

Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: 2020		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 John Blenkinsopp	X	Central	77,591	0	2,323	9,039	7,051	96,004
2 Susan Mullaney			674,750	453,055	24,465	643,008	28,608	1,823,886
3 Janet O'Hollaren			460,177	260,425	78,885	485,368	24,740	1,309,595
4 Karen Schartman			456,885	307,214	25,444	386,420	18,599	1,194,562
5 Sarah Yates			450,096	307,965	23,886	192,734	27,827	1,002,508
6 Eric Larson			395,456	200,306	111,462	126,188	25,063	858,475
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

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