

# Compensation of Hospital Employees

Calendar Year: <b>2023</b>		Entity Name: Kaiser Foundation Health Plan of Washington							
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non-Taxable Benefits	(E) Total	
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation				
1 Justin Evander	X	Central	345,577	89,965	5,921	14,720	2,219	458,401	
2 Susan Mullaney			224,049	2,240,007	1,766,026	(197,516)	10,046	4,042,612	
3 Ann Allen			460,075	33,430	96,876	185,988	24,765	801,134	
4 Rebecca Williams			362,383	168,056	65,984	87,889	27,122	711,434	
5 Alicia Eng			337,035	166,976	37,705	106,050	16,075	663,841	
6 Rita Mangione-Smith			380,833	108,802	19,273	74,555	20,335	603,798	
7 Kristanne Greco			338,695	204,092	23,382	2,778	23,882	592,829	
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Add Additional lines as needed

**Notes: Compensation reported in rows 2-6 above reflect balances reported on the most recently filed Form 990, Schedule J. The lead administrator was not reported on the most recently filed Form 990, Schedule J so current W-2 information is reported based on Form 990 filing instructions.**

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation  
Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:  
Washington State Department of Health  
Community Health Systems/Hospital Financial and Charity Care Section  
MS: 47853  
Olympia, WA 98504-7853  
email: [hos@doh.wa.gov](mailto:hos@doh.wa.gov)