(2,729.39)	54	22,811.18	0.00	0.00	0.00	0.00	0.00	(939.66)	(939.66)	21,871.52	411.95
Mar-17	63	26,031.77	1	491.20	64	26,522.97	0.00	0.00	0.00	0.00	0.00	(994.69)	(994.69)	25,528.28	413.20
Apr-17	63	25,802.30	(1)	(411.36)	62	25,390.94	0.00	0.00	0.00	0.00	0.00	(952.23)	(952.23)	24,438.71	409.56
May-17	63	25,875.72	1	584.40	64	26,460.12	0.00	0.00	0.00	0.00	0.00	(2,284.06)	(2,284.06)	24,176.06	410.73
Jun-17	65	25,266.62	3	(552.65)	68	24,713.97	0.00	0.00	0.00	0.00	0.00	(1,174.02)	(1,174.02)	23,539.95	388.72
Jul-17	64	24,958.54	(2)	(591.41)	62	24,367.13	0.00	0.00	0.00	0.00	0.00	(34.32)	(34.32)	24,332.81	389.98
Aug-17	63	27,291.67	(1)	15,577.06	62	42,868.73	0.00	0.00	0.00	0.00	0.00	(2,036.35)	(2,036.35)	40,832.38	433.20
Sep-17	64	27,529.63	0	0.00	64	27,529.63	0.00	0.00	0.00	0.00	0.00	(1,307.74)	(1,307.74)	26,221.89	430.15
Oct-17	72	29,260.77	(2)	11,120.62	70	40,381.39	0.00	0.00	0.00	0.00	0.00	(1,688.02)	(1,688.02)	38,693.37	406.40
Nov-17	72	29,458.23	0	197.46	72	29,655.69	0.00	0.00	0.00	0.00	0.00	(1,408.70)	(1,408.70)	28,246.99	409.14
Dec-17	70	29,135.75	0	(849.43)	70	28,286.32	0.00	0.00	0.00	0.00	0.00	(1,341.80)	(1,341.80)	26,944.52	416.23
CY2017Totals:	**783**	**321,892.62**	**(6)**	**25,078.19**	**777**	**346,970.81**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**(15,211.01)**	**(15,211.01)**	**331,759.80**	**411.10**

Legend:

a, b, c, d = Information available from the HMO/Payor back-up
e = (a - c) = Calculated field
f = (b - d) = Calculated field
g, h, i, j, k = Information available from the HMO/Payor back-up
L = (g + h + i + j + k) = Calculated field
m = (f - L) = Calculated field
n = (b/a) = Calculated field
o = (d/c) = Calculated field
p = (f/e) = Calculated field
q = (L/e) = Calculated field
r = (m/e) = Calculated field

***CONTRACT EFFECTIVE MARCH 2016**

201712	Miscellaneous Adjustment	$-848.06	Deduction for Quality Withhold - ($848.06)
201712	Miscellaneous Adjustment	$-282.57	Deduction for Long Term Services Cx'd eff 8/1/16 - ($282.57)
201712	Miscellaneous Adjustment	$-211.17	Hospital Encounter Program Cx'd eff 8/1/16 - ($211.17)
201711	Miscellaneous Adjustment	$-889.68	Deduction for Quality Withhold - ($889.68)
201711	Miscellaneous Adjustment	$-296.54	Deduction for Long Term Services Cx'd eff 8/1/16 - ($296.54)
201711	Miscellaneous Adjustment	$-222.48	Hospital Encounter Program Cx'd eff 8/1/16 - ($222.48)
201710	Capitation RAF	$0.00	Prior year RAF $ (incl in Retro Cap) - $11,516.86
201710	Miscellaneous Adjustment	$-1,096.37	Deduction for Quality Withhold - ($1,096.37)
201710	Miscellaneous Adjustment	$-288.62	Deduction for Long Term Services Cx'd eff 8/1/16 - ($288.62)
201710	Miscellaneous Adjustment	$-303.03	Hospital Encounter Program Cx'd eff 8/1/16 - ($303.03)
201709	Miscellaneous Adjustment	$-825.93	Deduction for Quality Withhold - ($825.93)
201709	Miscellaneous Adjustment	$-275.29	Deduction for Long Term Services Cx'd eff 8/1/16 - ($275.29)
201709	Miscellaneous Adjustment	$-206.52	Hospital Encounter Program Cx'd eff 8/1/16 - ($206.52)
201708	Capitation RAF	$0.00	Mid-year RAF $ (incl in Retro Cap) - $13,159.08
201708	Miscellaneous Adjustment	$-1,286.07	Deduction for Quality Withhold - ($1,286.07)
201708	Miscellaneous Adjustment	$-428.62	Deduction for Long Term Services Cx'd eff 8/1/16 - ($428.62)
201708	Miscellaneous Adjustment	$-321.66	Hospital Encounter Program Cx'd eff 8/1/16 - ($321.66)
201706	Miscellaneous Adjustment	$-741.47	Deduction for Quality Withhold - ($741.47)
201706	Miscellaneous Adjustment	$-247.14	Deduction for Long Term Services Cx'd eff 8/1/16 - ($247.14)
201706	Miscellaneous Adjustment	$-185.41	Hospital Encounter Program Cx'd eff 8/1/16 - ($185.41)
201705	Miscellaneous Adjustment	$-1,820.97	Deduction for Quality Withhold - ($1,820.97)
201705	Miscellaneous Adjustment	$-264.60	Deduction for Long Term Services Cx'd eff 8/1/16 - ($264.60)
201705	Miscellaneous Adjustment	$-198.49	Hospital Encounter Program Cx'd eff 8/1/16 - ($198.49)
201704	Miscellaneous Adjustment	$-507.86	Deduction for Quality Withhold - ($507.86)
201704	Miscellaneous Adjustment	$-253.92	Deduction for Long Term Services Cx'd eff 8/1/16 - ($253.92)
201704	Miscellaneous Adjustment	$-190.45	Hospital Encounter Program Cx'd eff 8/1/16 - ($190.45)
201703	Miscellaneous Adjustment	$-530.51	Deduction for Quality Withhold - ($530.51)
201703	Miscellaneous Adjustment	$-265.23	Deduction for Long Term Services Cx'd eff 8/1/16 - ($265.23)
201703	Miscellaneous Adjustment	$-198.95	Hospital Encounter Program Cx'd eff 8/1/16 - ($198.95)
201702	Miscellaneous Adjustment	$-501.15	Deduction for Quality Withhold - ($501.15)
201702	Miscellaneous Adjustment	$-250.56	Deduction for Long Term Services Cx'd eff 8/1/16 - ($250.56)
201702	Miscellaneous Adjustment	$-187.95	Hospital Encounter Program Cx'd eff 8/1/16 - ($187.95)
201701	Miscellaneous Adjustment	$-559.69	Deduction for Quality Withhold - ($559.69)
201701	Miscellaneous Adjustment	$-279.83	Deduction for Long Term Services Cx'd eff 8/1/16 - ($279.83)
201701	Miscellaneous Adjustment	$-209.90	Hospital Encounter Program Cx'd eff 8/1/16 - ($209.90)

Conifer Value-Based Care Hospital Risk Pool Report
St. Francis Medical Center - Verity Health
Angeles IPA - Health Net Senior
Risk Pool Period: CY 2017 as of 12/31/2018

Final Settlement

Description	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total	
Net Paid Member Months	**475**	**470**	**477**	**474**	**462**	**541**	**543**	**536**	**524**	**537**	**517**	**519**	**6,075**	
Gross Cap PMPM Revenue	400.71	378.12	401.41	397.29	396.03	409.58	390.53	570.34	421.32	476.97	428.46	433.38	426.91	
Gross Cap Revenue/Retro RAF (Note 2)	190,337	177,717	191,475	188,314	182,966	221,582	212,059	305,702	220,774	256,135	221,513	224,922	2,593,496	
Cap Check Adjustments	(15)	(15)	0	0	0	0	0	0	0	0	0	0	(31)	
Other Revenue (incl ESRD)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Pool Revenue	**190,322**	**177,702**	**191,475**	**188,314**	**182,966**	**221,582**	**212,059**	**305,702**	**220,774**	**256,135**	**221,513**	**224,922**	**2,593,466**	
Expenses:														
A. Services Provided at the Cap'd Hospital: (Less Copay & Ded)													(6,157)	VBC Paid
Total IBNR Reserves (Capitated Hosp.)													**0**	491,911
Claims Paid - Inpatient Services	55,808	32,997	53,434	12,877	29,039	50,100	24,590	28,556	11,555	12,439	40,694	40,969	393,058	
Claims Paid - ER	1,000	3,721	1,000	5,161	0	901	7,721	5,442	3,477	2,000	0	3,840	34,263	
Claims Paid - All Other Services	7,928	2,433	566	201	1,796	8,982	0	5,383	13,491	18,648	0	5,162	64,590	CAP pmpm
Total In-house Services	**64,736**	**39,151**	**55,000**	**18,239**	**30,835**	**59,983**	**32,311**	**39,381**	**28,523**	**33,087**	**40,694**	**49,971**	**485,754**	79.96
B. Services Provided by Third Parties:														VBC Paid
Total IBNR Reserves (Third Parties)													**0**	1,294,838
Claims Paid - Inpatient Services	77,448	98,578	70,646	80,757	44,605	87,866	42,683	57,996	8,566	50,627	116,931	45,340	806,695	
Claims Paid - ER	3,005	1,676	1,291	2,167	5,141	4,420	5,538	2,905	3,344	5,105	2,764	4,407	43,653	
Claims Paid - SNF; Subacute	19,801	7,925	6,560	0	0	25,579	11,521	8,500	13,434	8,239	12,960	0	114,518	
Claims Paid - HH; DME; Injectibles; Hospice	4,372	7,453	10,285	4,922	4,395	7,838	7,419	8,430	7,459	8,849	8,949	14,144	96,288	
Claims Paid - All Other Services	15,160	19,694	17,758	19,929	18,500	18,814	20,316	24,627	18,643	20,725	18,676	19,482	233,684	
Claims Paid by Health Plan	0	0	0	0	0	0	0	0	17	0	0	(17)	0	3rd Party pmpm
Total Third Party Services	**119,785**	**135,326**	**106,539**	**107,775**	**72,640**	**144,517**	**87,477**	**102,458**	**51,463**	**93,545**	**160,279**	**83,355**	**1,294,838**	213.1
C. Cash Recoveries & Prior Year Impact														Total pmpm
Recovery Cash Receipts	0	0	0	0	0	0	0	0	0	0	0	0	0	293.1
Prior Years IBNR Carryover (Capitated)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Prior Years IBNR Carryover (Third Parties)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Prior Years Claims Paid (Capitated)	0	0	0	0	0	0	0	0	0	0	0	28,005	28,005	
Prior Years Claims Paid (Third Parties)	0	0	0	0	0	0	0	0	0	0	0	200,327	200,327	
Total Cash Recoveries & Prior Years Impact	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**228,332**	**228,332**	
D. Reinsurance Premiums $1.59 PMPM	755	747	758	754	735	860	863	852	833	854	822	825	9,659	
Reinsurance Recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0	
D. Net Reinsurance	755	747	758	754	735	860	863	852	833	854	822	825	9,659	
E. Management Fees in Pool	751	743	754	749	730	855	858	847	828	848	817	820	9,599	
F. Other Expenses - (Cap Claims OverPayment)	0	0	0	0	0	0	0	0	0	0	0	(36,174)	(36,174)	
Total Expenses	**186,027**	**175,968**	**163,051**	**127,516**	**104,940**	**206,214**	**121,509**	**143,538**	**81,647**	**128,334**	**202,612**	**327,130**	**1,992,008**	
PMPM Expenses	391.64	374.40	341.83	269.02	227.14	381.17	223.77	267.79	155.81	238.98	391.90	630.31	327.90	
Net Risk Pool Balance													**601,457**	23.2%
Hospital's Pool share													300,729	Profit Margin
Angeles' Pool share (Note 1)													300,729	
2nd Interim Settlement pd Mar'18 - chk #456394													(205,419)	
3rd Interim Settlement pd Aug'18 - chk #460082													(111,753)	
Remaining Balance of chk #460082													(19,777)	
Net Angeles' Pool Share													**(36,220)**	

NOTES: (1) Group share for surplus and deficit is 50% of Senior and CMC, 65% of Medi-Cal, Deficit NTE 25% of Hosp Revenue.
(2) RAF Included: August = $66,522.77 & October = $23,671.75

EXHIBIT D

ST. FRANCIS MEDICAL CENTER - ANGELES IPA

Capitation Audit & Reconciliation Detail Report

Conifer Value-Based Care

Health Plan: **Health Net**
Product Line: **Senior**
IPA: **Angeles IPA**
Company ID: **ANGSFH**
Cap Thru: **Dec-17**

	Current Cap		Retro Cap		Gross - b/4 Adjustments		Cap Check Adjustments							Net	Current
Months	Member Months	Capitation Revenue	Member Months	Capitation Revenue	Member Months	Capitation Revenue	ESRD	Incentive	Withhold	Claims Pd. by Payor	Supplemental Cap	Misc. Adj.	Total Adj.	Cap Check Cash	Cap PMPM
	A	B	C	D	E	F	G	H	I	K	L	M	N	O	P
Jan-17	472	188,548.58	3	1,788.70	475	190,337.28	0.00	0.00	0.00	0.00	0.00	(15.30)	(15.30)	190,321.98	399.47
Feb-17	467	183,698.06	3	(5,980.83)	470	177,717.23	0.00	0.00	0.00	0.00	0.00	(15.30)	(15.30)	177,701.93	399.3[illegible]
Mar-17	472	189,160.04	5	2,314.59	477	191,474.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	191,474.63	400.7[illegible]
Apr-17	470	185,105.05	4	3,208.51	474	188,313.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	188,313.56	39[illegible]
May-17	464	183,157.25	(2)	(191.35)	462	182,965.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	182,965.90	39[illegible]
Jun-17	542	221,052.09	(1)	530.32	541	221,582.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	221,582.41	40[illegible]
Jul-17	537	212,745.68	6	(686.76)	543	212,058.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	212,058.92	39[illegible]
Aug-17	532	224,690.73	4	81,011.34	536	305,702.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	305,702.07	422.3[illegible]
Sep-17	525	221,475.50	(1)	(701.72)	524	220,773.78	0.00	0.00	0.00	(17.43)	0.00	0.00	(17.43)	220,756.35	42[illegible]
Oct-17	529	225,785.44	8	30,349.47	537	256,134.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	256,134.91	42[illegible]
Nov-17	519	222,593.57	(2)	(1,080.38)	517	221,513.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	221,513.19	428.[illegible]
Dec-17	518	223,375.22	1	1,547.03	519	224,922.25	0.00	0.00	0.00	17.43	0.00	0.00	17.43	224,939.68	43[illegible]
CY2017Totals:	**6,047**	**2,481,387.21**	**28**	**112,108.92**	**6,075**	**2,593,496.13**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**(30.60)**	**(30.60)**	**2,593,465.53**	**41[illegible]**

Legend:

a, b, c, d = Information available from the HMO/Payor back-up
e = (a - c) = Calculated field
f = (b - d) = Calculated field
g, h, i, j, k = Information available from the HMO/Payor back-up
L = (g + h + i + j + k) = Calculated field
m = (f - L) = Calculated field
n = (b/a) = Calculated field
o = (d/c) = Calculated field
p = (f/e) = Calculated field
q = (L/e) = Calculated field
r = (m/e) = Calculated field

EXPLANATIONS OF CERTAIN CAP CHECK ADJUSTMENTS:

***CONTRACT EFFECTIVE MARCH 2016**

201712	Claim Deduct	$17.43	Adjustment for Shared Risk Claims
201710	Capitation RAF	$0.00	Prior year RAF $ (incl in Retro Cap) - $23,671.75
201709	Claim Deduct	$-17.43	Deduction for Shared Risk Claims
201708	Capitation RAF	$0.00	Mid-year RAF $ (incl in Retro Cap) - $66,522.77
201702	Miscellaneous Adjustment	$-15.30	Adjustment for Medi-Medi Admin Fees
201701	Miscellaneous Adjustment	$-15.30	Adjustment for Medi-Medi Admin Fees

Conifer Value-Based Care Hospital Risk Pool Report
St. Francis Medical Center - Verity Health
Angeles IPA - Molina Medi-Cal
Risk Pool Period: CY 2017 as of 12/31/2018

Final Settlement
Effective 07/01/17

Description	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total	
Net Paid Member Months	**0**	**5,169**	**5,314**	**4,940**	**5,165**	**5,334**	**5,025**	**30,947**	
Gross Cap PMPM Revenue	0.00	50.45	50.19	50.60	50.18	49.76	50.22	50.23	
Gross Cap Revenue	0	260,784	266,715	249,957	259,195	265,419	252,339	1,554,407	
Cap Check Adjustments	0	0	0	0	0	0	0	0	
Other Revenue (incl ESRD)	0	0	0	0	0	0	0	0	
Total Pool Revenue	**0**	**260,784**	**266,715**	**249,957**	**259,195**	**265,419**	**252,339**	**1,554,407**	
Expenses:									
A. Services Provided at the Cap'd Hospital: (Less Copay & Ded)								0	VBC Paid
Total IBNR Reserves (Capitated Hosp.)								**0**	120,689
Claims Paid - Inpatient Services	4,500	9,100	19,800	23,319	4,000	27,563	1,400	89,682	
Claims Paid - ER	0	480	320	960	640	960	1,841	5,201	
Claims Paid - All Other Services	1,096	0	1,000	1,190	17,060	938	4,521	25,806	CAP pmpm
Total In-house Services	**5,596**	**9,580**	**21,120**	**25,469**	**21,700**	**29,461**	**7,762**	**120,689**	3.90
B. Services Provided by Third Parties:									VBC Paid
Total IBNR Reserves (Third Parties)								**0**	856,609
Claims Paid - Inpatient Services	0	64,433	85,377	53,718	128,040	177,965	88,079	609,034	
Claims Paid - ER	0	7,039	17,357	13,590	12,980	12,134	19,201	87,137	
Claims Paid - SNF; Subacute	0	0	7,200	15,110	14,212	12,935	17,246	66,703	
Claims Paid - HH; DME; Injectibles; Hospice	0	12,173	11,974	11,862	13,334	13,752	15,090	78,576	
Claims Paid - All Other Services	0	2,068	3,377	5,071	466	1,832	1,553	15,159	
Claims Paid by Health Plan	0	0	0	0	0	0	0	0	3rd Party pmpm
Total Third Party Services	**0**	**85,712**	**125,285**	**99,350**	**169,032**	**218,617**	**141,169**	**856,609**	27.68
C. Cash Recoveries & Prior Year Impact									Total pmpm
Recovery Cash Receipts	0	0	0	0	0	0	0	0	31.58
Prior Years IBNR Carryover (Capitated)	0	0	0	0	0	0	0	0	
Prior Years IBNR Carryover (Third Parties)	0	0	0	0	0	0	0	0	
Prior Years Claims Paid (Capitated)	0	0	0	0	0	0	0	0	
Prior Years Claims Paid (Third Parties)	0	0	0	0	0	0	0	0	
Total Cash Recoveries & Prior Years Impact	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
D. Reinsurance Premiums $0.18/$1.47 PMM (Note 2)	0	1,458	1,483	1,412	1,446	1,468	1,414	8,681	
Reinsurance Recoveries	0	0	0	0	0	0	0	0	
D. Net Reinsurance	0	1,458	1,483	1,412	1,446	1,468	1,414	8,681	
E. Management Fees in Pool	0	8,167	8,396	7,805	8,161	8,428	7,940	48,896	
F. Other Expenses - (Cap Claims OverPayment)	0	0	0	0	0	0	(17,882)	(17,882)	
Total Expenses	**5,596**	**104,917**	**156,284**	**134,036**	**200,338**	**257,974**	**140,402**	**1,016,992**	
PMPM Expenses	0.00	20.30	29.41	27.13	38.79	48.36	27.94	32.86	
Net Risk Pool Balance								**537,414**	34.6%
Hospital's Pool share								188,095	Profit Margin
Angeles' Pool share (Note 1)								349,319	
2nd Interim Settlement pd Mar'18 - chk #456394								(47,951)	
3rd Interim Settlement pd Aug'18 - chk #460082								(29,787)	
Remaining Balance of chk #460082								(5,271)	
Net Angeles' Pool Share								**266,310**	

NOTES: (1) Group share for surplus and deficit is 50% of Senior and CMC, 65% of Medi-Cal, Deficit NTE 25% of Hosp Revenue.
(2) CY17 Reins premium Non-SPD $0.18; SPD $1.47

EXHIBIT D

ST. FRANCIS MEDICAL CENTER - ANGELES IPA

Capitation Audit & Reconciliation Detail Report

Conifer Value-Based Care

Health Plan: **Molina Health Plan**
Product Line: **Medi-Cal**
IPA: **Angeles IPA**
Company ID: **ANGSFH**
Cap Thru: **Dec-17**

Months	Current Cap		Retro Cap		Gross - b/4 Adjustments		Cap Check Adjustments							Net	Current
	Member Months	Capitation Revenue	Member Months	Capitation Revenue	Member Months	Capitation Revenue	ESRD	Incentive	Withhold	Claims Pd. by Payor	Supplemental Cap	Misc. Adj.	Total Adj.	Cap Check Cash	Cap PMPM
	A	B	C	D	E	F	G	H	I	K	L	M	N	O	P
Jul-17	5,169	260,783.50	0	0.00	5,169	260,783.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	260,783.50	50.46
Aug-17	5,220	262,718.00	94	3,996.50	5,314	266,714.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	266,714.50	50.30
Sep-17	4,914	249,381.50	26	575.00	4,940	249,956.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	249,956.50	50.75
Oct-17	5,063	253,938.00	102	5,257.00	5,165	259,195.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	259,195.00	50.16
Nov-17	5,018	252,724.00	316	12,694.50	5,334	265,418.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	265,418.50	50.30
Dec-17	4,968	250,009.50	57	2,329.00	5,025	252,338.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	252,338.50	50.32
CY2017 Totals:	**30,352**	**1,529,554.50**	**595**	**24,852.00**	**30,947**	**1,554,406.50**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**1,554,406.50**	**50.30**

Legend:

a, b, c, d = Information available from the HMO/Payor back-up
e = (a - c) = Calculated field
f = (b - d) = Calculated field
g, h, i, j, k = Information available from the HMO/Payor back-up
L = (g + h + i + j + k) = Calculated field
m = (f - L) = Calculated field
n = (b/a) = Calculated field
o = (d/c) = Calculated field
p = (f/e) = Calculated field
q = (L/e) = Calculated field
r = (m/e) = Calculated field

***CONTRACT EFFECTIVE 7/1/2017**

Conifer Value-Based Care Hospital Risk Pool Report
St. Francis Medical Center - Verity Health
Angeles IPA - Summary by Health Plan - YTD
Risk Pool Period: CY 2017 as of 12/31/2018
Included Pre-Petition Unpaid Claims

Description	Care1st Medi-Cal	Health Net CMC	Health Net Sr	Molina Medi-Cal	TOTAL
B. Services Provided by Third Parties:					
Claims Paid - Inpatient Services	91,102.60	0.00	24,654.71	11,423.68	127,180.99
Claims Paid - ER	6,528.48	(3.75)	1,890.51	4,836.79	13,252.03
Claims Paid - SNF; Subacute	0.00	0.00	0.00	0.00	0.00
Claims Paid - HH; DME; Injectibles; Hospice	0.00	106.83	1,772.59	390.96	2,270.38
Claims Paid - All Other Services	48,607.46	0.00	1,362.28	792.72	50,762.46
Total Third Party Services	**146,238.54**	**103.08**	**29,680.09**	**17,444.15**	**193,465.86**
Prior Years Claims Paid (Third Parties)	0.00	2,217.89	12,958.94	0.00	15,176.83
Grand Total	**146,238.54**	**2,320.97**	**42,639.03**	**17,444.15**	**208,642.69**

ST. FRANCIS MEDICAL CENTER - ANGELES IPA

CVBC - CY 2017 DEPOSIT LOG - ALL PLANS

CHECK REC'D DATE	CHECK PAYOR NAME	CHECK AMT	DEPOSIT	DEPOSIT DESCRIPTION	ANGELES CARE1ST	ANGELES HN CMC	ANGELES HN SR	Total
January 2017								
	JANUARY TOTAL	0.00			0.00	0.00	0.00	0.00
February 2017								
	FEBRUARY TOTAL	0.00			0.00	0.00	0.00	0.00
March 2017								
	MARCH TOTAL	0.00			0.00	0.00	0.00	0.00
April 2017								
	APRIL TOTAL	0.00			0.00	0.00	0.00	0.00
May 2017								
	MAY TOTAL	0.00			0.00	0.00	0.00	0.00
June 2017								
	JUNE TOTAL	0.00			0.00	0.00	0.00	0.00
July 2017								
	JULY TOTAL	0.00			0.00	0.00	0.00	0.00

ST. FRANCIS MEDICAL CENTER - ANGELES IPA

CVBC - CY 2017 DEPOSIT LOG - ALL PLANS

CHECK REC'D DATE	CHECK PAYOR NAME	CHECK AMT	DEPOSIT	DEPOSIT DESCRIPTION	ANGELES CARE1ST	ANGELES HN CMC	ANGELES HN SR	Total
August 2017								
08/02/2017	Regional Diagnostic Imaging Inc.	24.30		ANG CARG	24.30			24.30
	AUGUST TOTAL	**24.30**			**24.30**	**0.00**	**0.00**	**24.30**
September 2017								
	SEPTEMBER TOTAL	**0.00**			**0.00**	**0.00**	**0.00**	**0.00**
October 2017								
	OCTOBER TOTAL	**0.00**			**0.00**	**0.00**	**0.00**	**0.00**
November 2017								
11/06/2017	Tenet	51.87		ANG CARG	51.87			51.87
11/20/2017	Torrance Memorial Medical Ctr	1,504.90		ANG CARG	1,504.90			1,504.90
11/28/2017	Hanger	980.95		ANG CARG	980.95			980.95
11/27/2017	Maverick Healthcare Group	92.42		ANG HENT		92.42		92.42
	NOVEMBER TOTAL	**2,630.14**			**2,537.72**	**92.42**	**0.00**	**2,630.14**
December 2017								
	DECEMBER TOTAL	**0.00**			**0.00**	**0.00**	**0.00**	**0.00**
	SFMC ALL PLANS YTD TOTAL	**2,654.44**			**2,562.02**	**92.42**	**0.00**	**2,654.44**

ANGELES 2017 DEPOSITS **2,654.44**

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

CAP'D CLAIMS COPAY N DED DOS CY 2017 PAID THROUGH 11/30/2018

Health Plan Name	Month Of Service	CoPay N Ded
CARE FIRST MEDI-CAL		
ST FRANCIS MEDICAL CENTER		
	January 2017	0.00
	February 2017	0.00
	March 2017	0.00
	April 2017	0.00
	May 2017	0.00
	June 2017	0.00
	July 2017	0.00
	August 2017	0.00
	September 2017	0.00
	October 2017	0.00
	November 2017	0.00
	December 2017	0.00
	Total	**0.00**
HEALTH NET CALMEDICONNECT		
ST FRANCIS MEDICAL CENTER		
	March 2017	0.00
	April 2017	0.00
	May 2017	0.00
	June 2017	0.00
	July 2017	144.20
	October 2017	0.00
	November 2017	0.00
	December 2017	113.20
	Total	**257.40**
HEALTH NET SENIORITY PLUS		
ST FRANCIS MEDICAL CENTER		
	January 2017	475.00
	February 2017	1,036.69
	March 2017	75.00
	April 2017	525.00
	May 2017	0.00
	June 2017	714.55
	July 2017	775.00
	August 2017	1,002.75
	September 2017	927.80
	October 2017	75.00
	November 2017	0.00
	December 2017	550.00

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

CAP'D CLAIMS COPAY N DED DOS CY 2017 PAID THROUGH 11/30/2018

Health Plan Name	Month Of Service	CoPay N Ded
	Total	**6,156.79**
MOLINA MEDI-CAL		
ST FRANCIS MEDICAL CENTER		
	June 2017	0.00
	July 2017	0.00
	August 2017	0.00
	September 2017	0.00
	October 2017	0.00
	November 2017	0.00
	December 2017	0.00
	Total	**0.00**
	Total:	**6,414.19**

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

Date of Service from 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Net
CARE FIRST MEDI-CAL		
ST FRANCIS MEDICAL CENTER		
	January 2017	$32,031.64
	February 2017	$93,795.00
	March 2017	$187,687.66
	April 2017	$286,808.21
	May 2017	$299,108.53
	June 2017	$258,576.64
	July 2017	$324,101.07
	August 2017	$160,493.49
	September 2017	$247,595.06
	October 2017	$255,977.02
	November 2017	$104,298.08
	December 2017	$236,175.72
	Subtotal	**$2,486,648.12**
HEALTH NET CALMEDICONNECT		
ST FRANCIS MEDICAL CENTER		
	March 2017	$766.02
	April 2017	$676.80
	May 2017	$1,796.00
	June 2017	$11,372.00
	July 2017	$2,191.60
	October 2017	$13,376.80
	November 2017	$1,763.10
	December 2017	$1,338.48
	Subtotal	**$33,280.80**
HEALTH NET SENIORITY PLUS		
ST FRANCIS MEDICAL CENTER		
	January 2017	$64,735.74
	February 2017	$39,151.47
	March 2017	$55,000.02
	April 2017	$18,238.78
	May 2017	$30,835.00
	June 2017	$59,982.53
	July 2017	$32,311.00
	August 2017	$39,380.76
	September 2017	$28,523.28
	October 2017	$33,087.27
	November 2017	$40,694.00
	December 2017	$49,971.25
	Subtotal	**$491,911.10**

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

Date of Service from 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Net
MOLINA MEDI-CAL		
ST FRANCIS MEDICAL CENTER		
	June 2017	$5,596.11
	July 2017	$9,580.00
	August 2017	$21,120.00
	September 2017	$25,469.22
	October 2017	$21,700.22
	November 2017	$29,460.82
	December 2017	$7,762.49
	Subtotal	**$120,688.86**
	Total:	**$3,132,528.88**

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
ADVANCED SLEEP MEDICINE & DIAG SVCS		
	April 2017	$359.12
	May 2017	$103.59
	June 2017	$103.59
	July 2017	$103.59
	August 2017	$103.59
	September 2017	$374.43
	October 2017	$756.39
AGAJANIAN MD		
	September 2017	$35.22
ALCAM MEDICAL INC		
	April 2017	$1,164.34
ALEXANDRIA CARE CENTER		
	January 2017	$3,498.82
ALHAMBRA HOSPITAL MEDICAL CENTER		
	January 2017	$370.42
	February 2017	$36.70
	March 2017	$5,580.77
	April 2017	$642.58
	May 2017	$901.03
	June 2017	$414.16
	July 2017	$8,029.48
	August 2017	$18,562.42
	September 2017	$5,224.68
	October 2017	$913.27
	November 2017	$73.76
ALL CARE HOME HEALTH PROVIDER		
	May 2017	$193.81
ALL TOWN AMBULANCE		
	June 2017	$342.12
	July 2017	$171.06
AMBULIFE AMBULANCE INC		
	May 2017	$694.76
	September 2017	$184.59
AMBULNZ HEALTH LLC		
	February 2017	$99.01
	July 2017	$124.06
	August 2017	$232.52

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	September 2017	$377.38
	November 2017	$110.71
	December 2017	$132.01
AMBUSERVE INC		
	May 2017	$339.82
	June 2017	$238.60
	July 2017	$196.77
	August 2017	$221.18
	October 2017	$391.94
	December 2017	$218.84
AMERICAN MED RESPONSE INLAND EMPIRE		
	June 2017	$155.90
AMERICAN MED RESPONSE OF SO CALIFORNIA		
	May 2017	$185.65
	June 2017	$342.90
	September 2017	$156.86
AMERICARE AMBULANCE SERVICE		
	May 2017	$109.36
	August 2017	$111.56
ANAHEIM GLOBAL MEDICAL CENTER		
	May 2017	$202.22
ANAHEIM REGIONAL MEDICAL CENTER		
	January 2017	$25.93
	April 2017	$314.59
	July 2017	$271.38
	October 2017	$103.87
	November 2017	$130.51
	December 2017	$77.19
ANTELOPE VALLEY HOSPITAL		
	May 2017	$49.60
	September 2017	$34.58
	October 2017	$37.20
	November 2017	$709.83
	December 2017	$153.35
APRIA HEALTHCARE INC		
	January 2017	$653.73
	February 2017	$594.79

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	March 2017	$160.10
	April 2017	$658.69
	May 2017	$660.00
	June 2017	$2,024.91
	July 2017	$1,382.32
	August 2017	$1,459.08
	September 2017	$1,171.84
	October 2017	$227.78
ARBOR GLEN CARE CENTER		
	February 2017	$2,190.00
	March 2017	$4,745.00
	May 2017	$4,410.97
ATLANTIC MEMORIAL HEALTHCARE CTR & REHAB		
	July 2017	$2,691.36
	August 2017	$3,460.32
ATTENTIVE CARE		
	April 2017	$13.31
AVALON DIALYSIS		
	October 2017	$2,569.65
BAKIRHAN MD		
	January 2017	$6,922.66
	February 2017	$7,682.76
	March 2017	$15,851.41
	April 2017	$1,788.75
	July 2017	$315.90
	August 2017	$298.27
	September 2017	$236.78
	October 2017	$1,288.18
BANNER ESTRELLA MEDICAL CENTER		
	March 2017	$61.05
	September 2017	$49.78
BANNER --UNIVERSITY MED CTR TUCSON		
	January 2017	$24.80
BARLOW RESPIRATORY HOSPITAL		
	January 2017	$8,212.56
BEAR VALLEY COMMUNITY		
	March 2017	$566.83

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
BELLA VIDA HOSPICE		
	March 2017	$3,512.95
	April 2017	$5,976.65
	June 2017	$6,589.60
	July 2017	$3,507.80
	August 2017	$4,492.32
	October 2017	$5,879.16
	November 2017	$5,615.40
	December 2017	$6,074.90
BELLFLOWER DIALYSIS CENTER		
	January 2017	$2,518.10
	February 2017	$2,631.40
	March 2017	$2,531.29
	April 2017	$2,608.36
	May 2017	$2,171.71
	June 2017	$2,810.92
	July 2017	$3,674.06
	August 2017	$2,805.42
	September 2017	$2,508.58
	October 2017	$2,043.00
	November 2017	$2,702.08
	December 2017	$2,046.76
BEVERLY HOSPITAL		
	January 2017	$5,366.50
	March 2017	$8,612.10
	April 2017	$6,090.49
	May 2017	$14,182.89
	June 2017	$15,938.22
	July 2017	$3,354.86
	August 2017	$45,128.50
	September 2017	$8,179.47
	October 2017	$6,643.69
	November 2017	$896.83
	December 2017	$677.35
BEYOND CARE HOSPICE		
	March 2017	$2,098.80
CALIFORNIA HOSPITAL MEDICAL CENTER		
	January 2017	$12,930.20

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	February 2017	$13,323.17
	March 2017	$4,892.78
	April 2017	$4,374.16
	May 2017	$10,442.72
	June 2017	$10,859.69
	July 2017	$6,804.80
	August 2017	$4,365.41
	September 2017	$3,834.16
	October 2017	$13,368.36
	November 2017	$7,890.81
	December 2017	$28,169.64
CALIFORNIA MEDICAL RESPONSE INC		
	July 2017	$171.06
	August 2017	$170.29
CARE AMBULANCE SERVICE INC- ORANGE		
	January 2017	$306.63
	February 2017	$857.46
	March 2017	$936.02
	April 2017	$1,118.71
	May 2017	$1,661.92
	June 2017	$1,521.55
	July 2017	$2,504.26
	August 2017	$3,033.56
	September 2017	$2,350.86
	October 2017	$2,473.27
	November 2017	$1,161.79
	December 2017	$1,032.31
CAREMARK LLC		
	January 2017	$1,256.46
	March 2017	$2,103.46
	April 2017	$2,241.96
	May 2017	$1,263.46
	June 2017	$569.89
	July 2017	$4,681.24
	August 2017	$2,566.00
	September 2017	$2,298.46
	October 2017	$2,298.46
	November 2017	$50.34

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	December 2017	$2,347.46
CATHAY MEDICAL PHARMACY		
	June 2017	$80.69
CEDARS SINAI MEDICAL CENTER		
	January 2017	$2,843.91
	February 2017	$5,002.73
	March 2017	$8,447.82
	April 2017	$20,172.44
	May 2017	$3,800.42
	June 2017	$6,615.16
	July 2017	$42,303.75
	August 2017	$3,490.66
	October 2017	$4,874.60
	December 2017	$8,254.35
CENTER FOR OUTPATIENT SURGERY/NOVAMED SU		
	October 2017	$151.00
CENTINELA HOSPITAL MEDICAL CENTER		
	February 2017	$10,554.03
	March 2017	$23,322.04
	April 2017	$22,819.52
	May 2017	$13,500.35
	June 2017	$5,443.50
	July 2017	$38,777.46
	August 2017	$21,771.84
	September 2017	$7,247.40
	October 2017	$15,947.79
	November 2017	$22,123.92
	December 2017	$19,224.96
CHAND MD		
	January 2017	$686.84
	February 2017	$538.00
	March 2017	$1,152.73
	April 2017	$332.99
	May 2017	$150.13
	June 2017	$134.36
	July 2017	$41.33
	September 2017	$4,938.20
CHIANG DO		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	October 2017	$193.20
CHILDRENS HOSPITAL OF LOS ANGELES		
	January 2017	$3,963.91
	February 2017	$5,353.38
	March 2017	$4,218.49
	April 2017	$18,146.82
	May 2017	$3,864.81
	June 2017	$7,763.98
	July 2017	$1,583.97
	August 2017	$18,564.97
	September 2017	$12,993.37
	October 2017	$19,019.04
	November 2017	$6,826.48
	December 2017	$9,297.05
CHINO VALLEY MEDICAL CTR		
	December 2017	$251.52
CHOICE HOME MEDICAL SUPPLIES		
	January 2017	$110.09
	March 2017	$180.72
	April 2017	$458.17
	May 2017	$103.59
CITY OF ALHAMBRA FIRE DEPT		
	April 2017	$60.87
	May 2017	$125.30
CITY OF ARCADIA EMERG AMB SERV		
	May 2017	$135.18
CITY OF DOWNEY EMERG TRANSPORT BILLING		
	July 2017	$132.40
CITY OF MONTEREY PARK FIRE DEPT AND AMBU		
	October 2017	$91.32
CITY OF PASADENA PARAMEDIC		
	June 2017	$60.87
COAST PLAZA HOSPITAL		
	January 2017	$49.60
	March 2017	$315.52
	April 2017	$893.99
	May 2017	$636.46

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	June 2017	$6,317.90
	July 2017	$3,703.29
	August 2017	$637.65
	September 2017	$2,095.17
	October 2017	$20,473.82
	November 2017	$6,712.87
	December 2017	$731.46
COLLEGE MEDICAL CENTER		
	January 2017	$175.70
	March 2017	$164.91
	May 2017	$137.02
	June 2017	$84.69
	July 2017	$64.60
	October 2017	$107.82
	November 2017	$283.67
	December 2017	$70.71
COMFORT HOSPICE INC		
	October 2017	$2,483.03
COMMUNITY HOSPITAL LONG BEACH		
	February 2017	$79.47
	March 2017	$5,406.56
	April 2017	$49.60
	May 2017	$270.55
	June 2017	$377.47
	August 2017	$640.30
	September 2017	$261.31
	October 2017	$903.66
	November 2017	$1,136.98
	December 2017	$592.70
COMMUNITY HOSPITAL OF HUNTINGTON PARK		
	January 2017	$329.90
	February 2017	$995.80
	March 2017	$6,244.51
	April 2017	$1,977.12
	May 2017	$3,681.87
	June 2017	$1,392.41
	July 2017	$3,730.59
	August 2017	$11,451.42

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	September 2017	$10,411.78
	October 2017	$10,229.61
	November 2017	$1,838.10
	December 2017	$7,131.87
COMMUNITY HOSPITAL OF SAN BERNARDINO		
	September 2017	$63.04
	October 2017	$17.29
CORAM HEALTHCARE CORP OF SO CALIFORNIA		
	March 2017	$1,968.78
	April 2017	$110.78
	May 2017	$913.00
	June 2017	$308.78
	July 2017	$148.45
CORONA OD		
	October 2017	$58.27
CORONA REGIONAL MEDICAL CENTER		
	September 2017	$34.58
COUNTRY VILLA SHERATON NURSING CENTER		
	June 2017	$17,500.00
CRESCENT HEALTHCARE INC		
	January 2017	$748.69
	February 2017	$472.87
	May 2017	$309.60
CRYSTAL HOME HEALTH CARE		
	May 2017	$1,935.39
	June 2017	$2,220.00
	July 2017	$2,270.44
	August 2017	$1,060.28
	September 2017	$475.00
DAVITA TRC USC DLYS CNTR		
	January 2017	$2,857.12
	February 2017	$2,981.14
	March 2017	$3,128.57
	April 2017	$1,925.62
	July 2017	$141.31
	August 2017	$1,993.91
	September 2017	$3,257.67

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	October 2017	$2,987.31
DELTA DRUGS - GLENDALE		
	January 2017	$522.72
	February 2017	$988.04
	March 2017	$2,062.36
	April 2017	$1,834.58
	May 2017	$2,005.08
	June 2017	$1,796.86
	July 2017	$1,456.86
	August 2017	$1,399.95
	September 2017	$2,654.74
	October 2017	$3,006.13
	November 2017	$1,117.64
	December 2017	$2,521.80
DEO MD		
	January 2017	$146.63
DESERT REGIONAL MEDICAL CENTER		
	September 2017	$111.04
DESERT SPRINGS HOSPITAL		
	May 2017	$49.60
	October 2017	$34.58
DIAL PHARMACY		
	June 2017	$461.25
	July 2017	$461.25
DOCTORS DIALYSIS OF EAST LOS ANGELES		
	March 2017	$1,525.41
	April 2017	$2,657.49
	May 2017	$3,860.56
	June 2017	$1,568.18
	July 2017	$4,221.68
	August 2017	$3,016.54
	September 2017	$2,749.05
	October 2017	$2,713.24
DOCTORS MEDICAL CENTER OF MODESTO		
	March 2017	$25.93
	April 2017	$111.25
	June 2017	$51.87

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
DOWNEY CARE CENTER		
	July 2017	$3,451.50
DOWNEY REGIONAL MEDICAL CENTER		
	January 2017	$1,027.45
	February 2017	$2,782.06
	March 2017	$8,392.95
	April 2017	$9,985.13
	May 2017	$10,188.07
	June 2017	$10,503.80
	July 2017	$11,541.26
	August 2017	$4,320.44
	September 2017	$5,988.86
	October 2017	$3,525.37
	November 2017	$2,991.09
	December 2017	$9,086.53
DUHANEY HOME HEALTH CARE		
	October 2017	$10.15
DYNAMICS ORTHOTICS AND PROSTHETICS INC		
	June 2017	$172.50
	October 2017	$633.78
EAST LA PLAZA DIALYSIS		
	January 2017	$4,531.18
	February 2017	$4,025.69
	March 2017	$5,598.60
	April 2017	$5,086.59
	May 2017	$5,116.76
	June 2017	$4,600.06
	July 2017	$6,028.00
	August 2017	$6,863.30
	September 2017	$6,337.81
	October 2017	$4,345.90
	November 2017	$1,413.10
EAST LOS ANGELES DOCTORS HOSPITAL		
	February 2017	$6,642.06
	March 2017	$3,596.39
	April 2017	$220.12
	May 2017	$603.79
	June 2017	$552.91

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	July 2017	$14,060.01
	August 2017	$326.55
	September 2017	$1,355.57
	October 2017	$6,087.18
	November 2017	$16,285.54
	December 2017	$64.49
EDGEPARK MEDICAL SUPPLIES		
	May 2017	$135.03
	June 2017	$123.86
	July 2017	$421.08
	October 2017	$135.03
EL DORADO DIALYSIS		
	April 2017	$255.39
EMERGENCY AMBULANCE SERVICE		
	February 2017	$164.43
	May 2017	$357.26
	June 2017	$137.57
ENCINO REGIONAL MEDICAL CENTER		
	October 2017	$57.60
FIRESTONE BLVD DIALYSIS		
	January 2017	$38.62
	August 2017	$526.68
FIRSTMED AMBULANCE SERVICES		
	April 2017	$156.86
	June 2017	$258.27
	July 2017	$434.42
	August 2017	$303.52
	September 2017	$267.57
	October 2017	$322.71
	November 2017	$160.13
FIVE STAR HOME HOSPICE INC		
	July 2017	$1,020.00
	August 2017	$5,270.00
	September 2017	$3,230.00
FMC DIALYSIS SERVICES OF N LONG BEACH		
	October 2017	$130.00
FMC OF EAST LOS ANGELES		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	January 2017	$961.69
	February 2017	$1,034.14
	March 2017	$1,497.71
	September 2017	$1,969.52
FOOTHILL PRESBYTERIAN HOSPITAL		
	February 2017	$44.87
	March 2017	$49.60
	May 2017	$125.61
FOUNTAIN VALLEY REG HOSP AND MED CTR		
	February 2017	$49.60
	June 2017	$105.52
FOUNTAIN VIEW SUBACUTE & NURSING CENTER		
	March 2017	$203.10
	April 2017	$2,640.30
	May 2017	$1,218.60
	August 2017	$3,873.17
FRESNO COMMUNITY HOSPITAL		
	June 2017	$127.59
	July 2017	$2,345.38
GARFIELD MEDICAL CENTER		
	January 2017	$100.05
	February 2017	$1,156.42
	March 2017	$330.76
	April 2017	$7,183.83
	May 2017	$3,170.79
	June 2017	$362.33
	July 2017	$265.60
	August 2017	$644.65
	September 2017	$270.78
	October 2017	$562.92
	December 2017	$374.99
GLENDALE ADVENTIST MEDICAL CENTER		
	January 2017	$12,741.09
	February 2017	$6,984.57
	March 2017	$22,895.49
	April 2017	$7,207.98
	May 2017	$18,089.79
	June 2017	$2,071.08

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	July 2017	$3,672.36
	August 2017	$5,843.09
	September 2017	$9,332.61
	October 2017	$10,980.48
	November 2017	$49.60
GLENDALE MEMORIAL HOSPITAL		
	January 2017	$3,922.19
	March 2017	$284.33
	April 2017	$519.03
	May 2017	$268.39
	June 2017	$312.70
	July 2017	$272.06
	August 2017	$415.65
	September 2017	$7,215.51
	October 2017	$668.17
	November 2017	$152.74
GOOD SAMARITAN HOSPITAL LOS ANGELES		
	February 2017	$957.79
	March 2017	$1,064.36
	May 2017	$3,162.79
	June 2017	$154.17
	July 2017	$15,893.96
	August 2017	$5,174.64
	September 2017	$1,342.59
	October 2017	$46.93
	November 2017	$1,551.04
	December 2017	$487.67
GREATER EL MONTE COMMUNITY HOSPITAL		
	February 2017	$34.58
	March 2017	$433.30
	April 2017	$4,682.44
	May 2017	$3,084.03
	August 2017	$324.84
	September 2017	$6,068.35
	October 2017	$323.74
	November 2017	$5,165.71
	December 2017	$215.28
GUARDIAN AMBULANCE SERVICE		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	October 2017	$157.25
GUARDIAN REHAB HOSPITAL		
	August 2017	$1,173.52
	October 2017	$4,205.60
HALL AMBULANCE SERVICE INC		
	March 2017	$253.71
HANGER PROSTHETICS & ORTHOTICS WEST INC		
	February 2017	$1,026.74
	April 2017	$1,133.75
	May 2017	$745.34
	June 2017	$1,630.28
	July 2017	$561.07
	August 2017	$670.60
	September 2017	$440.94
	October 2017	$592.14
HAVEN HEALTHCARE - SIGNAL HILL		
	March 2017	$1,007.85
	April 2017	$532.80
	May 2017	$85.57
HEART 2 HEART HOSPICE CARE		
	February 2017	$4,969.16
	March 2017	$5,537.74
	April 2017	$5,423.10
	May 2017	$8,661.79
	June 2017	$10,511.40
	July 2017	$11,416.37
	August 2017	$11,003.14
	September 2017	$9,760.85
	October 2017	$5,501.57
HENRY MAYO NEWHALL MEMORIAL HOSPITAL		
	March 2017	$5,061.06
	September 2017	$7,553.48
	December 2017	$79.01
HOLISTIC CARE HOME HEALTH AGENCY		
	August 2017	$723.44
	September 2017	$2,788.07
	October 2017	$1,010.26
	November 2017	$0.00

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
HOLISTIC HOSPICE		
	February 2017	$4,388.40
	March 2017	$5,914.80
	April 2017	$5,724.00
	May 2017	$5,501.57
	June 2017	$5,724.00
	July 2017	$5,914.80
	August 2017	$572.40
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER		
	February 2017	$9,757.37
	March 2017	$3,808.20
	May 2017	$74.40
	June 2017	$676.39
	July 2017	$6,608.54
	August 2017	$697.64
	September 2017	$987.77
	October 2017	$838.44
	November 2017	$2,374.14
	December 2017	$346.30
HOMETOWN MEDICAL SUPPLIES		
	January 2017	$37.50
	February 2017	$158.44
	August 2017	$105.92
	October 2017	$211.26
HUANG MD		
	January 2017	$7.32
	February 2017	$7.32
	April 2017	$98.90
	May 2017	$203.09
	June 2017	$568.64
	July 2017	$10,006.45
	August 2017	$532.70
HUMAN DESIGNS P & O LABORATORY		
	June 2017	$227.19
HUNTINGTON BEACH HOSPITAL		
	October 2017	$86.98
HUNTINGTON MEMORIAL HOSPITAL		
	January 2017	$114.43

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	February 2017	$1,385.93
	March 2017	$11,332.60
	April 2017	$752.74
	May 2017	$99.20
	June 2017	$5,253.15
	July 2017	$6,362.37
	October 2017	$6,153.85
IDEAL HOME CARE		
	February 2017	$193.12
	March 2017	$60.41
	April 2017	$107.71
	May 2017	$127.85
	June 2017	$115.47
	July 2017	$621.57
	August 2017	$707.50
	September 2017	$80.55
	October 2017	$80.55
IMPERIAL CREST HEALTHCARE CENTER		
	September 2017	$1,400.00
IMPULSE AMBULANCE INC		
	March 2017	$431.53
	April 2017	$699.82
	May 2017	$335.02
	June 2017	$117.81
	July 2017	$944.72
	August 2017	$905.27
INNOVATIVE DIALYSIS CTR OF WEST LA LLC		
	February 2017	$266.43
	March 2017	$585.73
	April 2017	$2,218.12
	May 2017	$892.90
INTERCOMMUNITY HEALTHCARE & REHAB CENTER		
	September 2017	$1,250.96
	October 2017	$9,522.52
INTERCOMMUNITY/CITRUS VLY MED CTR		
	January 2017	$73.07
	February 2017	$6,788.41
	June 2017	$34.58

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	July 2017	$69.16
	August 2017	$34.58
	September 2017	$203.01
	October 2017	$246.81
IOWA STREET DIALYSIS		
	October 2017	$49.08
IV LEAGUE PHARMACY		
	January 2017	$1,265.14
	April 2017	$641.75
	May 2017	$3,785.68
	October 2017	$9,553.34
	November 2017	$12,503.29
JONNALA MD		
	May 2017	$41.02
KAISER HSP ANAHEIM MEDICAL CENTER		
	June 2017	$90.34
	August 2017	$33.50
KAISER HSP BALDWIN PARK		
	March 2017	$137.55
	June 2017	$185.00
	August 2017	$96.34
	September 2017	$49.60
	October 2017	$99.20
	December 2017	$49.60
KAISER HSP CADILLAC AVENUE LOS ANGELES		
	January 2017	$38.99
	April 2017	$634.66
	June 2017	$126.44
	July 2017	$467.64
	August 2017	$1,146.92
	September 2017	$917.06
	October 2017	$568.25
	November 2017	$624.04
	December 2017	$871.56
KAISER HSP DOWNEY MEDICAL CENTER		
	February 2017	$219.65
	April 2017	$45.25
	June 2017	$334.05

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	July 2017	$570.27
	August 2017	$931.94
	September 2017	$734.16
	October 2017	$822.33
	November 2017	$1,012.85
	December 2017	$1,314.80
KAISER HSP PANORAMA CITY		
	April 2017	$70.67
	July 2017	$49.60
	August 2017	$34.58
	September 2017	$71.90
	October 2017	$94.36
	November 2017	$101.74
KAISER HSP RIVERSIDE		
	June 2017	$74.57
	September 2017	$49.60
KAISER HSP SAN DIEGO		
	October 2017	$168.65
KAISER HSP SOUTH BAY MED - HARBOR CITY		
	April 2017	$294.89
	June 2017	$205.44
	July 2017	$233.89
	August 2017	$807.52
	September 2017	$232.51
	October 2017	$303.76
	November 2017	$660.87
	December 2017	$55.44
KAISER HSP W SUNSET BLVD LOS ANGELES		
	January 2017	$37.20
	March 2017	$25.93
	April 2017	$37.20
	May 2017	$140.16
	June 2017	$105.63
	July 2017	$123.50
	August 2017	$120.10
	September 2017	$4,200.62
	October 2017	$463.37
	December 2017	$200.81

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
KAISER HSP WOODLAND HILLS		
	October 2017	$92.41
KECK HOSPITAL OF USC		
	February 2017	$13,834.47
	April 2017	$41.13
	May 2017	$34.58
	June 2017	$337.06
	July 2017	$43,748.79
	August 2017	$19,681.28
	September 2017	$15,338.98
	October 2017	$647.77
	November 2017	$8,835.94
KENNETH HAHN PLAZA DIALYSIS CENTER		
	March 2017	$4,495.15
KING MEDICAL SUPPLY		
	January 2017	$103.59
	March 2017	$454.00
	April 2017	$1,084.30
	May 2017	$1,261.43
	June 2017	$971.94
	July 2017	$887.11
	August 2017	$1,105.84
	September 2017	$956.58
	October 2017	$844.77
LA COMMUNITY HOSPITAL		
	January 2017	$29,767.73
	March 2017	$93.67
	April 2017	$3,375.76
	May 2017	$4,237.57
	June 2017	$113.10
	July 2017	$58.35
	August 2017	$7,168.59
	September 2017	$34.58
	October 2017	$46.94
	November 2017	$102.18
LA PALMA INTERCOMMUNITY HOSPITAL		
	May 2017	$237.25
	August 2017	$2,793.68

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	September 2017	$9,557.33
	October 2017	$10,048.04
LAC HARBOR UCLA MEDICAL CENTER		
	February 2017	$19,349.77
	March 2017	$49.60
	April 2017	$148.80
	May 2017	$440.19
	June 2017	$16,427.60
	July 2017	$3,944.80
	August 2017	$198.40
	September 2017	$297.60
LAC USC MEDICAL CENTER		
	January 2017	$15,669.14
	February 2017	$38,804.99
	March 2017	$699.56
	April 2017	$344.19
	May 2017	$9,238.66
	June 2017	$9,300.83
	July 2017	$25,058.83
	August 2017	$5,921.36
	September 2017	$7,898.73
	October 2017	$1,764.44
LAKEWOOD REGIONAL MEDICAL CENTER		
	January 2017	$232.21
	February 2017	$1,620.43
	March 2017	$14,289.33
	April 2017	$2,787.67
	May 2017	$1,456.91
	June 2017	$1,141.35
	July 2017	$1,536.36
	August 2017	$1,705.68
	September 2017	$2,196.77
	October 2017	$1,578.74
	November 2017	$5,140.40
	December 2017	$785.97
LIFE MEDICAL HOME CARE SERVICES INC		
	January 2017	$2,805.61
	February 2017	$330.70

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	March 2017	$4,515.11
	April 2017	$5,166.98
	May 2017	$2,757.14
	June 2017	$2,591.54
	July 2017	$7,835.97
	August 2017	$3,219.25
	September 2017	$3,424.30
	October 2017	$3,072.71
	November 2017	$633.81
	December 2017	$691.31
LIFECARE SOLUTIONS INC		
	January 2017	$974.21
	February 2017	$884.90
	March 2017	$1,957.16
	April 2017	$1,306.63
	May 2017	$1,816.61
	June 2017	$1,721.31
	July 2017	$1,123.04
	August 2017	$919.99
	September 2017	$1,327.59
	October 2017	$263.45
LIFELINE AMBULANCE		
	March 2017	$181.04
	May 2017	$163.96
LONG BEACH MEM CENTER		
	October 2017	$55.93
	December 2017	$785.42
LONG BEACH MEMORIAL/MILLER CHILDRENS HSP		
	January 2017	$9,530.72
	February 2017	$29,207.23
	March 2017	$148,649.59
	April 2017	$103,060.23
	May 2017	$10,982.93
	June 2017	$66,301.59
	July 2017	$29,430.88
	August 2017	$26,446.96
	September 2017	$61,297.41
	October 2017	$63,572.75

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	November 2017	$26,512.01
	December 2017	$61,696.60
LOS ALAMITOS REGIONAL MEDICAL CENTER		
	February 2017	$102.02
	March 2017	$107.23
	April 2017	$3,283.16
	May 2017	$625.73
	June 2017	$557.00
	July 2017	$168.48
	August 2017	$829.84
	September 2017	$436.34
	October 2017	$481.66
	November 2017	$426.20
	December 2017	$99.20
LOS ANGELES CITY FIRE DEPARTMENT		
	January 2017	$66.20
	May 2017	$69.75
	June 2017	$135.94
	July 2017	$60.87
	August 2017	$209.24
	September 2017	$246.90
	October 2017	$305.88
	November 2017	$418.50
	December 2017	$279.00
LOS ANGELES DIALYSIS CENTER		
	February 2017	$6,446.36
	March 2017	$4,878.19
	April 2017	$4,549.35
	May 2017	$5,176.43
	June 2017	$2,913.51
	July 2017	$4,801.80
	August 2017	$7,274.96
	September 2017	$5,002.74
	October 2017	$4,919.37
	November 2017	$6,988.20
	December 2017	$5,826.69
MARINA DEL REY HOSPITAL		
	February 2017	$121.30

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	May 2017	$99.84
	June 2017	$66.19
	August 2017	$108.26
	September 2017	$145.12
	October 2017	$107.32
	November 2017	$10.45
MARTIN LUTHER KING JR		
	January 2017	$6,504.60
	February 2017	$832.67
	March 2017	$5,797.20
	April 2017	$11,487.00
	May 2017	$6,674.75
	June 2017	$1,245.87
	July 2017	$1,261.76
	August 2017	$11,121.82
	September 2017	$3,090.43
	October 2017	$12,294.79
	November 2017	$6,036.61
	December 2017	$31,611.44
MED LASER SURGERY CENTER		
	January 2017	$186.15
	February 2017	$186.15
	March 2017	$1,013.49
	December 2017	$210.72
MEDICORX SPECIALTY PHARMACY		
	April 2017	$1,420.90
	May 2017	$1,870.79
	June 2017	$3,580.93
	July 2017	$6,131.26
	August 2017	$7,636.41
	September 2017	$1,686.30
MEDREACH AMBULANCE SERVICE INC		
	May 2017	$275.45
	June 2017	$182.10
	July 2017	$189.20
	August 2017	$857.25
	September 2017	$178.55
	October 2017	$572.20

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
MEDRESPONSE INC		
	October 2017	$160.41
MEMORIAL HOSPITAL OF GARDENA		
	February 2017	$177.04
	March 2017	$100.78
	April 2017	$129.79
	May 2017	$176.98
	June 2017	$411.95
	July 2017	$3,993.25
	August 2017	$963.32
	September 2017	$32,061.64
	October 2017	$686.39
	November 2017	$850.80
	December 2017	$20,223.46
MERCY HOSPITAL OF BAKERSFIELD		
	April 2017	$139.33
	May 2017	$62.77
	July 2017	$37.20
METHODIST HOSPITAL OF SO CA		
	February 2017	$210.50
	April 2017	$15,997.20
	May 2017	$12,501.33
	June 2017	$34.58
	July 2017	$84.18
	August 2017	$211.07
	September 2017	$7,663.02
	October 2017	$418.72
MIMBRES MEMORIAL HOSPITAL		
	July 2017	$60.85
MIRACLE HOME HEALTH CARE INC		
	June 2017	$7.66
	July 2017	$4,496.04
	August 2017	$3,861.14
	September 2017	$2,229.58
	October 2017	$1,082.31
	November 2017	$529.30
	December 2017	$450.49
MIRACLE MILE HOSPICE CARE INC		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	September 2017	$9,573.29
	October 2017	$6,988.33
	November 2017	$4,796.82
	December 2017	$3,487.73
MONTEBELLO CARE CENTER		
	May 2017	$4,875.00
MONTEREY PARK DIALYSIS CENTER		
	January 2017	$3,506.73
	February 2017	$3,792.28
	April 2017	$4,009.37
	May 2017	$2,818.71
MONTEREY PARK HOSPITAL		
	January 2017	$275.39
	February 2017	$15,420.21
	March 2017	$13,959.34
	April 2017	$2,441.33
	May 2017	$4,081.43
	June 2017	$2,802.51
	July 2017	$6,634.69
	August 2017	$2,553.61
	September 2017	$2,398.23
	October 2017	$1,640.32
	November 2017	$854.32
	December 2017	$532.07
MOSTOFI MD		
	August 2017	$70.29
	September 2017	$690.25
	October 2017	$938.40
M-S SURGERY CENTER		
	May 2017	$440.77
	June 2017	$763.59
	August 2017	$1,447.51
NEW DIMENSION HOME CARE		
	May 2017	$132.83
	June 2017	$420.55
NORTHRIDGE HOSPITAL ROSCOE BLVD		
	February 2017	$86.00
	March 2017	$84.18

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	April 2017	$184.84
	May 2017	$73.93
	June 2017	$140.70
	September 2017	$438.39
	October 2017	$336.83
NORWALK COMMUNITY HOSPITAL		
	January 2017	$33.71
	February 2017	$181.40
	April 2017	$73.76
	June 2017	$34.58
	July 2017	$178.74
	August 2017	$9,707.86
	September 2017	$9,111.24
	October 2017	$34.58
NOVERO MD		
	January 2017	$5,059.57
	February 2017	$10,481.30
	March 2017	$5,059.59
	April 2017	$5,059.68
	May 2017	$10,141.92
	June 2017	$5,513.24
	July 2017	$5,515.58
OCEAN SIDE HOME HEALTH SERVICES INC		
	August 2017	$137.68
	September 2017	$284.20
OCULAR PROSTHETICS INC		
	June 2017	$31.96
	August 2017	$31.96
OLYMPIA MED CTR DBA MIDWAY HOSPITAL		
	February 2017	$34.58
	March 2017	$659.63
	April 2017	$6,348.84
	May 2017	$570.76
	June 2017	$15,692.31
	July 2017	$3,912.63
	August 2017	$755.45
	September 2017	$6,549.22
	October 2017	$3,923.98

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	November 2017	$302.70
	December 2017	$99.20
ONLINE RADIOLOGY MEDICAL GROUP		
	February 2017	$51.11
	March 2017	$77.96
ORTHO ENGINEERING INC		
	February 2017	$258.38
	March 2017	$211.26
	May 2017	$479.70
	June 2017	$454.38
	July 2017	$168.00
	August 2017	$152.80
	September 2017	$152.80
	October 2017	$479.70
PACIFIC ALLIANCE MEDICAL CENTER		
	January 2017	$7,617.14
	February 2017	$300.70
	March 2017	$17,939.67
	April 2017	$8,845.56
	May 2017	$10,662.86
	June 2017	$4,959.07
	July 2017	$799.70
	August 2017	$3,225.22
	September 2017	$4,029.14
PACIFICA HOSPITAL OF THE VALLEY		
	August 2017	$139.32
	October 2017	$49.60
	November 2017	$68.85
	December 2017	$69.16
PALMDALE REGIONAL MEDICAL CENTER		
	March 2017	$61.97
	May 2017	$389.42
	July 2017	$277.95
	August 2017	$99.20
	September 2017	$142.54
	October 2017	$461.06
	November 2017	$357.66
	December 2017	$49.60

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
PARAMOUNT DIALYSIS CENTER		
	March 2017	$2,130.43
	April 2017	$2,230.13
	May 2017	$1,982.29
	June 2017	$1,932.10
	July 2017	$2,930.31
	August 2017	$2,521.41
	September 2017	$2,593.30
	October 2017	$2,543.97
	November 2017	$2,418.83
PERITONEAL DIALYSIS CENTER		
	July 2017	$1,082.40
	November 2017	$1,082.40
PLACENTIA LINDA HOSPITAL		
	March 2017	$169.03
	May 2017	$49.60
PLAZA HOME CARE PHARMACY		
	October 2017	$1,683.89
	November 2017	$0.00
PREMIER DIALYSIS CENTER		
	January 2017	$277.39
	May 2017	$3,066.00
	June 2017	$2,398.86
	July 2017	$1,996.99
	August 2017	$348.12
	September 2017	$2,381.09
	October 2017	$723.36
	November 2017	$1,832.94
PREMIER INFUSION CARE PHARMACY		
	July 2017	$185.18
	August 2017	$202.62
PRESBYTERIAN INTERCOMMUNITY HOSPITAL		
	January 2017	$4,036.94
	February 2017	$13,337.28
	March 2017	$10,756.29
	April 2017	$1,845.19
	May 2017	$3,284.01
	June 2017	$16,910.82

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	July 2017	$11,246.10
	August 2017	$10,383.74
	September 2017	$6,045.72
	October 2017	$9,610.90
	November 2017	$1,932.04
	December 2017	$2,920.97
PROMISE HOSPICE INC		
	June 2017	$4,625.20
PROVIDENCE HOLY CROSS MEDICAL CENTER		
	March 2017	$66.91
	May 2017	$757.13
	June 2017	$42,563.87
	July 2017	$51,765.42
	September 2017	$115.20
	October 2017	$49.60
	November 2017	$164.79
PROVIDENCE LCM SAN PEDRO HOSPITAL		
	February 2017	$4,597.50
	March 2017	$1,357.64
	April 2017	$993.31
	May 2017	$1,293.66
	June 2017	$833.33
	July 2017	$172.96
	August 2017	$8,578.66
	September 2017	$114.09
	October 2017	$946.12
	November 2017	$966.70
	December 2017	$1,040.57
PROVIDENCE LCM TORRANCE		
	February 2017	$9,493.59
	March 2017	$519.68
	April 2017	$361.06
	May 2017	$16,398.70
	June 2017	$69.16
	July 2017	$339.09
	August 2017	$336.80
	September 2017	$16,977.31
	October 2017	$36,304.21

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	November 2017	$16,425.92
	December 2017	$122.37
PROVIDENCE ST JOHNS HOSP AND HEALTH CTR		
	March 2017	$3,541.46
	April 2017	$117.48
	July 2017	$55.63
	August 2017	$73.84
PROVIDENCE ST JOSEPH MED CENTER- BURBANK		
	March 2017	$215.23
	April 2017	$212.73
	June 2017	$224.89
	September 2017	$213.29
	November 2017	$99.20
PROVIDENCE TARZANA MEDICAL CENTER		
	March 2017	$516.82
	May 2017	$640.37
	July 2017	$318.41
	September 2017	$1,757.21
	October 2017	$2,298.18
	November 2017	$49.60
PROVIDENCE TRINITYCARE HOSPICE		
	November 2017	$1,580.11
	December 2017	$6,997.63
PSP MEDICAL RENTAL AND SALES		
	February 2017	$63.22
QUEEN OF THE VALLEY CITRUS VLY MED CTR		
	February 2017	$269.61
	March 2017	$290.83
	April 2017	$172.11
	May 2017	$9,907.14
	July 2017	$420.06
	August 2017	$332.99
	September 2017	$571.69
	October 2017	$472.09
	November 2017	$79.40
RAI COMPTON LOS ANGELES		
	October 2017	$195.12

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
RAI EAST OLYMPIC LOS ANGELES		
	February 2017	$2,977.58
	March 2017	$2,884.29
	April 2017	$3,826.82
	May 2017	$2,955.27
	June 2017	$2,050.98
	July 2017	$3,153.31
	August 2017	$2,548.54
	September 2017	$1,568.62
	October 2017	$2,176.86
	November 2017	$649.92
RANCHO SPRINGS MED CTR - WILDOMAR		
	June 2017	$41.79
REDLANDS COMMUNITY HOSPITAL		
	June 2017	$49.60
REGIONAL DIAGNOSTIC IMAGING		
	April 2017	$24.30
RESCUE SERVICES INTERNATIONAL		
	July 2017	$223.05
RONALD REAGAN UCLA MEDICAL CENTER		
	March 2017	$95.79
	September 2017	$63.20
	October 2017	$49.60
ROYAL MAJESTY HOME CARE INC		
	April 2017	$75.76
	May 2017	$652.38
	June 2017	$897.41
	July 2017	$554.48
RTC CA IMPERIAL CARE DYLS		
	February 2017	$630.60
	June 2017	$2,673.49
	July 2017	$2,500.57
	August 2017	$2,127.76
	September 2017	$2,011.92
	October 2017	$2,233.50
	November 2017	$765.90
	December 2017	$1,719.08
SAN ANTONIO REGIONAL HOSPITAL		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	March 2017	$24.80
SAN DIMAS COMMUNITY HOSPITAL		
	February 2017	$49.60
	May 2017	$6,514.34
	August 2017	$52.44
SAN GABRIEL VALLEY MEDICAL CENTER		
	January 2017	$232.66
	February 2017	$71.57
	March 2017	$533.21
	April 2017	$216.90
	July 2017	$299.26
	August 2017	$319.49
	October 2017	$58.79
SANTA CLARITA KIDNEY CTR		
	October 2017	$2,738.22
	November 2017	$2,618.70
	December 2017	$2,548.64
SANTA MONICA UCLA MEDICAL CENTER		
	March 2017	$11,360.32
	April 2017	$286.89
	May 2017	$741.42
	July 2017	$956.42
	August 2017	$453.89
	September 2017	$362.00
	November 2017	$142.39
SCH AT BROTMAN IN CULVER CITY		
	February 2017	$320.28
	April 2017	$33,398.34
	May 2017	$37.20
	June 2017	$9,494.07
	July 2017	$124.55
	August 2017	$308.04
	September 2017	$97.20
	December 2017	$73.40
SCH AT HOLLYWOOD		
	February 2017	$3,922.19
	July 2017	$4,056.88
SCHAEFER AMB SVCS LOS ANGELES		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	May 2017	$243.49
	June 2017	$404.65
	July 2017	$94.60
	October 2017	$266.23
SERENITY HOME HEALTH CARE INC		
	March 2017	$1,303.32
	April 2017	$239.68
	May 2017	$153.76
	June 2017	$1,258.64
	July 2017	$1,007.16
	August 2017	$1,518.52
	September 2017	$1,049.64
SHAH MD		
	May 2017	$15.60
SHARON CARE CENTER		
	October 2017	$1,233.03
SHARP CHULA VISTA HOSPITAL		
	May 2017	$32.49
SHERMAN OAKS HOSPITAL HEALTH CENTER		
	March 2017	$17.29
	August 2017	$41.62
	September 2017	$71.89
SHIELD CALIFORNIA HEALTHCARE CENTER INC		
	January 2017	$2,503.15
	February 2017	$1,265.96
	March 2017	$1,512.57
	April 2017	$2,275.41
	May 2017	$888.69
	June 2017	$1,069.65
	July 2017	$1,517.40
	August 2017	$692.85
	September 2017	$2,841.90
	October 2017	$1,013.50
	November 2017	$514.64
	December 2017	$514.64
SHORELINE HEALTHCARE CENTER		
	August 2017	$1,514.80
	September 2017	$5,148.32

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	October 2017	$5,869.85
SILVER LAKE MEDICAL CENTER		
	October 2017	$90.08
SMH - CHULA VISTA		
	June 2017	$49.94
	July 2017	$230.81
ST BERNARDINE MEDICAL CENTER		
	September 2017	$247.06
ST FRANCIS RADIOLOGY MED GRP		
	April 2017	$16.55
ST JUDE MEDICAL CENTER		
	May 2017	$48.08
	October 2017	$34.58
	November 2017	$144.71
ST MARY MED CTR - LONG BEACH		
	January 2017	$3,258.81
	February 2017	$11,050.74
	March 2017	$899.00
	April 2017	$4,415.00
	May 2017	$5,942.15
	June 2017	$1,584.37
	July 2017	$5,563.77
	August 2017	$2,082.37
	September 2017	$16,153.07
	October 2017	$12,429.73
	November 2017	$1,287.50
	December 2017	$11,977.04
ST MARY REG MED CTR APPLE VALLEY		
	June 2017	$103.77
ST VINCENT MEDICAL CENTER - LOS ANGELES		
	January 2017	$6,811.95
	February 2017	$70,063.14
	March 2017	$5,790.01
	April 2017	$18,726.82
	May 2017	$29,230.03
	June 2017	$51,336.12
	July 2017	$65,230.21

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	August 2017	$100,648.30
	September 2017	$24,971.69
	October 2017	$19,544.36
	November 2017	$9,317.09
	December 2017	$30,846.62
SUPER CARE INC		
	January 2017	$78.56
	February 2017	$200.08
	March 2017	$303.46
	April 2017	$102.47
	May 2017	$223.30
	June 2017	$157.88
	July 2017	$1,308.44
	August 2017	$682.92
	September 2017	$424.76
	October 2017	$1,138.50
TORRANCE MEMORIAL MEDICAL CENTER		
	January 2017	$103.08
	February 2017	$403.43
	March 2017	$3,986.58
	April 2017	$451.20
	May 2017	$756.09
	June 2017	$1,278.58
	July 2017	$532.46
	August 2017	$3,583.25
	September 2017	$1,528.94
	October 2017	$1,254.70
	November 2017	$407.47
	December 2017	$5,993.00
TRI CITY MEDICAL CENTER		
	March 2017	$8,612.10
TRUE CARE HOSPICE		
	May 2017	$190.80
	June 2017	$4,800.00
	July 2017	$5,180.56
	August 2017	$5,501.57
	September 2017	$4,800.00
	October 2017	$4,960.00

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	November 2017	$3,750.00
	December 2017	$4,960.00
UNIVERSITY PARK DIALYSIS CENTER		
	January 2017	$1,532.92
	February 2017	$2,298.20
	March 2017	$2,497.46
	April 2017	$1,706.71
	May 2017	$2,561.72
	June 2017	$2,647.91
	July 2017	$3,010.14
	August 2017	$2,360.84
	September 2017	$2,442.57
	October 2017	$2,604.32
VALLEY HOME MEDICAL SUPPLY		
	January 2017	$566.40
	February 2017	$352.31
	March 2017	$720.10
	April 2017	$154.56
	May 2017	$2,620.88
	June 2017	$290.73
	July 2017	$370.12
	August 2017	$457.63
	September 2017	$315.14
	October 2017	$321.62
	November 2017	$15.99
VALLEY HOSPITAL MED CTR		
	March 2017	$100.62
	July 2017	$297.41
VALLEY PRESBYTERIAN HOSPITAL		
	February 2017	$30.27
	May 2017	$18,658.36
	August 2017	$337.88
	December 2017	$219.89
VATANPARAST MD		
	August 2017	$35.88
	September 2017	$158.62
	October 2017	$114.84
VICTORY EMERG PHYS MED GRP INC		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	March 2017	$15.60
	July 2017	$15.60
WALGREENS - OPTION CARE BURBANK		
	January 2017	$293.25
	February 2017	$145.48
	March 2017	$253.48
	June 2017	$513.61
	July 2017	$531.06
	August 2017	$531.06
	October 2017	$531.06
WEST ANAHEIM MEDICAL CTR		
	March 2017	$138.82
WEST BOUNTIFUL DIALYSIS		
	August 2017	$583.91
WESTERN CONVALESCENT HOSPITAL		
	February 2017	$375.81
	March 2017	$987.00
WESTERN DRUG MEDICAL SUPPLY		
	July 2017	$53.46
	August 2017	$170.71
	September 2017	$140.71
	November 2017	$55.07
WESTMED DBA MCCORMICK AMBULANCE		
	February 2017	$226.04
	March 2017	$1,112.30
	April 2017	$526.47
	May 2017	$246.53
	June 2017	$567.40
	July 2017	$1,453.03
	August 2017	$362.45
	September 2017	$1,069.94
	October 2017	$1,890.13
	November 2017	$278.81
	December 2017	$851.31
WHITE MEMORIAL HOSP MED CTR		
	January 2017	$116,609.82
	February 2017	$219,253.22
	March 2017	$266,036.92

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	April 2017	$69,840.82
	May 2017	$153,213.88
	June 2017	$85,259.26
	July 2017	$113,743.11
	August 2017	$93,996.72
	September 2017	$53,511.69
	October 2017	$170,396.13
	November 2017	$17,044.61
	December 2017	$877.00
WHITE MEMORIAL MEDICAL PLAZA		
	March 2017	$310.66
	April 2017	$322.13
	May 2017	$3,528.76
	June 2017	$953.21
	July 2017	$646.38
	August 2017	$268.74
	September 2017	$970.57
	October 2017	$734.63
WHITTIER DIALYSIS CENTER		
	November 2017	$2,141.75
	December 2017	$2,210.29
WHITTIER HOSPITAL MEDICAL CENTER		
	January 2017	$22,628.12
	February 2017	$4,581.54
	March 2017	$1,761.73
	April 2017	$1,009.10
	May 2017	$2,575.78
	June 2017	$1,136.73
	July 2017	$15,169.39
	August 2017	$4,154.77
	September 2017	$1,070.90
	October 2017	$1,818.14
	November 2017	$1,573.72
	December 2017	$3,954.78
ZHANG MD		
	January 2017	$60.19
	February 2017	$80.26
	March 2017	$4,648.35

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	April 2017	$5,277.75
	May 2017	$9,023.00
	June 2017	$6,627.30
	July 2017	$6,484.04
	August 2017	$8,584.09
	September 2017	$8,663.60
	October 2017	$5,657.26
	November 2017	$574.54
	December 2017	$2,089.94
	Subtotal:	**$6,111,420.15**
TP		
HEALTH NET CALMEDICONNECT		
ADVANCED DIABETES SUPPLY		
	March 2017	$327.95
	April 2017	$140.55
	May 2017	$98.20
	June 2017	$321.60
	July 2017	$93.70
	August 2017	$154.05
	September 2017	$243.25
	October 2017	$51.35
	November 2017	$107.20
	December 2017	$368.45
ALHAMBRA HOSPITAL MEDICAL CENTER		
	April 2017	$402.08
AMBULNZ HEALTH LLC		
	October 2017	$645.63
AMBUSERVE INC		
	August 2017	$427.56
CARE AMBULANCE SERVICE INC- ORANGE		
	June 2017	$506.00
CENTINELA HOSPITAL MEDICAL CENTER		
	August 2017	$6,747.42
COAST PLAZA HOSPITAL		
	September 2017	$10,567.07
COMMUNITY HOSPITAL LONG BEACH		
	August 2017	$202.72

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET CALMEDICONNECT		
COMMUNITY HOSPITAL OF HUNTINGTON PARK		
	August 2017	$450.73
	September 2017	$844.79
DOWNEY REGIONAL MEDICAL CENTER		
	April 2017	$456.07
	September 2017	$731.51
	November 2017	$7,609.21
HUNTINGTON PARK NURSING CENTER		
	October 2017	$1,380.00
IDEAL HOME CARE		
	January 2017	$26.84
	February 2017	$5.01
	March 2017	$5.01
	April 2017	$5.01
	May 2017	$5.01
	June 2017	$5.01
	July 2017	$5.01
	August 2017	$5.01
	September 2017	$5.01
	October 2017	$5.01
	November 2017	$5.01
INTERCOMMUNITY/CITRUS VLY MED CTR		
	August 2017	$369.45
	September 2017	$396.38
LIFE MEDICAL HOME CARE SERVICES INC		
	January 2017	$75.76
	February 2017	$75.76
	March 2017	$75.76
	July 2017	$75.76
	August 2017	$75.76
	September 2017	$125.10
	October 2017	$75.76
LINKIA LLC		
	March 2017	$184.65
MARTIN LUTHER KING JR		
	February 2017	$11,616.87
	April 2017	$997.22

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET CALMEDICONNECT		
MEMORIAL HOSPITAL OF GARDENA		
	June 2017	$616.69
MONTEREY PARK HOSPITAL		
	January 2017	$1,094.68
PROVIDENCE HOLY CROSS MEDICAL CENTER		
	May 2017	$9,091.03
ST MARY MED CTR - LONG BEACH		
	May 2017	$3,997.22
VALLEY HOME MEDICAL SUPPLY		
	January 2017	$37.88
	February 2017	$37.88
	March 2017	$32.75
	April 2017	$32.75
	May 2017	$32.75
WHITE MEMORIAL HOSP MED CTR		
	January 2017	$19,539.66
	March 2017	$239.66
WHITTIER HOSPITAL MEDICAL CENTER		
	January 2017	$2,845.69
	Subtotal:	**$84,696.90**
TP		
HEALTH NET SENIORITY PLUS		
ACTIVE LIFE ORTHOTICS & PROSTHETICS		
	June 2017	$961.89
	November 2017	$1,133.61
ADVANCED DIABETES SUPPLY		
	January 2017	$752.85
	February 2017	$1,839.58
	March 2017	$1,354.80
	April 2017	$1,138.58
	May 2017	$1,332.36
	June 2017	$1,821.41
	July 2017	$1,377.45
	August 2017	$1,904.67
	September 2017	$1,984.23
	October 2017	$1,244.95
	November 2017	$2,948.08

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET SENIORITY PLUS		
	December 2017	$1,751.55
ALEXANDRIA CARE CENTER		
	January 2017	$15,471.36
AMBULNZ HEALTH LLC		
	September 2017	$536.85
AMBUSERVE INC		
	November 2017	$502.05
AMERICAN MED RESPONSE OF SO CALIFORNIA		
	June 2017	$397.07
AMERICARE AMBULANCE SERVICE		
	July 2017	$180.00
APRIA HEALTHCARE INC		
	January 2017	$519.73
	February 2017	$1,177.73
	March 2017	$1,632.04
	April 2017	$726.63
	May 2017	$413.20
	June 2017	$350.36
	July 2017	$525.54
	August 2017	$1,728.59
	September 2017	$679.42
	October 2017	$667.22
	November 2017	$523.27
	December 2017	$769.47
ATLANTIC PHARMACY - CHENG		
	February 2017	$2.27
BAKER EMERGENCY MED SERVICES		
	August 2017	$264.59
BEVERLY HOSPITAL		
	January 2017	$16,445.87
	February 2017	$7,528.13
	April 2017	$9,523.54
	September 2017	$390.05
	November 2017	$7,418.26
BROADWAY MANOR CARE CENTER		
	June 2017	$3,001.76
	July 2017	$1,210.68

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET SENIORITY PLUS		
BYRAM HEALTHCARE		
	July 2017	$29.71
CALIFORNIA HOSPITAL MEDICAL CENTER		
	January 2017	$21,155.48
	July 2017	$21,390.92
	September 2017	$375.05
CARE AMBULANCE SERVICE INC- ORANGE		
	April 2017	$238.50
	May 2017	$793.04
	August 2017	$454.28
	September 2017	$443.50
	October 2017	$1,253.19
	November 2017	$577.10
CEDARS SINAI MEDICAL CENTER		
	October 2017	$931.99
CHOICE HOME MEDICAL SUPPLIES		
	January 2017	$211.00
	February 2017	$232.78
	March 2017	$215.00
	April 2017	$242.00
	May 2017	$215.00
	July 2017	$215.00
	August 2017	$18.06
CITY OF LONG BEACH FIRE DEPT		
	January 2017	$243.42
COAST PLAZA HOSPITAL		
	April 2017	$12,651.20
COLLEGE MEDICAL CENTER		
	January 2017	$6,253.18
	February 2017	$5,454.77
COMMUNITY HOSPITAL OF HUNTINGTON PARK		
	March 2017	$554.40
	April 2017	$13,156.81
	July 2017	$1,802.08
	October 2017	$13,437.57
	November 2017	$8,473.53
	December 2017	$155.90
CORAM HEALTHCARE CORP OF SO CALIFORNIA		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET SENIORITY PLUS		
	June 2017	$805.05
	July 2017	$364.82
CRYSTAL HOME HEALTH CARE		
	April 2017	$265.00
DOWNEY REGIONAL MEDICAL CENTER		
	March 2017	$42,769.28
	April 2017	$9,842.86
	May 2017	$22,213.06
	June 2017	$5,101.63
	July 2017	$10,269.65
	August 2017	$33,929.01
	September 2017	$1,502.94
	October 2017	$17,120.78
	November 2017	$57,034.15
	December 2017	$29,781.91
DREIERS NURSING CARE CENTER		
	July 2017	$5,400.00
	August 2017	$8,500.00
DYNAMICS ORTHOTICS AND PROSTHETICS INC		
	November 2017	$315.40
EAST LA EMERGENCY PHYSICIANS		
	December 2017	$65.97
EAST LOS ANGELES DOCTORS HOSPITAL		
	May 2017	$17,076.64
	November 2017	$1,674.47
	December 2017	$52.89
EDGEPARK MEDICAL SUPPLIES		
	May 2017	$27.09
	June 2017	$16.64
	July 2017	$34.35
	August 2017	$153.01
	September 2017	$56.84
	October 2017	$70.83
	November 2017	$55.34
	December 2017	$17.71
FMC EUCALUPTUS JV		
	January 2017	$2,706.33

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET SENIORITY PLUS		
	February 2017	$3,169.20
	March 2017	$3,697.40
	April 2017	$3,078.24
	May 2017	$3,697.40
	June 2017	$3,169.20
	July 2017	$3,433.30
	August 2017	$3,411.56
	September 2017	$3,435.77
	October 2017	$2,598.44
	November 2017	$2,589.99
	December 2017	$2,792.44
GARFIELD MEDICAL CENTER		
	August 2017	$7,558.73
GLENDALE MEMORIAL HOSPITAL		
	June 2017	$16,335.84
GREATER EL MONTE COMMUNITY HOSPITAL		
	June 2017	$14,516.63
HANGER PROSTHETICS & ORTHOTICS WEST INC		
	March 2017	$517.09
	April 2017	$340.08
	May 2017	$460.41
	June 2017	$193.58
	August 2017	$727.24
	October 2017	$1,020.25
	November 2017	$266.82
HAVEN HEALTHCARE - SIGNAL HILL		
	June 2017	$220.52
	July 2017	$127.20
	August 2017	$141.84
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER		
	January 2017	$26,177.11
	February 2017	$11,752.41
	March 2017	$17,467.76
	October 2017	$10,781.26
HUMAN DESIGNS P & O LABORATORY		
	September 2017	$386.06
	November 2017	$386.06

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET SENIORITY PLUS		
HUNTINGTON MEMORIAL HOSPITAL		
	March 2017	$10,408.54
	June 2017	$8,573.93
HUNTINGTON PARK NURSING CENTER		
	June 2017	$7,080.50
IDEAL HOME CARE		
	January 2017	$30.67
	February 2017	$5.01
	March 2017	$30.67
	April 2017	$5.01
	May 2017	$5.01
IMPULSE AMBULANCE INC		
	May 2017	$326.78
	June 2017	$253.88
	July 2017	$243.42
	August 2017	$272.58
IV LEAGUE PHARMACY		
	February 2017	$224.00
JAVARI DPM		
	January 2017	$313.22
	September 2017	$313.22
	October 2017	$313.22
KENNETH HAHN PLAZA DIALYSIS CENTER		
	January 2017	$3,664.89
	February 2017	$3,295.56
	March 2017	$3,977.40
	April 2017	$2,780.16
	May 2017	$4,198.24
	June 2017	$3,363.89
	July 2017	$3,890.12
	August 2017	$3,889.99
	September 2017	$3,320.95
	October 2017	$3,927.82
	November 2017	$3,359.72
	December 2017	$4,224.22
KING MEDICAL SUPPLY		
	January 2017	$80.72
	February 2017	$80.72

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET SENIORITY PLUS		
	March 2017	$80.72
	April 2017	$33.42
	May 2017	$33.42
	June 2017	$244.78
	July 2017	$201.74
	August 2017	$179.84
	September 2017	$89.92
	October 2017	$89.92
	November 2017	$89.92
LA COMMUNITY HOSPITAL		
	June 2017	$7,096.34
	November 2017	$16,940.72
LAKEWOOD REGIONAL MEDICAL CENTER		
	January 2017	$1,291.16
	February 2017	$47,942.41
	April 2017	$38,493.26
	June 2017	$14,158.01
	July 2017	$470.90
LAMBERT RADIOLOGY MED GRP		
	December 2017	$19.98
LEE DPM		
	March 2017	$30.04
	August 2017	$106.99
	October 2017	$400.10
LIFE MEDICAL HOME CARE SERVICES INC		
	January 2017	$101.16
	February 2017	$197.69
	March 2017	$3,066.07
	April 2017	$763.50
	May 2017	$178.58
	June 2017	$1,694.47
	July 2017	$517.01
	August 2017	$1,360.69
	September 2017	$869.34
	October 2017	$2,001.41
	November 2017	$608.68
	December 2017	$10,465.15
LIFECARE SOLUTIONS INC		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET SENIORITY PLUS		
	January 2017	$805.87
	February 2017	$124.83
	March 2017	$81.55
	April 2017	$0.00
	May 2017	$358.20
	June 2017	$378.01
	July 2017	$381.06
	August 2017	$359.11
LIFELINE AMBULANCE		
	January 2017	$370.00
	February 2017	$372.98
	July 2017	$209.00
	September 2017	$165.00
LONG BEACH MEMORIAL/MILLER CHILDRENS HSP		
	January 2017	$339.20
	February 2017	$97.89
	April 2017	$453.43
	June 2017	$222.18
	August 2017	$21,945.87
	September 2017	$454.42
	November 2017	$28,283.69
	December 2017	$16,617.75
LONG BEACH QUEST DIALYSIS CTR		
	January 2017	$2,429.64
	February 2017	$2,950.92
	March 2017	$3,024.84
	April 2017	$3,042.48
	May 2017	$1,758.40
	June 2017	$2,918.52
	July 2017	$3,900.00
	August 2017	$3,247.01
	September 2017	$3,004.68
	October 2017	$3,600.00
	November 2017	$2,950.92
	December 2017	$4,047.12
LOS ALAMITOS REGIONAL MEDICAL CENTER		
	July 2017	$1,576.20
LOS ANGELES CITY FIRE DEPARTMENT		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET SENIORITY PLUS		
	March 2017	$572.41
LYNWOOD HEALTHCARE CENTER		
	January 2017	$4,329.52
	February 2017	$7,925.00
	March 2017	$6,560.00
	June 2017	$5,780.00
	July 2017	$4,910.00
MED LASER SURGERY CENTER		
	October 2017	$1,111.30
MED-LIFE AMBULANCE SERVICES INC		
	January 2017	$261.58
MEMORIAL HOSPITAL OF GARDENA		
	September 2017	$8,565.57
	October 2017	$1,532.42
	November 2017	$591.95
	December 2017	$3,079.95
MIRACLE HOME HEALTH CARE INC		
	July 2017	$2,200.00
	August 2017	$1,390.00
	September 2017	$2,420.00
	October 2017	$2,345.00
	November 2017	$2,615.00
	December 2017	$660.00
MONTEBELLO CARE CENTER		
	September 2017	$13,433.90
	October 2017	$8,239.04
	November 2017	$12,959.56
MONTEREY PARK HOSPITAL		
	May 2017	$740.95
NORWALK COMMUNITY HOSPITAL		
	February 2017	$2,797.52
ORTHO ENGINEERING INC		
	March 2017	$143.93
	May 2017	$21.60
	July 2017	$380.09
	October 2017	$380.09
PACIFIC ALLIANCE MEDICAL CENTER		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET SENIORITY PLUS		
	February 2017	$26,974.27
PREMIER MEDICAL TRANSPORT		
	October 2017	$445.88
PRESBYTERIAN INTERCOMMUNITY HOSPITAL		
	May 2017	$0.00
	June 2017	$16,680.50
	December 2017	$219.01
PROVIDENCE HOLY CROSS MEDICAL CENTER		
	June 2017	$11,082.27
	July 2017	$12,711.51
PROVIDENCE LCM SAN PEDRO HOSPITAL		
	January 2017	$8,490.58
	May 2017	$8,937.96
	August 2017	$52.89
PROVIDENCE ST JOHNS HOSP AND HEALTH CTR		
	April 2017	$895.89
PROVIDENCE TARZANA MEDICAL CENTER		
	December 2017	$375.05
RADADVANTAGE APC		
	October 2017	$95.53
RAI COMPTON LOS ANGELES		
	February 2017	$323.24
	October 2017	$4,216.42
	November 2017	$4,200.04
	December 2017	$4,532.64
RAI EAST OLYMPIC LOS ANGELES		
	February 2017	$3,536.61
	March 2017	$3,874.92
	April 2017	$5,121.12
	May 2017	$4,441.64
	June 2017	$4,209.28
	July 2017	$4,208.88
	August 2017	$4,464.51
	September 2017	$3,438.50
REDONDO EMERGENCY PHYSICIANS INC		
	October 2017	$65.97
	November 2017	$184.31

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET SENIORITY PLUS		
ROSE VILLA HEALTHCARE CENTER		
	June 2017	$1,095.00
ROYAL MAJESTY HOME CARE INC		
	January 2017	$1,551.56
	February 2017	$593.78
	March 2017	$1,512.99
	June 2017	$1,276.56
SATELLITE DIALYSIS OF SOUTH GATE		
	January 2017	$3,390.82
	February 2017	$3,247.56
	March 2017	$2,610.53
	April 2017	$3,575.00
	May 2017	$3,284.40
	June 2017	$2,640.00
	July 2017	$2,640.00
	August 2017	$4,872.56
	September 2017	$2,750.00
	October 2017	$3,300.00
	November 2017	$2,420.00
	December 2017	$2,860.00
SCHAEFER AMB SVCS LOS ANGELES		
	October 2017	$271.88
SERENITY HOME HEALTH CARE INC		
	February 2017	$2,970.00
	March 2017	$1,620.00
	April 2017	$1,350.36
	May 2017	$1,485.00
	July 2017	$1,065.00
	August 2017	$360.00
SOLEYMANI DPM		
	October 2017	$315.73
ST MARY MED CTR - LONG BEACH		
	January 2017	$2,093.09
	November 2017	$767.71
SUPER CARE INC		
	September 2017	$660.00
	November 2017	$7.20
	December 2017	$480.40

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET SENIORITY PLUS		
VALLEY HOME MEDICAL SUPPLY		
	January 2017	$5.01
	February 2017	$5.01
	April 2017	$57.50
	June 2017	$22.54
WESTMED DBA MCCORMICK AMBULANCE		
	June 2017	$380.27
	July 2017	$1,610.90
	August 2017	$1,111.48
	September 2017	$1,547.71
	November 2017	$401.45
	December 2017	$403.64
WHITE MEMORIAL HOSP MED CTR		
	February 2017	$504.39
	March 2017	$436.99
	May 2017	$641.97
	August 2017	$52.89
	September 2017	$621.20
	October 2017	$11,652.40
WHITTIER HILLS HEALTH CARE		
	June 2017	$8,474.31
WHITTIER HOSPITAL MEDICAL CENTER		
	January 2017	$300.24
	March 2017	$299.57
	October 2017	$113.89
	Subtotal:	**$1,265,158.09**
TP		
MOLINA MEDI-CAL		
ALHAMBRA HOSPITAL MEDICAL CENTER		
	August 2017	$49.60
	December 2017	$80.47
AMBUSERVE INC		
	September 2017	$204.97
	November 2017	$205.07
ANAHEIM REGIONAL MEDICAL CENTER		
	November 2017	$501.45
	December 2017	$872.94

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
ANTELOPE VALLEY HOSPITAL		
	August 2017	$34.58
BEVERLY HOSPITAL		
	July 2017	$49.60
	August 2017	$87.11
	September 2017	$5,469.21
	October 2017	$37.20
	December 2017	$140.09
BEYOND CARE HOSPICE		
	July 2017	$5,914.80
	August 2017	$5,914.80
	September 2017	$5,724.00
	October 2017	$7,102.72
	November 2017	$6,771.90
	December 2017	$6,997.63
CALIFORNIA HOSPITAL MEDICAL CENTER		
	September 2017	$406.25
	October 2017	$25,074.83
	November 2017	$155.30
	December 2017	$336.45
CARE AMBULANCE SERVICE INC- ORANGE		
	August 2017	$153.31
CEDARS SINAI MEDICAL CENTER		
	August 2017	$6,490.62
	October 2017	$188.37
CENTINELA HOSPITAL MEDICAL CENTER		
	July 2017	$49.60
	August 2017	$231.02
	September 2017	$315.37
	October 2017	$151.78
	November 2017	$49.60
	December 2017	$49.60
CHILDRENS HOSPITAL OF LOS ANGELES		
	July 2017	$43.40
	August 2017	$616.72
	September 2017	$1,683.28
	October 2017	$470.30

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	November 2017	$383.67
	December 2017	$2,842.49
CHINO VALLEY MEDICAL CTR		
	December 2017	$49.60
CHOICE HOME MEDICAL SUPPLIES		
	July 2017	$53.46
COAST PLAZA HOSPITAL		
	July 2017	$229.45
	August 2017	$345.40
	September 2017	$861.35
	October 2017	$935.91
	November 2017	$18,430.18
	December 2017	$18,692.61
COLLEGE MEDICAL CENTER		
	August 2017	$381.50
	September 2017	$34.58
	November 2017	$93.29
	December 2017	$29.64
COMMUNITY HOSPITAL LONG BEACH		
	August 2017	$52.58
	November 2017	$5,012.38
COMMUNITY HOSPITAL OF HUNTINGTON PARK		
	July 2017	$10,583.03
	August 2017	$1,784.12
	September 2017	$1,088.93
	October 2017	$616.05
	November 2017	$7,138.09
	December 2017	$1,049.97
COMMUNITY HOSPITAL OF SAN BERNARDINO		
	August 2017	$337.69
DELTA DRUGS - GLENDALE		
	September 2017	$200.74
	December 2017	$357.82
DESERT VALLEY HOSPITAL		
	December 2017	$207.12
DOWNEY REGIONAL MEDICAL CENTER		
	July 2017	$21,181.47

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	August 2017	$1,064.32
	September 2017	$1,798.30
	October 2017	$878.10
	November 2017	$841.32
	December 2017	$1,360.45
EAST LOS ANGELES DOCTORS HOSPITAL		
	August 2017	$4,536.38
	September 2017	$3,941.43
	October 2017	$106.12
	November 2017	$95.36
	December 2017	$127.67
ENCINO REGIONAL MEDICAL CENTER		
	September 2017	$49.60
FOOTHILL PRESBYTERIAN HOSPITAL		
	December 2017	$93.14
FOUNTAIN VALLEY REG HOSP AND MED CTR		
	September 2017	$337.25
	November 2017	$721.31
GARFIELD MEDICAL CENTER		
	December 2017	$149.58
GLENDALE MEMORIAL HOSPITAL		
	October 2017	$252.36
	November 2017	$3,501.57
GOOD SAMARITAN HOSPITAL LOS ANGELES		
	November 2017	$17,426.56
HAZEL HAWKINS MEMORIAL HOSPITAL		
	December 2017	$506.98
HEMET VALLEY MEDICAL CENTER		
	October 2017	$50.28
HENRY MAYO NEWHALL MEMORIAL HOSPITAL		
	November 2017	$17.83
HOAG MEMORIAL HOSPITAL PRESBYTERIAN		
	August 2017	$84.18
	September 2017	$155.72
	October 2017	$118.76
	November 2017	$419.00
	December 2017	$4,613.38

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER		
	July 2017	$5,588.73
	September 2017	$106.34
	October 2017	$64.40
	November 2017	$6,328.21
KAISER HSP BALDWIN PARK		
	August 2017	$93.25
KAISER HSP DOWNEY MEDICAL CENTER		
	July 2017	$205.98
	August 2017	$247.53
	September 2017	$282.18
	October 2017	$495.92
	November 2017	$402.73
	December 2017	$315.13
KAISER HSP PANORAMA CITY		
	September 2017	$49.60
KAISER HSP RIVERSIDE		
	November 2017	$34.58
KAISER HSP W SUNSET BLVD LOS ANGELES		
	September 2017	$205.06
	November 2017	$125.94
LA COMMUNITY HOSPITAL		
	September 2017	$11,210.03
	October 2017	$32,278.35
	November 2017	$48,997.43
	December 2017	$17,246.20
LA PALMA INTERCOMMUNITY HOSPITAL		
	July 2017	$312.42
	August 2017	$84.18
	September 2017	$39.58
LAC HARBOR UCLA MEDICAL CENTER		
	September 2017	$69.16
	October 2017	$3,445.02
	November 2017	$6,754.52
	December 2017	$198.40
LAC USC MEDICAL CENTER		
	July 2017	$47.38
	August 2017	$67.63

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	September 2017	$49.60
LAKEWOOD REGIONAL MEDICAL CENTER		
	July 2017	$226.50
	August 2017	$1,585.23
	September 2017	$2,729.79
	October 2017	$2,002.51
	November 2017	$16,638.27
	December 2017	$23,216.46
LIFE MEDICAL HOME CARE SERVICES INC		
	July 2017	$103.59
	October 2017	$110.06
	November 2017	$106.23
	December 2017	$631.63
LIFECARE SOLUTIONS INC		
	July 2017	$186.04
	August 2017	$144.74
	September 2017	$144.74
LL UNIV MED CTR - LOMA LINDA		
	October 2017	$78.01
	November 2017	$336.46
LONG BEACH MEMORIAL/MILLER CHILDRENS HSP		
	July 2017	$12,611.08
	August 2017	$68,339.65
	September 2017	$22,476.36
	October 2017	$57,078.35
	November 2017	$36,520.37
	December 2017	$33,424.99
LOS ALAMITOS REGIONAL MEDICAL CENTER		
	July 2017	$34.58
	August 2017	$225.59
	September 2017	$162.32
	October 2017	$34.58
	November 2017	$34.58
MARINA DEL REY HOSPITAL		
	August 2017	$149.22
MARTIN LUTHER KING JR		
	July 2017	$182.88

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	August 2017	$11,932.25
	September 2017	$258.25
	October 2017	$722.79
	November 2017	$7,213.34
	December 2017	$5,083.38
MEMORIAL HOSPITAL OF GARDENA		
	July 2017	$302.09
	August 2017	$69.14
	October 2017	$15,808.13
	November 2017	$18,031.39
	December 2017	$6,937.52
MERCY MED CTR REDDING		
	December 2017	$127.02
MERCY SAN JUAN MEDICAL CENTER		
	October 2017	$71.23
MONTEREY PARK HOSPITAL		
	July 2017	$223.07
	August 2017	$374.22
	September 2017	$3,432.48
	October 2017	$194.51
	December 2017	$72.71
NORTHRIDGE HOSPITAL ROSCOE BLVD		
	December 2017	$290.05
NORWALK COMMUNITY HOSPITAL		
	July 2017	$9,092.83
OLYMPIA MED CTR DBA MIDWAY HOSPITAL		
	July 2017	$94.33
	August 2017	$49.60
	October 2017	$49.60
PACIFIC ALLIANCE MEDICAL CENTER		
	July 2017	$4,029.14
	August 2017	$263.38
PALMDALE REGIONAL MEDICAL CENTER		
	July 2017	$140.76
	September 2017	$169.02
	December 2017	$144.17
PLACENTIA LINDA HOSPITAL		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	October 2017	$34.58
POMONA VALLEY HOSPITAL MEDICAL CENTER		
	July 2017	$55.24
PRESBYTERIAN INTERCOMMUNITY HOSPITAL		
	July 2017	$49.60
	August 2017	$209.58
	September 2017	$1,061.17
	October 2017	$6,289.25
	November 2017	$390.95
	December 2017	$1,002.18
PROVIDENCE LCM SAN PEDRO HOSPITAL		
	December 2017	$134.73
PROVIDENCE LCM TORRANCE		
	October 2017	$298.06
RADY CHILDRENS HOSPITAL SAN DIEGO		
	September 2017	$14,309.20
RONALD REAGAN UCLA MEDICAL CENTER		
	July 2017	$25.93
ROYAL MAJESTY HOME CARE INC		
	September 2017	$68.84
	October 2017	$206.52
SAINT MARIAM HOSPICE INC		
	July 2017	$5,914.80
	August 2017	$5,914.80
	September 2017	$5,724.00
	October 2017	$5,914.80
	November 2017	$6,873.60
	December 2017	$7,102.72
SAN DIMAS COMMUNITY HOSPITAL		
	August 2017	$49.60
	October 2017	$202.48
SAN GABRIEL VALLEY MEDICAL CENTER		
	August 2017	$92.29
SAN GORGONIO HOSPITAL		
	November 2017	$70.47
	December 2017	$124.85
SANTA MONICA UCLA MEDICAL CENTER		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	December 2017	$404.97
SCH AT BROTMAN IN CULVER CITY		
	December 2017	$3,789.44
SHARP CHULA VISTA HOSPITAL		
	November 2017	$3,225.22
ST MARY MED CTR - LONG BEACH		
	July 2017	$2,277.55
	August 2017	$240.17
	September 2017	$125.01
	October 2017	$6,865.19
	November 2017	$4,298.06
	December 2017	$742.39
ST MARY REG MED CTR APPLE VALLEY		
	September 2017	$110.22
	December 2017	$70.56
ST VINCENT MEDICAL CENTER - LOS ANGELES		
	July 2017	$373.02
TORRANCE MEMORIAL MEDICAL CENTER		
	July 2017	$121.64
	August 2017	$37.20
TUALITY COMMUNITY HOSPITAL		
	December 2017	$225.45
UCI MEDICAL CENTER		
	August 2017	$34.58
UNIV MED CTR OF SO NEVADA		
	August 2017	$119.45
VALLEY PRESBYTERIAN HOSPITAL		
	December 2017	$116.70
VILLA ELENA HEALTHCARE CENTER		
	August 2017	$7,200.00
	September 2017	$3,900.00
WHITE MEMORIAL HOSP MED CTR		
	July 2017	$5,197.89
	August 2017	$5,175.45
	September 2017	$55.44
	October 2017	$482.62
	November 2017	$421.31

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2017 to 12/31/2017. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	December 2017	$1,209.37
WHITTIER HOSPITAL MEDICAL CENTER		
	July 2017	$210.04
	August 2017	$422.53
	September 2017	$10,341.00
	October 2017	$321.78
	November 2017	$49.60
	Subtotal:	**$839,164.79**
	Total:	**$8,300,439.93**

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

Date of Service Prior to 01/01/17 . Claims Paid between 01/01/18 and 12/31/2018.

Health Plan Name	Month Of Service	Amt Paid
CAP		
HEALTH NET SENIORITY PLUS		
ST FRANCIS MEDICAL CENTER		
	July 2016	7,500.00
	August 2016	2,500.00
	September 2016	2,000.00
	October 2016	11,300.00
	December 2016	4,704.76
	Subtotal:	**28,004.76**
	Total:	**28,004.76**

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

Date of Service Prior to 01/01/17 . Claims Paid between 01/01/18 and 12/31/2018.

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET CALMEDICONNECT		
DOWNEY REGIONAL MEDICAL CENTER		
	September 2016	$20,641.66
	December 2016	$8,816.07
	December 2016	$337.27
	Subtotal:	**$29,795.00**
TP		
HEALTH NET SENIORITY PLUS		
CALIFORNIA HOSPITAL MEDICAL CENTER		
	October 2016	$1,270.57
	November 2016	$561.82
	October 2016	$533.39
	August 2016	$394.90
	October 2016	$8,586.45
	October 2016	$397.32
	October 2016	$16,508.85
	December 2016	$4,357.85
	October 2016	$944.58
	December 2016	$152,138.97
	December 2016	$167.70
	August 2016	$816.09
	September 2016	$586.41
	October 2016	$36.27
	November 2016	$20.79
	December 2016	$46.34

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

Date of Service Prior to 01/01/17 . Claims Paid between 01/01/18 and 12/31/2018.

Health Plan Name	Month Of Service	Amt Paid
	Subtotal:	**$187,368.30**
	Total:	**$217,163.30**

EXHIBIT E

Conifer Value-Based Care **MEMORANDUM**

February 5, 2019

Eleanor Ramirez, CEO
St. Francis Medical Center

Re: CY 2018 2nd Interim Risk Pool Settlement for St. Francis Medical Center and Angeles IPA

I have attached the CY 2018 2nd Interim Risk Pool Summary Report for dates of service January '18 – December '18; paid through December 2018. This Interim settlement includes a 30% withhold as stated in section 4.3 of the risk pool agreement. Also, all unpaid pre-petition claims have been included in the claim expense calculations.

Total Physician's Pool Share	***$2,549,211***
1st Interim Settlement	***($1,370,263)***
2nd Interim Settlement 50% Withhold	***($589,474)***
Net Physician's Pool Share	***$589,474***

I approve the settlement amount of $589,474. If you agree with the distribution amount, please issue the check to Angeles IPA. Please feel free to contact me with any questions or concerns at (818) 461-5032.

Sincerely,

Cheryl Chavez
VP, Finance
Conifer Value-Based Care

Please make check payable to Angeles IPA and mail to:
HealthSmart Management Services Organization, Inc.
Attention: Carol Houchins, President
10855 Business Center Drive, Suite C
Cypress, CA 90630

Conifer Value Based Care - Risk Pool Report
St. Francis Medical Center - Verity Health
Angeles IPA - Summary by Health Plan - YTD
Risk Pool Period: CY 2018 as of 12/31/2018 — 2nd Interim Settlement

Description	Care1st Medi-Cal	Health Net CMC	Health Net Senior	Molina Medi-Cal	TOTAL	
Net Paid Member Months	**131,591**	**809**	**6,165**	**64,093**	**202,658**	
Gross Cap PMPM Revenue	69.90	391.02	468.30	53.45	78.10	
Gross Cap Revenue (Note 2)	9,197,952	316,334	2,887,062	3,425,700	15,827,048	
Cap Check Adjustments	(50,136)	(8,871)	0	0	(59,007)	
Other Revenue	543,900	0	0	0	543,900	
Total Pool Revenue	**9,691,716**	**307,463**	**2,887,062**	**3,425,700**	**16,311,942**	
Expenses:						
A. Services at the Cap'd Hospital: Copay n Ded	0	0	(12,991)	0	(12,991)	VBC Paid
Total IBNR Reserves (Capitated Hosp.)	**1,270,609**	**25,762**	**65,461**	**11,519**	**1,373,350**	1,772,596
Claims Paid - Inpatient Services	702,533	10,200	435,926	297,306	1,445,965	
Claims Paid - ER	48,183	4,245	31,781	17,459	101,669	
Claims Paid - All Other Services	115,713	0	76,612	32,637	224,962	
Total In-house Services	**2,137,038**	**40,207**	**596,790**	**358,921**	**3,132,956**	
B. Services Provided by Third Parties:						VBC Paid
Total IBNR Reserves (Third Parties)	**1,694,259**	**34,606**	**798,795**	**240,080**	**2,767,740**	5,475,919
Claims Paid - Inpatient Services	2,083,958	61,492	379,842	1,146,730	3,672,022	
Claims Paid - ER	366,942	3,503	17,709	161,801	549,956	
Claims Paid - SNF; Subacute	48,580	1,266	6,560	16,539	72,945	
Claims Paid - HH; DME; Injectibles; Hospice	272,932	3,012	66,197	181,901	524,042	
Claims Paid - All Other Services	387,356	11,339	210,067	48,194	656,955	
Claims Paid by Health Plan	556,994	0	0	0	556,994	
Total Third Party Services	**5,411,022**	**115,218**	**1,479,168**	**1,795,245**	**8,800,653**	
C. Cash Recoveries & Prior Year Impact						
Recovery Cash Receipts	(18,429)	(7,114)	(3,204)	(3,248)	(31,996)	
Prior Years IBNR Carryover (Capitated)	0	0	0	0	0	
Prior Years IBNR Carryover (Third Parties)	0	0	0	0	0	
Prior Years Claims Paid (Capitated)	0	0	0	0	0	
Prior Years Claims Paid (Third Parties)	0	0	0	0	0	
Total Cash Recoveries & Prior Years Impact	**(18,429)**	**(7,114)**	**(3,204)**	**(3,248)**	**(31,996)**	
D. Reinsurance Premiums (Note 3)	72,148	1,950	20,036	35,109	129,242	
Reinsurance Recoveries	0	0	0	0	0	
D. Net Reinsurance	72,148	1,950	20,036	35,109	129,242	
E. Management Fees in Pool	207,914	1,278	9,741	101,267	320,200	
F. Other Expenses - (Cap Claims Overpayment)	(168,543)	0	(14,249)	1,500	(181,292)	
Total Expenses	**7,641,149**	**151,539**	**2,088,282**	**2,288,793**	**12,169,763**	
PMPM Expenses	58.07	187.32	338.73	35.71	60.05	
Net Risk Pool Balance	**2,050,567**	**155,925**	**798,780**	**1,136,907**	**4,142,179**	25.4%
Hospital's Pool share	717,699	77,962	399,390	397,917	1,592,968	Profit Margin
Angeles' Pool share (Note 1)	1,332,869	77,962	399,390	738,990	2,549,211	
1st Interim Settlement pd Dec'18 - Wire	(717,947)	(43,855)	(218,841)	(389,620)	(1,370,263)	
2nd Interim Settlement 50% Withhold	(307,461)	(17,054)	(90,274)	(174,685)	(589,474)	
Net Angeles' Pool Share	**307,461**	**17,054**	**90,274**	**174,685**	**589,474**	
Margins:	21.2%	50.7%	27.7%	33.2%	25.4%	
Sect A PMPM (b4 copays)	16.24	49.70	98.91	5.60		
Sect B PMPM (b4 cap deducts)	36.89	142.42	239.93	28.01		

NOTES: (1) Group share for surplus and deficit is 50% of Senior and CMC, 65% of Medi-Cal, Deficit NTE 25% of Hosp Revenue.
(2) RAF Adjustments Included
(3) CY18 Reins premium Non-SPD $0.47; SPD $1.47

EXHIBIT E

Conifer Value-Based Care Hospital Risk Pool Report
St. Francis Medical Center - Verity Health
Angeles IPA - Summary by Health Plan - YTD
Risk Pool Period: CY 2018 as of 12/31/2018
Included Pre-Petition Unpaid Claims

Description	Care1st Medi-Cal	Health Net CMC	Health Net Senior	Molina Medi-Cal	TOTAL
B. Services Provided by Third Parties:					
Claims Paid - Inpatient Services	737,059.76	0.00	194,331.19	665,875.01	1,597,265.96
Claims Paid - ER	93,887.51	1,412.90	6,933.11	29,298.55	131,532.07
Claims Paid - SNF; Subacute	1,935.00	1,265.97	559.62	5,437.38	9,197.97
Claims Paid - HH; DME; Injectibles; Hospice	64,457.72	1,858.70	26,942.95	34,506.41	127,765.78
Claims Paid - All Other Services	158,699.23	7,272.55	77,878.56	5,807.97	249,658.31
Total Third Party Services	**1,056,039.22**	**11,810.12**	**306,645.43**	**740,925.32**	**2,115,420.09**
Prior Years Claims Paid (Third Parties)	0.00	0.00	0.00	0.00	0.00
Grand Total	**1,056,039.22**	**11,810.12**	**306,645.43**	**740,925.32**	**2,115,420.09**

Conifer Value-Based Care Hospital Risk Pool Report
St. Francis Medical Center - Verity Health
Angeles IPA - Care1st Medi-Cal
Risk Pool Period: CY 2018 as of 12/31/2018

2nd Interim Settlement

Description	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total	
Net Paid Member Months	**9,586**	**10,492**	**10,465**	**13,063**	**17,846**	**9,979**	**9,833**	**9,805**	**9,946**	**10,136**	**10,305**	**10,135**	**131,591**	
Gross Cap PMPM Revenue	65.17	66.63	66.66	67.09	71.35	71.72	72.18	72.28	72.03	71.21	71.28	71.03	69.90	
Gross Cap Revenue	624,712	699,082	697,643	876,406	1,273,357	715,669	709,750	708,715	716,391	721,754	734,542	719,931	9,197,952	
Cap Check Adjustments	0	0	0	650,720	(700,856)	0	0	0	0	0	0	0	(50,136)	
Other Revenue (incl ESRD)	148,000	122,100	62,900	0	22,200	0	51,800	66,600	18,500	7,400	44,400	0	543,900	
Total Pool Revenue	**772,712**	**821,182**	**760,543**	**1,527,127**	**594,701**	**715,669**	**761,550**	**775,315**	**734,891**	**729,154**	**778,942**	**719,931**	**9,691,716**	
Expenses:														
A. Services Provided at the Cap'd Hospital: (Less Copay & Ded)													0	VBC Paid
Total IBNR Reserves (Capitated Hosp.)													**1,270,609**	866,429
Claims Paid - Inpatient Services	208,275	36,766	123,696	61,938	25,458	33,983	44,432	19,900	47,486	73,550	23,150	3,900	702,533	
Claims Paid - ER	4,436	6,481	4,863	4,721	7,081	4,268	3,816	2,600	2,080	3,357	3,040	1,440	48,183	
Claims Paid - All Other Services	1,900	9,602	15,398	12,266	24,188	1,458	2,114	7,274	16,540	11,039	13,669	265	115,713	CAP Deppt
Total In-house Services	**214,611**	**52,848**	**143,957**	**78,926**	**56,727**	**39,709**	**50,361**	**29,774**	**66,106**	**87,946**	**39,859**	**5,605**	**2,137,038**	16.24
B. Services Provided by Third Parties:														VBC Paid
Total IBNR Reserves (Third Parties)													**1,694,259**	3,159,266
Claims Paid - Inpatient Services	187,176	226,039	232,130	269,305	87,082	109,803	4,840	0	86,327	100,103	44,092	0	2,083,958	
Claims Paid - ER	39,227	47,889	39,127	28,496	25,924	15,850	16,250	2,976	17,191	17,690	18,796	3,639	366,942	
Claims Paid - SNF; Subacute	1,153	10,256	10,594	6,745	2,485	0	0	0	1,380	5,033	9,000	0	48,580	
Claims Paid - HH; DME; Injectibles; Hospice	24,686	23,431	23,791	30,375	25,446	12,286	5,790	656	31,079	19,392	10,063	1,480	272,932	
Claims Paid - All Other Services	30,372	26,901	30,383	22,733	16,389	15,169	10,922	2,221	27,773	27,750	17,653	391	387,356	
Claims Paid by Health Plan	47,131	102,701	2,807	119,467	1,118	194,254	94	26,100	21,615	27,025	14,682	0	556,994	3rd Party Impt
Total Third Party Services	**329,746**	**437,217**	**338,832**	**477,122**	**158,443**	**347,362**	**37,896**	**31,953**	**185,365**	**196,992**	**114,285**	**5,510**	**5,411,022**	41.12
C. Cash Recoveries & Prior Year Impact														Total Deppt
Recovery Cash Receipts	(353)	0	(493)	0	(161)	(86)	0	(2,404)	(8,677)	(3,967)	0	(2,287)	(18,429)	57.90
Prior Years IBNR Carryover (Capitated)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Prior Years IBNR Carryover (Third Parties)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Prior Years Claims Paid (Capitated)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Prior Years Claims Paid (Third Parties)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Cash Recoveries & Prior Years Impact	**(353)**	**0**	**(493)**	**0**	**(161)**	**(86)**	**0**	**(2,404)**	**(8,677)**	**(3,967)**	**0**	**(2,287)**	**(18,429)**	
D. Reinsurance Premiums $0.47/$1.47 PMM (Note 2)	5,267	5,812	5,796	7,011	9,254	5,549	5,484	5,463	5,530	5,631	5,721	5,630	72,148	
Reinsurance Recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0	
D. Net Reinsurance	5,267	5,812	5,796	7,011	9,254	5,549	5,484	5,463	5,530	5,631	5,721	5,630	72,148	
E. Management Fees in Pool	15,146	16,577	16,535	20,640	28,197	15,767	15,536	15,492	15,715	16,015	16,282	16,013	207,914	
F. Other Expenses - (Cap Claims Overpayment)	0	0	0	0	0	0	0	0	(168,543)	0	0	0	(168,543)	
Total Expenses	**564,417**	**512,455**	**504,626**	**583,698**	**252,459**	**408,301**	**109,277**	**80,278**	**95,495**	**302,617**	**176,148**	**30,472**	**7,641,149**	
PMPM Expenses	58.88	48.84	48.22	44.68	14.15	40.92	11.11	8.19	9.60	29.86	17.09	3.01	58.07	
Net Risk Pool Balance													**2,050,567**	21.2%
Hospital's Pool share													717,699	Profit Margin
Angeles' Pool share (Note 1)													1,332,869	
1st Interim Settlement pd Dec'18 - Wire													(717,947)	
2nd Interim Settlement 50% Withhold													(307,461)	
Net Angeles' Pool Share													**307,461**	

NOTES: (1) Group share for surplus and deficit is 50% of Senior and CMC, 65% of Medi-Cal, Deficit NTE 25% of Hosp Revenue.
(2) CY18 Reins premium Non-SPD $0.47; SPD $1.47

EXHIBIT E

ST. FRANCIS MEDICAL CENTER - ANGELES IPA

Capitation Audit & Reconciliation Detail Report

Conifer Value-Based Care

Health Plan: **Care 1st Health Plan**
Product Line: **Medi-Cal**
Affiliated IPA: **Angeles IPA**
Company ID: **ANGSFH**
Cap Thru: **Dec-18**

	Current Cap		Retro Cap		Gross - b/4 Adjustments		Cap Check Adjustments								
Months	Member Months	Capitation Revenue	Member Months	Capitation Revenue	Member Months	Capitation Revenue	ESRD	Incentive	Withhold	Claims Pd. by Payor	Supplemental Cap	Misc. Adj.	Total Adj.	Net Cap Check Cash.	Current Cap PMPM
	A	B	C	D	E	F	G	H	I	K	L	M	N	O	P
Jan-18	9,444.00	615,582.97	142.00	9,128.84	9,586.00	624,711.81	0.00	0.00	0.00	(47,130.89)	148,000.00	0.00	100,869.11	725,580.92	65.[illegible]
Feb-18	10,383.00	693,301.11	109.00	5,780.71	10,492.00	699,081.82	0.00	0.00	0.00	(102,701.23)	122,100.00	0.00	19,398.77	718,480.59	66.[illegible]
Mar-18	10,331.00	691,547.87	134.00	6,095.57	10,465.00	697,643.44	0.00	0.00	0.00	(2,806.77)	62,900.00	0.00	60,093.23	757,736.67	66.94
Apr-18	10,160.00	681,686.22	2,903.00	194,720.25	13,063.00	876,406.47	0.00	0.00	0.00	(119,467.06)	0.00	650,720.09	531,253.03	1,407,659.50	[illegible]
May-18	10,013.00	716,937.53	7,833.00	556,419.77	17,846.00	1,273,357.30	0.00	0.00	0.00	(1,117.72)	22,200.00	(700,855.92)	(679,773.64)	593,583.66	[illegible]
Jun-18	9,854.00	708,139.46	125.00	7,529.20	9,979.00	715,668.66	0.00	0.00	0.00	(194,254.25)	0.00	0.00	(194,254.25)	521,414.41	[illegible]
Jul-18	9,716.00	702,200.59	117.00	7,549.60	9,833.00	709,750.19	0.00	0.00	0.00	(93.89)	51,800.00	0.00	51,706.11	761,456.30	[illegible]
Aug-18	9,632.00	696,490.11	173.00	12,224.84	9,805.00	708,714.95	0.00	0.00	0.00	(26,100.25)	66,600.00	0.00	40,499.75	749,214.70	[illegible]
Sep-18	9,774.00	706,100.46	172.00	10,290.58	9,946.00	716,391.04	0.00	0.00	0.00	(21,615.24)	18,500.00	0.00	(3,115.24)	713,275.80	[illegible]
Oct-18	10,116.00	718,665.14	20.00	3,088.90	10,136.00	721,754.04	0.00	0.00	0.00	(27,024.56)	7,400.00	0.00	(19,624.56)	702,129.48	[illegible]
Nov-18	10,160.00	724,051.11	145.00	10,490.75	10,305.00	734,541.86	0.00	0.00	0.00	(14,682.04)	44,400.00	0.00	29,717.96	764,259.82	[illegible]
Dec-18	10,022.00	712,297.62	113.00	7,633.04	10,135.00	719,930.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	719,930.66	[illegible]
CY2018	**119,605.00**	**8,367,000.19**	**11,986.00**	**830,952.05**	**131,591.00**	**9,197,952.24**	**0.00**	**0.00**	**0.00**	**(556,993.90)**	**543,900.00**	**(50,135.83)**	**(63,229.73)**	**9,134,722.51**	[illegible]

Legend:

A, B, C, D =	Information available from the HMO/Payor back-up
E =	(A + C) = Calculated field
F =	(B + D) = Calculated field
G, H, I, J, K, L, M =	Information available from the HMO/Payor back-up
N =	(G + H + I + J + K + L+ M) = Calculated field
O =	(F + N) = Calculated field
P =	(B/A) = Calculated field

EXPLANATIONS OF CERTAIN CAP CHECK ADJUSTMENTS:

201811 Maternity Kick 44400 Maternity Kick 08/2018
201811 Claim Deduct -14682.04 Cap Deduct (10/15/18 - 11/14/18) - ($14,682.04)
201810 Maternity Kick 7400 Maternity Kick
201810 Claim Deduct 28.31 County Claims Admin Fee Reversal (081518-091418)
201810 Claim Deduct -27052.87 Cap Deduct (9/15/18 - 10/14/18) - ($27,052.87)
201809 Maternity Kick 18500 Maternity Kick
201809 Claim Deduct -21615.24 Cap Deduct (8/15/18 - 9/14/18) - ($21,615.24)
201808 Maternity Kick 66600 Maternity Kick
201808 Claim Deduct -26100.25 Cap Deduct (7/15/18 - 8/14/18) - ($26,100.25)
201807 Maternity Kick 51800 Obkick
201807 Claim Deduct -93.89 Cap Deduct (6/15/18 - 7/14/18) - ($93.89)
201806 Claim Deduct -194254.25 Cap Deduct (5/15/18 - 6/14/18) - ($194,254.25)
201805 Miscellaneous Adjustment -111.77 Cap Admin Fees
201805 Miscellaneous Adjustment -700744.15 Reversal for March Data Duplicated in Apr Adj and May Adj files
201805 Maternity Kick 22200 Maternity Kick Payment 05-2018
201805 Claim Deduct -1117.72 Cap Deduct (4/15/18 - 5/14/18) - ($1,117.72)
201804 Miscellaneous Adjustment 650720.09 Percentage of Revenue Adjustment for 15/16, 16/17 & 17/18 - $650,720.09
201804 Capitation Rate 0 May/Apr18 numbers inflated due to Care 1st glitch, to be corrected in Jun/Jul18
201804 Claim Deduct -119467.06 Cap Deduct (3/15/18 - 4/14/18) - ($119,467.06)
201803 Maternity Kick 62900 Maternity Kick 12-2017
201803 Claim Deduct -2806.77 Cap Deduct (2/15/18 - 3/14/18) - ($2,806.77)
201802 Maternity Kick -3700 Retro for Maternity Kick 0717-0917
201802 Maternity Kick 125800 Maternity Kick Payment 1017-1117
201802 Claim Deduct -38129.27 County Claims Y2017 - ($38,129.27)
201802 Claim Deduct -64571.96 Cap Deduct (1/14/18 - 2/14/18) - ($64,571.96)
201801 Maternity Kick 148000 Obkick
201801 Claim Deduct -47130.89 Cap Deduct (12/15/17 - 1/14/18) - ($47,130.89)

Conifer Value-Based Care Hospital Risk Pool Report
St. Francis Medical Center - Verity Health
Angeles IPA - Health Net Cal MediConnect
Risk Pool Period: CY 2018 as of 12/31/2018

2nd Interim Settlement

Description	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total	
Net Paid Member Months	**69**	**72**	**73**	**72**	**69**	**70**	**67**	**65**	**66**	**64**	**62**	**60**	**809**	
Gross Cap PMPM Revenue	381.21	385.47	383.08	387.02	389.07	621.98	370.75	297.54	359.65	371.99	364.01	362.82	391.02	
Gross Cap Revenue/Retro RAF (Note 2)	26,303	27,754	27,965	27,865	26,846	43,538	24,840	19,340	23,737	23,807	22,569	21,769	316,334	
Cap Check Adjustments	(1,249)	(1,318)	(1,328)	(1,324)	(1,275)	(2,068)	(1,180)	5,236	(1,127)	(1,131)	(1,072)	(1,034)	(8,871)	
Other Revenue (incl ESRD)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Pool Revenue	**25,054**	**26,436**	**26,636**	**26,541**	**25,571**	**41,470**	**23,660**	**24,576**	**22,609**	**22,677**	**21,497**	**20,735**	**307,463**	
Expenses:														
A. Services Provided at the Cap'd Hospital: (Less Copay & Ded)													0	VBC Paid
Total IBNR Reserves (Capitated Hosp.)													**25,762**	14,445
Claims Paid - Inpatient Services	0	0	0	0	5,100	0	0	0	5,100	0	0	0	10,200	
Claims Paid - ER	0	0	4,245	0	0	0	0	0	0	0	0	0	4,245	
Claims Paid - All Other Services	0	0	0	0	0	0	0	0	0	0	0	0	0	CAP Deppr
Total In-house Services	**0**	**0**	**4,245**	**0**	**5,100**	**0**	**0**	**0**	**5,100**	**0**	**0**	**0**	**40,207**	49,[illegible]0
B. Services Provided by Third Parties:														VBC Paid
Total IBNR Reserves (Third Parties)													**34,606**	80,[illegible]2
Claims Paid - Inpatient Services	0	0	0	0	61,492	0	0	0	0	0	0	0	61,492	
Claims Paid - ER	1,137	201	118	143	10	0	73	0	408	0	0	0	3,503	
Claims Paid - SNF; Subacute	0	0	0	0	0	0	0	0	0	0	0	0	1,266	
Claims Paid - HH; DME; Injectibles; Hospice	0	139	136	216	98	159	98	0	0	0	307	0	3,012	
Claims Paid - All Other Services	0	0	489	0	1,781	0	0	1,796	0	0	0	0	11,339	
Claims Paid by Health Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	3rd Party Impr
Total Third Party Services	**1,137**	**341**	**744**	**358**	**63,381**	**159**	**171**	**1,796**	**408**	**0**	**307**	**0**	**115,218**	14,[illegible]2
C. Cash Recoveries & Prior Year Impact														Total Deppr
Recovery Cash Receipts	0	0	0	0	0	0	(7,114)	0	0	0	0	0	(7,114)	192.12
Prior Years IBNR Carryover (Capitated)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Prior Years IBNR Carryover (Third Parties)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Prior Years Claims Paid (Capitated)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Prior Years Claims Paid (Third Parties)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Cash Recoveries & Prior Years Impact	**0**	**0**	**0**	**0**	**0**	**0**	**(7,114)**	**0**	**0**	**0**	**0**	**0**	**(7,114)**	
D. Reinsurance Premiums $2.41 PMPM	166	174	176	174	166	169	161	157	159	154	149	145	1,950	
Reinsurance Recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0	
D. Net Reinsurance	166	174	176	174	166	169	161	157	159	154	149	145	1,950	
E. Management Fees in Pool	109	114	115	114	109	111	106	103	104	101	98	95	1,278	
F. Other Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Expenses	**1,412**	**628**	**5,280**	**646**	**68,756**	**438**	**(6,676)**	**2,055**	**5,771**	**255**	**555**	**239**	**151,539**	
PMPM Expenses	20.47	8.72	72.33	8.97	996.46	6.26	(99.64)	31.62	87.45	3.99	8.95	3.99	187.32	
Net Risk Pool Balance													**155,925**	50.7%
Hospital's Pool share													77,962	Profit Margin
Angeles' Pool share (Note 1)													77,962	
1st Interim Settlement pd Dec'18 - Wire													(43,855)	
2nd Interim Settlement 50% Withhold													(17,054)	
Net Angeles' Pool Share													**17,054**	

NOTES: (1) Group share for surplus and deficit is 50% of Senior and CMC, 65% of Medi-Cal, Deficit NTE 25% of Hosp Revenue.
(2) RAF Included: June = $16,934.15 & August = ($3,864.87)

ST. FRANCIS MEDICAL CENTER - ANGELES IPA

Capitation Audit & Reconciliation Detail Report

Conifer Value-Based Care

Health Plan: **Health Net**
Product Line: **Cal MediConnect**
Affiliated IPA: **Angeles IPA**
Company ID: **ANGSFH**
Cap Thru: **Dec-18**

	Current Cap		Retro Cap		Gross - b/4 Adjustment		Cap Check Adjustments							Net	Current
Months	Member Months	Capitation Revenue	Member Months	Capitation Revenue	Member Months	Capitation Revenue	ESRD	Incentive	Withhold	Claims Pd. by Payor	Supplemental Cap	Misc. Adj.	Total Adj.	Cap Check Cash.	Cap PMPM
	A	B	C	D	E	F	G	H	I	K	L	M	N	O	P
Jan-18	69.00	27,063.46	0.00	(760.05)	69.00	26,303.41	0.00	0.00	0.00	0.00	0.00	(1,249.42)	(1,249.42)	25,053.99	392.22
Feb-18	71.00	27,580.87	1.00	173.20	72.00	27,754.07	0.00	0.00	0.00	0.00	0.00	(1,318.34)	(1,318.34)	26,435.73	388.46
Mar-18	72.00	27,850.03	1.00	114.49	73.00	27,964.52	0.00	0.00	0.00	0.00	0.00	(1,328.32)	(1,328.32)	26,636.20	386.81
Apr-18	72.00	27,865.08	0.00	0.00	72.00	27,865.08	0.00	0.00	0.00	0.00	0.00	(1,323.60)	(1,323.60)	26,541.48	387.02
May-18	70.00	27,081.62	(1.00)	(235.59)	69.00	26,846.03	0.00	0.00	0.00	0.00	0.00	(1,275.17)	(1,275.17)	25,570.86	386.88
Jun-18	69.00	26,539.87	1.00	16,998.52	70.00	43,538.39	0.00	0.00	0.00	0.00	0.00	(2,067.91)	(2,067.91)	41,470.48	384.64
Jul-18	67.00	24,746.97	0.00	93.30	67.00	24,840.27	0.00	0.00	0.00	0.00	0.00	(1,179.92)	(1,179.92)	23,660.35	369.36
Aug-18	66.00	24,294.19	(1.00)	(4,954.21)	65.00	19,339.98	0.00	0.00	0.00	0.00	0.00	5,236.07	5,236.07	24,576.05	368.09
Sep-18	65.00	23,584.49	1.00	152.29	66.00	23,736.78	0.00	0.00	0.00	0.00	0.00	(1,127.48)	(1,127.48)	22,609.30	362.84
Oct-18	64.00	23,584.67	0.00	222.75	64.00	23,807.42	0.00	0.00	0.00	0.00	0.00	(1,130.83)	(1,130.83)	22,676.59	368.51
Nov-18	63.00	23,133.87	(1.00)	(565.09)	62.00	22,568.78	0.00	0.00	0.00	0.00	0.00	(1,072.01)	(1,072.01)	21,496.77	367.20
Dec-18	62.00	22,630.77	(2.00)	(861.39)	60.00	21,769.38	0.00	0.00	0.00	0.00	0.00	(1,034.04)	(1,034.04)	20,735.34	365.01
CY2018	**810.00**	**305,955.89**	**(1.00)**	**10,378.22**	**809.00**	**316,334.11**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**(8,870.97)**	**(8,870.97)**	**307,463.14**	**377.72**

Legend:

A, B, C, D =	Information available from the HMO/Payor back-up
E =	(A + C) = Calculated field
F =	(B + D) = Calculated field
G, H, I, J, K, L, M =	Information available from the HMO/Payor back-up
N =	(G + H + I + J + K + L+ M) = Calculated field
O =	(F + N) = Calculated field
P =	(B/A) = Calculated field

EXPLANATIONS OF CERTAIN CAP CHECK ADJUSTMENTS:

201812 Miscellaneous Adjustment -163.25 Hospital Encounter Program Cx'd eff 8/1/16 - ($169.24)
201812 Miscellaneous Adjustment -217.7 Deduction for Long Term Services Cx'd eff 8/1/16 - ($225.69)
201812 Miscellaneous Adjustment -653.09 Deduction for Quality Withhold - ($677.08)
201811 Miscellaneous Adjustment -169.24 Hospital Encounter Program Cx'd eff 8/1/16 - ($169.24)
201811 Miscellaneous Adjustment -225.69 Deduction for Long Term Services Cx'd eff 8/1/16 - ($225.69)
201811 Miscellaneous Adjustment -677.08 Deduction for Quality Withhold - ($677.08)
201810 Miscellaneous Adjustment -2477.96 Deduction for Manual Adj for Unearned portion of Quality Withhold not subject to Reimbursement
201810 Miscellaneous Adjustment -178.53 Hospital Encounter Program Cx'd eff 8/1/16 - ($178.53)
201810 Miscellaneous Adjustment -238.07 Deduction for Long Term Services Cx'd eff 8/1/16 - ($238.07)
201810 Miscellaneous Adjustment 1763.73 Deduction for Quality Withhold - $1,763.73
201809 Miscellaneous Adjustment -178.01 Hospital Encounter Program Cx'd eff 8/1/16 - ($178.01)
201809 Miscellaneous Adjustment -237.33 Deduction for Long Term Services Cx'd eff 8/1/16 - ($237.33)
201809 Miscellaneous Adjustment -712.14 Deduction for Quality Withhold - ($712.14)
201808 Capitation RAF 0 Mid-year RAF $ (incl in Retro Cap) - ($3,864.87)
201808 Miscellaneous Adjustment 2491.93 Hospital Encounter Program Cx'd eff 8/1/16 - ($186.28)
201808 Miscellaneous Adjustment 3323.32 Deduction for Long Term Services Cx'd eff 8/1/16 - ($248.38)
201808 Miscellaneous Adjustment -579.18 Deduction for Quality Withhold - ($745.26)
201807 Miscellaneous Adjustment -186.28 Hospital Encounter Program Cx'd eff 8/1/16 - ($186.28)
201807 Miscellaneous Adjustment -248.38 Deduction for Long Term Services Cx'd eff 8/1/16 - ($248.38)
201807 Miscellaneous Adjustment -745.26 Deduction for Quality Withhold - ($745.26)
201806 Capitation RAF 0 Prior year RAF $ (incl in Retro Cap) - $16,934.15
201806 Miscellaneous Adjustment -326.51 Hospital Encounter Program Cx'd eff 8/1/16 - ($326.51)
201806 Miscellaneous Adjustment -435.29 Deduction for Long Term Services Cx'd eff 8/1/16 - ($435.29)
201806 Miscellaneous Adjustment -1306.11 Deduction for Quality Withhold - ($1,306.11)
201805 Miscellaneous Adjustment -201.31 Hospital Encounter Program Cx'd eff 8/1/16 - ($201.31)
201805 Miscellaneous Adjustment -268.43 Deduction for Long Term Services Cx'd eff 8/1/16 - ($268.43)
201805 Miscellaneous Adjustment -805.43 Deduction for Quality Withhold - ($805.43)
201804 Miscellaneous Adjustment -208.96 Hospital Encounter Program Cx'd eff 8/1/16 - ($208.96)
201804 Miscellaneous Adjustment -278.63 Deduction for Long Term Services Cx'd eff 8/1/16 - ($278.63)
201804 Miscellaneous Adjustment -836.01 Deduction for Quality Withhold - ($836.01)
201803 Miscellaneous Adjustment -209.71 Hospital Encounter Program Cx'd eff 8/1/16 - ($209.71)
201803 Miscellaneous Adjustment -279.62 Deduction for Long Term Services Cx'd eff 8/1/16 - ($279.62)
201803 Miscellaneous Adjustment -838.99 Deduction for Quality Withhold - ($838.99)
201802 Miscellaneous Adjustment -208.13 Hospital Encounter Program Cx'd eff 8/1/16 - ($208.13)
201802 Miscellaneous Adjustment -277.52 Deduction for Long Term Services Cx'd eff 8/1/16 - ($277.52)
201802 Miscellaneous Adjustment -832.69 Deduction for Quality Withhold - ($832.69)
201801 Miscellaneous Adjustment -197.25 Hospital Encounter Program Cx'd eff 8/1/16 - ($197.25)
201801 Miscellaneous Adjustment -263.02 Deduction for Long Term Services Cx'd eff 8/1/16 - ($263.02)
201801 Miscellaneous Adjustment -789.15 Deduction for Quality Withhold - ($789.15)

Conifer Value-Based Care Hospital Risk Pool Report
St. Francis Medical Center - Verity Health
Angeles IPA - Health Net Senior
Risk Pool Period: CY 2018 as of 12/31/2018

2nd Interim Settlement

Description	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Net Paid Member Months	**510**	**496**	**420**	**475**	**558**	**530**	**506**	**533**	**533**	**545**	**536**	**523**	**6,165**
Gross Cap PMPM Revenue	432.06	443.22	425.29	429.74	440.47	599.81	439.71	539.98	446.75	451.77	462.11	493.54	468.30
Gross Cap Revenue/Retro RAF (Note 2)	220,351	219,836	178,620	204,127	245,784	317,899	222,492	287,811	238,116	246,216	247,690	258,120	2,887,062
Cap Check Adjustments	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Revenue (incl ESRD)	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Pool Revenue	**220,351**	**219,836**	**178,620**	**204,127**	**245,784**	**317,899**	**222,492**	**287,811**	**238,116**	**246,216**	**247,690**	**258,120**	**2,887,062**
Expenses:													
A. Services Provided at the Cap'd Hospital: (Less Copay & Ded)													(12,991)
Total IBNR Reserves (Capitated Hosp.)													**65,461**
Claims Paid - Inpatient Services	40,338	19,553	33,002	74,748	56,875	36,910	47,700	36,000	25,600	57,000	8,200	0	435,926
Claims Paid - ER	2,932	4,000	3,000	1,000	5,000	5,000	8,372	1,477	1,000	0	0	0	31,781
Claims Paid - All Other Services	4,312	3,472	1,995	6,934	6,474	5,445	8,011	9,151	4,211	17,607	9,000	0	76,612
Total In-house Services	**47,582**	**27,025**	**37,997**	**82,682**	**68,349**	**47,355**	**64,083**	**46,628**	**30,811**	**74,607**	**17,200**	**0**	**596,790**
B. Services Provided by Third Parties:													
Total IBNR Reserves (Third Parties)													**798,795**
Claims Paid - Inpatient Services	22,629	7,419	26,928	19,655	6,773	10,368	26,207	0	15,213	16,074	34,244	0	379,842
Claims Paid - ER	287	10	1,689	1,419	172	744	668	0	2,885	2,575	328	0	17,709
Claims Paid - SNF; Subacute	0	0	0	0	0	0	0	0	6,000	0	0	0	6,560
Claims Paid - HH; DME; Injectibles; Hospice	1,635	4,820	5,299	1,157	6,958	6,872	2,694	888	4,007	3,612	1,010	302	66,197
Claims Paid - All Other Services	17,675	12,721	14,433	14,839	11,728	11,677	3,662	3,917	22,901	11,371	6,845	420	210,067
Claims Paid by Health Plan	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Third Party Services	**42,226**	**24,970**	**48,348**	**37,070**	**25,630**	**29,661**	**33,231**	**4,804**	**51,007**	**33,632**	**42,427**	**722**	**1,479,168**
C. Cash Recoveries & Prior Year Impact													
Recovery Cash Receipts	0	0	0	0	(2,929)	0	0	0	0	(17)	0	(258)	(3,204)
Prior Years IBNR Carryover (Capitated)	0	0	0	0	0	0	0	0	0	0	0	0	0
Prior Years IBNR Carryover (Third Parties)	0	0	0	0	0	0	0	0	0	0	0	0	0
Prior Years Claims Paid (Capitated)	0	0	0	0	0	0	0	0	0	0	0	0	0
Prior Years Claims Paid (Third Parties)	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash Recoveries & Prior Years Impact	**0**	**0**	**0**	**0**	**(2,929)**	**0**	**0**	**0**	**0**	**(17)**	**0**	**(258)**	**(3,204)**
D. Reinsurance Premiums $3.25 PMPM	1,658	1,612	1,365	1,544	1,814	1,723	1,645	1,732	1,732	1,771	1,742	1,700	20,036
Reinsurance Recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0
D. Net Reinsurance	1,658	1,612	1,365	1,544	1,814	1,723	1,645	1,732	1,732	1,771	1,742	1,700	20,036
E. Management Fees in Pool	806	784	664	751	882	837	799	842	842	861	847	826	9,741
F. Other Expenses - (Cap Claims Overpayment)	0	0	0	0	0	0	0	0	(14,249)	0	0	0	(14,249)
Total Expenses	**92,271**	**54,390**	**88,374**	**122,046**	**93,745**	**79,576**	**99,759**	**54,007**	**70,144**	**110,854**	**62,216**	**2,990**	**2,088,282**
PMPM Expenses	180.92	109.66	210.41	256.94	168.00	150.14	197.15	101.33	131.60	203.40	116.07	5.72	338.73
Net Risk Pool Balance													**798,780**
Hospital's Pool share													399,390
Angeles' Pool share (Note 1)													399,390
1st Interim Settlement pd Dec'18 - Wire													(218,841)
2nd Interim Settlement 50% Withhold													(90,274)
Net Angeles' Pool Share													**90,274**

VBC Paid	544,320
CAP Dispute	96,500
VBC Paid	680,473
3rd Party Impact	239,373
Total Cap Impact	336,873
27.7%	
Profit Margin	

NOTES: (1) Group share for surplus and deficit is 50% of Senior and CMC, 65% of Medi-Cal, Deficit NTE 25% of Hosp Revenue.
(2) RAF Included: June = $86,454.35 & August = $37,631.13

EXHIBIT E

EXHIBIT E

ST. FRANCIS MEDICAL CENTER - ANGELES IPA

Capitation Audit & Reconciliation Detail Report

Conifer Value-Based Care

Health Plan: **Health Net**
Product Line: **Senior**
Affiliated IPA: **Angeles IPA**
Company ID: **ANGSFH**
Cap Thru: **Dec-18**

	Current Cap		Retro Cap		Gross - b/4 Adjustments		Cap Check Adjustments							Net	Current
Months	Member Months	Capitation Revenue	Member Months	Capitation Revenue	Member Months	Capitation Revenue	ESRD	Incentive	Withhold	Claims Pd. by Payor	Supplemental Cap	Misc. Adj.	Total Adj.	Cap Check Cash.	Cap PMPM
	A	B	C	D	E	F	G	H	I	K	L	M	N	O	P
Jan-18	519.00	226,100.41	(9.00)	(5,749.53)	510.00	220,350.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	220,350.88	432.0
Feb-18	505.00	222,926.56	(9.00)	(3,090.15)	496.00	219,836.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	219,836.41	443.4
Mar-18	474.00	207,048.19	(54.00)	(28,427.86)	420.00	178,620.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	178,620.33	425.2
Apr-18	475.00	207,678.83	0.00	(3,552.13)	475.00	204,126.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	204,126.70	437.2
May-18	502.00	217,405.71	56.00	28,378.46	558.00	245,784.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	245,784.17	439.08
Jun-18	515.00	223,810.91	15.00	94,088.46	530.00	317,899.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	317,899.37	434.5
Jul-18	519.00	226,015.43	(13.00)	(3,523.28)	506.00	222,492.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	222,492.15	439.6
Aug-18	526.00	238,462.76	7.00	49,348.19	533.00	287,810.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	287,810.95	450.3
Sep-18	525.00	234,347.74	8.00	3,767.85	533.00	238,115.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	238,115.59	446.7
Oct-18	534.00	240,434.43	11.00	5,781.24	545.00	246,215.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	246,215.67	451.9
Nov-18	530.00	239,528.98	6.00	8,161.23	536.00	247,690.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	247,690.21	462.2
Dec-18	528.00	242,990.35	(5.00)	15,129.17	523.00	258,119.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	258,119.52	461.4
CY2018	**6,152.00**	**2,726,750.30**	**13.00**	**160,311.65**	**6,165.00**	**2,887,061.95**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**2,887,061.95**	**443.23**

Legend:

A, B, C, D =	Information available from the HMO/Payor back-up
E =	(A + C) = Calculated field
F =	(B + D) = Calculated field
G, H, I, J, K, L, M =	Information available from the HMO/Payor back-up
N =	(G + H + I + J + K + L+ M) = Calculated field
O =	(F + N) = Calculated field
P =	(B/A) = Calculated field

EXPLANATIONS OF CERTAIN CAP CHECK ADJUSTMENTS:

201808 Capitation RAF 0 Mid-year RAF $ (incl in Retro Cap) - $37,631.13
201806 Capitation RAF 0 Prior year RAF $ (incl in Retro Cap) - $86,454.35

Conifer Value-Based Care Hospital Risk Pool Report
St. Francis Medical Center - Verity Health
Angeles IPA - Molina Medi-Cal
Risk Pool Period: CY 2018 as of 12/31/2018

2nd Interim Settlement

Description	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Net Paid Member Months	**4,907**	**4,797**	**6,041**	**5,224**	**5,914**	**5,235**	**5,673**	**5,812**	**4,618**	**4,755**	**5,808**	**5,309**	**64,093**
Gross Cap PMPM Revenue	50.39	49.95	54.38	54.10	53.73	53.93	54.30	53.40	53.75	54.95	53.40	54.54	53.45
Gross Cap Revenue	247,277	239,616	328,495	282,608	317,776	282,311	308,048	310,351	248,238	261,284	310,144	289,555	3,425,700
Cap Check Adjustments	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Revenue (incl ESRD)	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Pool Revenue	**247,277**	**239,616**	**328,495**	**282,608**	**317,776**	**282,311**	**308,048**	**310,351**	**248,238**	**261,284**	**310,144**	**289,555**	**3,425,700**
Expenses:													
A. Services Provided at the Cap'd Hospital: (Less Copay & Ded)													0
Total IBNR Reserves (Capitated Hosp.)													**11,519**
Claims Paid - Inpatient Services	18,100	7,100	19,500	27,200	38,006	28,300	40,600	20,100	52,100	33,100	11,700	1,500	297,306
Claims Paid - ER	1,539	1,600	1,440	1,781	960	2,780	1,760	800	800	1,760	2,080	160	17,459
Claims Paid - All Other Services	0	5,994	0	9,209	4,612	337	3,822	2,495	1,938	1,534	2,696	0	32,637
Total In-house Services	**19,639**	**14,694**	**20,940**	**38,190**	**43,578**	**31,417**	**46,182**	**23,395**	**54,838**	**36,394**	**16,476**	**1,660**	**358,921**
B. Services Provided by Third Parties:													
Total IBNR Reserves (Third Parties)													**240,080**
Claims Paid - Inpatient Services	66,304	66,714	78,339	93,117	22,936	42,934	0	8,047	36,457	32,750	26,859	6,398	1,146,730
Claims Paid - ER	14,399	11,675	12,369	14,707	12,650	12,688	9,974	1,629	13,864	13,610	12,997	1,941	161,801
Claims Paid - SNF; Subacute	7,801	0	0	0	0	0	0	0	3,300	0	0	0	16,539
Claims Paid - HH; DME; Injectibles; Hospice	13,608	10,386	9,316	18,607	9,319	16,706	2,246	38	23,493	23,822	19,854	0	181,901
Claims Paid - All Other Services	6,656	8,920	12,998	1,414	2,180	3,475	351	1,186	2,359	2,845	0	0	48,194
Claims Paid by Health Plan	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Third Party Services	**108,768**	**97,695**	**113,023**	**127,845**	**47,085**	**75,804**	**12,571**	**10,899**	**79,474**	**73,027**	**59,710**	**8,339**	**1,795,245**
C. Cash Recoveries & Prior Year Impact													
Recovery Cash Receipts	0	0	0	0	0	(47)	(2,941)	(156)	0	(29)	0	(76)	(3,248)
Prior Years IBNR Carryover (Capitated)	0	0	0	0	0	0	0	0	0	0	0	0	0
Prior Years IBNR Carryover (Third Parties)	0	0	0	0	0	0	0	0	0	0	0	0	0
Prior Years Claims Paid (Capitated)	0	0	0	0	0	0	0	0	0	0	0	0	0
Prior Years Claims Paid (Third Parties)	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash Recoveries & Prior Years Impact	**0**	**0**	**0**	**0**	**0**	**(47)**	**(2,941)**	**(156)**	**0**	**(29)**	**0**	**(76)**	**(3,248)**
D. Reinsurance Premiums $0.47/$1.47 PMM (Note 2)	2,700	2,708	3,295	2,908	3,241	2,919	3,122	3,192	2,631	2,695	3,202	2,495	35,109
Reinsurance Recoveries	0	0	0	0	0	0	0	0	0	0	0	0	0
D. Net Reinsurance	2,700	2,708	3,295	2,908	3,241	2,919	3,122	3,192	2,631	2,695	3,202	2,495	35,109
E. Management Fees in Pool	7,753	7,579	9,545	8,254	9,344	8,271	8,963	9,183	7,296	7,513	9,177	8,388	101,267
F. Other Expenses - (Cap Claims Overpayment)	0	0	0	0	0	0	0	0	1,500	0	0	0	1,500
Total Expenses	**138,860**	**122,676**	**146,803**	**177,197**	**103,247**	**118,365**	**67,898**	**46,513**	**145,739**	**119,600**	**88,565**	**20,806**	**2,288,793**
PMPM Expenses	28.30	25.57	24.30	33.92	17.46	22.61	11.97	8.00	31.56	25.15	15.25	3.92	35.71
Net Risk Pool Balance													**1,136,907**
Hospital's Pool share													397,917
Angeles' Pool share (Note 1)													738,990
1st Interim Settlement pd Dec'18 - Wire													(389,620)
2nd Interim Settlement 50% Withhold													(174,685)
Net Angeles' Pool Share													**174,685**

VBC Paid	
347,402	
CAP Approp	
5.0	
VBC Paid	
1,555,165	
3rd Party Approp	
28.0	
Total Approp	
33.0	
33.2%	
Profit Margin	

NOTES: (1) Group share for surplus and deficit is 50% of Senior and CMC, 65% of Medi-Cal, Deficit NTE 25% of Hosp Revenue.
(2) CY18 Reins premium Non-SPD $0.47; SPD $1.47

EXHIBIT E

EXHIBIT E

ST. FRANCIS MEDICAL CENTER - ANGELES IPA

Capitation Audit & Reconciliation Detail Report

Conifer Value-Based Care

Health Plan: **Molina**
Product Line: **Medi-Cal**
Affiliated IPA: **Angeles IPA**
Company ID: **ANGSFH**
Cap Thru: **Dec-18**

Months	Current Cap		Retro Cap		Gross - b/4 Adjustments		Cap Check Adjustments							Net	Current
	Member Months	Capitation Revenue	Member Months	Capitation Revenue	Member Months	Capitation Revenue	ESRD	Incentive	Withhold	Claims Pd. by Payor	Supplemental Cap	Misc. Adj.	Total Adj.	Cap Check Cash.	Cap PMPM
	A	B	C	D	E	F	G	H	I	K	L	M	N	O	P
Jan-18	4,854.00	243,318.50	53.00	3,958.50	4,907.00	247,277.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	247,277.00	51.1[illegible]
Feb-18	4,779.00	239,035.00	18.00	580.50	4,797.00	239,615.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	239,615.50	50.[illegible]
Mar-18	5,461.00	287,907.00	580.00	40,588.00	6,041.00	328,495.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	328,495.00	54.[illegible]
Apr-18	5,263.00	279,918.50	(39.00)	2,689.50	5,224.00	282,608.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	282,608.00	53.19
May-18	5,622.00	300,250.00	292.00	17,526.00	5,914.00	317,776.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	317,776.00	53.41
Jun-18	5,226.00	277,993.50	9.00	4,317.00	5,235.00	282,310.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	282,310.50	53.9[illegible]
Jul-18	5,411.00	292,389.00	262.00	15,658.50	5,673.00	308,047.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	308,047.50	54.[illegible]
Aug-18	5,712.00	307,301.00	100.00	3,049.50	5,812.00	310,350.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	310,350.50	53.8[illegible]
Sep-18	4,987.00	269,703.50	(369.00)	(21,465.50)	4,618.00	248,238.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	248,238.00	54.[illegible]
Oct-18	4,759.00	259,847.50	(4.00)	1,436.00	4,755.00	261,283.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	261,283.50	54.[illegible]
Nov-18	5,080.00	275,245.00	728.00	34,899.00	5,808.00	310,144.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	310,144.00	53.[illegible]
Dec-18	4,977.00	269,079.50	332.00	20,475.00	5,309.00	289,554.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	289,554.50	54.[illegible]
CY2018	**62,131.00**	**3,301,988.00**	**1,962.00**	**123,712.00**	**64,093.00**	**3,425,700.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**3,425,700.00**	**53.1[illegible]**

Legend:

A, B, C, D =	Information available from the HMO/Payor back-up
E =	(A + C) = Calculated field
F =	(B + D) = Calculated field
G, H, I, J, K, L, M =	Information available from the HMO/Payor back-up
N =	(G + H + I + J + K + L+ M) = Calculated field
O =	(F + N) = Calculated field
P =	(B/A) = Calculated field

EXPLANATIONS OF CERTAIN CAP CHECK ADJUSTMENTS:

ST. FRANCIS MEDICAL CENTER - ANGELES IPA

CVBC - CY 2018 DEPOSIT LOG - ALL PLANS

CHECK REC'D DATE	CHECK PAYOR NAME	CHECK AMT	DEPOSIT	DEPOSIT DESCRIPTION	ANGELES CARE1ST MCAL	ANGELES HN CMC	ANGELES HN SR	ANGELES MOLINA MCAL	TOTAL
January 2018									
01/17/2018	MedReach Inc	121.75		ANG CARG	121.75				121.75
01/29/2018	Providence Health & Services	49.60		ANG CARG	49.60				49.60
01/26/2018	MedReach Inc	182.10		ANG CARG	182.10				182.10
	JANUARY TOTAL	**353.45**			**353.45**	**0.00**	**0.00**	**0.00**	**353.45**
February 2018									
	FEBRUARY TOTAL	**0.00**			**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
March 2018									
02/28/2018	Adventist Health	64.49	3/9/18	ANG CARG	64.49				64.49
	Dignity Health	5.02		ANG CARG	5.02				5.02
03/19/2018	KP Financial SVCS	423.93	3/30/18	ANG CARG	423.93				423.93
	MARCH TOTAL	**493.44**			**493.44**	**0.00**	**0.00**	**0.00**	**493.44**
April 2018									
	APRIL TOTAL	**0.00**			**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
May 2018									
05/07/2018	KP Financial SVCS	161.32	5/24/18	ANG CARG	161.32				161.32
05/24/2018	DaVita	2,929.10	5/25/18	ANG HENS			2,929.10		2,929.10
	MAY TOTAL	**3,090.42**			**161.32**	**0.00**	**2,929.10**	**0.00**	**3,090.42**
June 2018									
06/13/2018	Dignity Health	49.60		ANG CARG	49.60				49.60
06/15/2018	Memorial Care	46.58		ANG MOLM				46.58	46.58
06/18/2018	Memorial Care	36.21	6/19/18	ANG CARG	36.21				36.21
	JUNE TOTAL	**132.39**			**85.81**	**0.00**	**0.00**	**46.58**	**132.39**

ST. FRANCIS MEDICAL CENTER - ANGELES IPA

CVBC - CY 2018 DEPOSIT LOG - ALL PLANS

CHECK REC'D DATE	CHECK PAYOR NAME	CHECK AMT	DEPOSIT	DEPOSIT DESCRIPTION	ANGELES CARE1ST MCAL	ANGELES HN CMC	ANGELES HN SR	ANGELES MOLINA MCAL	TOTAL
July 2018									
07/05/2018	Memorial Care	2,940.88		ANG MOLM				2,940.88	2,940.88
	Satellite Dialysis Lynwood LLC	7,114.39	7/6/18	ANG HENT		7,114.39			7,114.39
	JULY TOTAL	**10,055.27**			**0.00**	**7,114.39**	**0.00**	**2,940.88**	**10,055.27**
August 2018									
08/07/2018	KP Financial SVCS	138.00		ANG CARG	138.00				138.00
08/13/2018	DaVita	2,043.00		ANG CARG	2,043.00				2,043.00
08/15/2018	Memorial Care	28.54		ANG CARG	28.54				28.54
	Memorial Care	12.69		ANG CARG	12.69				12.69
	Alhambra Hospital	49.60	8/17/18	ANG CARG	49.60				49.60
08/28/2018	Providence Health & Services	155.81		ANG MOLM				155.81	155.81
	MedReach Inc	132.40	8/30/18	ANG CARG	132.40				132.40
	AUGUST TOTAL	**2,560.04**			**2,404.23**	**0.00**	**0.00**	**155.81**	**2,560.04**
September 2018									
09/07/2018	KP Financial SVCS	118.61		ANG CARG	118.61				118.61
	KP Financial SVCS	171.60		ANG CARG	171.60				171.60
	KP Financial SVCS	111.04		ANG CARG	111.04				111.04
08/23/2018	Hao Wei Zhang MD	1,623.56		ANG CARG	1,623.56				1,623.56
09/13/2018	PIH Health Hospital - Downey	75.61	9/28/18	ANG CARG	75.61				75.61
09/25/2018	Childrens Hospital	564.46		ANG CARG	564.46				564.46
10/01/2018	PHI Health Hospital-Whittier	6,012.51	10/2/18	ANG CARG	6,012.51				6,012.51
	SEPTEMBER TOTAL	**8,677.39**			**8,677.39**	**0.00**	**0.00**	**0.00**	**8,677.39**

ST. FRANCIS MEDICAL CENTER - ANGELES IPA

CVBC - CY 2018 DEPOSIT LOG - ALL PLANS

CHECK REC'D DATE	CHECK PAYOR NAME	CHECK AMT	DEPOSIT	DEPOSIT DESCRIPTION	ANGELES CARE1ST MCAL	ANGELES HN CMC	ANGELES HN SR	ANGELES MOLINA MCAL	TOTAL
October 2018									
10/09/2018	PHI Health Hospital-Whittier	28.74	10/19/18	ANG MOLM				28.74	28.74
10/22/2018	Memorial Care Med Foundation	19.02		ANG CARG	19.02				19.02
	Memorial Care Med Foundation	22.00		ANG CARG	22.00				22.00
10/23/2018	North Coast Med Supp	17.24		ANG HENS			17.24		17.24
10/24/2018	CVS	3,925.58	10/24/18	ANG CARG	3,925.58				3,925.58
	OCTOBER TOTAL	**4,012.58**			**3,966.60**	**0.00**	**17.24**	**28.74**	**4,012.58**
November 2018									
	NOVEMBER TOTAL	**0.00**			**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
December 2018									
12/03/2018	Providence Health	257.84		ANG HENS			257.84		257.84
	HOAG	76.38		ANG MOLM				76.38	76.38
12/11/2018	DaVita	2,286.85	12/13/18	ANG CARG	2,286.85				2,286.85
	DECEMBER TOTAL	**2,621.07**			**2,286.85**	**0.00**	**257.84**	**76.38**	**2,621.07**
	SFMC ALL PLANS YTD TOTAL	**31,996.05**			**18,429.09**	**7,114.39**	**3,204.18**	**3,248.39**	**31,996.05**

ANGELES 2018 DEPOSITS **31,996.05**

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

CAP'D CLAIMS COPAY N DED DOS CY 2018 PAID THROUGH 12/31/2018

Health Plan Name	Month Of Service	CoPay N Ded
CARE FIRST MEDI-CAL		
ST FRANCIS MEDICAL CENTER		
	January 2018	0.00
	February 2018	0.00
	March 2018	0.00
	April 2018	0.00
	May 2018	0.00
	June 2018	0.00
	July 2018	0.00
	August 2018	0.00
	September 2018	0.00
	October 2018	0.00
	November 2018	0.00
	December 2018	0.00
	Total	**0.00**
HEALTH NET CALMEDICONNECT		
ST FRANCIS MEDICAL CENTER		
	March 2018	0.00
	May 2018	0.00
	September 2018	0.00
	Total	**0.00**
HEALTH NET SENIORITY PLUS		
ST FRANCIS MEDICAL CENTER		
	January 2018	435.97
	February 2018	380.00
	March 2018	1,699.00
	April 2018	1,127.61
	May 2018	512.64
	June 2018	2,305.89
	July 2018	1,311.12
	August 2018	2,236.35
	September 2018	621.93
	October 2018	2,360.00
	November 2018	0.00
	Total	**12,990.51**
MOLINA MEDI-CAL		
ST FRANCIS MEDICAL CENTER		
	January 2018	0.00
	February 2018	0.00

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

CAP'D CLAIMS COPAY N DED DOS CY 2018 PAID THROUGH 12/31/2018

Health Plan Name	Month Of Service	CoPay N Ded
MOLINA MEDI-CAL		
	March 2018	0.00
	April 2018	0.00
	May 2018	0.00
	June 2018	0.00
	July 2018	0.00
	August 2018	0.00
	September 2018	0.00
	October 2018	0.00
	November 2018	0.00
	December 2018	0.00
	Total	**0.00**
	Total:	**12,990.51**

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

Date of Service from 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
CARE FIRST MEDI-CAL		
ST FRANCIS MEDICAL CENTER		
	January 2018	$214,611.09
	February 2018	$52,848.35
	March 2018	$143,957.25
	April 2018	$78,925.73
	May 2018	$56,726.71
	June 2018	$39,708.81
	July 2018	$50,361.29
	August 2018	$29,773.72
	September 2018	$66,105.99
	October 2018	$87,945.60
	November 2018	$39,859.47
	December 2018	$5,605.09
	Subtotal	**$866,429.10**
HEALTH NET CALMEDICONNECT		
ST FRANCIS MEDICAL CENTER		
	March 2018	$4,245.00
	May 2018	$5,100.00
	September 2018	$5,100.00
	Subtotal	**$14,445.00**
HEALTH NET SENIORITY PLUS		
ST FRANCIS MEDICAL CENTER		
	January 2018	$47,582.24
	February 2018	$27,025.29
	March 2018	$37,997.00
	April 2018	$82,681.80
	May 2018	$68,348.61
	June 2018	$47,354.82
	July 2018	$64,083.34
	August 2018	$46,628.24
	September 2018	$30,811.43
	October 2018	$74,606.78
	November 2018	$17,200.00
	Subtotal	**$544,319.55**
MOLINA MEDI-CAL		
ST FRANCIS MEDICAL CENTER		
	January 2018	$19,638.75
	February 2018	$14,694.46
	March 2018	$20,940.00
	April 2018	$38,189.70

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

Date of Service from 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
MOLINA MEDI-CAL		
	May 2018	$43,577.51
	June 2018	$31,416.57
	July 2018	$46,181.92
	August 2018	$23,395.36
	September 2018	$54,837.97
	October 2018	$36,393.70
	November 2018	$16,476.08
	December 2018	$1,660.00
	Subtotal	**$347,402.02**
	Total:	**$1,772,595.67**

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
ADONAI CONGREGATE LIVING		
	November 2018	$9,000.00
ALHAMBRA HOSPITAL MEDICAL CENTER		
	January 2018	$49.60
	February 2018	$267.92
	March 2018	$9,204.60
	May 2018	$91.93
	June 2018	$61.60
	October 2018	$63.76
AMBEGAONKAR MD		
	February 2018	$12.30
AMBULNZ HEALTH LLC		
	December 2018	$163.96
AMBUSERVE INC		
	May 2018	$423.81
AMERICAN MED RESPONSE OF SO CALIFORNIA		
	February 2018	$234.58
	March 2018	$125.30
ANAHEIM REGIONAL MEDICAL CENTER		
	January 2018	$145.23
ANTELOPE VALLEY HOSPITAL		
	January 2018	$49.60
	March 2018	$34.58
	May 2018	$52.84
	September 2018	$3,460.72
ARCADIA OAKS DIALYSIS		
	September 2018	$2,728.50
	October 2018	$2,952.95
ATLANTIC MEMORIAL HEALTHCARE CTR & REHAB		
	January 2018	$1,153.44
	February 2018	$10,255.78
	March 2018	$10,593.70
BAY CREST CARE CENTER		
	April 2018	$6,745.00
	May 2018	$2,485.00
BELLA VIDA HOSPICE		
	January 2018	$6,693.01

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	February 2018	$6,405.20
	March 2018	$6,571.72
	April 2018	$6,927.10
	May 2018	$7,102.72
	June 2018	$2,749.44
	September 2018	$5,680.10
	October 2018	$2,723.30
BEVERLY HOSPITAL		
	January 2018	$116.25
	February 2018	$195.80
	March 2018	$6,707.03
	April 2018	$751.11
	September 2018	$318.23
	October 2018	$10,272.56
	November 2018	$4,355.01
CALIFORNIA HOSPITAL MEDICAL CENTER		
	January 2018	$32,475.11
	February 2018	$1,863.29
	March 2018	$4,538.58
	April 2018	$8,454.25
	May 2018	$2,397.14
	June 2018	$77.24
	July 2018	$49.60
	August 2018	$362.42
	September 2018	$9,731.21
	October 2018	$5,190.43
	November 2018	$87.53
CARE AMBULANCE SERVICE INC- ORANGE		
	January 2018	$2,690.67
	February 2018	$1,394.22
	March 2018	$1,137.54
	April 2018	$858.51
	May 2018	$1,047.15
	June 2018	$585.12
	July 2018	$290.35
	September 2018	$426.53
	October 2018	$274.14
	November 2018	$132.40

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
CEDARS SINAI MEDICAL CENTER		
	January 2018	$6,577.71
	February 2018	$5,095.76
	March 2018	$7,076.68
	April 2018	$845.92
	September 2018	$162.52
CENTINELA HOSPITAL MEDICAL CENTER		
	January 2018	$19,658.43
	February 2018	$21,285.12
	March 2018	$35,242.13
	April 2018	$18,510.82
	May 2018	$950.21
	June 2018	$5,532.64
	September 2018	$233.49
	November 2018	$3,856.09
CHILDRENS HOSPITAL OF LOS ANGELES		
	January 2018	$7,724.73
	February 2018	$3,754.94
	March 2018	$4,007.65
	April 2018	$86.80
	June 2018	$10,500.00
	July 2018	$3,500.00
	October 2018	$3,500.00
CHINO VALLEY MEDICAL CTR		
	February 2018	$223.33
	September 2018	$170.73
CHOICE HOME MEDICAL SUPPLIES		
	March 2018	$118.43
	October 2018	$1,024.13
CITY OF LONG BEACH FIRE DEPT		
	January 2018	$121.75
	April 2018	$121.75
COAST PLAZA HOSPITAL		
	January 2018	$740.32
	February 2018	$802.66
	March 2018	$2,076.75
	April 2018	$173.83
	May 2018	$886.84

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	August 2018	$49.60
	September 2018	$49.60
	October 2018	$6,600.48
	November 2018	$172.74
COLLEGE MEDICAL CENTER		
	January 2018	$271.42
	April 2018	$17,344.13
	May 2018	$49.60
COMMUNITY HOSPITAL LONG BEACH		
	January 2018	$1,190.14
	February 2018	$6,520.93
	March 2018	$1,703.35
	April 2018	$5,017.37
	June 2018	$696.77
COMMUNITY HOSPITAL OF HUNTINGTON PARK		
	January 2018	$1,652.86
	February 2018	$23,105.78
	March 2018	$2,663.19
	April 2018	$1,133.82
	May 2018	$1,430.56
	June 2018	$1,946.57
	July 2018	$850.79
	August 2018	$555.42
	September 2018	$1,054.70
	October 2018	$1,376.10
	November 2018	$8,599.71
	December 2018	$707.97
CRESCENT HEALTHCARE INC		
	October 2018	$84.00
	November 2018	$936.00
CRYSTAL HOME HEALTH CARE		
	September 2018	$1,230.00
	October 2018	$2,420.00
	November 2018	$2,400.00
	December 2018	$1,355.00
DELTA DRUGS - GLENDALE		
	January 2018	$2,243.92
	February 2018	$1,075.99

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	March 2018	$1,543.57
	April 2018	$1,927.35
	May 2018	$1,896.45
	June 2018	$2,233.69
	August 2018	$134.40
	September 2018	$1,166.04
	October 2018	$693.07
	November 2018	$835.85
DIBIASSI CORP - SOUTHERN CALIF AMBULANCE		
	April 2018	$142.66
DOCTORS DIALYSIS OF EAST LOS ANGELES		
	September 2018	$1,573.74
	October 2018	$1,734.21
	November 2018	$1,111.79
DOWNEY REGIONAL MEDICAL CENTER		
	January 2018	$7,251.14
	February 2018	$3,840.37
	March 2018	$19,094.94
	April 2018	$6,179.37
	May 2018	$2,945.65
	June 2018	$11,454.99
	July 2018	$1,727.33
	August 2018	$49.60
	September 2018	$1,808.10
	October 2018	$2,421.59
	November 2018	$4,246.30
	December 2018	$313.14
EAST LOS ANGELES DOCTORS HOSPITAL		
	January 2018	$440.02
	February 2018	$6,516.80
	March 2018	$479.06
	April 2018	$152.34
	May 2018	$299.32
	June 2018	$469.92
	July 2018	$153.23
	August 2018	$49.60
	September 2018	$274.10
	October 2018	$613.40

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	November 2018	$284.45
	December 2018	$683.35
ENCINO REGIONAL MEDICAL CENTER		
	October 2018	$268.24
ENCORE HOSPICE CORP		
	September 2018	$5,398.50
	October 2018	$5,578.45
FIRESTONE BLVD DIALYSIS		
	January 2018	$24.37
	October 2018	$685.86
FIRSTMED AMBULANCE SERVICES		
	January 2018	$342.12
	February 2018	$160.65
	March 2018	$137.37
	October 2018	$167.19
	November 2018	$167.90
FOCUS MEDICAL IMAGING		
	April 2018	$76.91
FOOTHILL PRESBYTERIAN HOSPITAL		
	February 2018	$452.05
	March 2018	$401.74
FOUNTAIN VALLEY REG HOSP AND MED CTR		
	March 2018	$12,703.95
FRESENIUS MEDICAL CARE NORWALK		
	September 2018	$1,741.46
	October 2018	$1,978.34
	November 2018	$1,853.11
GARFIELD MEDICAL CENTER		
	January 2018	$232.47
	February 2018	$298.87
	May 2018	$159.51
	June 2018	$163.68
	September 2018	$6,062.00
GLENDALE ADVENTIST MEDICAL CENTER		
	January 2018	$86.31
	February 2018	$388.22
	May 2018	$409.86

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
GLENDALE MEMORIAL HOSPITAL		
	February 2018	$301.29
	March 2018	$8,581.65
	May 2018	$321.37
	September 2018	$347.05
GREATER EL MONTE COMMUNITY HOSPITAL		
	January 2018	$349.36
	February 2018	$379.17
	March 2018	$297.49
	April 2018	$1,117.45
	June 2018	$401.09
	July 2018	$49.60
	September 2018	$4,134.06
	October 2018	$306.06
HAWTHORNE DIALYSIS		
	September 2018	$1,006.18
	October 2018	$1,019.56
HENRY MAYO NEWHALL MEMORIAL HOSPITAL		
	February 2018	$751.39
	October 2018	$611.33
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER		
	February 2018	$372.72
	April 2018	$49.60
HUNTINGTON BEACH HOSPITAL		
	April 2018	$18,031.39
HUNTINGTON PARK NURSING CENTER		
	September 2018	$1,380.00
	October 2018	$5,032.50
INTERCOMMUNITY/CITRUS VLY MED CTR		
	February 2018	$55.16
	March 2018	$89.16
	May 2018	$190.29
IV LEAGUE PHARMACY		
	January 2018	$5,315.87
	April 2018	$1,305.45
	May 2018	$2,617.44
	June 2018	$200.00
	September 2018	$6,872.40

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	October 2018	$6,552.86
KAISER HSP ANAHEIM MEDICAL CENTER		
	May 2018	$49.60
KAISER HSP CADILLAC AVENUE LOS ANGELES		
	January 2018	$116.15
	February 2018	$669.48
	March 2018	$109.14
	April 2018	$585.49
	May 2018	$2,280.77
	June 2018	$49.60
	September 2018	$268.67
	October 2018	$269.74
KAISER HSP DOWNEY MEDICAL CENTER		
	January 2018	$1,462.20
	February 2018	$264.94
	March 2018	$381.37
	April 2018	$769.26
	May 2018	$399.05
	June 2018	$357.24
	August 2018	$168.97
	September 2018	$178.85
	October 2018	$212.29
KAISER HSP MORENO VALLEY		
	January 2018	$78.29
KAISER HSP PANORAMA CITY		
	January 2018	$37.20
	March 2018	$116.64
	November 2018	$78.11
KAISER HSP SOUTH BAY MED - HARBOR CITY		
	January 2018	$112.01
	February 2018	$348.17
	March 2018	$419.48
	April 2018	$207.00
	May 2018	$234.98
	June 2018	$374.22
KAISER HSP W SUNSET BLVD LOS ANGELES		
	January 2018	$503.53
	February 2018	$4,235.58

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	March 2018	$634.68
	April 2018	$520.16
	October 2018	$324.69
KECK HOSPITAL OF USC		
	January 2018	$18,031.39
	April 2018	$33,872.69
	May 2018	$0.00
LA COMMUNITY HOSPITAL		
	January 2018	$5,518.85
	February 2018	$4,659.23
	November 2018	$4,661.74
LA PALMA INTERCOMMUNITY HOSPITAL		
	February 2018	$2,793.68
LAKEWOOD REGIONAL MEDICAL CENTER		
	January 2018	$8,929.13
	February 2018	$256.66
	March 2018	$555.78
	April 2018	$5,028.50
	September 2018	$84.97
	October 2018	$51.17
	November 2018	$350.18
LIBERTY AMBULANCE LLC		
	January 2018	$185.26
LIFE MEDICAL HOME CARE SERVICES INC		
	January 2018	$341.28
	February 2018	$658.80
	March 2018	$363.88
	April 2018	$1,413.38
	May 2018	$856.51
	June 2018	$347.89
	July 2018	$100.48
	August 2018	$521.28
	September 2018	$2,018.53
	October 2018	$815.67
	November 2018	$2,043.54
LIFELINE AMBULANCE		
	April 2018	$152.54
	October 2018	$342.93

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	November 2018	$135.56
LL UNIV MED CTR - LOMA LINDA		
	January 2018	$382.72
	March 2018	$157.88
LONG BEACH MEM CENTER		
	January 2018	$67.33
	February 2018	$155.65
	March 2018	$447.59
	April 2018	$7,393.39
	May 2018	$329.97
	June 2018	$49.61
	July 2018	$503.87
	September 2018	$368.55
	October 2018	$534.39
	November 2018	$372.91
LONG BEACH MEMORIAL/MILLER CHILDRENS HSP		
	January 2018	$53,772.81
	February 2018	$118,415.69
	March 2018	$60,274.71
	April 2018	$83,625.55
	May 2018	$43,166.16
	June 2018	$39,989.93
	July 2018	$4,001.34
	August 2018	$197.40
	September 2018	$27,424.58
	October 2018	$71,000.55
	November 2018	$23,391.04
	December 2018	$1,327.42
LONG BEACH QUEST DIALYSIS CTR		
	September 2018	$3,027.35
	October 2018	$3,199.99
	November 2018	$2,654.98
LOS ALAMITOS REGIONAL MEDICAL CENTER		
	January 2018	$442.67
	February 2018	$356.41
	March 2018	$450.50
	April 2018	$396.40
	October 2018	$564.02

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
LOS ANGELES CITY FIRE DEPARTMENT		
	January 2018	$375.90
	February 2018	$418.50
LOS ANGELES DIALYSIS CENTER		
	January 2018	$5,828.76
	February 2018	$4,268.71
	March 2018	$5,057.37
	April 2018	$5,461.67
	May 2018	$5,901.00
	June 2018	$4,997.49
	July 2018	$2,779.60
	September 2018	$1,800.17
	October 2018	$2,824.57
	November 2018	$1,552.31
MARINA DEL REY HOSPITAL		
	January 2018	$77.23
	March 2018	$93.58
MARTIN LUTHER KING JR		
	January 2018	$15,336.65
	February 2018	$12,154.31
	March 2018	$5,667.31
	April 2018	$2,561.11
	May 2018	$20,974.11
	June 2018	$1,402.18
	July 2018	$2,995.67
	August 2018	$405.90
	September 2018	$2,977.94
	October 2018	$1,673.53
	November 2018	$3,901.38
	December 2018	$88.21
MED LASER SURGERY CENTER		
	January 2018	$2,200.29
	April 2018	$3,019.35
	May 2018	$1,005.21
MEMORIAL HOSPITAL OF GARDENA		
	January 2018	$1,695.39
	February 2018	$614.26
	March 2018	$9,587.69

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	April 2018	$7,907.73
	May 2018	$601.38
	June 2018	$924.67
	July 2018	$1,310.12
	September 2018	$99.88
	October 2018	$4,459.50
	November 2018	$64.13
MIRACLE HOME HEALTH CARE INC		
	January 2018	$177.32
	February 2018	$391.80
	March 2018	$613.92
	April 2018	$2,967.70
	May 2018	$2,944.22
	September 2018	$470.64
MIRACLE MILE HOSPICE CARE INC		
	January 2018	$4,650.31
	February 2018	$4,200.28
	March 2018	$4,650.31
	April 2018	$4,500.30
	July 2018	$2,400.16
	September 2018	$4,548.30
MLK COMM HSP PROFESSIONAL SERVICES		
	April 2018	$59.75
MONTEREY PARK HOSPITAL		
	January 2018	$492.09
	February 2018	$1,404.04
	March 2018	$998.28
	April 2018	$15,514.09
	May 2018	$781.58
	June 2018	$24,004.24
	July 2018	$652.76
	August 2018	$242.29
	September 2018	$1,459.11
	October 2018	$1,188.89
M-S SURGERY CENTER		
	May 2018	$1,005.21
	September 2018	$1,657.10
NORTHRIDGE HOSPITAL ROSCOE BLVD		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	September 2018	$460.26
	October 2018	$339.72
NORWALK COMMUNITY HOSPITAL		
	March 2018	$38,839.73
OLYMPIA MED CTR DBA MIDWAY HOSPITAL		
	January 2018	$49.60
	February 2018	$99.20
	March 2018	$49.60
	April 2018	$365.23
	May 2018	$6,313.48
	June 2018	$310.01
	July 2018	$148.80
	September 2018	$419.94
	October 2018	$128.67
	November 2018	$269.99
ORANGE COAST MEMORIAL MEDICAL CENTER		
	January 2018	$102.26
	April 2018	$30,410.75
PACIFICA HOSPITAL OF THE VALLEY		
	January 2018	$34.58
	February 2018	$4,849.07
	May 2018	$95.49
PALM DRIVE EMERG PHYS MED GRP		
	May 2018	$93.90
PALMDALE REGIONAL MEDICAL CENTER		
	January 2018	$107.68
	February 2018	$272.78
	March 2018	$403.98
	April 2018	$210.10
	May 2018	$79.03
	June 2018	$90.90
	September 2018	$50.68
	October 2018	$200.63
	November 2018	$113.65
PARAMOUNT DIALYSIS CENTER		
	March 2018	$2,123.47
	April 2018	$1,837.03
	September 2018	$847.50

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
POMONA DIALYSIS		
	September 2018	$1,695.72
	October 2018	$2,165.95
	November 2018	$2,145.94
PREMIER INFUSION CARE PHARMACY		
	November 2018	$3,847.46
	December 2018	$125.00
PRESBYTERIAN INTERCOMMUNITY HOSPITAL		
	January 2018	$1,998.00
	February 2018	$1,143.47
	March 2018	$7,372.57
	April 2018	$648.98
	May 2018	$12,396.09
	June 2018	$1,842.37
	July 2018	$1,266.03
	August 2018	$242.68
	September 2018	$1,596.02
	October 2018	$1,012.20
	November 2018	$2,417.37
	December 2018	$293.07
PRN AMBULANCE INC		
	February 2018	$199.85
PROVIDENCE HOLY CROSS MEDICAL CENTER		
	January 2018	$49.60
	February 2018	$3,225.22
PROVIDENCE LCM SAN PEDRO HOSPITAL		
	January 2018	$99.20
	February 2018	$945.53
	March 2018	$136.77
	September 2018	$99.20
	October 2018	$49.60
PROVIDENCE LCM TORRANCE		
	January 2018	$977.82
	February 2018	$2,486.91
	March 2018	$56.68
	April 2018	$73.40
	May 2018	$67.74
	September 2018	$459.14

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	October 2018	$130.87
	November 2018	$188.36
PROVIDENCE ST JOHNS HOSP AND HEALTH CTR		
	February 2018	$34.58
PROVIDENCE ST JOSEPH MED CENTER- BURBANK		
	February 2018	$270.05
	September 2018	$20,283.33
PROVIDENCE TARZANA MEDICAL CENTER		
	July 2018	$61.56
PROVIDENCE TRINITYCARE HOSPICE		
	January 2018	$5,040.64
	February 2018	$3,436.80
	March 2018	$3,436.80
QUEEN OF THE VALLEY CITRUS VLY MED CTR		
	February 2018	$131.08
	March 2018	$3,690.47
	May 2018	$717.25
	June 2018	$49.60
	September 2018	$766.65
	October 2018	$163.05
RAI EAST OLYMPIC LOS ANGELES		
	September 2018	$641.16
RESCUE SERVICES INTERNATIONAL		
	February 2018	$179.02
	March 2018	$206.65
RONALD REAGAN UCLA MEDICAL CENTER		
	February 2018	$9,133.54
RTC CA IMPERIAL CARE DYLS		
	January 2018	$1,035.75
	September 2018	$638.00
SAN ANTONIO REGIONAL HOSPITAL		
	February 2018	$57.31
SAN GABRIEL VALLEY MEDICAL CENTER		
	January 2018	$292.81
	February 2018	$322.85
	March 2018	$1,111.82
	April 2018	$120.56

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
SANTA CLARITA KIDNEY CTR		
	January 2018	$2,443.00
	February 2018	$3,673.83
	March 2018	$2,750.73
	April 2018	$2,110.59
	May 2018	$1,615.85
	June 2018	$2,412.28
	July 2018	$2,422.50
	August 2018	$282.62
	September 2018	$886.65
	October 2018	$1,940.39
	November 2018	$1,987.89
SANTA MONICA UCLA MEDICAL CENTER		
	May 2018	$152.72
SCH AT BROTMAN IN CULVER CITY		
	February 2018	$7,559.04
SCH AT HOLLYWOOD		
	April 2018	$420.32
SCHAEFER AMB SVCS LOS ANGELES		
	February 2018	$174.23
	April 2018	$125.30
ST JUDE MEDICAL CENTER		
	January 2018	$168.91
	April 2018	$186.38
	July 2018	$114.56
	October 2018	$55.00
ST MARY MED CTR - LONG BEACH		
	January 2018	$1,097.83
	February 2018	$7,607.04
	March 2018	$14,984.07
	April 2018	$9,870.95
	May 2018	$6,512.17
	June 2018	$298.79
	July 2018	$266.32
	August 2018	$49.60
	September 2018	$13,017.76
	November 2018	$147.56
ST VINCENT MEDICAL CENTER - LOS ANGELES		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	January 2018	$19,075.72
	February 2018	$4,718.73
	March 2018	$818.68
	April 2018	$6,140.80
	May 2018	$672.85
	June 2018	$12,959.73
	July 2018	$2,502.59
	August 2018	$2,183.01
	September 2018	$494.41
	October 2018	$370.55
TEMECULA VALLEY HOSPITAL		
	February 2018	$79.44
TMMC RADIOLOGY		
	April 2018	$616.18
TORRANCE MEMORIAL MEDICAL CENTER		
	January 2018	$654.44
	February 2018	$9,205.29
	March 2018	$6,737.34
	April 2018	$7,893.34
	May 2018	$622.75
	June 2018	$498.80
	July 2018	$549.76
	August 2018	$52.82
	September 2018	$10,528.14
	October 2018	$1,046.79
	November 2018	$531.87
	December 2018	$99.20
TRUE CARE HOSPICE		
	January 2018	$4,960.00
	February 2018	$4,480.00
	March 2018	$5,578.45
	April 2018	$4,800.00
	May 2018	$3,875.00
UPLAND DIALYSIS		
	June 2018	$423.93
	July 2018	$423.93
VALLEY PRESBYTERIAN HOSPITAL		
	January 2018	$295.15

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
	February 2018	$140.54
	March 2018	$150.15
	April 2018	$72.71
	June 2018	$259.21
	October 2018	$70.44
	November 2018	$53.97
WEST ANAHEIM MEDICAL CTR		
	January 2018	$12,582.37
WEST HILLS REG HOSP MEDICAL CTR		
	September 2018	$120.31
WESTERN DRUG MEDICAL SUPPLY		
	January 2018	$223.59
	February 2018	$769.37
	June 2018	$174.94
	September 2018	$418.98
	October 2018	$70.23
WESTMED DBA MCCORMICK AMBULANCE		
	January 2018	$508.27
	February 2018	$1,385.21
	March 2018	$1,354.57
	April 2018	$1,262.92
	May 2018	$694.42
	June 2018	$135.18
	August 2018	$135.18
	September 2018	$149.38
WHITE MEMORIAL HOSP MED CTR		
	January 2018	$8,396.86
	February 2018	$5,228.54
	March 2018	$6,701.20
	April 2018	$6,204.39
	May 2018	$7,116.22
	June 2018	$6,256.68
	July 2018	$1,374.34
	August 2018	$169.74
	September 2018	$958.76
	October 2018	$5,060.73
	November 2018	$7,951.86
	December 2018	$286.22

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
CARE FIRST MEDI-CAL		
WHITTIER DIALYSIS CENTER		
	January 2018	$2,162.45
	February 2018	$2,007.00
	March 2018	$2,194.25
	April 2018	$2,218.27
	May 2018	$2,261.69
	June 2018	$1,735.47
	July 2018	$2,659.86
	September 2018	$1,785.32
	October 2018	$3,405.38
	November 2018	$2,505.06
WHITTIER HOSPITAL MEDICAL CENTER		
	January 2018	$1,847.69
	February 2018	$1,931.10
	March 2018	$5,123.80
	April 2018	$3,623.75
	May 2018	$1,173.07
	June 2018	$9,510.48
	July 2018	$1,357.50
	September 2018	$762.74
	October 2018	$2,150.78
	November 2018	$197.65
	December 2018	$67.43
ZHANG MD		
	February 2018	$6,492.84
	March 2018	$6,492.84
	April 2018	$6,534.14
	May 2018	$6,578.59
	June 2018	$6,579.64
	July 2018	$3,289.82
	September 2018	$3,275.12
	Subtotal:	**$2,103,729.87**
TP		
HEALTH NET CALMEDICONNECT		
ADVANCED DIABETES SUPPLY		
	February 2018	$139.28
	March 2018	$136.08

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET CALMEDICONNECT		
	April 2018	$215.56
	May 2018	$98.20
	June 2018	$158.55
	July 2018	$98.20
CARE AMBULANCE SERVICE INC- ORANGE		
	May 2018	$337.00
CHOICE HOME MEDICAL SUPPLIES		
	November 2018	$307.49
COAST PLAZA HOSPITAL		
	February 2018	$201.22
DOWNEY REGIONAL MEDICAL CENTER		
	March 2018	$118.28
FOCUS MEDICAL IMAGING		
	April 2018	$56.38
LAMBERT RADIOLOGY MED GRP		
	May 2018	$9.99
MED LASER SURGERY CENTER		
	May 2018	$1,443.64
PRESBYTERIAN INTERCOMMUNITY HOSPITAL		
	September 2018	$408.15
PROFESSIONAL IMAGING MEDICAL GROUP		
	April 2018	$86.48
	July 2018	$46.39
PROVIDENCE HOLY CROSS MEDICAL CENTER		
	January 2018	$1,137.04
RENAISSANCE IMAGING MED ASSOC		
	July 2018	$16.43
RIVERSIDE RADIOLOGY MEDICAL GROUP		
	July 2018	$9.99
SAN GABRIEL VALLEY MEDICAL CENTER		
	May 2018	$61,491.76
ST VINCENT MEDICAL CENTER - LOS ANGELES		
	August 2018	$1,796.00
WESTMED DBA MCCORMICK AMBULANCE		
	March 2018	$489.31
	Subtotal:	**$68,801.42**

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET SENIORITY PLUS		
ADVANCED DIABETES SUPPLY		
	January 2018	$855.55
	February 2018	$2,410.45
	March 2018	$1,698.52
	April 2018	$795.99
	May 2018	$2,888.12
	June 2018	$2,504.14
	July 2018	$1,382.17
	August 2018	$777.50
	September 2018	$1,021.65
	October 2018	$585.14
	November 2018	$288.85
	December 2018	$232.08
AMBULNZ HEALTH LLC		
	July 2018	$247.12
AMERICAN PROFESSIONAL AMBULANCE		
	March 2018	$429.91
APRIA HEALTHCARE INC		
	January 2018	$140.14
	May 2018	$58.08
	June 2018	$279.29
	September 2018	$322.46
	October 2018	$52.21
BEVERLY HOSPITAL		
	February 2018	$7,418.96
	November 2018	$10,501.93
BRIAR CREST NURSING CENTER		
	September 2018	$6,000.00
CARE AMBULANCE SERVICE INC- ORANGE		
	February 2018	$382.30
	May 2018	$403.50
	September 2018	$1,117.20
	December 2018	$419.80
CEDARS SINAI MEDICAL CARE FOUNDATION		
	January 2018	$9.19
CENTURY RADIOLOGY MED GRP INC		
	January 2018	$9.99
	April 2018	$16.88

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET SENIORITY PLUS		
	September 2018	$37.18
CEP ST FRANCIS MED CTR - LYNWOOD		
	September 2018	$65.74
CHOICE HOME MEDICAL SUPPLIES		
	March 2018	$1,018.01
	April 2018	$143.10
	May 2018	$125.04
	June 2018	$125.04
	October 2018	$197.68
CITY OF LONG BEACH FIRE DEPT		
	March 2018	$336.41
COLLEGE MEDICAL CENTER		
	October 2018	$399.46
DOWNEY REGIONAL MEDICAL CENTER		
	January 2018	$16,539.21
	March 2018	$9,768.83
	April 2018	$399.46
	July 2018	$7,497.04
	August 2018	$0.00
	September 2018	$13,519.49
	October 2018	$10,182.92
	November 2018	$8,393.55
DYNAMICS ORTHOTICS AND PROSTHETICS INC		
	September 2018	$318.40
EAST LOS ANGELES DOCTORS HOSPITAL		
	January 2018	$2,673.64
	March 2018	$1,071.16
	November 2018	$15,018.77
FIRSTMED AMBULANCE SERVICES		
	September 2018	$356.31
FMC EUCALUPTUS JV		
	September 2018	$2,430.24
GOOD SAMARITAN HOSPITAL LOS ANGELES		
	September 2018	$4,212.59
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER		
	July 2018	$8,623.98
IOWA STREET DIALYSIS		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET SENIORITY PLUS		
	June 2018	$4,349.28
KECK HOSPITAL OF USC		
	September 2018	$3,571.27
KENNETH HAHN PLAZA DIALYSIS CENTER		
	January 2018	$3,932.37
	February 2018	$2,749.08
	March 2018	$3,301.74
	April 2018	$3,335.15
	May 2018	$3,322.15
	June 2018	$3,316.43
	July 2018	$2,991.04
	September 2018	$2,757.24
	October 2018	$3,527.86
	November 2018	$3,269.76
KING MEDICAL SUPPLY		
	May 2018	$22.52
LAKEWOOD REGIONAL MEDICAL CENTER		
	January 2018	$6,089.36
	April 2018	$980.16
	May 2018	$6,944.28
	June 2018	$743.74
LAMBERT RADIOLOGY MED GRP		
	February 2018	$9.99
	April 2018	$22.34
	July 2018	$9.99
	October 2018	$58.32
LIFE MEDICAL HOME CARE SERVICES INC		
	January 2018	$394.41
	February 2018	$1,329.15
	March 2018	$1,590.83
	April 2018	$218.34
	May 2018	$600.42
	September 2018	$395.21
	October 2018	$680.60
	November 2018	$436.70
LONG BEACH MEMORIAL/MILLER CHILDRENS HSP		
	March 2018	$540.36
	July 2018	$657.59

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET SENIORITY PLUS		
LONG BEACH QUEST DIALYSIS CTR		
	January 2018	$2,722.61
	February 2018	$2,549.47
	March 2018	$2,221.45
	April 2018	$2,487.00
	May 2018	$3,500.00
	June 2018	$3,005.76
	September 2018	$2,510.90
	October 2018	$2,767.82
MED LASER SURGERY CENTER		
	June 2018	$721.82
	September 2018	$903.90
MEMORIAL HOSPITAL OF GARDENA		
	March 2018	$905.55
MIRACLE HOME HEALTH CARE INC		
	January 2018	$245.00
	February 2018	$1,080.00
	March 2018	$570.00
	May 2018	$1,840.00
	June 2018	$2,200.00
	July 2018	$1,275.00
	August 2018	$110.00
	September 2018	$2,320.00
	October 2018	$1,615.00
	November 2018	$440.00
	December 2018	$70.00
MONTEREY PARK HOSPITAL		
	April 2018	$19,655.18
	October 2018	$1,310.96
M-S SURGERY CENTER		
	April 2018	$1,694.82
	September 2018	$1,129.88
	October 2018	$903.90
ORTHO ENGINEERING INC		
	March 2018	$384.25
	May 2018	$384.25
PREMIER INFUSION CARE PHARMACY		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET SENIORITY PLUS		
	May 2018	$972.80
	June 2018	$1,763.20
PROVIDENCE TARZANA MEDICAL CENTER		
	January 2018	$257.84
RAI COMPTON LOS ANGELES		
	January 2018	$4,177.11
	February 2018	$3,912.96
	March 2018	$4,234.88
	April 2018	$4,256.33
	May 2018	$3,392.22
	September 2018	$3,908.04
ROYALTY AMBULANCE SERVICES		
	July 2018	$423.81
SAN ANTONIO REGIONAL HOSPITAL		
	October 2018	$7,495.26
SATELLITE DIALYSIS OF SOUTH GATE		
	January 2018	$3,025.00
	February 2018	$2,640.00
	March 2018	$3,080.00
	April 2018	$2,640.00
	September 2018	$3,575.00
	October 2018	$2,860.00
	November 2018	$3,575.00
SC PERMANENTE CADILLAC AVE WEST LA		
	January 2018	$9.99
SCH AT BROTMAN IN CULVER CITY		
	September 2018	$504.72
SCHAEFER AMB SVCS LOS ANGELES		
	June 2018	$283.97
ST VINCENT MEDICAL CENTER - LOS ANGELES		
	August 2018	$3,916.98
SUPER CARE INC		
	May 2018	$66.60
	September 2018	$29.60
	October 2018	$29.60
	November 2018	$66.60
TORRANCE MEMORIAL MEDICAL CENTER		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
HEALTH NET SENIORITY PLUS		
	November 2018	$328.15
WESTERN DRUG MEDICAL SUPPLY		
	March 2018	$37.26
	June 2018	$0.00
	July 2018	$37.26
	October 2018	$451.65
	November 2018	$107.71
WESTMED DBA MCCORMICK AMBULANCE		
	January 2018	$1,144.14
	February 2018	$487.14
	April 2018	$425.33
	May 2018	$1,110.49
WHITE MEMORIAL HOSP MED CTR		
	March 2018	$17,158.86
	June 2018	$10,368.23
	July 2018	$10,086.22
	October 2018	$513.41
	Subtotal:	**$373,727.93**
TP		
MOLINA MEDI-CAL		
ALHAMBRA HOSPITAL MEDICAL CENTER		
	January 2018	$135.11
	February 2018	$49.60
	August 2018	$111.73
	September 2018	$207.51
	November 2018	$64.36
AMERICAN MED RESPONSE OF SO CALIFORNIA		
	April 2018	$128.85
ANAHEIM REGIONAL MEDICAL CENTER		
	September 2018	$90.29
ANTELOPE VALLEY HOSPITAL		
	March 2018	$651.93
	April 2018	$114.97
	September 2018	$124.06
BEVERLY HOSPITAL		
	April 2018	$3,342.25
	May 2018	$64.49

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	June 2018	$117.34
	July 2018	$735.46
	November 2018	$402.78
BEYOND CARE HOSPICE		
	January 2018	$5,907.05
	February 2018	$6,415.36
	March 2018	$7,102.72
	April 2018	$6,873.60
	May 2018	$5,578.45
	June 2018	$6,873.60
	September 2018	$6,873.60
	November 2018	$6,873.60
CALIFORNIA HOSPITAL MEDICAL CENTER		
	February 2018	$475.43
	April 2018	$675.98
	May 2018	$180.24
	June 2018	$233.86
	September 2018	$143.36
	October 2018	$332.57
CARE AMBULANCE SERVICE INC- ORANGE		
	January 2018	$155.94
	September 2018	$572.90
CEDARS SINAI IMAGING MEDICAL GROUP		
	October 2018	$38.92
CEDARS SINAI MEDICAL CENTER		
	June 2018	$4,045.82
CENTINELA HOSPITAL MEDICAL CENTER		
	January 2018	$135.11
	February 2018	$78.70
	March 2018	$49.60
	May 2018	$148.80
	July 2018	$49.60
	August 2018	$118.30
	September 2018	$130.77
	October 2018	$5,456.75
	December 2018	$74.57
CHILDRENS HOSPITAL OF LOS ANGELES		
	January 2018	$12,748.52

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	February 2018	$4,253.92
	March 2018	$717.73
	April 2018	$1,521.02
	May 2018	$4,326.25
	June 2018	$92.47
	July 2018	$347.20
	September 2018	$3,760.40
	October 2018	$121.80
CHILDRENS HOSPITAL OF ORANGE COUNTY		
	September 2018	$110.67
CHINO VALLEY MEDICAL CTR		
	March 2018	$60.62
	May 2018	$234.56
	July 2018	$337.84
	September 2018	$351.26
	October 2018	$1,579.82
	November 2018	$67.27
CHOICE HOME MEDICAL SUPPLIES		
	February 2018	$15.99
	March 2018	$450.38
	April 2018	$453.63
	May 2018	$489.86
	June 2018	$3.46
	August 2018	$37.75
	September 2018	$412.10
	October 2018	$457.09
	November 2018	$235.72
COAST PLAZA HOSPITAL		
	January 2018	$149.15
	February 2018	$8,132.49
	March 2018	$6,680.63
	April 2018	$13,341.72
	May 2018	$99.55
	June 2018	$909.03
	September 2018	$49.60
	October 2018	$351.44
	November 2018	$7,650.56
COLLEGE MEDICAL CENTER		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	March 2018	$11,928.39
	April 2018	$96.55
	May 2018	$7,313.40
COLUMBIA EMERGENCY MEDICAL GRP		
	October 2018	$126.77
COMMUNITY HOSPITAL LONG BEACH		
	January 2018	$288.33
	February 2018	$34.58
	March 2018	$102.26
	April 2018	$414.65
COMMUNITY HOSPITAL OF HUNTINGTON PARK		
	January 2018	$430.12
	February 2018	$1,149.44
	March 2018	$1,989.48
	April 2018	$877.68
	May 2018	$6,668.10
	June 2018	$772.52
	July 2018	$226.80
	September 2018	$305.81
	October 2018	$331.96
	November 2018	$562.27
	December 2018	$49.60
COMMUNITY HOSPITAL OF SAN BERNARDINO		
	September 2018	$62.72
CSMC PHYSICIANS BILLING		
	January 2018	$59.75
DELTA DRUGS - GLENDALE		
	January 2018	$357.82
	February 2018	$357.82
	March 2018	$133.75
	April 2018	$133.75
	May 2018	$242.35
	June 2018	$250.74
DOWNEY REGIONAL MEDICAL CENTER		
	January 2018	$2,383.64
	February 2018	$5,322.42
	March 2018	$1,888.98
	April 2018	$1,259.13

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	May 2018	$906.33
	June 2018	$1,004.51
	July 2018	$621.17
	August 2018	$399.15
	September 2018	$2,191.96
	October 2018	$1,696.22
	November 2018	$2,189.96
EAST LOS ANGELES DOCTORS HOSPITAL		
	January 2018	$2.27
	February 2018	$66.43
	March 2018	$240.61
	June 2018	$49.60
	October 2018	$49.60
	November 2018	$153.55
ETERNALLY YOURS HOSPICE INC		
	October 2018	$2,062.08
FIRSTMED AMBULANCE SERVICES		
	May 2018	$167.23
FOOTHILL PRESBYTERIAN HOSPITAL		
	September 2018	$4,327.95
FOUNTAIN VALLEY REG HOSP AND MED CTR		
	February 2018	$49.60
	October 2018	$125.38
FRESNO COMMUNITY HOSPITAL		
	January 2018	$50.39
GARFIELD MEDICAL CENTER		
	February 2018	$419.62
	May 2018	$49.60
	September 2018	$49.60
GLENDALE ADVENTIST MEDICAL CENTER		
	August 2018	$49.78
	November 2018	$49.60
GLENDALE MEMORIAL HOSPITAL		
	January 2018	$130.56
	April 2018	$232.96
	May 2018	$103.95
	September 2018	$99.54

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	December 2018	$75.59
GOOD SAMARITAN HOSPITAL LOS ANGELES		
	June 2018	$381.61
	September 2018	$73.37
	November 2018	$128.37
GREATER EL MONTE COMMUNITY HOSPITAL		
	February 2018	$200.31
	October 2018	$93.14
HEMET VALLEY MEDICAL CENTER		
	March 2018	$54.60
HENRY MAYO NEWHALL MEMORIAL HOSPITAL		
	September 2018	$673.91
	October 2018	$4,251.09
HOAG MEMORIAL HOSPITAL PRESBYTERIAN		
	January 2018	$198.99
	April 2018	$504.95
	May 2018	$104.04
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER		
	January 2018	$265.70
	February 2018	$4,408.18
	March 2018	$117.34
	May 2018	$49.60
	July 2018	$56.97
	September 2018	$4,109.46
	October 2018	$74.20
HUNTINGTON MEMORIAL HOSPITAL		
	April 2018	$308.77
	July 2018	$203.43
	August 2018	$39.10
	October 2018	$196.76
	December 2018	$636.47
INTERCOMMUNITY/CITRUS VLY MED CTR		
	February 2018	$124.91
	May 2018	$256.07
JOHN MUIR MEDICAL CENTER CONCORD		
	March 2018	$49.60
KAISER HSP BALDWIN PARK		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	January 2018	$49.60
KAISER HSP CADILLAC AVENUE LOS ANGELES		
	April 2018	$49.60
	May 2018	$99.20
	July 2018	$345.67
KAISER HSP DOWNEY MEDICAL CENTER		
	January 2018	$214.63
	February 2018	$627.94
	March 2018	$194.37
	April 2018	$222.23
	June 2018	$335.30
	July 2018	$102.44
	August 2018	$52.84
	September 2018	$417.37
	October 2018	$190.09
	November 2018	$210.62
KAISER HSP FONTANA MEDICAL CENTER		
	October 2018	$293.48
KAISER HSP PANORAMA CITY		
	July 2018	$49.60
KAISER HSP SOUTH BAY MED - HARBOR CITY		
	January 2018	$56.68
	May 2018	$49.60
	September 2018	$160.69
KAISER HSP W SUNSET BLVD LOS ANGELES		
	October 2018	$96.34
KING MEDICAL SUPPLY		
	April 2018	$154.56
	October 2018	$1,077.85
	November 2018	$63.00
LA COMMUNITY HOSPITAL		
	January 2018	$25,832.51
	February 2018	$52.25
	March 2018	$0.00
	April 2018	$18,031.39
LA PALMA INTERCOMMUNITY HOSPITAL		
	January 2018	$138.36

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	February 2018	$113.36
	March 2018	$73.40
	April 2018	$122.97
	May 2018	$338.52
	June 2018	$49.60
	July 2018	$154.80
	September 2018	$115.70
	October 2018	$239.81
	November 2018	$49.60
LAC HARBOR UCLA MEDICAL CENTER		
	January 2018	$162.15
	February 2018	$6,291.26
	March 2018	$347.20
	April 2018	$99.20
	October 2018	$49.60
LAC USC MEDICAL CENTER		
	January 2018	$112.55
	February 2018	$18,482.33
	March 2018	$148.80
	April 2018	$548.24
	May 2018	$224.19
	June 2018	$79.44
	September 2018	$489.74
	October 2018	$845.18
LAKEWOOD REGIONAL MEDICAL CENTER		
	January 2018	$1,224.00
	February 2018	$5,277.76
	March 2018	$139.15
	April 2018	$797.18
	May 2018	$1,024.55
	June 2018	$894.50
	July 2018	$443.38
	September 2018	$1,230.57
	October 2018	$975.19
	November 2018	$2,025.37
	December 2018	$128.04
LIFE MEDICAL HOME CARE SERVICES INC		
	January 2018	$240.60

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	February 2018	$3,596.62
	March 2018	$1,509.04
	April 2018	$1,643.00
	May 2018	$1,193.66
	June 2018	$890.38
	July 2018	$431.80
	September 2018	$1,983.86
	October 2018	$2,154.53
	November 2018	$793.96
LIFELINE AMBULANCE		
	May 2018	$276.01
LL UNIV MED CTR - LOMA LINDA		
	November 2018	$52.60
LONG BEACH MEM CENTER		
	May 2018	$208.37
	June 2018	$192.61
	July 2018	$409.58
	August 2018	$49.60
	September 2018	$267.05
	October 2018	$1,462.47
	November 2018	$287.79
LONG BEACH MEMORIAL/MILLER CHILDRENS HSP		
	January 2018	$32,075.46
	February 2018	$4,962.13
	March 2018	$47,339.32
	April 2018	$56,569.98
	May 2018	$3,197.33
	June 2018	$28,327.77
	July 2018	$525.68
	September 2018	$20,795.24
	October 2018	$23,594.13
	November 2018	$12,317.59
	December 2018	$6,931.40
LOS ALAMITOS REGIONAL MEDICAL CENTER		
	January 2018	$131.44
	April 2018	$397.27
	May 2018	$169.91
	July 2018	$239.26

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	September 2018	$49.60
	October 2018	$80.82
	November 2018	$90.28
LOS ROBLES REGIONAL MEDICAL CENTER		
	September 2018	$125.40
	October 2018	$54.93
MAD RIVER COMMUNITY HOSP		
	January 2018	$220.82
MARINA DEL REY HOSPITAL		
	January 2018	$84.18
	July 2018	$480.92
MARTIN LUTHER KING JR		
	January 2018	$7,920.16
	February 2018	$782.36
	March 2018	$584.31
	April 2018	$2,946.86
	May 2018	$8,649.09
	July 2018	$1,038.81
	September 2018	$126.79
	October 2018	$366.33
	November 2018	$1,711.01
	December 2018	$159.35
MEDICORX SPECIALTY PHARMACY		
	September 2018	$316.88
MEMORIAL HOSPITAL OF GARDENA		
	January 2018	$450.65
	February 2018	$7,519.76
	March 2018	$163.44
	April 2018	$22.58
	May 2018	$254.66
	September 2018	$22.58
	October 2018	$222.55
	November 2018	$20.18
MERCY MED CTR REDDING		
	January 2018	$59.65
METHODIST HOSPITAL OF SO CA		
	May 2018	$49.60

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	September 2018	$34.58
MIRACLE HOME HEALTH CARE INC		
	March 2018	$120.00
	April 2018	$660.00
MISSION COMMUNITY HOSPITAL		
	April 2018	$106.57
	June 2018	$106.68
MLK COMM HSP PROFESSIONAL SERVICES		
	February 2018	$58.61
MONTCLAIR HOSPITAL MEDICAL CENTER		
	June 2018	$245.69
	October 2018	$118.10
	November 2018	$49.60
MONTEREY PARK HOSPITAL		
	January 2018	$385.05
	February 2018	$1,121.69
	March 2018	$275.84
	April 2018	$3,694.94
	May 2018	$147.74
	June 2018	$740.50
	July 2018	$580.51
	August 2018	$227.62
	September 2018	$49.60
	October 2018	$219.85
	November 2018	$49.60
NORTHRIDGE HOSPITAL ROSCOE BLVD		
	February 2018	$148.48
NORWALK COMMUNITY HOSPITAL		
	July 2018	$537.78
OLYMPIA MED CTR DBA MIDWAY HOSPITAL		
	January 2018	$49.60
	May 2018	$73.90
	September 2018	$49.60
	October 2018	$73.37
PALMDALE REGIONAL MEDICAL CENTER		
	April 2018	$163.41
	August 2018	$300.04

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	September 2018	$154.74
	October 2018	$273.31
PLACENTIA LINDA HOSPITAL		
	February 2018	$34.58
POMONA VALLEY HOSPITAL MEDICAL CENTER		
	March 2018	$49.60
	May 2018	$146.30
	June 2018	$49.60
	July 2018	$500.04
	September 2018	$403.87
	October 2018	$64.52
	November 2018	$246.59
PREMIER INFUSION CARE PHARMACY		
	October 2018	$2,050.00
	November 2018	$3,052.12
PRESBYTERIAN INTERCOMMUNITY HOSPITAL		
	January 2018	$6,726.75
	February 2018	$4,392.74
	March 2018	$1,044.38
	April 2018	$606.66
	May 2018	$361.53
	June 2018	$392.51
	July 2018	$724.73
	September 2018	$75.95
	October 2018	$568.48
	November 2018	$10,250.52
	December 2018	$99.20
PROVIDENCE HOLY CROSS MEDICAL CENTER		
	February 2018	$248.46
	March 2018	$7,030.90
PROVIDENCE LCM SAN PEDRO HOSPITAL		
	March 2018	$64.19
	May 2018	$613.80
PROVIDENCE LCM TORRANCE		
	February 2018	$67.86
	November 2018	$331.61
QUEEN OF THE VALLEY CITRUS VLY MED CTR		

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	July 2018	$34.58
	November 2018	$49.60
RADY CHILDRENS HOSPITAL SAN DIEGO		
	September 2018	$118.74
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER		
	May 2018	$49.60
RONALD REAGAN UCLA MEDICAL CENTER		
	April 2018	$34.58
	October 2018	$2,663.85
SAINT AGNES MEDICAL CENTER		
	January 2018	$179.62
SAINT MARIAM HOSPICE INC		
	January 2018	$7,102.72
	February 2018	$6,415.36
	March 2018	$7,102.72
	April 2018	$6,873.60
	June 2018	$6,873.60
	September 2018	$6,873.60
	October 2018	$7,102.72
	November 2018	$3,436.80
SAN ANTONIO REGIONAL HOSPITAL		
	September 2018	$4,797.09
SAN DIMAS COMMUNITY HOSPITAL		
	January 2018	$147.22
	July 2018	$332.33
SAN GABRIEL VALLEY MEDICAL CENTER		
	February 2018	$49.60
SANTA BARBARA COTTAGE HOSPITAL		
	February 2018	$56.76
SANTA MONICA UCLA MEDICAL CENTER		
	April 2018	$257.87
	July 2018	$49.60
	October 2018	$200.94
SCRIPPS MERCY HOSPITAL & HEALTH CENTER		
	June 2018	$5,341.72
SHERMAN OAKS HOSPITAL HEALTH CENTER		
	September 2018	$199.34

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
SPRING VALLEY HOSPITAL MEDICAL CENTER		
	October 2018	$165.61
ST BERNARDINE MEDICAL CENTER		
	May 2018	$74.57
ST JOSEPHS MED CTR OF STOCKTON		
	May 2018	$61.60
	June 2018	$49.60
ST JUDE MEDICAL CENTER		
	May 2018	$148.49
ST MARY MED CTR - LONG BEACH		
	January 2018	$703.81
	February 2018	$286.61
	March 2018	$363.47
	April 2018	$560.39
	September 2018	$300.06
	October 2018	$73.40
ST MARY REG MED CTR APPLE VALLEY		
	June 2018	$53.79
	October 2018	$126.17
ST VINCENT MEDICAL CENTER - LOS ANGELES		
	February 2018	$262.39
	April 2018	$301.89
	May 2018	$101.30
	June 2018	$4,147.56
	July 2018	$49.60
	August 2018	$9,513.23
	September 2018	$741.74
	October 2018	$119.00
	November 2018	$102.84
TORRANCE MEMORIAL MEDICAL CENTER		
	January 2018	$49.60
	February 2018	$5,085.39
	March 2018	$4,608.49
	July 2018	$147.27
	November 2018	$308.94
	December 2018	$184.83
TRANQUIL CARE HOSPICE		
	September 2018	$5,218.55

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	October 2018	$7,102.72
	November 2018	$5,398.50
UCSD MEDICAL CENTER		
	January 2018	$173.23
UNIV MED CTR OF SO NEVADA		
	April 2018	$49.60
USC VERDUGO HILLS HSP - LOS ANGELES		
	June 2018	$107.38
VILLA ELENA HEALTHCARE CENTER		
	September 2018	$3,300.00
WEST HILLS REG HOSP MEDICAL CTR		
	September 2018	$27.49
WHITE MEMORIAL HOSP MED CTR		
	January 2018	$878.76
	February 2018	$49.60
	March 2018	$8,754.03
	April 2018	$761.00
	May 2018	$724.19
	June 2018	$6,436.19
	July 2018	$733.32
	September 2018	$4,090.98
	October 2018	$1,183.87
	November 2018	$321.07
WHITTIER HOSPITAL MEDICAL CENTER		
	February 2018	$155.96
	March 2018	$891.78
	April 2018	$74.21
	May 2018	$49.60
	June 2018	$3,940.22
	July 2018	$266.58
	September 2018	$400.73
	October 2018	$57.54
	November 2018	$112.66
ZOLL LIFECOR CORP		
	April 2018	$1,814.56
	May 2018	$1,814.56
	June 2018	$1,814.56

CONIFER Value-Based Care

ST FRANCIS HOSPITAL MEDICAL CENTER - ANGELES IPA

For Risk Pool Period 01/01/2018 to 12/31/2018. Paid Through 12/31/2018

Health Plan Name	Month Of Service	Amt Paid
TP		
MOLINA MEDI-CAL		
	July 2018	$1,814.56
	September 2018	$1,814.56
	October 2018	$1,814.56
	Subtotal:	**$814,239.68**
	Total:	**$3,360,498.90**

EXHIBIT F

Conifer Value Based Care - Hospital Pool Report
St. Francis Medical Center - Verity Health
Angeles IPA - Summary by Health Plan - YTD
Risk Pool Period: CY 2018 as of 01/31/2019

Description	Care1st Medi-Cal	Health Net CMC	Health Net Senior	Molina Medi-Cal	TOTAL	
Net Paid Member Months	**131,591**	**809**	**6,165**	**64,093**	**202,658**	
Gross Cap PMPM Revenue	69.90	391.02	468.30	53.45	78.10	
Gross Cap Revenue (Note 2)	9,197,952	316,334	2,887,062	3,425,700	15,827,048	
Cap Check Adjustments	(57,864)	(8,871)	0	0	(66,735)	
Other Revenue	566,100	0	0	0	566,100	
Total Pool Revenue	**9,706,188**	**307,463**	**2,887,062**	**3,425,700**	**16,326,413**	
Expenses:						
A. Services at the Cap'd Hospital: Copay n Ded	0	0	(16,027)	0	(16,027)	VBC Paid
Total IBNR Reserves (Capitated Hosp.)	**935,846**	**21,717**	**62,906**	**38,429**	**1,058,897**	1,962,890
Claims Paid - Inpatient Services	758,133	10,200	497,926	322,731	1,588,990	
Claims Paid - ER	49,463	4,245	32,781	23,584	110,074	
Claims Paid - All Other Services	130,414	0	98,347	35,065	263,826	
Total In-house Services	**1,873,856**	**36,162**	**675,933**	**419,809**	**3,005,760**	
B. Services Provided by Third Parties:						VBC Paid
Total IBNR Reserves (Third Parties)	**2,562,662**	**32,783**	**1,018,846**	**912,978**	**4,527,270**	3,702,358
Claims Paid - Inpatient Services	1,431,937	75,020	254,189	499,752	2,260,897	
Claims Paid - ER	293,143	2,120	13,000	149,379	457,642	
Claims Paid - SNF; Subacute	58,270	0	6,000	11,101	75,372	
Claims Paid - HH; DME; Injectibles; Hospice	247,934	1,229	42,891	178,387	470,441	
Claims Paid - All Other Services	246,050	4,066	144,243	43,647	438,006	
Claims Paid by Health Plan	571,025	0	0	0	571,025	
Total Third Party Services	**5,411,022**	**115,218**	**1,479,168**	**1,795,245**	**8,800,653**	
C. Cash Recoveries & Prior Year Impact						
Recovery Cash Receipts	(18,429)	(7,114)	(3,204)	(3,248)	(31,996)	
Prior Years IBNR Carryover (Capitated)	0	0	0	0	0	
Prior Years IBNR Carryover (Third Parties)	0	0	0	0	0	
Prior Years Claims Paid (Capitated)	17,452	5,213	0	25,360	48,025	
Prior Years Claims Paid (Third Parties)	0	0	0	0	0	
Total Cash Recoveries & Prior Years Impact	**(978)**	**(1,901)**	**(3,204)**	**22,112**	**16,029**	
D. Reinsurance Premiums (Note 3)	72,148	1,950	20,036	35,572	129,705	
Reinsurance Recoveries	0	0	0	0	0	
D. Net Reinsurance	72,148	1,950	20,036	35,572	129,705	
E. Management Fees in Pool	207,914	1,278	9,741	101,267	320,200	
F. Other Expenses - (Cap Claims Overpayment)	(168,543)	0	(14,249)	1,500	(181,292)	
Total Expenses	**7,395,419**	**152,707**	**2,167,425**	**2,375,504**	**12,091,055**	
PMPM Expenses	56.20	188.76	351.57	37.06	59.66	
Net Risk Pool Balance	**2,310,770**	**154,757**	**719,637**	**1,050,196**	**4,235,359**	25.9%
Hospital's Pool share	808,769	77,378	359,818	367,568	1,613,535	Profit Margin
Angeles' Pool share (Note 1)	1,502,000	77,378	359,818	682,627	2,621,824	
1st Interim Settlement pd Dec'18 - Wire	(717,947)	(43,855)	(218,841)	(389,620)	(1,370,263)	
Net Angeles' Pool Share	**784,053**	**33,523**	**140,977**	**293,008**	**1,251,561**	
Margins:	23.8%	50.3%	24.9%	30.7%	25.9%	
Sect A PMPM (b4 copays)	14.24	44.70	112.24	6.55		
Sect B PMPM (b4 cap deducts)	36.78	142.42	239.93	28.01		

NOTES: (1) Group share for surplus and deficit is 50% of Senior and CMC, 65% of Medi-Cal, Deficit NTE 25% of Hosp Revenue.
(2) RAF Adjustments Included
(3) CY18 Reins premium Non-SPD $0.47; SPD $1.47

EXHIBIT G

Conifer Valuations Health Risk Pool Report
St. Francis Medical Center - Verity Health
Angeles IPA - Summary by Health Plan - YTD
Risk Pool Period: CY 2019 as of 01/31/2019

Description	BS Promise Medi-Cal	Health Net CMC	Health Net Senior	Molina Medi-Cal	TOTAL	
Net Paid Member Months	**10,135**	**63**	**521**	**4,994**	**15,713**	
Gross Cap PMPM Revenue	71.03	336.20	460.51	53.25	79.36	
Gross Cap Revenue (Note 2)	719,931	21,181	239,924	265,935	1,246,970	
Cap Check Adjustments	(7,728)	(1,006)	0	0	(8,734)	
Other Revenue	22,200	0	0	0	22,200	
Total Pool Revenue	**734,403**	**20,175**	**239,924**	**265,935**	**1,260,436**	
Expenses:						
A. Services at the Cap'd Hospital: Copay n Ded	0	0	0	0	0	VBC Paid
Total IBNR Reserves (Capitated Hosp.)	**141,042**	**2,816**	**58,477**	**30,951**	**233,286**	5,040
Claims Paid - Inpatient Services	2,800	0	0	1,600	4,400	
Claims Paid - ER	480	0	0	160	640	
Claims Paid - All Other Services	0	0	0	0	0	
Total In-house Services	**144,322**	**2,816**	**58,477**	**32,711**	**238,326**	
B. Services Provided by Third Parties:						VBC Paid
Total IBNR Reserves (Third Parties)	**393,636**	**8,972**	**124,604**	**137,773**	**664,985**	11,593
Claims Paid - Inpatient Services	1,501	0	0	0	1,501	
Claims Paid - ER	3,273	0	0	1,750	5,023	
Claims Paid - SNF; Subacute	3,000	0	0	0	3,000	
Claims Paid - HH; DME; Injectibles; Hospice	1,310	0	400	0	1,710	
Claims Paid - All Other Services	0	0	0	359	359	
Claims Paid by Health Plan	14,032	0	0	0	14,032	
Total Third Party Services	**416,751**	**8,972**	**125,004**	**139,882**	**690,609**	
C. Cash Recoveries & Prior Year Impact						
Recovery Cash Receipts	(259)	0	0	(197)	(456)	
Prior Years IBNR Carryover (Capitated)	0	0	0	0	0	
Prior Years IBNR Carryover (Third Parties)	0	0	0	0	0	
Prior Years Claims Paid (Capitated)	0	0	0	0	0	
Prior Years Claims Paid (Third Parties)	0	0	0	0	0	
Total Cash Recoveries & Prior Years Impact	**(259)**	**0**	**0**	**(197)**	**(456)**	
D. Reinsurance Premiums (Note 3)	5,630	152	1,693	2,813	10,289	
Reinsurance Recoveries	0	0	0	0	0	
D. Net Reinsurance	5,630	152	1,693	2,813	10,289	
E. Management Fees in Pool	16,013	100	823	7,891	24,827	
F. Other Expenses - (Cap Claims Overpayment)	0	0	0	0	0	
Total Expenses	**582,458**	**12,040**	**185,997**	**183,099**	**963,594**	
PMPM Expenses	57.47	191.11	357.00	36.66	61.32	
Net Risk Pool Balance	**151,945**	**8,135**	**53,927**	**82,836**	**296,842**	23.6%
Hospital's Pool share	53,181	4,067	26,963	28,992	113,204	Profit Margin
Angeles' Pool share (Note 1)	98,764	4,067	26,963	53,843	183,638	
Net Angeles' Pool Share	**98,764**	**4,067**	**26,963**	**53,843**	**183,638**	
Margins:	20.7%	40.3%	22.5%	31.1%	23.6%	
Sect A PMPM (b4 copays)	14.24	44.70	112.24	6.55		
Sect B PMPM (b4 cap deducts)	39.74	142.42	239.93	28.01		

NOTES: (1) Group share for surplus and deficit is 50% of Senior and CMC, 65% of Medi-Cal, Deficit NTE 25% of Hosp Revenue.
(2) RAF Adjustments Included
(3) CY19 Reins premium Non-SPD $0.47; SPD $1.47

EXHIBIT H

Conifer Value-Based Care Hospital Risk Pool Report
St. Francis Medical Center - Verity Health
Angeles IPA Medical Group - Summary by Health Plan - YTD
Risk Pool Period: CY 2017, as of 12/31/2018

AIPA STMT
Proprietary & Confidential Work Product

Description	Verity TOTAL	AIPA TOTAL	Variance	Explanation
Net Paid Member Months	**197,315**	**197,315**	-	
			-	
Gross Cap PMPM Revenue	80.08	**80**	-	
			-	
Gross Cap Revenue (Note 2)	15,801,426	**15,801,426**	-	
Cap Check Adjustments	(15,297)	**(15,297)**	-	
Other Revenue	236,800	**236,800**	-	
Total Pool Revenue	**16,022,930**	**16,022,930**	-	
Expenses:			-	
A. Services at the Cap'd Hospital: (Less Copay n Ded)	(6,414)	**(6,414)**	-	
Total IBNR Reserves (Capitated Hosp.)	0	**0**	-	
Claims Paid - Inpatient Services	2,601,863	**2,601,863**	-	
Claims Paid - ER	120,544	**120,544**	-	
Claims Paid - All Other Services	410,121	**410,121**	-	
Total In-house Services	**3,126,115**	**3,126,115**	-	
B. Services Provided by Third Parties:			-	
Total IBNR Reserves (Third Parties)	0	**0**	-	
Claims Paid - Inpatient Services	5,740,981	**5,740,981**	-	
Claims Paid - ER	807,829	**807,829**	-	
Claims Paid - SNF; Subacute	270,041	**270,041**	-	
Claims Paid - HH; DME; Injectibles; Hospice	818,894	**818,894**	-	
Claims Paid - All Other Services	856,160	**856,160**	-	
Claims Paid by Health Plan	126,551	**126,551**	-	
Third Party Claims not actually Paid as of 12/31/18	0	**(193,466)**	(193,466)	
Total Third Party Services	8,620,457	**8,426,991**	**(193,466)**	Removal of Third Party claims that were unpaid as of 12/31/18
C. Cash Recoveries & Prior Year Impact	0	**0**	-	
Recovery Cash Receipts	(2,654)	**(2,654)**	-	
Prior Years IBNR Carryover (Capitated)	0	**0**	-	
Prior Years IBNR Carryover (Third Parties)	0	**0**	-	
Prior Years Claims Paid (Capitated)	28,005	**28,005**	-	
Prior Years Claims Paid (Third Parties)	232,340	**217,163**	(15,177)	Removal of Third Party claims that were unpaid as of 12/31/18
Total Cash Recoveries & Prior Years Impact	**257,690**	**242,514**	**(15,177)**	Removal of Third Party claims that were unpaid as of 12/31/18
D. Reinsurance Premiums (Note 3)	**66,338**	**66,338**	-	
Reinsurance Recoveries	0	**0**	-	
D. Net Reinsurance	66,338	**66,338**	-	
E. Management Fees in Pool	311,758	**311,758**	-	
F. Other Expenses	(1,147,277)	**(1,147,277)**	-	
Total Expenses	**11,235,081**	**11,026,439**	(208,642)	Total removal of Third Party claims that were unpaid as of 12/31/18
PMPM Expenses	56.94	**55.88**		
Net Risk Pool Balance	**4,787,849**	**4,996,491**	208,642	Sum of (a),(b),(c)
Hospital's Pool share	1,792,990	**1,872,758**	79,769	
Angeles' Pool share (Note 1)	2,994,858	**3,123,732**	128,873	
2nd Interim Settlement pd Mar '18-chk #456394	(952,052)	**(952,052)**	-	
3rd Interim Settlement pd Aug '18-chk #460082	(849,638)	**(849,638)**	-	
Remaining Balance of chk #460082	(150,362)	**(150,362)**	-	
Net Angeles' Pool Share	**$ 1,042,805**	**1,171,679**	**128,873**	**Additional AIPA Share see Note (1)**

AIPA Note:
This aggregate reconcilation is provided to enable the reviewer to understand differences
Claim totals used by AIPA are supported by data files received from Verity
In Risk Pool calculations prepared by Verity/Conifer vs. AIPA.

Conifer NOTES: (1) Group share for surplus and deficit is 50% of Senior and CMC, 65% of Medi-Cal, Deficit NTE 25% of Hosp Revenue.
(2) RAF Adjustments Included
(3) CY18 Reins premium Non-SPD $0.47; SPD $1.47

EXHIBIT I

Conifer Value-Based Care Hospital Risk Pool Report
St. Francis Medical Center - Verity Health
Angeles IPA Medical Group - Summary by Health Plan - YTD
Risk Pool Period: CY 2018, as of 01/31/19

Description	Verity TOTAL	AIPA TOTAL	Variance	Explanation
Net Paid Member Months	**202,658**	**197,691**	(4,967)	MM overstated by Conifer due to Care 1st Correction from Apr18 & May18
	0	0		
Gross Cap PMPM Revenue	78.10	79.74		AIPA PMPM calculation includes Gross & Cap Ck Adjusted revenue
	0	0		
Gross Cap Revenue (Note 2)	15,827,048	14,698,408		
Cap Check Adjustments	(66,735)	1,065,425		
Other Revenue	566,100	566,100		
Total Pool Revenue	**16,326,413**	**16,329,933**	3,520	(a) Verity Revenue short - March 18 Revenue Adjustment $3,519.24
Expenses:				
A. Services at the Cap'd Hospital: (Less Copay n Ded)	(16,027)	(16,027)		
Total IBNR Reserves (Capitated Hosp.)	1,058,898	72,760	(986,138)	Overstated IBNR at Cap Facility/SFMC - Removal of IBNR for PrePetition Period
Claims Paid - Inpatient Services	1,588,990	1,588,990		
Claims Paid - ER	*110,073*	0		
Claims Paid - All Other Services	*263,826*	*341,259*	(32,640)	Claim correction needed - Overpaid by Conifer $11,140 + 7,495 + 3,000 + 13,125
Total In-house Services	**3,005,760**	**1,986,982**	**(1,018,778)**	**(b)** Variance is related to claim correction and overstated IBNR
B. Services Provided by Third Parties:				
Total IBNR Reserves (Third Parties)	4,527,269	1,333,694	(3,193,575)	Overstated IBNR at Third Party/OON Facilities - Removal of IBNR for PrePetition period
Claims Paid - Inpatient Services	2,260,897	2,260,899		
Claims Paid - ER	*457,642*	0		
Claims Paid - SNF; Subacute	75,372	75,373		
Claims Paid - HH; DME; Injectibles; Hospice	*470,441*	0		
Claims Paid - All Other Services	*438,006*	*1,353,138*	(12,951)	Claim Corrections needed - Overpaid by Conifer $1,579.82 + $11,407.82
Claims Paid by Health Plan	571,025	571,025		
Total Third Party Services	8,800,653	5,594,127	**(3,206,526)**	Verity IBNR Overstated & Claim corrections
C. Cash Recoveries & Prior Year Impact	0	0		
Recovery Cash Receipts	(31,996)	(31,996)		
Prior Years IBNR Carryover (Capitated)	0	0		
Prior Years IBNR Carryover (Third Parties)	0	0		
Prior Years Claims Paid (Capitated)	48,025	48,025	(1)	
Prior Years Claims Paid (Third Parties)	0	0		
Total Cash Recoveries & Prior Years Impact	**16,029**	**16,029**		
D. Reinsurance Premiums (Note 3)	**129,705**	**128,667**		
Reinsurance Recoveries	0	0		
D. Net Reinsurance	129,705	128,667	(1,039)	Variance due to MM Variance & unidentified adjustment made in Jan19
E. Management Fees in Pool	320,200	320,775	575	Variance due to MM Variance
F. Other Expenses	(181,292)	(181,292)		
Total Expenses	**12,091,055**	**7,865,285**	**(4,225,770)**	Sum of (b) & (c)
PMPM Expenses	59.66	39.79		
Net Risk Pool Balance	**4,235,359**	**8,464,647**	4,229,288	Sum of (a),(b),(c)
Hospital's Pool share	1,613,535	3,228,769		
Angeles' Pool share (Note 1)	2,621,824	5,235,879		
1st Interim Settlement pd Dec '18 - Wire	(1,370,263)	(1,370,263)		
Net Angeles' Pool Share	**$ 1,251,561**	**$ 3,865,616**	**$ 2,614,055**	**AIPA Share see Note (1) increase**

AIPA Note: Verity did not provide a Pre vs. Post-Petition risk pool reporting.
This aggregate reconcilation is provided to enable the reviewer to understand differences
in the Risk Pool calculations prepared by Verity/Conifer vs. AIPA.
Data in italics - indicates grouping of Verity/Conifer expense categories to AIPA expense category

Conifer NOTES: (1) Group share for surplus and deficit is 50% of Senior and CMC, 65% of Medi-Cal, Deficit NTE 25% of Hosp Revenue.
(2) RAF Adjustments Included
(3) CY18 Reins premium Non-SPD $0.47; SPD $1.47

EXHIBIT J

Conifer Value-Based Care Hospital Risk Pool Report **AIPA STMT**

St. Francis Medical Center - Verity Health ***Proprietary & Confidential Work Product***

Angeles IPA Medical Group - Summary by Health Plan - YTD

Risk Pool Period: January 2018 - August 2018, as of 01/31/2019

Description	Care 1st Medi-Cal	Health Net CMC	Health Net Senior	Molina Medi-Cal	TOTAL	
Net Paid Member Months	**86,102**	**557**	**4,028**	**43,603**	**134,290**	
Gross Cap PMPM Revenue	63.95	382.45	439.29	51.02	72.33	
Gross Cap Revenue (Note 2)	5,505,886	213,022	1,769,449	2,224,826	9,713,183	
Cap Check Adjustments	752,832	6,923	127,472	91,654	978,882	
Other Revenue	473,600	0	0	0	473,600	
Total Pool Revenue	**6,732,318**	**219,945**	**1,896,921**	**2,316,481**	**11,165,665**	
Expenses:						
A. Services at the Cap'd Hospital: (Less Copay n De	0	0	(16,027)	0	(16,027)	VBC Paid
Total IBNR Reserves (Capitated Hosp.)	**0**	**0**	**0**	**0**	**0**	1,336,260
Claims Paid - Inpatient Services	555,948	5,100	348,926	198,906	1,108,879	
Claims Paid - ER	0	0	0	0	0	
Claims Paid - All Other Services	114,607	4,245	67,876	40,654	227,381	
Total In-house Services	**670,554**	**9,345**	**400,774**	**239,560**	**1,320,233**	
B. Services Provided by Third Parties:						VBC Paid
Total IBNR Reserves (Third Parties)	**0**	**0**	**0**	**0**	**0**	2,561,245
Claims Paid - Inpatient Services	1,116,376	61,492	119,979	378,391	1,676,238	
Claims Paid - ER	0	0	0	0	0	
Claims Paid - SNF; Subacute	31,233	0	0	7,801	39,035	
Claims Paid - HH; DME; Injectibles; Hospice	0	0	0	0	0	
Claims Paid - All Other Services	517,329	6,594	125,962	196,090	845,974	
Claims Paid by Health Plan	493,672	0	0	0	493,672	
Total Third Party Services	**2,158,609**	**68,086**	**245,940**	**582,282**	**3,054,917**	
C. Cash Recoveries & Prior Year Impact						
Recovery Cash Receipts	(3,497)	(7,114)	(2,929)	(3,144)	(16,684)	
Prior Years IBNR Carryover (Capitated)	0	0	0	0	0	
Prior Years IBNR Carryover (Third Parties)	0	0	0	0	0	
Prior Years Claims Paid (Capitated)	17,452	5,213	0	25,360	48,025	
Prior Years Claims Paid (Third Parties)	0	0	0	0	0	
Total Cash Recoveries & Prior Years Impact	**13,955**	**(1,901)**	**(2,929)**	**22,216**	**31,341**	
D. Reinsurance Premiums (Note 3)	49,634	1,342	13,091	23,400	87,468	
Reinsurance Recoveries	0	0	0	0	0	
D. Net Reinsurance	49,634	1,342	13,091	23,400	87,468	
E. Management Fees in Pool	143,889	880	6,364	69,577	220,711	
F. Other Expenses	(168,543)	0	(14,249)	1,500	(181,292)	
Total Expenses	**2,868,099**	**77,752**	**648,992**	**938,535**	**4,533,377**	
PMPM Expenses	33.31	139.59	161.12	21.52	33.76	
Net Risk Pool Balance	**3,864,219**	**142,193**	**1,247,929**	**1,377,945**	**6,632,287**	25.4%
Hospital's Pool share	1,352,477	71,096	623,965	482,281	2,529,819	Profit Margin
Angeles' Pool share (Note 1)	2,511,742	71,096	623,965	895,665	4,102,468	
1st Interim Settlement pd Dec '18 - Wire	(717,947)	(43,855)	(218,841)	(389,620)	(1,370,263)	
Net Angeles' Pool Share	**1,793,795**	**27,241**	**405,124**	**506,045**	**2,732,205**	

Margins:					
Sect A PMPM (b4 copays)	7.79	16.78	99.50	5.49	9.83
Sect B PMPM (b4 cap deducts)	25.07	122.24	61.06	13.35	22.75

NOTES: (1) Group share for surplus and deficit is 50% of Senior and CMC, 65% of Medi-Cal, Deficit NTE 25% of Hosp Revenue.
(2) RAF Adjustments Included
(3) CY18 Reins premium Non-SPD $0.47; SPD $1.47

EXHIBIT K

Conifer Value-Based Care Hospital Risk Pool Report **AIPA STMT**
St. Francis Medical Center - Verity Health ***Proprietary & Confidential Work Product***
Angeles IPA Medical Group - Summary by Health Plan - YTD
Risk Pool Period: Sept 2018 - Dec 2018, as of 01/31/19

Description	Care 1st Medi-Cal	Health Net CMC	Health Net Senior	Molina Medi-Cal	TOTAL	
Net Paid Member Months	**40,522**	**252**	**2,137**	**20,490**	**63,401**	
Gross Cap PMPM Revenue	70.61	368.78	447.97	52.41	78.63	
Gross Cap Revenue (Note 2)	2,861,114	92,934	957,302	1,073,876	4,985,225	
Cap Check Adjustments	23,775	(5,416)	32,839	35,345	86,543	
Other Revenue	92,500	0	0	0	92,500	
Total Pool Revenue	**2,977,390**	**87,518**	**990,141**	**1,109,220**	**5,164,268**	
Expenses:						
A. Services at the Cap'd Hospital: (Less Copay n Ded	0	0	0	0	0	VBC Paid
Total IBNR Reserves (Capitated Hosp.)	**19,760**	**0**	**32,200**	**20,800**	**72,760**	593,989
Claims Paid - Inpatient Services	202,186	5,100	149,000	123,825	480,111	
Claims Paid - ER	0	0	0	0	0	
Claims Paid - All Other Services	65,270	0	46,737	1,871	113,878	
Total In-house Services	**287,215**	**5,100**	**227,937**	**146,496**	**666,749**	
B. Services Provided by Third Parties:						VBC Paid
Total IBNR Reserves (Third Parties)	**785,942**	**10,357**	**210,124**	**327,272**	**1,333,694**	1,128,162
Claims Paid - Inpatient Services	315,561	13,528	134,210	121,361	584,662	
Claims Paid - ER	0	0	0	0	0	
Claims Paid - SNF; Subacute	27,038	0	6,000	3,300	36,339	
Claims Paid - HH; DME; Injectibles; Hospice	0	0	0	0	0	
Claims Paid - All Other Services	269,799	1,021	74,171	162,173	507,164	
Claims Paid by Health Plan	77,353	0	0	0	77,353	
Total Third Party Services	**1,475,693**	**24,906**	**424,505**	**614,106**	**2,539,210**	
C. Cash Recoveries & Prior Year Impact						
Recovery Cash Receipts	(14,931)	0	(275)	(105)	(15,312)	
Prior Years IBNR Carryover (Capitated)	0	0	0	0	0	
Prior Years IBNR Carryover (Third Parties)	0	0	0	0	0	
Prior Years Claims Paid (Capitated)	0	0	0	0	0	
Prior Years Claims Paid (Third Parties)	0	0	0	0	0	
Total Cash Recoveries & Prior Years Impact	**(14,931)**	**0**	**(275)**	**(105)**	**(15,312)**	
D. Reinsurance Premiums (Note 3)	22,514	607	6,945	11,132	41,198	
Reinsurance Recoveries	0	0	0	0	0	
D. Net Reinsurance	22,514	607	6,945	11,132	41,198	
E. Management Fees in Pool	64,025	398	3,376	32,265	100,064	
F. Other Expenses	0	0	0	0	0	
Total Expenses	**1,834,515**	**31,011**	**662,489**	**803,893**	**3,331,909**	
PMPM Expenses	45.27	123.06	310.01	39.23	52.55	
Net Risk Pool Balance	**1,142,875**	**56,507**	**327,652**	**305,327**	**1,832,360**	25.4%
Hospital's Pool share	400,006	28,253	163,826	106,864	698,950	Profit Margin
Angeles' Pool share (Note 1)	742,869	28,253	163,826	198,462	1,133,411	
Net Angeles' Pool Share	**742,869**	**28,253**	**163,826**	**198,462**	**1,133,411**	
Margins:						
Sect A PMPM (b4 copays)	7.09	20.24	106.66	7.15	10.52	
Sect B PMPM (b4 cap deducts)	36.42	98.83	198.65	29.97	40.05	

NOTES: (1) Group share for surplus and deficit is 50% of Senior and CMC, 65% of Medi-Cal, Deficit NTE 25% of Hosp Revenue.
(2) RAF Adjustments Included
(3) CY18 Reins premium Non-SPD $0.47; SPD $1.47

EXHIBIT L

Conifer Value-Based Care Hospital Risk Pool Report
St. Francis Medical Center - Verity Health
Angeles IPA Medical Group - Summary by Health Plan - YTD
Risk Pool Period: CY 2019, as of 01/31/2019

AIPA STMT
Proprietary & Confidential Work Product

Description	Verity TOTAL	AIPA TOTAL	Variance	Explanation
Net Paid Member Months	**15,713**	**15,713**	-	
			-	
Gross Cap PMPM Revenue	79.36	79.36	0	
			-	
Gross Cap Revenue (Note 2)	1,246,970	1,246,971	1	
Cap Check Adjustments	(8,734)	0	8,734	Conifer duplicate posting from Dec2018 -
Other Revenue	22,200	0	(22,200)	Conifer duplicate posting from Dec2018 -
Total Pool Revenue	**1,260,436**	**1,246,971**	(13,465)	
Expenses:			-	
A. Services at the Cap'd Hospital: (Less Copay n Ded)	0	**0**	-	
Total IBNR Reserves (Capitated Hosp.)	233,286	194,475	(38,811)	
Claims Paid - Inpatient Services	4,400	4,400	-	
Claims Paid - ER	640	640	1	
Claims Paid - All Other Services	0	0	-	
Total In-house Services	**238,326**	**199,515**	(38,810)	
B. Services Provided by Third Parties:			-	
Total IBNR Reserves (Third Parties)	664,985	549,904	(115,081)	
Claims Paid - Inpatient Services	1,501	1,501	-	
Claims Paid - ER	5,023	5,023	-	
Claims Paid - SNF; Subacute	3,000	3,000	-	
Claims Paid - HH; DME; Injectibles; Hospice	1,710	1,710	-	
Claims Paid - All Other Services	359	359	-	
Claims Paid by Health Plan	14,032	**0**	(14,032)	Conifer duplicate posting from Dec2018 -
Total Third Party Services	**690,609**	**561,496**	**(129,113)**	
C. Cash Recoveries & Prior Year Impact	0	**0**	-	
Recovery Cash Receipts	(456)	(456)	-	
Prior Years IBNR Carryover (Capitated)	0	0	-	
Prior Years IBNR Carryover (Third Parties)	0	0	-	
Prior Years Claims Paid (Capitated)	0	0	-	
Prior Years Claims Paid (Third Parties)	0	0	-	
Total Cash Recoveries & Prior Years Impact	(456)	(456)	**-**	
D. Reinsurance Premiums (Note 3)	10,289	10,289	-	
Reinsurance Recoveries	0	**0**	-	
D. Net Reinsurance	10,289	10,289	-	
E. Management Fees in Pool	24,827	24,827	-	
F. Other Expenses	0	**0**	-	
Total Expenses	**963,594**	**795,671**	(167,923)	
PMPM Expenses	61.32	**50.64**		
Net Risk Pool Balance	**296,842**	**451,299**	154,458	
Hospital's Pool share	113,204	172,814	59,610	
Angeles' Pool share (Note 1)	**183,638**	**278,485**	94,847	**Additional AIPA Share see Note (1)**
0	0	0	-	
0	0	0	-	
0	0	0	-	
Net Angeles' Pool Share	$ 183,638	278,485	**94,847**	**Additional AIPA Share see Note (1)**

AIPA Note:
This aggregate reconcilation is provided to enable the reviewer to understand differences
Claim totals used by AIPA are supported by data files received from Verity
In Risk Pool calculations prepared by Verity/Conifer vs. AIPA.

Conifer NOTES: (1) Group share for surplus and deficit is 50% of Senior and CMC, 65% of Medi-Cal, Deficit NTE 25% of Hosp Revenue.
(2) RAF Adjustments Included
(3) CY18 Reins premium Non-SPD $0.47; SPD $1.47

PROOF OF SERVICE OF DOCUMENT

I am over the age of 18 and not a party to this bankruptcy case or adversary proceeding. My business address is: Carlton Fields, LLP, 2000 Avenue of the Stars, Suite 530N, Los Angeles, CA 90067-4707

A true and correct copy of the foregoing document entitled (*specify*): **OBJECTION OF ANGELES IPA MEDICAL GROUP TO NOTICE TO COUNTERPARTIES TO EXECUTORY CONTRACTS AND UNEXPIRED LEASES OF THE DEBTORS THAT MAY BE ASSUMED AND ASSIGNED [ECF NO. 1704]; AND SUPPLEMENTAL NOTICE [ECF NO. 1836]; DECLARATION OF DR. NARCISO AZURIN IN SUPPORT OF OBJECTION OF ANGELES IPA TO NOTICE TO COUNTERPARTIES TO EXECUTORY CONTRACTS AND UNEXPIRED LEASES OF THE DEBTORS THAT MAY BE ASSUMED AND ASSIGNED [ECF NO. 1704]; AND SUPPLEMENTAL NOTICE [ECF NO. 1836]**

will be served or was served **(a)** on the judge in chambers in the form and manner required by LBR 5005-2(d); and **(b)** in the manner stated below:

1. **TO BE SERVED BY THE COURT VIA NOTICE OF ELECTRONIC FILING (NEF)**: Pursuant to controlling General Orders and LBR, the foregoing document will be served by the court via NEF and hyperlink to the document. On (*date*) **03/28/19**, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below:

- **Melinda Alonzo** ml7829@att.com
- **Robert N Amkraut** ramkraut@foxrothschild.com
- **Kyra E Andrassy** kandrassy@swelawfirm.com, lgarrett@swelawfirm.com;gcruz@swelawfirm.com;jchung@swelawfirm.com
- **Simon Aron** saron@wrslawyers.com
- **Lauren T Attard** lattard@bakerlaw.com, abalian@bakerlaw.com
- **Allison R Axenrod** allison@claimsrecoveryllc.com
- **Keith Patrick Banner** kbanner@greenbergglusker.com, sharper@greenbergglusker.com;calendar@greenbergglusker.com
- **Cristina E Bautista** cristina.bautista@kattenlaw.com, ecf.lax.docket@kattenlaw.com
- **James Cornell Behrens** jbehrens@milbank.com, gbray@milbank.com;mshinderman@milbank.com;hmaghakian@milbank.com;dodonnell@milbank.com;jbrewster@milbank.com;JWeber@milbank.com
- **Ron Bender** rb@lnbyb.com
- **Bruce Bennett** bbennett@jonesday.com
- **Peter J Benvenutti** pbenvenutti@kellerbenvenutti.com, pjbenven74@yahoo.com
- **Elizabeth Berke-Dreyfuss** edreyfuss@wendel.com
- **Steven M Berman** sberman@slk-law.com
- **Alicia K Berry** Alicia.Berry@doj.ca.gov
- **Stephen F Biegenzahn** efile@sfblaw.com
- **Karl E Block** kblock@loeb.com, jvazquez@loeb.com;ladocket@loeb.com
- **Dustin P Branch** branchd@ballardspahr.com, carolod@ballardspahr.com;hubenb@ballardspahr.com;Pollack@ballardspahr.com
- **Michael D Breslauer** mbreslauer@swsslaw.com, wyones@swsslaw.com;mbreslauer@ecf.courtdrive.com;wyones@ecf.courtdrive.com
- **Chane Buck** cbuck@jonesday.com
- **Damarr M Butler** butler.damarr@pbgc.gov, efile@pbgc.gov
- **Lori A Butler** butler.lori@pbgc.gov, efile@pbgc.gov
- **Howard Camhi** hcamhi@ecjlaw.com, tcastelli@ecjlaw.com;amatsuoka@ecjlaw.com
- **Shirley Cho** scho@pszjlaw.com
- **Jacquelyn H Choi** jchoi@swesq.com

- **Shawn M Christianson** cmcintire@buchalter.com, schristianson@buchalter.com
- **Kevin Collins** kevin.collins@btlaw.com, Kathleen.lytle@btlaw.com
- **David N Crapo** dcrapo@gibbonslaw.com, elrosen@gibbonslaw.com
- **Mariam Danielyan** md@danielyanlawoffice.com, danielyan.mar@gmail.com
- **Brian L Davidoff** bdavidoff@greenbergglusker.com, calendar@greenbergglusker.com;jking@greenbergglusker.com
- **Aaron Davis** aaron.davis@bryancave.com, kat.flaherty@bryancave.com
- **Anthony Dutra** adutra@hansonbridgett.com
- **Kevin M Eckhardt** keckhardt@huntonak.com, keckhardt@hunton.com
- **Andy J Epstein** taxcpaesq@gmail.com
- **Christine R Etheridge** christine.etheridge@ikonfin.com
- **M Douglas Flahaut** flahaut.douglas@arentfox.com
- **Michael G Fletcher** mfletcher@frandzel.com, sking@frandzel.com
- **Joseph D Frank** jfrank@fgllp.com, mmatlock@fgllp.com;csmith@fgllp.com;jkleinman@fgllp.com;csucic@fgllp.com
- **William B Freeman** william.freeman@kattenlaw.com, nicole.jones@kattenlaw.com,ecf.lax.docket@kattenlaw.com
- **Eric J Fromme** efromme@tocounsel.com, lchapman@tocounsel.com;sschuster@tocounsel.com
- **Amir Gamliel** amir-gamliel-9554@ecf.pacerpro.com, cmallahi@perkinscoie.com;DocketLA@perkinscoie.com;JDerosier@perkinscoie.com
- **Jeffrey K Garfinkle** jgarfinkle@buchalter.com, docket@buchalter.com;dcyrankowski@buchalter.com
- **Lawrence B Gill** lgill@nelsonhardiman.com, rrange@nelsonhardiman.com
- **Paul R. Glassman** pglassman@sycr.com
- **Eric D Goldberg** eric.goldberg@dlapiper.com, eric-goldberg-1103@ecf.pacerpro.com
- **David Guess** dguess@bmkattorneys.com, 4579179420@filings.docketbird.com
- **Anna Gumport** agumport@sidley.com
- **Mary H Haas** maryhaas@dwt.com, melissastrobel@dwt.com;laxdocket@dwt.com;yunialubega@dwt.com
- **James A Hayes** jhayes@jamesahayesaplc.com
- **Michael S Held** mheld@jw.com
- **Lawrence J Hilton** lhilton@onellp.com, lthomas@onellp.com;info@onellp.com;evescance@onellp.com;nlichtenberger@onellp.com;rgolder@onellp.com
- **Robert M Hirsh** Robert.Hirsh@arentfox.com
- **Florice Hoffman** fhoffman@socal.rr.com, floricehoffman@gmail.com
- **Michael Hogue** hoguem@gtlaw.com, fernandezc@gtlaw.com;SFOLitDock@gtlaw.com
- **Matthew B Holbrook** mholbrook@sheppardmullin.com, mmanns@sheppardmullin.com
- **David I Horowitz** david.horowitz@kirkland.com, keith.catuara@kirkland.com;terry.ellis@kirkland.com;jay.bhimani@kirkland.com;elsa.banuelos@kirkland.com;ivon.granados@kirkland.com
- **Marsha A Houston** mhouston@reedsmith.com
- **Brian D Huben** hubenb@ballardspahr.com, carolod@ballardspahr.com
- **Lawrence A Jacobson** laj@cohenandjacobson.com
- **John Mark Jennings** johnmark.jennings@kutakrock.com
- **Monique D Jewett-Brewster** mjb@hopkinscarley.com, eamaro@hopkinscarley.com
- **Crystal Johnson** M46380@ATT.COM
- **Gregory R Jones** gjones@mwe.com, rnhunter@mwe.com
- **Lance N Jurich** ljurich@loeb.com, karnote@loeb.com;ladocket@loeb.com
- **Jeff D Kahane** jkahane@duanemorris.com, dmartinez@duanemorris.com
- **Steven J Kahn** skahn@pszyjw.com
- **Cameo M Kaisler** salembier.cameo@pbgc.gov, efile@pbgc.gov
- **Ivan L Kallick** ikallick@manatt.com, ihernandez@manatt.com
- **Ori Katz** okatz@sheppardmullin.com, cshulman@sheppardmullin.com;ezisholtz@sheppardmullin.com

- **Payam Khodadadi** pkhodadadi@mcguirewoods.com, dkiker@mcguirewoods.com
- **Jane Kim** jkim@kellerbenvenutti.com
- **Monica Y Kim** myk@lnbrb.com, myk@ecf.inforuptcy.com
- **Gary E Klausner** gek@lnbyb.com
- **Joseph A Kohanski** jkohanski@bushgottlieb.com, kprestegard@bushgottlieb.com
- **Jeffrey C Krause** jkrause@gibsondunn.com, dtrujillo@gibsondunn.com;jstern@gibsondunn.com
- **Darryl S Laddin** bkrfilings@agg.com
- **Robert S Lampl** advocate45@aol.com, rlisarobinsonr@aol.com
- **Richard A Lapping** richard@lappinglegal.com
- **Paul J Laurin** plaurin@btlaw.com, slmoore@btlaw.com;jboustani@btlaw.com
- **David E Lemke** david.lemke@wallerlaw.com, chris.cronk@wallerlaw.com;Melissa.jones@wallerlaw.com;cathy.thomas@wallerlaw.com
- **Elan S Levey** elan.levey@usdoj.gov, louisa.lin@usdoj.gov
- **Tracy L Mainguy** bankruptcycourtnotices@unioncounsel.net, tmainguy@unioncounsel.net
- **Samuel R Maizel** samuel.maizel@dentons.com, alicia.aguilar@dentons.com;docket.general.lit.LOS@dentons.com;tania.moyron@dentons.com;kathryn.howard@dentons.com;joan.mack@dentons.com
- **Alvin Mar** alvin.mar@usdoj.gov
- **Craig G Margulies** Craig@MarguliesFaithlaw.com, Victoria@MarguliesFaithlaw.com;David@MarguliesFaithLaw.com;Helen@MarguliesFaithlaw.com
- **Hutchison B Meltzer** hutchison.meltzer@doj.ca.gov, Alicia.Berry@doj.ca.gov
- **Christopher Minier** becky@ringstadlaw.com, arlene@ringstadlaw.com
- **John A Moe** john.moe@dentons.com, glenda.spratt@dentons.com,derry.kalve@dentons.com,andy.jinnah@dentons.com
- **Susan I Montgomery** susan@simontgomerylaw.com, assistant@simontgomerylaw.com;simontgomerylawecf.com@gmail.com;montgomerysr71631@notify.bestcase.com
- **Monserrat Morales** mmorales@marguliesfaithlaw.com, Victoria@marguliesfaithlaw.com;David@MarguliesFaithLaw.com;Helen@marguliesfaithlaw.com
- **Kevin H Morse** kevin.morse@saul.com, rmarcus@AttorneyMM.com;sean.williams@saul.com
- **Marianne S Mortimer** mmortimer@sycr.com, tingman@sycr.com
- **Tania M Moyron** tania.moyron@dentons.com, chris.omeara@dentons.com
- **Alan I Nahmias** anahmias@mbnlawyers.com, jdale@mbnlawyers.com
- **Jennifer L Nassiri** jennifernassiri@quinnemanuel.com
- **Charles E Nelson** nelsonc@ballardspahr.com, wassweilerw@ballardspahr.com
- **Sheila Gropper Nelson** shedoesbklaw@aol.com
- **Mark A Neubauer** mneubauer@carltonfields.com, mlrodriguez@carltonfields.com;smcloughlin@carltonfields.com;schau@carltonfields.com;NDunn@carltonfields.com;ecfla@carltonfields.com
- **Nancy Newman** nnewman@hansonbridgett.com, ajackson@hansonbridgett.com;calendarclerk@hansonbridgett.com
- **Bryan L Ngo** bngo@fortislaw.com, BNgo@bluecapitallaw.com;SPicariello@fortislaw.com;JNguyen@fortislaw.com;JNguyen@bluecapitallaw.com
- **Melissa T Ngo** ngo.melissa@pbgc.gov, efile@pbgc.gov
- **Abigail V O'Brient** avobrient@mintz.com, docketing@mintz.com;DEHashimoto@mintz.com;nleali@mintz.com;ABLevin@mintz.com;GJLeon@mintz.com
- **John R OKeefe** jokeefe@metzlewis.com, slohr@metzlewis.com
- **Scott H Olson** solson@vedderprice.com, jcano@vedderprice.com,jparker@vedderprice.com;scott-olson-2161@ecf.pacerpro.com,ecfsfdocket@vedderprice.com
- **Aram Ordubegian** ordubegian.aram@arentfox.com
- **Keith C Owens** kowens@venable.com, khoang@venable.com

- **Paul J Pascuzzi** ppascuzzi@ffwplaw.com, lnlasley@ffwplaw.com
- **Lisa M Peters** lisa.peters@kutakrock.com, marybeth.brukner@kutakrock.com
- **Christopher J Petersen** cjpetersen@blankrome.com, gsolis@blankrome.com
- **Mark D Plevin** mplevin@crowell.com, cromo@crowell.com
- **David M Poitras** dpoitras@wedgewood-inc.com, dpoitras@jmbm.com;dmarcus@wedgewood-inc.com;aguisinger@wedgewood-inc.com
- **Steven G. Polard** spolard@ch-law.com, cborrayo@ch-law.com
- **David M Powlen** david.powlen@btlaw.com, pgroff@btlaw.com
- **Christopher E Prince** cprince@lesnickprince.com, jmack@lesnickprince.com;mlampton@lesnickprince.com;cprince@ecf.courtdrive.com
- **Lori L Purkey** bareham@purkeyandassociates.com
- **William M Rathbone** wrathbone@grsm.com, jmydlandevans@grsm.com
- **Jason M Reed** Jason.Reed@Maslon.com
- **Michael B Reynolds** mreynolds@swlaw.com, kcollins@swlaw.com
- **J. Alexandra Rhim** arhim@hrhlaw.com
- **Emily P Rich** erich@unioncounsel.net, bankruptcycourtnotices@unioncounsel.net
- **Lesley A Riis** lriis@dpmclaw.com
- **Debra Riley** driley@allenmatkins.com
- **Christopher O Rivas** crivas@reedsmith.com, chris-rivas-8658@ecf.pacerpro.com
- **Julie H Rome-Banks** julie@bindermalter.com
- **Mary H Rose** mrose@buchalter.com, salarcon@buchalter.com
- **Megan A Rowe** mrowe@dsrhealthlaw.com, lwestoby@dsrhealthlaw.com
- **Nathan A Schultz** nschultz@foxrothschild.com
- **William Schumacher** wschumacher@jonesday.com
- **Mark A Serlin** ms@swllplaw.com, mor@swllplaw.com
- **Seth B Shapiro** seth.shapiro@usdoj.gov
- **David B Shemano** dshemano@shemanolaw.com
- **Joseph Shickich** jshickich@riddellwilliams.com
- **Rosa A Shirley** rshirley@nelsonhardiman.com, ksherry@nelsonhardiman.com;lgill@nelsonhardiman.com;jwilson@nelsonhardiman.com;rrange@nelsonhardiman.com
- **Kyrsten Skogstad** kskogstad@calnurses.org, rcraven@calnurses.org
- **Michael St James** ecf@stjames-law.com
- **Andrew Still** astill@swlaw.com, kcollins@swlaw.com
- **Jason D Strabo** jstrabo@mwe.com, ahoneycutt@mwe.com
- **Sabrina L Streusand** Streusand@slollp.com
- **Ralph J Swanson** ralph.swanson@berliner.com, sabina.hall@berliner.com
- **Gary F Torrell** gft@vrmlaw.com
- **United States Trustee (LA)** ustpregion16.la.ecf@usdoj.gov
- **Matthew S Walker** matthew.walker@pillsburylaw.com, candy.kleiner@pillsburylaw.com
- **Jason Wallach** jwallach@ghplaw.com, g33404@notify.cincompass.com
- **Kenneth K Wang** kenneth.wang@doj.ca.gov, Jennifer.Kim@doj.ca.gov;Stacy.McKellar@doj.ca.gov;yesenia.caro@doj.ca.gov
- **Phillip K Wang** phillip.wang@rimonlaw.com, david.kline@rimonlaw.com
- **Gerrick Warrington** gwarrington@frandzel.com, sking@frandzel.com
- **Adam G Wentland** awentland@tocounsel.com, lkwon@tocounsel.com
- **Latonia Williams** lwilliams@goodwin.com, bankruptcy@goodwin.com
- **Michael S Winsten** mike@winsten.com
- **Jeffrey C Wisler** jwisler@connollygallagher.com, dperkins@connollygallagher.com
- **Neal L Wolf** nwolf@hansonbridgett.com, calendarclerk@hansonbridgett.com,lchappell@hansonbridgett.com
- **Hatty K Yip** hatty.yip@usdoj.gov

- **Andrew J Ziaja** aziaja@leonardcarder.com, sgroff@leonardcarder.com;msimons@leonardcarder.com;lbadar@leonardcarder.com
- **Rose Zimmerman** rzimmerman@dalycity.org

☐ Service information continued on attached page

2. SERVED BY UNITED STATES MAIL:
On (*date*) **03/28/19,** I served the following persons and/or entities at the last known addresses in this bankruptcy case or adversary proceeding by placing a true and correct copy thereof in a sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows. Listing the judge here constitutes a declaration that mailing to the judge will be completed no later than 24 hours after the document is filed.

Verity Health System of California, Inc.
2040 E. Mariposa Avenue
El Segundo, CA 90245

3. SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL (state method for each person or entity served): Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on (*date*) **03/28/19**, I served the following persons and/or entities by personal delivery, overnight mail service, or (for those who consented in writing to such service method), by facsimile transmission and/or email as follows. Listing the judge here constitutes a declaration that personal delivery on, or overnight mail to, the judge will be completed no later than 24 hours after the document is filed.

Via Email:

tania.moyron@dentons.com
jmoloney@cainbrothers.com
gbray@milbank.com
dsbleck@mintz.com
pricotta@mintz.com
clark.whitmore@maslon.com
GEK@lnbyb.com
Hatty.Yip@usdoj.gov

Via Federal Express:

Hon. Ernest M. Robles
United States Bankruptcy Court
Central District of California
Edward R. Roybal Federal Building and Courthouse
255 E. Temple Street, Suite 1560 / Courtroom 1568
Los Angeles, CA 90012

Tania M. Moyron, Esq.
Dentons US LLP
601 S. Figueroa Street
Suite 2500, Los Angeles, CA 90017

James Moloney
Cain Brothers, a division of KeyBanc Capital Markets
1 California Street, Suite 2400
San Francisco, CA 94111

Gregory A. Bray, Esq.
Milbank, Tweed, Hadley & McCloy LLP
2029 Century Park East, 33rd Floor
Los Angeles, CA 90067

Daniel S. Bleck, Esq.
Paul Ricotta, Esq.
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.
One Financial Center
Boston, MA 02111

Clark Whitmore, Esq.
Maslon, LLP
3300 Wells Fargo Center
90 South Seventh Street
Minneapolis, MN 55402

Gary E. Klausner, Esq.
Levene, Neale, Bender, Yoo & Brill L.L.P.
10250 Constellation Blvd., Suite 1700
Los Angeles, CA 90067

Hatty Yip, Esq.
Office of the United States Trustee
915 Wilshire Blvd., Suite 1850
Los Angeles, California 90017

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

03/28/19	Maria Rodriguez	/s/ Maria Rodriguez
Date	*Printed Name*	*Signature*