



ORDEN DEL DÍA

AUTORIDAD HOSPITALARIA DEL CONDADO DE KERN CENTRO DE SALUD COMUNITARIO JUNTA DE DIRECTORES

**Community Health Center
Oficina Administrativa
900 Truxtun Avenue, Suite 250
Bakersfield, California 93301**

Reunión Regular
Miércoles 28 de octubre de 2026

11:30 A.M.

LA JUNTA SE RECONVOCARÁ

Miembros de la Junta: Achterberg, Avila, Behill, Kemp, Lopez, Martinez, Nichols, Sandoval, Smith
Pase de lista:

ORDEN DEL DÍA DE CONSENTIMIENTO/OPORTUNIDAD PARA COMENTARIOS DEL PÚBLICO: TODOS LOS PUNTOS MARCADOS CON "CA" O "C" SON CONSIDERADOS RUTINARIOS Y NO CONTROVERTIDOS POR EL PERSONAL DE LA AUTORIDAD HOSPITALARIA DEL CONDADO DE KERN. LAS SIGLAS "CA" O "C" INDICAN QUE EL PUNTO PERTENECE A LA ORDEN DEL DÍA DE CONSENTIMIENTO. LOS PUNTOS DE CONSENTIMIENTO SE TRATARÁN EN PRIMER LUGAR Y PODRÁN APROBARSE MEDIANTE UNA ÚNICA MOCIÓN SI NINGÚN MIEMBRO DE LA JUNTA O DEL PÚBLICO DESEA HACER COMENTARIOS O PREGUNTAS. SI ALGUIEN DESEA HACER COMENTARIOS O DEBATIR SOBRE ALGÚN PUNTO, ESTE SE RETIRARÁ DE LA ORDEN DEL DÍA DE CONSENTIMIENTO Y SE TRATARÁ SEGÚN EL ORDEN ESTABLECIDO, BRINDANDO AL PÚBLICO LA OPORTUNIDAD DE DIRIGIRSE A LA JUNTA RESPECTO A DICHO PUNTO ANTES DE QUE SE TOME UNA DECISIÓN.

RECOMENDACIÓN DEL PERSONAL EN MAYÚSCULAS

PRESENTACIONES PÚBLICAS

- 1) Esta parte de la reunión está reservada para que las personas se dirijan a la Junta sobre cualquier asunto que no figure en el orden del día, pero esté bajo la jurisdicción de la Junta. Los miembros de la Junta podrán responder brevemente a las declaraciones o preguntas planteadas. Asimismo, pueden formular preguntas para aclarar dudas, solicitar información objetiva al personal o pedir al personal que informe a la Junta en una reunión posterior. Además, la Junta puede ordenar al personal que incluya un asunto específico en el orden del

día de una futura reunión. EL TIEMPO DE INTERVENCIÓN SE LIMITA A DOS MINUTOS. POR FAVOR, INDIQUE Y DELETREE SU NOMBRE ANTES DE COMENZAR SU PRESENTACIÓN. ¡GRACIAS!

ANUNCIOS O INFORMES DE MIEMBROS DE LA JUNTA

- 2) Por iniciativa propia, los miembros de la Junta pueden realizar anuncios o presentar informes sobre sus actividades. Pueden formular preguntas de aclaración, remitir asuntos al personal o tomar medidas para que el personal incluya un tema en el orden del día de una futura reunión (Sección 54954.2(a)(2) del Código de Gobierno) –

PUNTOS A CONSIDERAR

CA

- 3) Acta de la reunión ordinaria de la Junta Directiva del Centro de Salud Comunitario de la Autoridad Hospitalaria del Condado de Kern, celebrada el 30 de septiembre de 2026 –
APROBAR

CA

- 4) Propuesta de enmienda retroactiva n.º 2 al Acuerdo de Co-Solicitante 011-2025 con la Autoridad Hospitalaria del Condado de Kern –
APROBAR; AUTORIZAR A LA PRESIDENTA FIRMAR–

CA

- 5) Establecimiento de las fechas de las reuniones ordinarias de la Junta Directiva del Centro de Salud Comunitario de la Autoridad Hospitalaria del Condado de Kern para el año calendario 2027 –
APROBAR; ADOPTAR LA RESOLUCIÓN

CA

- 6) Propuesta de aprobación de la política revisada LAL-OP-05, Autorización de derivaciones a especialidades ambulatorias –
APROBAR; AUTORIZAR A LA PRESIDENTA FIRMAR

CA

- 7) Resolución propuesta para adoptar una nueva política sobre la participación pública durante las reuniones de la Junta Directiva –
APROBAR; ADOPTAR RESOLUCIÓN

- 8) Informe sobre la instrucción dada al personal el 27 de mayo de 2026, referente al sistema telefónico actualizado –
RECIBIR Y ARCHIVAR

- 9) Informe sobre el proceso de revisión entre pares de la Junta Directiva del Centro de Salud Comunitario de la Autoridad Hospitalaria del Condado de Kern para el período del 1 de julio de 2025 al 30 de junio de 2026 –
RECIBIR Y ARCHIVAR

- 10) Informe sobre el estado de la planificación a largo plazo del Centro de Salud Comunitario de la Autoridad Hospitalaria del Condado de Kern –
RECIBIR Y ARCHIVAR

- 11) Informe sobre la calidad del Centro de Salud Comunitario de la Autoridad Hospitalaria del Condado de Kern – Quejas y Reclamaciones de Pacientes del Tercer Trimestre –
RECIBIR Y ARCHIVAR
 - 12) Informe sobre la utilización de los servicios del Centro de Salud Comunitario de la Autoridad Hospitalaria del Condado de Kern correspondiente a agosto de 2026 –
RECIBIR Y ARCHIVAR
 - 13) Informe sobre la situación financiera del Centro de Salud Comunitario de la Autoridad Hospitalaria del Condado de Kern correspondiente a agosto de 2026 –
RECIBIR Y ARCHIVAR
 - 14) Informe de la Directora Ejecutiva del Centro de Salud Comunitario de la Autoridad Hospitalaria del Condado de Kern –
RECIBIR Y ARCHIVAR
- CA
- 15) Correspondencia diversa al 23 de octubre de 2026 –
RECIBIR Y ARCHIVAR

APLAZAMIENTO HASTA EL MIÉRCOLES 11 DE NOVIEMBRE 2026 A LAS 11:30 A. M.

DOCUMENTACIÓN DE APOYO PARA LOS PUNTOS DEL ORDEN DEL DÍA

Toda la documentación de apoyo de los puntos del orden del día está disponible para revisión pública en el Kern Medical Center, en el Departamento de Administración, 1700 Mount Vernon Avenue, Bakersfield, 93306 durante el horario laboral habitual, de 8:00 a.m. a 5:00 p.m., de lunes a viernes, tras la publicación del orden del día. Cualquier documentación de apoyo relacionada con un punto del orden del día para una sesión abierta de cualquier reunión ordinaria que se distribuya después de la publicación del orden del día y antes de la reunión también estará disponible para su revisión en el mismo lugar.

LEY DE ESTADOUNIDENSES CON DISCAPACIDADES (Código de Gobierno Sección 54953.2)

La sala de conferencias del Centro Médico Kern es accesible para personas con discapacidad. Las personas con discapacidad que necesiten asistencia especial para asistir o participar en una reunión de la Junta de Gobernadores de la Autoridad Hospitalaria del Condado de Kern pueden solicitar asistencia en el Centro Médico Kern, en el Departamento de Administración, 1700 Mount Vernon Avenue, Bakersfield, California, o llamando al (661) 326-2102. Se hará todo lo posible por acomodar razonablemente a las personas con discapacidad poniendo a disposición el material de las reuniones en formatos alternativos. Las solicitudes de asistencia deben hacerse cinco (5) días laborables antes de la reunión siempre que sea posible.

CA)

15) CORRESPONDENCIA DIVERSA RECIBIDA AL 28 DE OCTUBRE DE 2026 –
RECIBIR Y ARCHIVAR

- A) Correspondencia con fecha del 21 de octubre de 2026, recibida de Mona A. Allen, coordinadora de la Junta, ante la Junta de Gobierno de la Autoridad Hospitalaria del Condado de Kern, referente a las certificaciones de acreditación y cumplimiento.
- B) Correspondencia con fecha del 21 de octubre de 2026, recibida de Mona A. Allen, coordinadora de la Junta, ante la Junta de Gobierno de la Autoridad Hospitalaria del Condado de Kern, referente a la propuesta de Enmienda n.º 2, con carácter retroactivo, al Acuerdo de Co-Solicitante 011-2025.



SUMMARY OF PROCEEDINGS

**Kern Medical Center
1700 Mount Vernon Avenue
Conference Room 1202
Bakersfield, California 93306**

Special Meeting
Wednesday, September 30, 2026

11:30 A.M.

BOARD RECONVENED – Director Martinez convened the meeting of the Board at 11:36 A.M., and established a quorum was present.

Board Members: Achterberg, Avila, Behill, Kemp, Lopez, Martinez, Nichols, Sandoval, Smith
Roll Call: 6 Present; 3 Absent – Avila, Behill, Lopez

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

CONSENT AGENDA: AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: AS INDICATED BELOW WITH A “CA” WAS REVIEWED, DISCUSSED, AND APPROVED AS ONE MOTION.

BOARD ACTION SHOWN IN CAPS

PUBLIC PRESENTATIONS

- 1) This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Board at a later meeting. In addition, the Board may take action to direct the staff to place a matter of business on a future agenda.
NO ONE HEARD

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Board members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code section 54954.2(a)(2)) –
NO ONE HEARD

CA

- 3) Minutes for the Kern County Hospital Authority Community Health Center Board of Directors regular meeting on August 26, 2026 –
APPROVED
Smith – Kemp: 5 ayes; Director Achterberg did not participate in the vote due to this being her first meeting; 3 absent, Avila, Behill, Lopez
- 4) Report on the Kern County Hospital Authority Community Health Center Patient Experience for Quarter 2 –
DIRECTOR MARTINEZ INTRODUCED DATA ANALYTICS MANAGER KEVIN JENSEN WHO MADE THE PRESENTATION. MR. JENSON REVIEWED THE DEFINITION OF CG-CAHPS AND HOW IT REFLECTS PATIENT EXPERIENCE. DATA COLLECTION FROM THE STOCKDALE CLINICS IS STILL IN PROGRESS BUT SLOWLY IMPROVING. THE QUESTION REGARDING THE PROVIDER'S ATTENTION AND/OR LISTENING TO THE PATIENTS HAS IMPROVED FROM LAST QUARTER. THE TIME SPENT WITH THE PATIENT IS STILL A PROBLEM AND STAFF STILL HAVE NOT COME UP WITH A SOLUTION THAT WOULD NOT INVOLVE INCREASING APPOINTMENT DURATION. ANCILLARY STAFF SCORES ARE CONTINUING TO DO WELL. DIRECTOR MARTINEZ ASKED WHAT THE ISSUES ARE WITH THE STOCKDALE CLINIC, IS IT ACCESS? THE EXECUTIVE DIRECTOR STATED THAT ACCESS WAS AN ISSUE PREVIOUSLY BUT TWO ADDITIONAL PROVIDERS STARTED IN AUGUST SO THIS SHOULD NOT BE AN ISSUE MOVING FORWARD BUT WE WON'T GET CONFIRMATION OF THIS UNTIL THE DATA IS REVIEWED. DIRECTOR ACHTERBERG ASKED WHO SETS THE BENCHMARKS. DATA ANALYTICS MANAGER RESPONDED THAT QUALTRICS, THE RECOGNIZED VENDOR, ESTABLISHES THE BENCHMARKS THAT ARE USED AND BASED OFF OF NATIONAL DATA.
RECEIVED AND FILED
Achterberg – Smith: 6 ayes; 3 absent, Avila, Behill, Lopez
- 5) Report on the Kern County Hospital Authority Community Health Center Patient Safety for Quarter 2 –
DIRECTOR MARTINEZ INTRODUCED MEDICAL DIRECTOR DR. THIAGARAJAN NANDHAGOPAL (DR. RAJ) WHO MADE THE PRESENTATION. DR. RAJ BEGAN THE PRESENTATION BY REVIEWING THE DATA ON MEDICINE RECONCILIATION AUDITS, STATING THAT THE PROVIDERS ARE STILL NOT COMPLETING THE MEDICINE RECONCILIATION WITH EACH PATIENT. THE MEDICAL ASSISTANTS ARE CONTINUING TO DO A GREAT JOB BUT THE PROVIDERS ARE LAZY AND NEED EDUCATION TO UNDERSTAND THE IMPORTANCE OF DOING THE MEDICINE RECONCILIATION. CHIEF MEDICAL DIRECTOR, WHILE PRESENTING THE RESULTS OF THE MEDICATION RECONCILIATION AUDITS, ASKED THE DIRECTOR OF PERFORMANCE IMPROVEMENT CARMELITA MAGNO TO EXPLAIN THE RESULTS. DIRECTOR OF PERFORMANCE IMPROVEMENT CARMELITA MAGNO ANNOUNCED THAT EDUCATION IS BEING PROVIDED TO PHYSICIANS TO ADDRESS THE ISSUES WITH RECONCILIATION OF MEDICATION INCLUDING THE PERVASIVE ISSUE OF NOT TICKING THE BOXES THAT SHOW WHICH MEDICINES THE PATIENT IS CURRENTLY USING, BUT JUST INCLUDING THIS INFORMATION IN THE NOTE. DIRECTOR SMITH ASKED IF THIS IS A MEDICAL RECORD ISSUE? MS. MAGNO REPLIED THAT YES, BUT ALSO AN LACK OF UNDERSTANDING BY THE PHYSICIANS. CHIEF MEDICAL DIRECTOR ANNOUNCED THAT HAND HYGENE NUMBERS HAS IMPROVED WITH PROVIDERS BUT CONTINUES TO BE AN ISSUE WITH RESIDENTS WHO WALK THROUGHS WITH PHYSICIANS, AND ALTHOUGH THEY DO NOT TOUCH THE PATIENT, THEY FAIL TO WASH THEIR HANDS BEFORE AND

AFTER THEY ENTER A ROOM. HE CONTINUED THE PRESENTATION SHOWING THAT PROTECTED HEALTH INFORMATION AWARENESS WAS TRENDING HIGH, WHICH IS GOOD, ALONG WITH A LOW NUMBER OF INCIDENT REPORTS. DIRECTOR MARTINEZ COMMENTED THAT FOR THE PATIENT VOLUME THERE IS, THE OCCURRENCE NUMBERS ARE REALLY GOOD.

RECEIVED AND FILED

Nichols – Smith: 6 ayes; 3 absent, Avila, Behill, Lopez

- 6) Report on the Kern County Hospital Authority Community Health Center Health Center Service Utilization for August 2026 –
DIRECTOR MARTINEZ INTRODUCED NURSING ADMINISTRATOR ALICIA GAETA WHO MADE THE PRESENTATION. NURSING ADMINISTRATOR STATED THAT NO SHOWS ARE STAYING STEADY AT 16% BUT THE NUMBER OF VISITS HAS GONE UP OVERALL WHICH INDICATES THAT THESE NO-SHOW APPOINTMENTS ARE BEING RESCHEDULED. STAFF IS STILL WORKING ON ISOLATING THAT DATA TO ADD TO THIS REPORT. APPOINTMENTS HAVE INCREASED ON MONDAYS AS WELL AS ON SATURDAY AND SUNDAY. NUTRITION WILL CONTINUE TO HAVE LOW NUMBERS DUE TO ONLY HAVING ONE PROVIDER FOR ONLY ONE HALF OF ONE DAY. NUTRITION AND THE PHARMACY SUPPORT THE PRIMARY CARE PHYSICIANS AND THEIR TREATMENT PLANS. DIRECTOR MARTINEZ ASKED IF THE PHARMACY VISIT IS MORE OF A MEDICAL MANAGEMENT VISIT. NURSING ADMINISTRATOR RESPONDED THAT PRIOR TO MOVING TO THE FQHC MODEL, THE CLINICS HAD FEWER PRIMARY CARE PHYSICIANS SO PHARMACISTS STEPPED IN TO ASSIST WITH THE MANAGEMENT OF MEDICATION. NOW PHARMACISTS FOCUS ON SPECIFIC DISEASES MEETING WITH DIABETIC PATIENTS AND CREATING MORE EDUCATION AND SUPPORT FOR SMOKING CESSATION. EXECUTIVE DIRECTOR ADDED THAT PHARMACISTS ARE ALSO PHARMD, WHICH ARE DOCTORS IN PHARMACY AND THEY PROVIDE EDUCATION AND TRAINING TO STAFF REGARDING MEDICATION PROTOCOLS. NURSING ADMINISTRATOR CONTINUED THE PRESENTATION STATING THAT THE DISTRIBUTION OF VISITS PER ZIP CODES REMAINED THE SAME ALONG WITH NO NOTABLE CHANGES IN THE HEALTH PROFILES OF THEIR PATIENTS. DIRECTOR SMITH SUGGESTED ADDING THE PERCENTAGES ON TOP OF THE BARS IN THE GRAPHS ON THE PRESENTATION FOR EASIER VISIBILITY. ALSO, ARE THESE REASONABLE NUMBERS OF UNINSURED? DIRECTOR MARTINEZ COMMENTED THAT THE UNINSURED NUMBERS WILL LIKELY BE INCREASING DUE TO CHANGES IN FEDERAL LAW WHICH THE EXECUTIVE DIRECTOR NODDED IN AGREEMENT. NURSE ADMINISTRATOR STATED THAT THE PERCENTAGES WILL BE ADDED TO THE PRESENTATION ALONG WITH A CLARIFICATION OF PERCENTAGE TO START FOCUSING ON ANY CHANGES WITH THE UNINSURED.

RECEIVED AND FILED

Nichols – Smith: 6 ayes; 3 absent, Avila, Behill, Lopez

7) Report on the Kern County Hospital Authority Community Health Center financials for July 2026

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DIRECTOR MARTINEZ INTRODUCED FINANCE ADMINISTRATOR ANDREW CANTU WHO MADE THE PRESENTATION. MR. CANTU STATED THAT PATIENT VISITS WERE ALMOST AT BUDGET AND THE FULL TIME EMPLOYEE NUMBER WAS A BIT BELOW BUDGET. PATIENT REVENUE IS OFF BUDGET DUE TO NO PROFESSIONAL FEES BEING COLLECTED. THERE HAS ALSO BEEN A SIGNIFICANT DECREASE IN CLAIMS DUE TO FINANCE HOLDING CLAIMS UNTIL THE RATE IS SET. BUT THE DAYS IN ACCOUNTS RECEIVABLE IS DOWN WHICH IS A POSITIVE. REVENUE IS DOWN DUE TO NOT RECEIVING THE WRAP AROUND FEES YET WHICH IS ALSO LEADING TO A HIGHER CONTRIBUTION FROM THE KERN COUNTY HOSPITAL AUTHORITY TO HAVE THE BUDGET AT BREAK-EVEN. DIRECTOR MARTINEZ ASKED IF THE BUDGET WILL BE UPDATED ONCE THE RATE IS SET AND THAT NOW THAT THE FIRST FISCAL YEAR HAS BEEN COMPLETED, HAVE THE AUDITORS SAID HOW IT WILL SHOW UP ON THE FINANCIAL AUDIT. FINANCE ADMINISTRATOR RESPONDED THAT THEY WILL RECAST THE BUDGET ONCE THE BUDGET NEW RATE IS SET AND THAT IT WILL BE REFLECTED IN THE AUDIT SHOWING THE REAL REVENUE. THE BUDGET IS ALSO IMPACTED BY RESIDENTS' BENEFITS WHICH ARE FRONT LOADED IN JULY UNLIKE OTHER EMPLOYEES THAT EARN BENEFITS THROUGHOUT THE YEAR. DIRECTOR MARTINEZ ASKED IF THE AUDIT OF THE CHC WILL BE INCLUDED IN THE KERN COUNTY HOSPITAL AUTHORITY'S BUDGET AUDIT? FINANCE ADMINISTRATOR STATED THAT YES, THE AUDIT WILL OCCUR AT THE SAME TIME BUT WILL BE SEPARATE SO THAT EACH DEPARTMENT CAN BE REVIEWED INDIVIDUALLY.

RECEIVED AND FILED

Smith - Nichols: 6 ayes; 3 absent, Avila, Behill, Lopez

- 8) Kern County Hospital Authority Community Health Center Executive Director Report –
EXECUTIVE DIRECTOR ANNOUNCED THAT EVERYTHING HAS BEEN SUBMITTED TO CMS TO FINALIZE THE PROCESS OF THE RATE SETTING AND HOPEFULLY THAT THE RATE IS SET BY THE NEXT BOARD MEETING. CMS HAS REVIEWED ALL CLINICS EXCEPT SUITE 3000 FOR FRAUD, WASTE, AND ABUSE SO THEY COULD BE BACK AT ANYTIME BUT THE CLINICS ARE PREPARED. THE EXECUTIVE DIRECTOR ALSO ANNOUNCED THAT THE UPDATED PHONE SYSTEM IS LIVE AND IS RECEIVING AN AVERAGE OF 3,200 INCOMING CALLS A DAY. STAFF IS WORKING ON A DASHBOARD TO SHOW WHAT IS OCCURRING WITH CALLS IN REGARDS TO EACH CLINIC. SHE FURTHER ANNOUNCED THAT THE CHC RECEIVED A \$2,000,000 GRANT SPONSORED BY SENATOR MELISSA HURTADO FOR A MOBILE DENTAL CLINIC WHICH IS CURRENTLY BEING MAPPED OUT. EXECUTIVE DIRECTOR FURTHER ANNOUNCED THAT A CHANGE OF SCOPE WAS SUBMITTED TO HRSA ON SEPTEMBER 30, 2026. THIS CHANGE OF SCOPE INCLUDED THE ADDITION OF THE THREE MOBILE UNITS ALONG WITH THE ADDITION OF A PSYCHIATRY CLINIC TO THE SPECIALTY SERVICE LINE. HRSA WILL BE SUSPENDING ANY CHANGES AS OF NOVEMBER 20, 2026 TO UPDATE ITS WEBSITE, SO HOPEFULLY THE CHC WILL HAVE NEWS REGARDING THE ACCEPTANCE OF THE CHANGE IN SCOPE EITHER IN ITS ENTIRETY OR IN PART PRIOR TO THE SHUT DOWN. THE USE OF THE MOBILE CLINICS HAS BEEN INCREASING AS THE CHC CONTINUES TO WORK WITH THE KERN COUNTY SHERIFF'S OFFICE IN PROVIDING MEDICAL SCREENING OF INMATES BEFORE BEING SENT TO LERDO AND WITH SCHOOLS AND OTHER CENTERS TO IMPROVE ACCESS TO HEALTHCARE. DIRECTOR MARTINEZ ASKED THAT IF THE MOBILE UNITS ARE PART OF THE HEALTH CENTER, WOULD THE MOBILE UNITS GET PAID AT THE HIGHER RATE. EXECUTIVE DIRECTOR CONFIRMED. DIRECTOR NICHOLS STATED THAT SHE HAS SEEN

THE MOBILE UNITS ALL OVER THE COUNTY AND DIRECTOR ACHTERBERG STATED THE CITY REALLY APPRECIATES THE SERVICES THAT THE MOBILE CLINICS PROVIDE.
RECEIVED AND FILED

Nichols-Smith: 6 ayes; 3 absent, Avila, Behill, Lopez

CA

9) Miscellaneous Correspondence as of September 25, 2026 –
RECEIVED AND FILED

Smith – Kemp: 5 ayes; Director Achterberg did not participate in the vote due to this being her first meeting; 3 absent, Avila, Behill, Lopez

ADJOURN TO WEDNESDAY, OCTOBER 28, 2026 AT 11:30 A.M.

Smith

/s/ Marisol Urcid
Clerk of the Board of Directors

/s/ Elsa Martinez
Chairman, Board of Directors
Kern County Hospital Authority Community Health Center



**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

October 28, 2026

Subject: Proposed retroactive Amendment No. 2 to Co-Applicant Agreement 011-2025 with the Kern County Hospital Authority

Requested Action: Approve; Authorize Chairman to sign

Summary:

On January 16, 2025, your Board approved Co-Applicant Agreement 011-2025 between the Kern County Hospital Authority and the Community Health Center Board of Directors. This approval followed staff's request to the Kern County Hospital Authority Board of Governors in November 2024 to pursue Federally Qualified Health Center Look-Alike (FQHC-LAL) designation for Kern Medical's community health center primary care clinics. The Co-Applicant Agreement defines with specificity each party's authority with respect to the governance and operation of the health center consistent with Section 330 rules and regulations and the terms and conditions set forth in the Health Resources Services Administration (HRSA) Health Center Program Compliance Manual regarding co-applicants.

The proposed Amendment adds a provision to the Co-Applicant Agreement to permit the health center also to be known as Kern Medical Outpatient Health. The Amendment is effective May 1, 2026, which is the date the health center received its designation as an FQHC-LAL from HRSA. The Amendment was approved by the Board of Governors on October 21, 2026.

Therefore, it is recommended that your Board retroactively approve Amendment No. 2 to Agreement 011-2025 with the Kern County Hospital Authority, effective May 1, 2026, and authorize the Chairman to sign.

**AMENDMENT NO. 2
TO
CO-APPLICANT AGREEMENT**

This Amendment No. 2 to the Co-Applicant Agreement is made and entered into this 21 day of October, 2026, between Kern County Hospital Authority, a public agency that is a local unit of government ("Authority"), and Kern County Hospital Authority Community Health Center Board of Directors ("CHC Board"), the co-applicant governing board.

RECITALS

(a) The Parties have heretofore entered into a Co-Applicant Agreement (Agt. 011-2025, dated January 15, 2025) and Amendment No. 1 (Agt. 114-2025, dated October 15, 2025) (collectively the "Agreement"), which defines with specificity each party's authority with respect to the governance and operation of the CHC consistent with Section 330 rules and regulations and the terms and conditions set forth in the HRSA Health Center Program Compliance Manual regarding co-applicants; and

(b) The Parties agree to amend the Agreement as set forth herein; and

(c) The Agreement is amended effective May 1, 2026;

NOW, THEREFORE, in consideration of the mutual covenants and conditions hereinafter set forth and incorporating by this reference the foregoing recitals, the Parties hereto agree to amend the Agreement as follows:

1. Section 19, Name, shall be made part of the Agreement as follows:

"19. Name. Kern County Hospital Authority Community Health Center shall also be known as Kern Medical Outpatient Health."

2. All capitalized terms used in this Amendment and not otherwise defined, shall have the meaning ascribed thereto in the Agreement.

3. This Amendment may be executed in counterparts, each of which shall be deemed an original, but all of which taken together shall constitute one and the same instrument.

4. Except as provided herein, all other terms, conditions, and covenants of the Agreement shall remain in full force and effect.

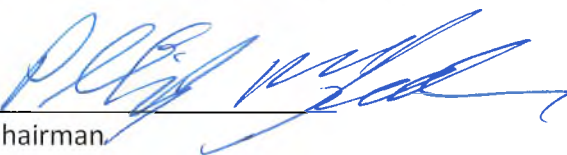
[SIGNATURES FOLLOW ON NEXT PAGE]

IN WITNESS TO THE FOREGOING, the parties have executed this Amendment No. 2 as of the day and year first written above.

KERN COUNTY HOSPITAL AUTHORITY
COMMUNITY HEALTH CENTER BOARD

By _____
Chairman
Board of Directors

KERN COUNTY HOSPITAL AUTHORITY

By 
Chairman
Board of Governors

APPROVED AS TO FORM:

By 
Vice President & General Counsel
Kern County Hospital Authority

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

October 28, 2026

Subject: Establish Regular Meeting Dates of the Kern County Hospital Authority Community Health Center Board of Directors for Calendar Year 2027

Recommended Action: Approve; Adopt Resolution

Summary:

The conduct of your Board is subject to the provisions of the Ralph M. Brown Act ("Brown Act"; Gov. Code, § 54950 et seq.). Specifically, section 54954, subd. (a) of the Brown Act requires that your Board shall provide, by ordinance, resolution, bylaws, or by whatever other rule is required for the conduct of business by that body, the time and place for holding regular meetings.

Therefore, it is recommended that your Board establish its schedule of regular meetings for calendar year 2027 in compliance with the Brown Act by adopting the attached Resolution.

**BEFORE THE BOARD OF DIRECTORS
OF THE KERN COUNTY HOSPITAL AUTHORITY
COMMUNITY HEALTH CENTER**

In the matter of:

Resolution No. 2026-____

**ESTABLISHING THE REGULAR MEETING
DATES OF KERN COUNTY HOSPITAL
AUTHORITY COMMUNITY HEALTH CENTER
BOARD OF DIRECTORS FOR CALENDAR YEAR 2027**

I, MARISOL URCID, Clerk of the Board of Directors for the Kern County Hospital Authority Community Health Center, hereby certify that the following Resolution, on motion of Director _____, seconded by Director _____, was duly and regularly adopted by the Board of Directors of the Kern County Hospital Authority Community Health Center at an official meeting thereof on the 28th day of October, 2026, by the following vote, and that a copy of the Resolution has been delivered to the Chairman of the Board of Directors.

AYES:

NOES:

ABSENT:

MARISOL URCID
Clerk of the Board of Directors
Kern County Hospital Authority
Community Health Center

Marisol Urcid

RESOLUTION

Section 1. WHEREAS:

(a) The conduct of Kern County Hospital Authority Community Health Center Board of Directors is subject to the provisions of the Ralph M. Brown Act ("Brown Act"; Gov. Code, § 54950 et seq.).

(b) Section 54954, subd. (a) of the Brown Act requires that the legislative body of a local agency shall provide, by ordinance, resolution, bylaws, or by whatever other rule is required for the conduct of business by that body, the time and place for holding regular meetings; and

(c) The Board of Directors desires to establish its schedule of regular meetings for calendar year 2027 in compliance with the Brown Act.

Section 2. NOW, THEREFORE, IT IS HEREBY RESOLVED by the Board of Directors of the Kern County Hospital Authority Community Health Center, as follows:

1. This Board finds the facts recited herein are true, and further finds that this Board has jurisdiction to consider, approve, and adopt the subject of this Resolution.

2. Except as provided in paragraph 4 of this Resolution, the calendar year 2027 regular meetings of the Board of Directors shall be held as follows:

Thursday, January 27, 2027	Regular Meeting
Wednesday, February 24, 2027	Regular Meeting
Wednesday, March 24, 2027	Regular Meeting
Wednesday, April 28, 2027	Regular Meeting
Wednesday, May 26, 2027	Regular Meeting
Wednesday, June 23, 2027	Regular Meeting
Wednesday, July 28, 2027	Regular Meeting
Wednesday, August 25, 2027	Regular Meeting
Wednesday, September 22, 2027	Regular Meeting
Wednesday, October 27, 2027	Regular Meeting
Thursday, November 18, 2027	Regular Meeting
Thursday, December 16, 2027	Regular Meeting

3. All meetings shall be held at Kern Medical Center, which is located at 900 Truxtun Avenue, Suite 250, Bakersfield, California 93301. All meetings shall commence at the hour of 11:30 a.m., unless a different time is posted by the Clerk of the Board of Directors. Meetings so commenced may be continued from time to time until the disposition of all business before the Board of Directors.

4. Regular meetings shall be canceled or rescheduled whenever the Board of Directors unanimously finds good cause otherwise exists for cancellation, rescheduling, or scheduling of a regular meeting.

5. The Clerk of the Board of Directors shall provide copies of this Resolution to the following:

Members, Board of Directors, Community Health Center
Members, Board of Governors, Kern County Hospital Authority
Community Health Center
Kern Medical Center
Legal Services Department
Information Technology Department

2027



Kern County Hospital Authority
Community Health Center
Board of Directors
Meeting Calendar
11:30am – 1:30pm

JANUARY

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEBRUARY

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

MARCH

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14	15	16	17	18	19	20
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28	29	30	31			

APRIL

S	M	T	W	T	F	S
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11	12	13	14	15	16	17
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MAY

S	M	T	W	T	F	S
						1
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9	10	11	12	13	14	15
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23	24	25	26	27	28	29
30	31					

JUNE

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27	28	29	30			

JULY

S	M	T	W	T	F	S
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

AUGUST

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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

SEPTEMBER

S	M	T	W	T	F	S
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19	20	21	22	23	24	25
26	27	28	29	30		

OCTOBER

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24	25	26	27	28	29	30
31						

NOVEMBER

S	M	T	W	T	F	S
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

DECEMBER

S	M	T	W	T	F	S
			1	2	3	4
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26	27	28	29	30	31	

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

October 28, 2026

Subject: Proposed approval of revised policy LAL-OP-05 Ambulatory Specialty Referral Authorization

Recommended Action: Approve; Authorize Chairman to Sign

Summary:

The CHC Board has oversight responsibilities for reviewing and approving the policies and procedures for the CHC. The following policy and procedure LAL-OP-05 Ambulatory Specialty Referral Authorization Request, which focuses on Operations, needed to be updated due to changes in requirements and procedure. These changes are required to be approved and enacted to show compliance as a FQHC Look-Alike.

Policy	Policy #
Outpatient Scheduling and Referral Management	LAL-OP-05

Therefore, it is recommended that your Board approve the proposed changes to policy LAL-OP-05.

Kern County Hospital Authority Community Health Center

Department: Ambulatory Care Services				 KernMedical Outpatient Health
Policy No.	Effective Date	Review Date:	Page	
LAL-OP-05	January 2026	January 2027	1 of 2	
Title: <u>Ambulatory Specialty Referral Authorization Request</u> <u>Outpatient Scheduling and Referral Management</u>				

I. PURPOSE:

~~To ensure that a review of healthcare benefits is completed prior to scheduling non-emergent treatment, including clinic office visits, procedures, and appointments, and prevent unnecessary delays and cancellations of treatment, procedures, and appointments due to a lack of prior authorization.~~

II. DEFINITIONS:

~~A. Referral Appointment—All necessary referral documentation is completed at the time of the referral (i.e., medical records, electronic referral order, and a copy of the insurance card). A medical record review by a Kern Medical Outpatient Health physician or licensed nurse is often performed prior to scheduling a referral appointment. This medical record review facilitates proper coordination of services to verify that the patient has been referred to the appropriate outpatient specialty clinic.~~

III. POLICY STATEMENT:

~~It is the policy of Kern Medical Outpatient Health that when a referral appointment is requested by a medical provider from any service within Kern Medical Outpatient Health or by a provider outside of Kern Medical Outpatient Health, the request for referral must be accompanied by proper orders and clinical documentation.~~

IV. EQUIPMENT: N/A

V. PROCEDURE:

A. Internal Referral Process

- ~~1. A referral can come from the Kern Medical Emergency Department (ED), Outpatient Clinics, Inpatient Units, as well as correctional facilities such as Lerdo, and/or Juvenile Hall. Once the patient is evaluated by a medical provider and the disposition indicates the need for outpatient specialty clinic treatment, procedure, and/or appointment the physician and/or nursing staff will place the Referral Ambulatory request in Oracle Power Chart.~~
- ~~2. The referral will appear on the Outpatient Consult Representative worklist and a determination is then made if the request is for an internal or external specialty clinic.~~
- ~~3. Once identified as an internal referral, the referral is accepted and transferred from the Outbound worklist to an Inbound worklist.~~
- ~~4. The referral is reviewed in the Inbound worklist for the following:~~
 - ~~a. Referral reason and diagnosis~~
 - ~~b. Urgency—Urgent/STAT referrals are processed within 48-72 hours. Routine referrals are processed within 2-5 business days. If the insurance payer requires more than five (5) days to process, Utilization Management review of the referral will be clearly documented in Referral Management and notification to the referring provider will be sent via the Message Center in Oracle Power Chart.~~
 - ~~c. Insurance authorizations are requested via Insurance Portals and/or completed insurance authorization request forms.~~
 - ~~d. If a referral screening determination is required, the Consult Representative will notify the appropriate provider via Message Center within Oracle Power Chart.~~
- ~~5. A copy of the referral authorization's determination (i.e., approval or denial) will be scanned into the patient's medical record.~~

6. ~~Prior authorization is required prior to scheduling the referral appointment.~~
7. ~~Denied prior authorizations for referrals are communicated to the referring provider via Oracle Message Center.~~
8. ~~Patient Scheduling – A phone call is placed to the patient within three (3) business days of receipt of the approved authorization.~~
 - a. ~~First attempt is noted in referral management.~~
 - b. ~~Second attempt is completed three (3) days after the first attempt and is noted in referral management. If there is no answer, a second message is left and a return call letter is mailed to the patient the same day as the second call attempt.~~
 - c. ~~Third attempt is completed seven (7) days after second attempt and is noted in referral management; if no response from the patient, a communication is sent to the Consult Representative notifying them of “Unable to contact” status.~~
9. ~~Referral will stay in Accepted Status to include appropriate sub-status (call patient to schedule, pending call back, or patient to call to schedule).~~
10. ~~Referrals are reviewed weekly by the Outpatient Consult Representative with communication to the referring provider via Oracle Power Chart Message Center that we were unable to contact and schedule the patient.~~
11. ~~If we are able to schedule the patient, the referral must be associated with the appointment. This will enable the referral to change statuses automatically (scheduled/attended/pending reschedule).~~
12. ~~If the patient “no-shows” for their appointment, the patient referral will fall into the pending reschedule worklist and the assigned scheduler is responsible for attempting to get the patient rescheduled.~~
13. ~~If the patient attends their appointment, as scheduled, the referral status is then changed to attended automatically. The Consult Representative will then manually complete the referral in Referral Management.~~

VI. SPECIAL CONSIDERATIONS: N/A

VII. EDUCATION:

~~Kern Medical Outpatient Health Referral and Scheduling Staff will receive education pertaining to this policy, as appropriate, at the time of general orientation and/or unit specific orientation and as changes occur in legislation, quality, or regulatory requirements. Staff's knowledge, skills, and abilities will be validated during unit specific orientation.~~

I. PURPOSE:

To define Kern Medical Outpatient Health's (KMOH) process for referral management, treatment authorization, and scheduling for primary and specialty care services.

II. DEFINITIONS:

A. Referral Prior-Authorization – Insurance carriers may require prior authorization for specialty care to confirm medical necessity. The information the patient's insurance plan or medical group forwards to Kern Medical Outpatient Health is used to approve or deny specialty care services.

B. Scheduling – Patients are to be scheduled based on a ~~provider~~ physician order in Powerchart (internal) or upon receipt of an ~~n~~ physician order from an outside provider (non-KMOH).

~~C. OPCR – Outpatient Consultation Representative~~

~~D. PASR – Patient Access Services Representative~~

~~E. OPS – Outpatient Scheduler~~

~~F. Valer – Integrated third-party software solution~~

III. POLICY STATEMENT:

It is the policy of ~~Kern Medical Outpatient Health~~'s Outpatient Scheduling and Referral Management Department to be responsible for accurate scheduling and referral processing in accordance with the ~~provider/physician's~~ order. This includes verifying patient demographics, including insurance eligibility and benefits, and obtaining the applicable treatment authorization.

IV. EQUIPMENT:

A. Valer Integrated Authorization Application

V. PROCEDURE:

A. Referral Prior-Authorization – The Outpatient Consultation Representative/Patient Access Services Representative (OPCR/PASR) will complete a minimum of 35-38 referral authorizations daily. Department Mmanagement will provide reports to the end user on both individual and collective output to prevent processing delays and address barriers that may occur during the referral process, thereby facilitating efficient access to care in accordance with the ordering provider's specifications and ultimately safeguarding the patient's access to care.

1. The OPCR/PASR will manage the referral worklist in Oracle Health's Revenue Cycle Application.

2. The OPCR/PASR will filter the worklist by assigned specialty. Assignments may change based on volumes and operational needs, as determined by management. Referrals are prioritized as routine or urgent based on available resources and will be addressed as promptly as possible.

3. Treatment authorization requests (TARs) must be submitted electronically through Valer's web application. The TAR must be accompanied by documentation, including, but not limited to, provider clinic notes, diagnostic test reports, laboratory results, and relevant external records, in compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations.

4. When submitting TARs via Valer, an integrated third-party software solution, the OPCR/PASR shall adhere to established work standards that govern the proper use of the integrated authorization application solution. The OPCR/PASR shall refrain from submitting TARs authorizations outside the scope of Valer, except when the payer is not mapped to Valer. Once the mapping process is complete, the Valer application must be used exclusively.

5. Valer will update the TAR referral authorization as approved or denied in the referral insurance tab. For TARs referrals submitted outside Valer due to unmapped payers, the OPCR/PASR will manually push the TAR authorization determination back to Oracle Health's Referral Management. The OPCR/PASR will manually update the TAR referral's status and sub-status accordingly.

6. If the TAR treatment authorization is denied, the OPCR/PASR will notify the ordering provider via Powerchart Communicate and copy the Patient Access Supervisor. The provider may request an appeal or a peer-to-peer review. The outcome will determine whether to proceed with scheduling or defer/delay, based on medical necessity. The patient will be notified after the determination is made.

B. Referral Timing

1. **Routine Referrals** – If the referral is ordered as routine, the OPCR/PASR will be processed within 2-5 business days after the clinical review is completed, if required. *
2. **Urgent Referrals** – If the referral is ordered as Urgent, the OPCR/PASR will be processed within 72 hours of completion of clinical review, if required. *

*Referral processing times depend on completed clinic provider notes, receipt of patient diagnostic test reports, laboratory results, and relevant external records.

C. Referral Reauthorization – The OPCR/PASR will request an extension of the previously approved referral authorization or resubmit, based on insurance guidelines and the expiration date of the original referral authorization.

D. Outside Referrals: - If the patient is to be referred to an outside facility because of out-of-network or restricted insurance, or because KMOH does not provide the specialty service, the OPCR/PASR will obtain authorization from the appropriate outside organization. The OPCR/PASR will send the appropriate documentation to the outside organization to schedule the service(s).

E. Scheduling:

1. All accepted, ready-to-schedule referrals are to be scheduled by the **Outpatient Scheduler/ Patient Access Services Representative (OPS/PASR)** in Revenue Cycle Referral Management-Scheduling Add Appointment Plus, based on priority (Urgent vs. Routine). Scheduling notes are to be documented in the referral comments tab, and the referral sub-status is to be updated according to the number of unsuccessful contact attempts (1-4). The request remains in the worklist until all scheduling attempts have been exhausted.
2. If scheduling is unsuccessful after four (4) attempts, the OPS/PASR will send a Powerchart communication to the ordering provider via Oracle Health and copy the Patient Access Supervisor.
3. The OPS/PASR will have a minimum of forty (40) scheduling actions per day. Management will provide reports on both individual and collective output to prevent scheduling delays and address barriers, thereby facilitating efficient access to care in accordance with the ordering provider's specifications and ultimately safeguarding the patient's access to care.
4. Rescheduling: The OPS/PASR will make a minimum of 2 additional contact attempts to reschedule patients who no-show for their appointments.

VI. SPECIAL CONSIDERATIONS: N/A

VII. EDUCATION:

- A. Kern Medical Outpatient Health Referral Management and Scheduling Staff will receive education on this policy, as appropriate, during general orientation and/or unit-specific orientation, and as changes occur in legislation, quality, or regulatory requirements. Staff's knowledge, skills, and abilities will be validated during unit-specific orientation.

X. REFERENCES:

A. HIPAA of 1996

B. Oracle Health Revenue Cycle, Schapptbook, & Power Chart Applications

C. Valer Ambulatory Standard of Work-IT HUB

OWNERSHIP (Committee/Department/Team)..... <u>Operations</u>	
ORIGINAL <u>January 2026</u>	
REVIEWED, NO REVISIONS	
REVISED..... <u>October 2026</u>	
APPROVED BY BOARD OF DIRECTORS..... <u>October</u> January 2026	
DISTRIBUTION	
REQUIRES REVIEW..... January 2027	
<u>Executive Director Signature of Approval</u> <u>Date</u>	<u>Signature of Approval</u> <u>Date</u>

Kern County Hospital Authority Community Health Center

Department: Ambulatory Care Services				
Policy No.	Effective Date	Review Date:	Page	
LAL-OP-05	January 2026	January 2027	1 of 2	
Title: Outpatient Scheduling and Referral Management				

I. PURPOSE:

To define Kern Medical Outpatient Health's (KMOH) process for referral management, treatment authorization, and scheduling for primary and specialty care services.

II. DEFINITIONS:

A. Referral Prior-Authorization – Insurance carriers may require prior authorization for specialty care to confirm medical necessity. The information the patient's insurance plan or medical group forwards to KMOH is used to approve or deny specialty care services.

B. Scheduling – Patients are to be scheduled based on a provider order in Powerchart (internal) or upon receipt of an order from an outside provider (non-KMOH).

III. POLICY STATEMENT:

It is the policy of KMOH's Outpatient Scheduling and Referral Management Department to be responsible for accurate scheduling and referral processing in accordance with the provider's order. This includes verifying patient demographics, including insurance eligibility and benefits, and obtaining the applicable treatment authorization.

IV. EQUIPMENT:

A. Valer Integrated Authorization Application

V. PROCEDURE:

A. Referral Prior-Authorization – The Outpatient Consultation Representative/Patient Access Services Representative (OPCR/PASR) will complete a minimum of 35-38 referral authorizations daily. Department management will provide reports to the end user on both individual and collective output to prevent processing delays and address barriers that may occur during the referral process, thereby facilitating efficient access to care in accordance with the ordering provider's specifications and ultimately safeguarding the patient's access to care.

1. The OPCR/PASR will manage the referral worklist in Oracle Health's Revenue Cycle Application.

2. The OPCR/PASR will filter the worklist by assigned specialty. Assignments may change based on volumes and operational needs, as determined by management. Referrals are

prioritized as routine or urgent based on available resources and will be addressed as promptly as possible.

3. Treatment authorization requests (TARs) must be submitted electronically through Valer's web application. The TAR must be accompanied by documentation, including, but not limited to, provider clinic notes, diagnostic test reports, laboratory results, and relevant external records, in compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations.

4. When submitting TARs via Valer, an integrated third-party software solution, the OPCR/PASR shall adhere to established work standards that govern the proper use of the integrated authorization application solution. The OPCR/PASR shall refrain from submitting TARs outside the scope of Valer, except when the payer is not mapped to Valer. Once the mapping process is complete, the Valer application must be used exclusively.

5. Valer will update the TAR as approved or denied in the referral insurance tab. For TARs submitted outside Valer due to unmapped payers, the OPCR/PASR will manually push the TAR determination back to Oracle Health's Referral Management. The OPCR/PASR will manually update the TAR's status and sub-status accordingly.

6. If the TAR is denied, the OPCR/PASR will notify the ordering provider via Powerchart Communicate and copy the Patient Access Supervisor. The provider may request an appeal or a peer-to-peer review. The outcome will determine whether to proceed with scheduling or defer/delay, based on medical necessity. The patient will be notified after the determination is made.

B. Referral Timing

1. **Routine Referrals** – If the referral is ordered as routine, the OPCR/PASR will be processed within 2-5 business days after the clinical review is completed, if required. *
2. **Urgent Referrals** – If the referral is ordered as Urgent, the OPCR/PASR will be processed within 72 hours of completion of clinical review, if required. *

*Referral processing times depend on completed clinic provider notes, receipt of patient diagnostic test reports, laboratory results, and relevant external records.

C. Referral Reauthorization - The OPCR/PASR will request an extension of the previously approved referral authorization or resubmit, based on insurance guidelines and the expiration date of the original referral authorization.

D. Outside Referrals - If the patient is to be referred to an outside facility because of out-of-network or restricted insurance, or because KMOH does not provide the specialty service, the OPCR/PASR will obtain authorization from the appropriate outside organization. The OPCR/PASR will send the appropriate documentation to the outside organization to schedule the service(s).

E. Scheduling

1. All accepted, ready-to-schedule referrals are to be scheduled by the Outpatient Scheduler/ Patient Access Services Representative (OPS/PASR) in Revenue Cycle Referral Management-Scheduling Add Appointment Plus, based on priority (Urgent vs. Routine).

Scheduling notes are to be documented in the referral comments tab, and the referral sub-status is to be updated according to the number of unsuccessful contact attempts (1-4). The request remains in the worklist until all scheduling attempts have been exhausted.

2. If scheduling is unsuccessful after four (4) attempts, the OPS/PASR will send a Powerchart communication to the ordering provider via Oracle Health and copy the Patient Access Supervisor.
3. The OPS/PASR will have a minimum of forty (40) scheduling actions per day. Management will provide reports on both individual and collective output to prevent scheduling delays and address barriers, thereby facilitating efficient access to care in accordance with the ordering provider's specifications and ultimately safeguarding the patient's access to care.
4. Rescheduling: The OPS/PASR will make a minimum of 2 additional contact attempts to reschedule patients who no-show for their appointments.

VI. SPECIAL CONSIDERATIONS: N/A

VII. EDUCATION:

- A. Kern Medical Outpatient Health Referral Management and Scheduling Staff will receive education on this policy, as appropriate, during general orientation and/or unit-specific orientation, and as changes occur in legislation, quality, or regulatory requirements. Staff's knowledge, skills, and abilities will be validated during unit-specific orientation.

X. REFERENCES:

- A. HIPAA of 1996
- B. Oracle Health Revenue Cycle, Schapptbook, & Power Chart Applications
- C. Valer Ambulatory Standard of Work-IT HUB

OWNERSHIP (Committee/Department/Team).....Operations	
ORIGINAL January 2026	
REVIEWED, NO REVISIONS.....	
REVISED..... October 2026	
APPROVED BY BOARD OF DIRECTORS..... October 2026	
DISTRIBUTION	
REQUIRES REVIEW..... January 2027	
Executive Director Signature of Approval	Signature of Approval
Date	Date

**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

October 28, 2026

Subject: Proposed resolution adopting new policy addressing public participation during meetings of the Board of Directors

Recommended Action: Approve; Adopt Resolution

Summary:

On October 3, 2025, Governor Newsom signed Senate Bill 707 (SB 707, Durazo) amending the Ralph M. Brown Act to update teleconferencing and accessibility requirements, including provisions related to remote participation in public meetings, effective July 1, 2026. These requirements include expanded access to remote participation and require equitable allotment for remote and in-person public testimony.

Under Government Code section 53953.4 (b)(1)(B)(i), legislative bodies must provide the public with an opportunity to provide public testimony via a two-way audiovisual platform. Legislative bodies must ensure that the allotment of time for public testimony via said platform is equal to the time allotted for in-person public testimony. Under Government Code section 53953.4 (b)(1)(2)(A) legislative bodies must provide twice the amount of allotted time to an individual seeking to provide public testimony with the assistance of a translator.

The proposed policy limits public testimony to a total of two (2) minutes and a total of ten (10) minutes total for public testimony on a particular item. The proposed allotted time is the same for in-person and remote members of the public. The policy allows for four (4) minutes for individuals who require the assistance of a translator. The proposed limits can be waived at the discretion of the Chairman.

Therefore, it is recommended that your Board adopted the attached resolution and policy entitled “Public Participation During Meetings of the Board of Directors”, in the form presented, with such minor modifications as may be required or approved by Counsel, a copy of which shall be kept on file in the Office of the Authority Board Coordinator.

**BEFORE THE BOARD OF DIRECTORS
OF THE KERN COUNTY HOSPITAL AUTHORITY
COMMUNITY HEALTH CENTER**

In the matter of:

Resolution No. 2026-____

**ESTABLISHING PROCEDURES FOR
PUBLIC PARTICIPATION AT BOARD
OF DIRECTORS MEETINGS**

I, Marisol Urcid, Clerk of the Board of Directors for the Kern County Hospital Authority Community Health Center, hereby certify that the following Resolution, on motion of Director _____, seconded by Director _____, was duly and regularly adopted by the Board of Directors of the Kern County Hospital Authority Community Health Center at an official meeting thereof on the 28th day of October, 2026, by the following vote, and that a copy of the Resolution has been delivered to the Chairman of the Board of Directors.

AYES:

NOES:

ABSENT:

MARISOL URCID
Clerk of the Board of Directors
Kern County Hospital Authority
Community Health Center

Marisol Urcid

RESOLUTION

Section 1. WHEREAS:

(a) The conduct of Kern County Hospital Authority Community Health Center Board of Directors is subject to the provisions of the Ralph M. Brown Act (the "Act"; Gov. Code, § 54950 et seq.), as amended by Senate Bill 707 (2025); and

(b) The Act requires that meetings of legislative bodies be open to the public;
and

(c) Under the Act, the public is guaranteed the right to provide testimony at any regular or special meeting on any subject which will be considered by the legislative body before or during its consideration of the item (Gov. Code, § 54954.3(a)); and

(d) Section 54954.3(b)(1) provides that legislative bodies may adopt reasonable regulations limiting the amount of time allocated for public testimony; and

(e) Section 54953.4(b)(1)(B)(i) provides that legislative bodies must provide the public with an opportunity to provide public comment via a two-way audiovisual platform and ensure that the time allotted for public testimony via said platform is equal to the time allotted for in-person public testimony; and

(f) Section 54953.4(b)(1)(2)(A) provides that legislative bodies must provide twice the amount of allotted time to an individual seeking to give public testimony with the assistance of a translator; and

(g) The proposed policy addressing public participation during meetings of the Board of Directors has been prepared in accordance with the Act and is attached hereto as Exhibit "A."

Section 2. NOW, THEREFORE, IT IS HEREBY RESOLVED by the Board of Directors of the Kern County Hospital Authority Community Health Center, as follows:

1. This Board finds the facts recited herein are true, and further finds that this Board has jurisdiction to consider, approve, and adopt the subject of this Resolution.

2. This Board hereby adopts the policy entitled "Public Participation During Meetings of the Board of Directors," in the form presented, with such minor modifications as may be required or approved by Counsel, a copy of which shall be kept on file in the Office of the Clerk of the Board of Directors.

3. The Clerk of the Board of Directors shall provide copies of this Resolution to the following:

Members, Board of Directors
Kern Medical Outpatient Health
Kern Medical Center
Legal Services Department

EXHIBIT “A”

POLICY NAME: Public Participation During Meetings of the Board of Directors

Effective Date: November 1, 2026

Review Date: November 1, 2028

I. BACKGROUND

Under the Ralph M. Brown Act (the “Act”; Gov. Code, § 54950 et seq.), the public is guaranteed the right to provide testimony at any regular or special meeting on any subject which will be considered by the legislative body before or during its consideration of the item. Senate Bill 707 (2025) amended the Act to require that a legislative body provide the public with an opportunity to provide public testimony via a remote access service with the same time allotment as a person attending a meeting in person.

II. PURPOSE

The purpose of this policy is to establish procedures for public participation at meetings of the Board of Directors as allowed under the Act (Gov. Code, §54954.3(b)(1)). This policy provides for the orderly and efficient conduct of the public business during meetings of the Board of Directors.

III. DEFINITIONS

For purposes of this policy, the following definitions apply:

“Public testimony” means the formal opportunity for individuals, organizations, or representatives of the public to appear before a legislative body to share their views, information, or experiences.

“Remote access services” means the two-way telephonic service and/or two-way audiovisual platform used to provide real-time remote public attendance and observation of meetings.

IV. APPLICABILITY

This policy applies to meetings of the Board of Directors and standing meetings of the Board.

V. REGULATIONS FOR PUBLIC PARTICIPATION

To ensure the orderly and efficient completion of meetings of the Board of Directors, public testimony shall be limited as follows:

- a) Each speaker, whether in-person or via remote access services, shall be limited to two (2) minutes per item.
- b) Speakers requiring the assistance of a translator shall be limited to four (4) minutes per item.
- c) Public testimony on each item appearing on an agenda shall be limited to a total of ten (10) minutes.

- d) Notwithstanding the foregoing, time limits may be waived at the discretion of the Chairman.

VI. RECORDKEEPING

This policy may be amended by the Board of Directors at a noticed meeting.



**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

October 28, 2026

Subject: Report on referral to staff from May 27, 2026 regarding the updated phone system

Recommended Action: Receive and File

Summary:

On May 27, 2026, your Board made a referral to staff for information regarding the updated phone system and its impact on kept and no-show appointments.

In response to this referral, Kern Medical Outpatient Health's Executive Director will present the initial data received from the updated phone system.



**Phone Performance
Overview
October 2026**

Phone Queue Performance

Clinics | September 1 – October 16, 2026

Key Observations

- 39% of all clinic volume goes through STK-Clinic-FO.
- Average pick up time at 0:32 seconds, with the Women's Health clinic leading with an average response time of :06 seconds.

KEY METRICS

CALLS PRESENTED

22,985

CALLS HANDLED

21,132

ANSWER RATE

92%

AVG QUEUE TIME

01:03

AVG HANDLE TIME

02:23

CALLS ABANDONED

1,841

ABANDON RATE

8.0%

AVG PICKUP TIME

00:29

AVG WAIT BEFORE HANG-UP

04:02

LOST CALLS / DAY

54.1

Phone Queue Performance

Scheduling & Authorizations | September 1 – October 16, 2026

Key Observations

- 97% of Scheduling & Referral calls are answered within 60 seconds.

KEY METRICS		
CALLS PRESENTED	CALLS HANDLED	ANSWER RATE
23,469	21,165	90%
AVG QUEUE TIME	AVG HANDLE TIME	
0:57	04:35	
CALLS ABANDONED	ABANDON RATE	AVG PICKUP TIME
2,297	10%	0:29
AVG WAIT BEFORE HANG-UP	LOST CALLS / DAY	
04:43	67.6	

Phone Queue Performance

Collective | September 1 – October 16, 2026

KEY METRICS					
CALLS PRESENTED	CALLS HANDLED	ANSWER RATE	CALLS ABANDONED	ABANDON RATE	AVG PICKUP TIME
46,454	42,297	91%	4,138	8.9%	00:30
AVG QUEUE TIME	AVG HANDLE TIME	AVG WAIT BEFORE HANG-UP	LOST CALLS / DAY		
01:01	03:00	04:13	122		

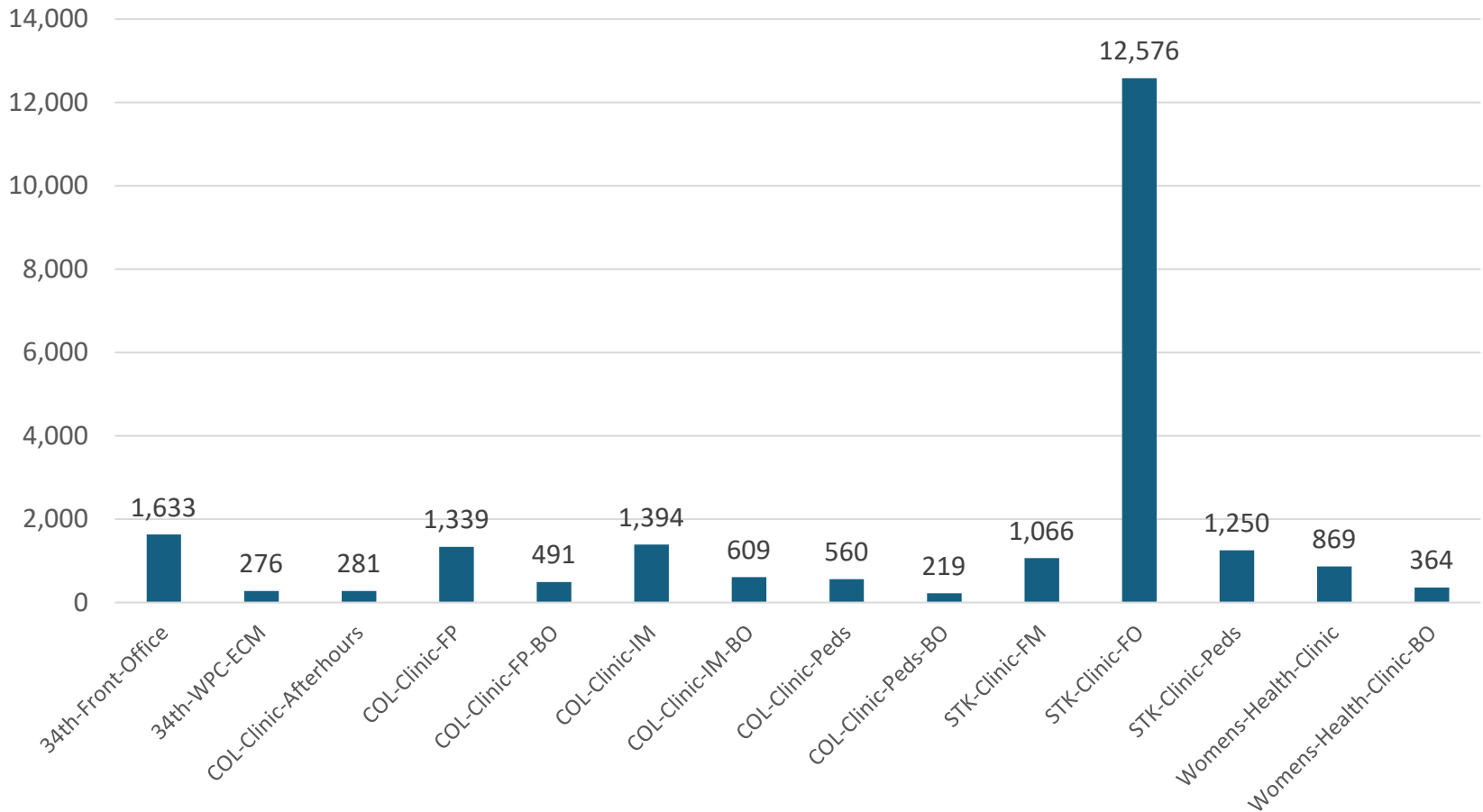
Key Observations

- We're working closely with IT and our vendor to address the volume of dropped calls. Over the last six weeks, 46% of all dropped calls occurred within 15 seconds of entering the queue, which leads us to believe there are early-queue issues rather than patients abandoning due to long wait times.

Incoming Volume by Queue

September 1 – October 16, 2026

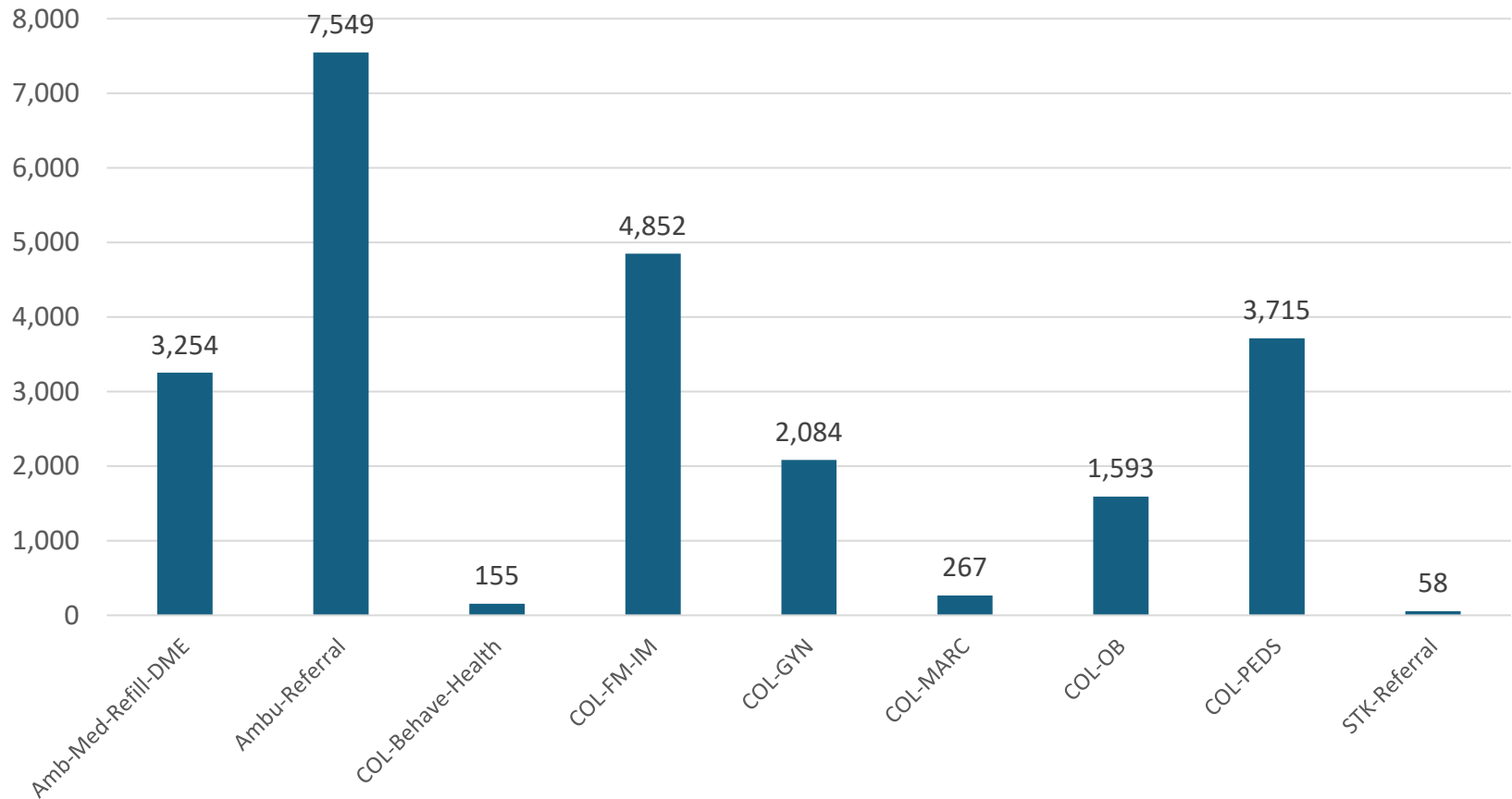
Outpatient Clinic Volumes



Incoming Volume by Queue

September 1 – October 16, 2026

Scheduling & Authorization Volumes





**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

October 28, 2026

Subject: Report on the Kern County Hospital Authority Community Health Center Board of Directors Peer Review process for the period July 1, 2025 through June 30, 2026

Recommended Action: Receive and File

Summary:

The Health Resources and Services Administration (HRSA) Health Center Program Compliance Manual (Program) outlines certain roles and responsibilities that must reside with the Community Health Center Board (CHC Board). One of these responsibilities includes Medical Staff Peer Review. The CHC Board will follow the established Peer Review process as it exists within the Kern County Hospital Authority.

This presentation will be delivered on an annual basis, as it contains critical information necessary for the CHC Board to effectively monitor the performance of individual practitioner's professional performance by other duly authorized practitioners for the six general core competency categories.

**Kern County Hospital Authority
Community Health Center
Peer Review Report
July 2025 – June 2026**

PROCESS

Pursuant to policy LAL-QUAL-02, Peer Review, will be conducted at least quarterly, using data systematically collected from patient records to ensure:

1. Healthcare practitioners adhere to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services, as applicable;
2. The identification of any patient safety and adverse event, and the implementation of related follow-up actions, as necessary.

Kern Medical Outpatient Health delegates this process to Kern Medical Center.

It shall be the responsibility of the chairs of the clinical departments and chiefs of the specialty divisions to design and implement an effective program (a) to monitor and assess the quality of professional practice in each department and division, and (b) to promote high quality of practice in each department and division by (1) providing education and counseling, (2) issuing letters of admonition, warning or censure, as necessary, and (3) resuming concurrent observation when deemed appropriate by the department or division committees.

(Kern Medical Center - Medical Staff Bylaws: **ARTICLE XII: PEER REVIEW AND CORRECTIVE ACTION** 12.1 MONITORING AND EDUCATION 12.1.1 RESPONSIBILITY)

July 2025 – June 2026

- 31 - PRC Cases reviewed
- 0 - Corrective Action Plans Recommended
- Number of Issues referred to:
 - Operations - 0
 - Nursing - 0
 - GMEC - 1
 - M+M - 4

Our review confirms that none of the referenced cases originated in, or involved care delivered through, Kern Medical Outpatient Health

July 2025 – June 2026

Advanced Practice Providers (NP/PA) (OLCP)

Charts reviewed Daily / Weekly by Supervising Physician

- *No Reportable Findings*

Other Clinical Staff (for example, non-certified medical/dental assistants, community health representatives, case managers, and staff who are bilingual)

- Clinical Directors and Clinical Nurse Lead review staff performance via random chart audits monthly
- *No Reportable Findings*



**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

October 28, 2026

Subject: Report on the status of long-term planning for the Kern County Hospital Authority Community Health Center

Recommended Action: Receive and File

Summary:

The Health Resources and Services Administration (HRSA) Health Center Program Compliance Manual (Program) outlines certain roles and responsibilities that must reside with the Kern County Hospital Authority Community Health Center Board (KCHA CHC Board).

The KCHA CHC's long-term planning process will focus on areas of access, continuous quality improvement, financial stability, infrastructure development, marketing and communications, and governance. This process is needed and necessary to inform and support internal decision-making and oversight by key management staff and governing board.

At the August 25, 2025 Board of Directors meeting, staff presented the data obtained through a detailed survey to current patients, employees, and the public that was collected in July 2025. At the August 25, 2025 Board of Directors meeting, the data from the survey was reviewed along with how this data would help facilitate KCHA CHC's Long Term Planning process. Creating a long-term plan for the KCHA CHC is a HRSA defined responsibility for the KCHA CHC Board.

At the August 25, 2025 Board of Directors, your Board reviewed and approved the proposed plans for long term improvement and growth of the KCHA CHC, which fulfills the KCHA CHC Board's HRSA obligation. Today's presentation will review the data collected and outcomes of implementing KCHA CHC's Long Term Planning process.



**KERN COUNTY HOSPITAL AUTHORITY
COMMUNITY HEALTH CENTER
LONG-TERM PLANNING REPORT
Annual Update**

Long-term Planning Staff Recommendations

July 2025

Enhance customer service experience

- Expand the customer service training to all CHC staff

Focus on enhancing patient experiences in Women's Health

- Work to recruit more full-time Women's Health Clinicians
- Increase hours of Women's Health Services once optimum staffing is achieved

Increase awareness of Behavioral Health Services

Increase patient portal access

- Develop the ability for patients to self-schedule online

Enhance customer service experience

- Expand the customer service training to all CHC staff
- All CHC Front office staff received initial training
 - Some staff have reviewed additional training
- Launched a “Ask Me.....” campaign
- Annual competency skills fair through ambulatory clinic leadership – well received all clinical staff
- Elsevier Modules – training to inform employees about AIDET (Acknowledge Introduce Duration Explanation and Thank you), cultural competency, and compliance education
- Patient Appreciation week: Table and Posters (April 2026)
- Phone Upgrade

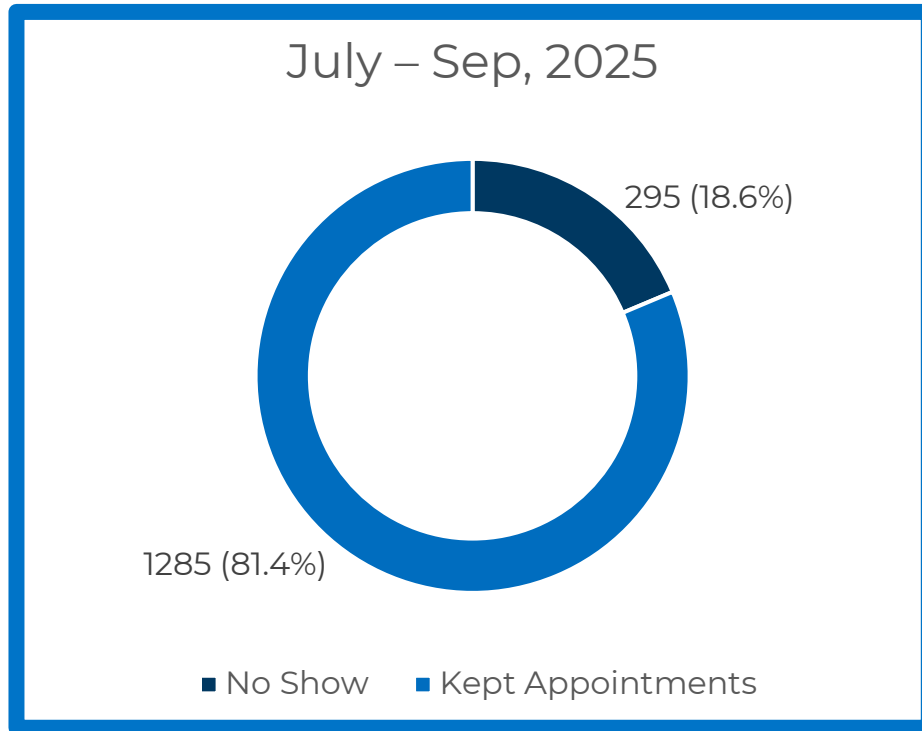
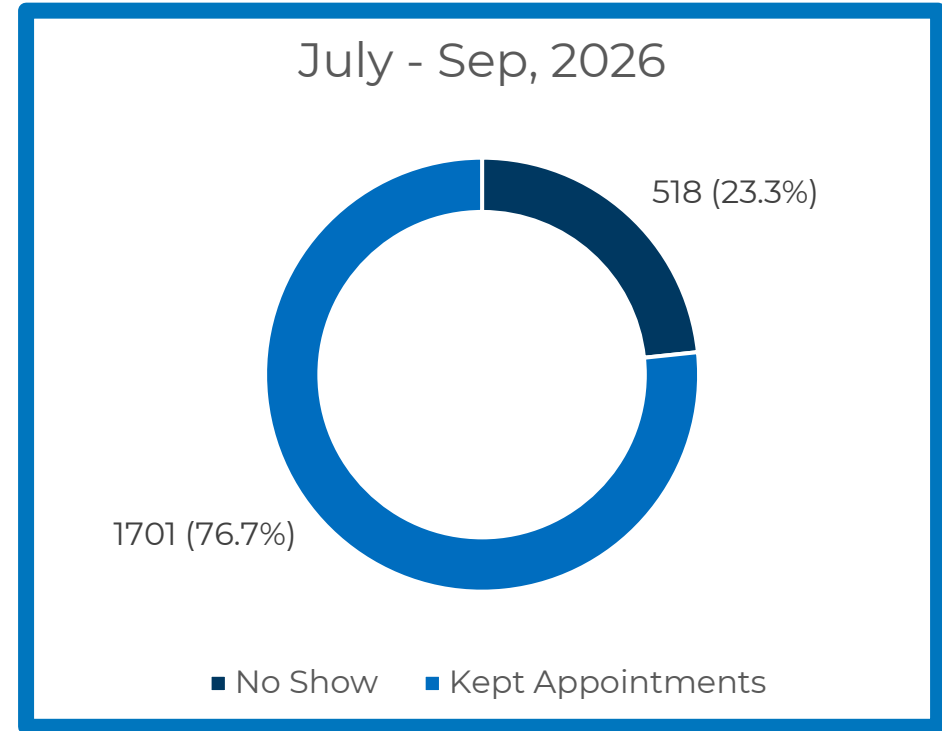
Focus on enhancing patient experiences in Women's Health

Work to recruit more full-time Women's Health Clinicians

Increase hours of Women's Health Services once optimum staffing is achieved

- Expanded our Vision of Women's Health to include; Family Practice, Internal and Mobile Units providing;
 - Missed menses
 - Care in first Trimester (Labs, Ultrasounds ordered and prenatal care supplements)
 - Expanded CPSP Program and dedicated additional staff resources
- Added additional Physicians and Advanced Practice Providers to Women's Health
 - including hiring one of our own OBGYN residents
- Non Stress Test Clinic
 - Increased Clinic Hours to provide additional appointment availability
 - Hired Experienced NST Nurses
 - NST Volume (Patients per month) :
 - July 2025: 432
 - September 2026: 612

Women's Health Clinic - NST YoY Change



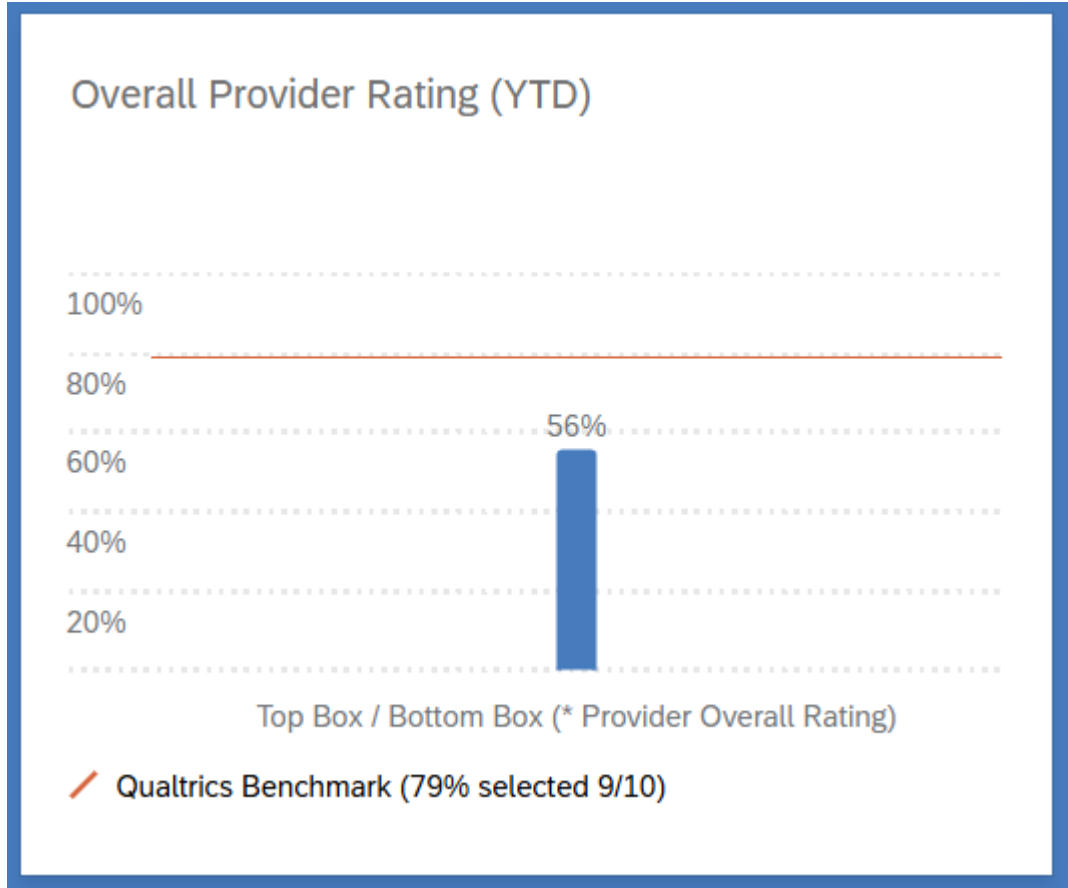
- Booked Appointments increased by 41% YoY
- Kept Appointments increased by 32% YoY

Continued

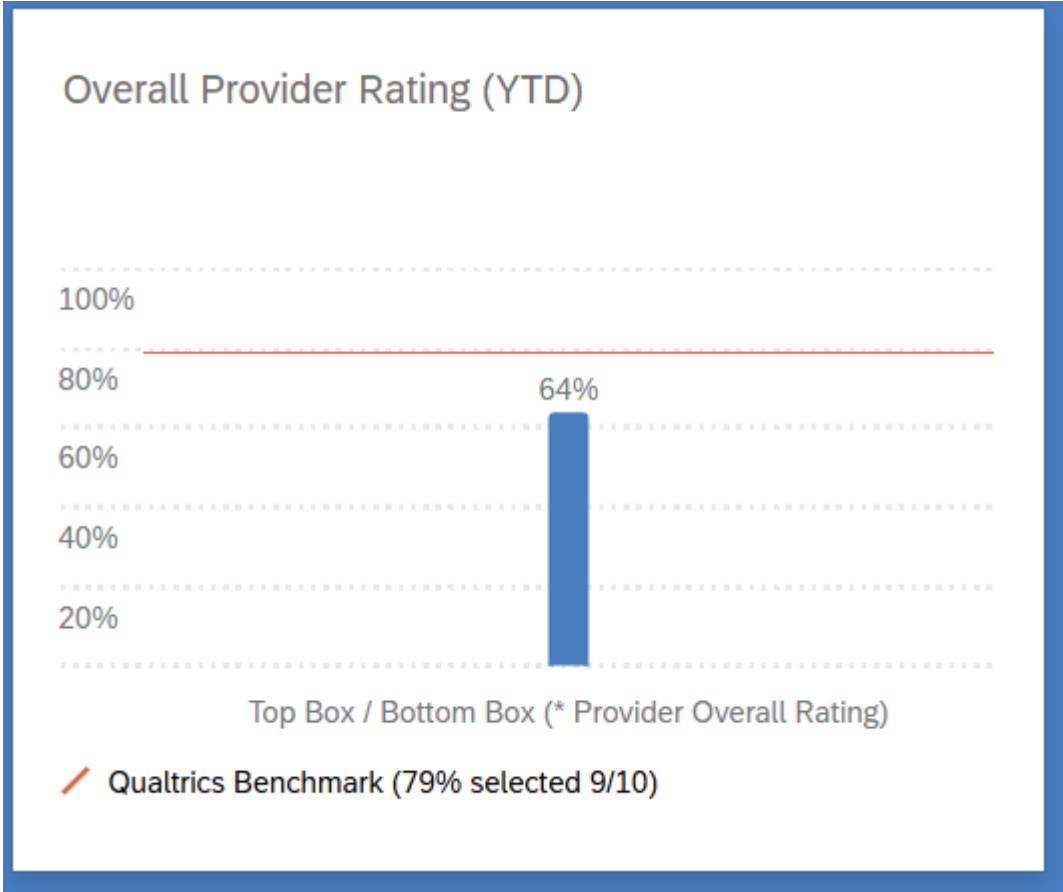
- Launched with DHCS Transitional care services in OB
 - High Intensity OB patients that have
 - High Risk – Pregnancy
 - Previous C-sections, Gestational Diabetes, Hypertension, fetal growth restrictions, Substance abuse, other medical conditions
 - Behavioral Health Component
- Purchased New Ultrasound machines for OBGYN

Overall Experience from Women's Health

July 2025



September 2026



13.33 % increase

Increase awareness of Behavioral Health Services

Full Therapy Team

- Offering Behavioral Health Service
 - Brief Interventions
 - Screening
 - Real time Referral to treatment
- Community Outreach
 - School Events – Mobile Unit Events
 - NAMI Walk
 - Supporting Psychiatric services
- Enhanced Services
 - Launching Group Therapy
 - Homelessness Awareness
 - Basic resources
 - Connecting to KBHRS additional Services

Increase Portal Access

Develop the ability for patients to self-schedule online

- Working with IT Team for Cerner/Oracle Upgrade to reeducate patients to Portal Access
- Through Upgrade we plan to allow self scheduling feature

New Recommendations Received from CHC Board:

Add the following Services to CHC Scope:

- Add Psychiatry to CHC Scope of Care
 - Submitted Change in Scope to HRSA 9/30/2026
- Add Mobile Units to CHC Scope of Care
 - Submitted Change in Scope to HRSA 9/30/206
- Relocate Psychiatric Office to larger space to accommodate both Medical and Therapy Services
 - 19th Street Expansion Tentative

Questions?



**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

October 28, 2026

Subject: Report on Kern County Hospital Authority Community Health Center Quality – Patient Complaints and Grievances for Quarter 3

Recommended Action: Receive and File

Summary:

The Executive Director for the Community Health Center will provide your Board with the Quality Update, focusing on Quarter 3 of Calendar Year 2026 Patient Complaints and Grievances.

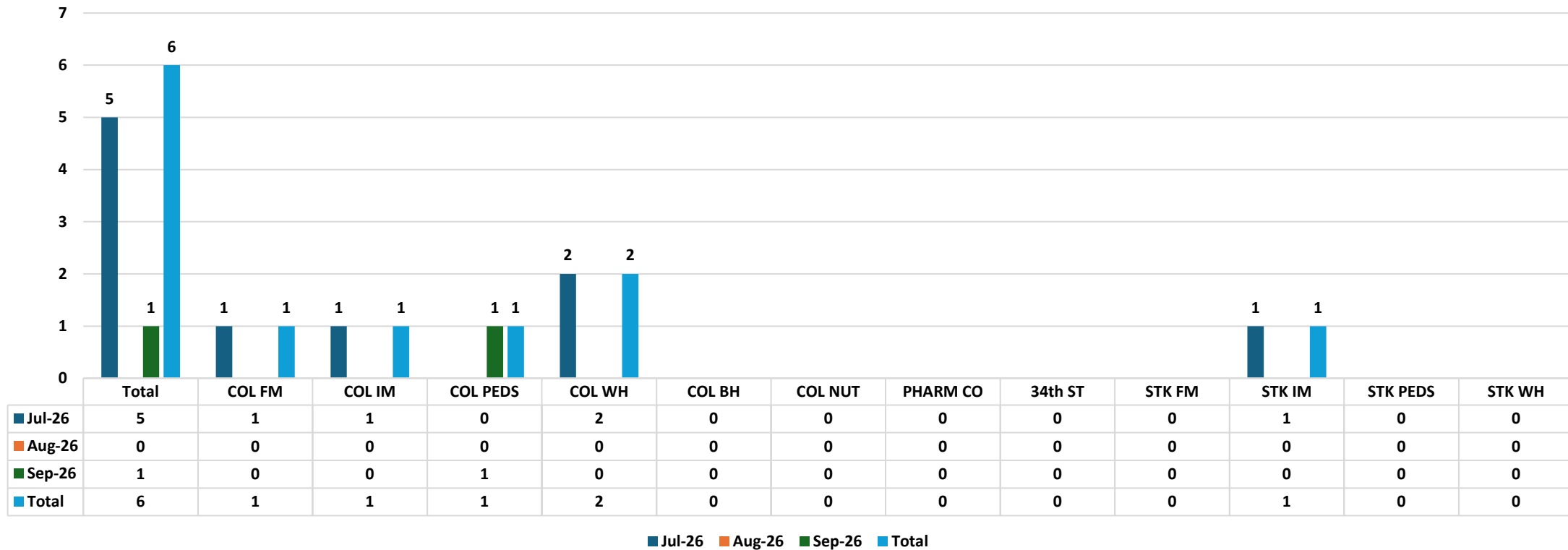


Quality Report: Patient Complaint and Grievance Q3 2026

Community Health Center Board of Directors

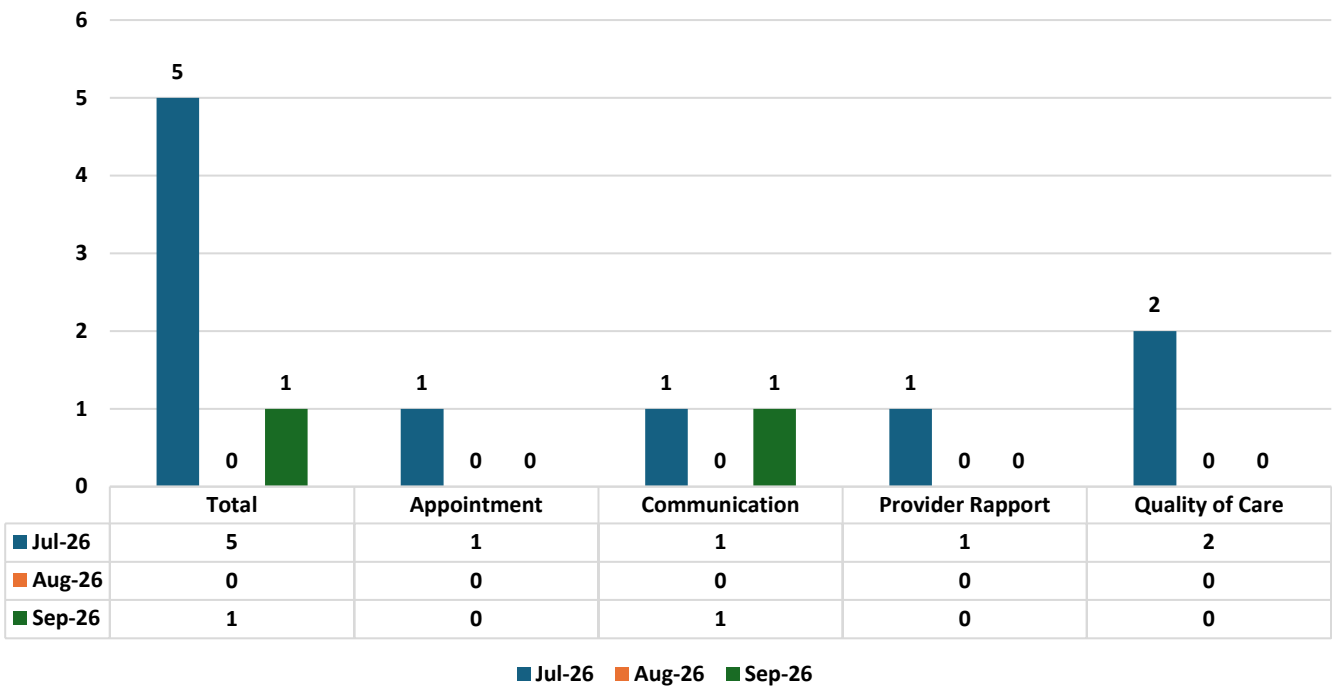
Q3 2026 Complaints

Complaints by Clinic

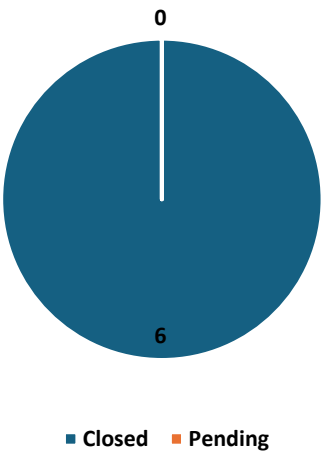


Q3 2026 Complaint Types and Status

Complaint Types

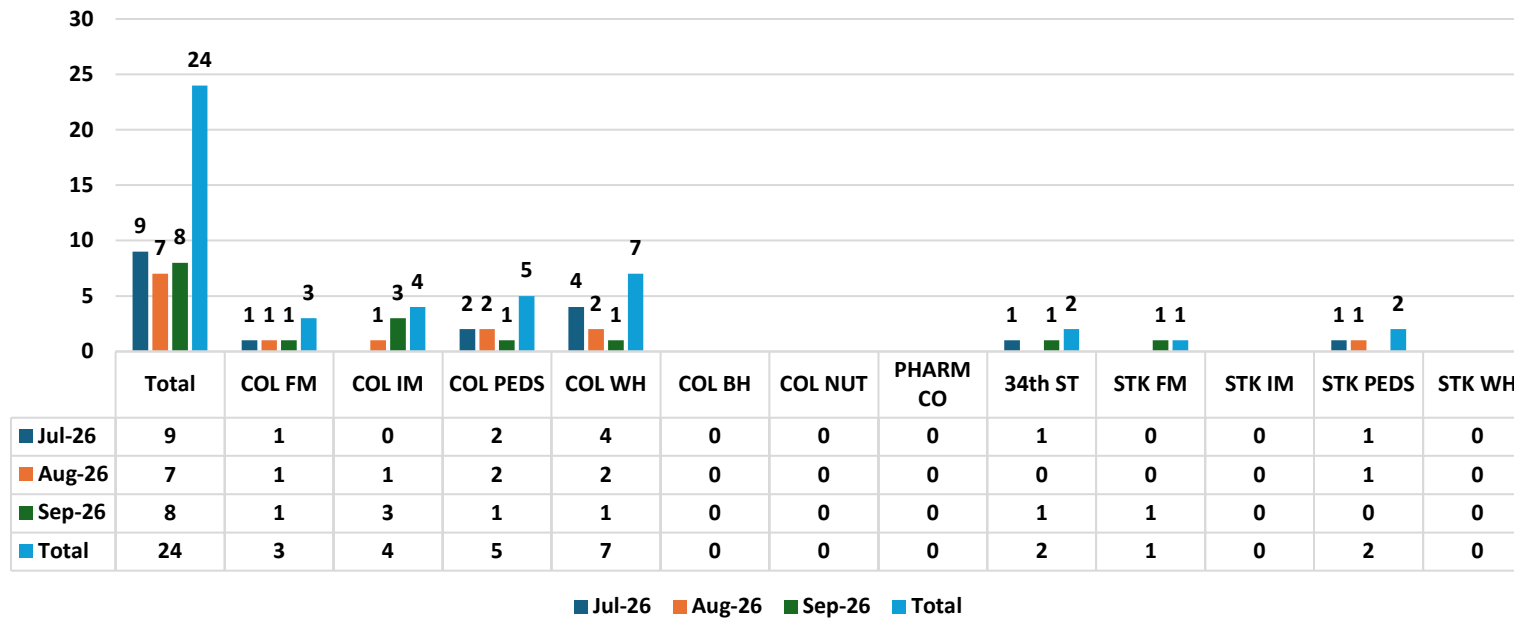


Complaint Status



Q3 2026 Grievances by Clinics

Grievances by Clinics

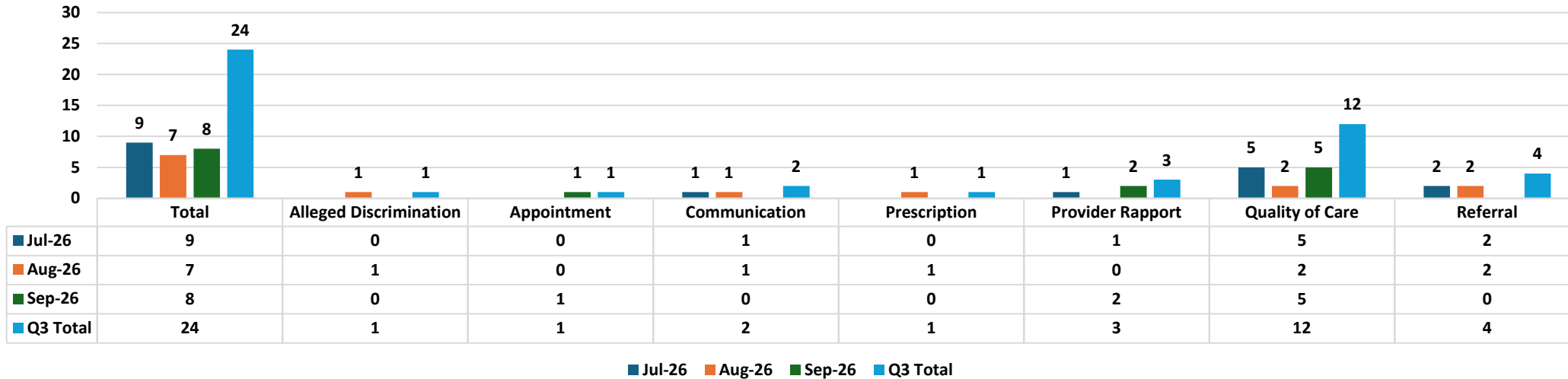


Number of Clinic Visits

Clinic	Q3 Total	Grievance Rate
COL FM	4019	0.07%
COL IM	8048	0.05%
COL PEDS	5881	0.09%
COL WH	9707	0.07%
COL BH	790	0.00%
COL NUT	118	0.00%
COL PHARM CO	851	0.00%
34th ST	1867	0.11%
STK FM	960	0.10%
STK IM	301	0.00%
STK PEDS	1574	0.13%
STK WH	938	0.00%

Q3 2026 Grievance Types

Grievance Types

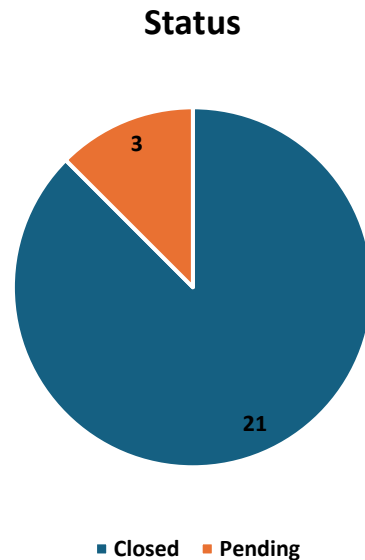
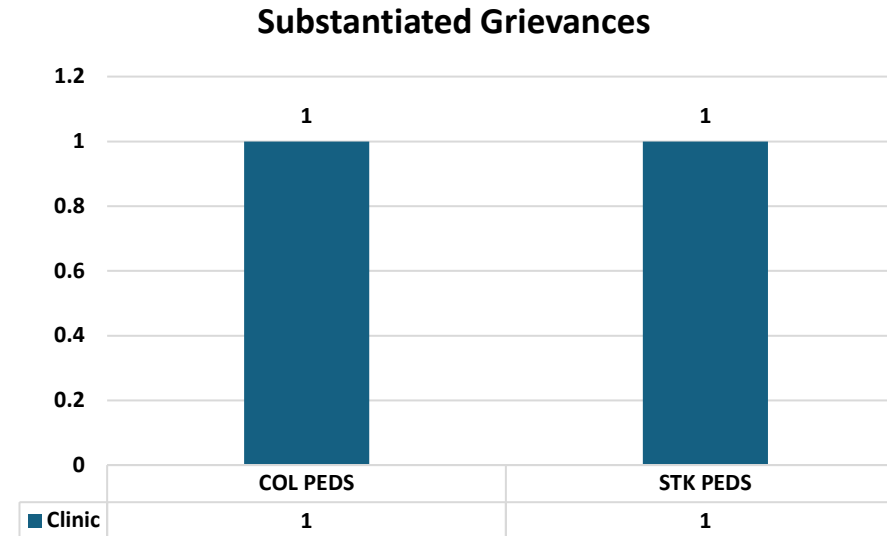


Q3 Quality of Care

34TH ST	1
COL IM	2
COL PEDS	2
COL WH	6
STK FM	1

Of the 12 Quality of Care Grievances, 10 were Non-Substantiated, 2 are Pending
 Patients expressed dissatisfaction with Providers and the overall care received.
 No consistent trend was identified with any specific Provider

Q3 2026 Grievance Status



Of the 21 closed grievances, 2 were substantiated. COL Peds had 1 case: 1 referral issue resolved with Speech Therapy referral. STK Peds had 1 communication issue. Parent unable to reach clinic for update on status of sleep study. Resolved by providing contact information and appt for sleep study.

Questions ?



**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

October 28, 2026

Subject: Report on the Kern County Hospital Authority Community Health Center Health Center Service Utilization for September 2026

Recommended Action: Receive and File

Summary:

The Health Resources and Services Administration (HRSA) Health Center Program Compliance Manual (Program) outlines certain roles and responsibilities that must reside with the Community Health Center Board (CHC Board). One of these responsibilities includes oversight for service utilization.

The Community Health Center produces data-based reports on: patient service utilization, trends and patterns in the patient population and overall health center performance, as necessary to inform and support internal decision-making and oversight by key management staff and governing board.

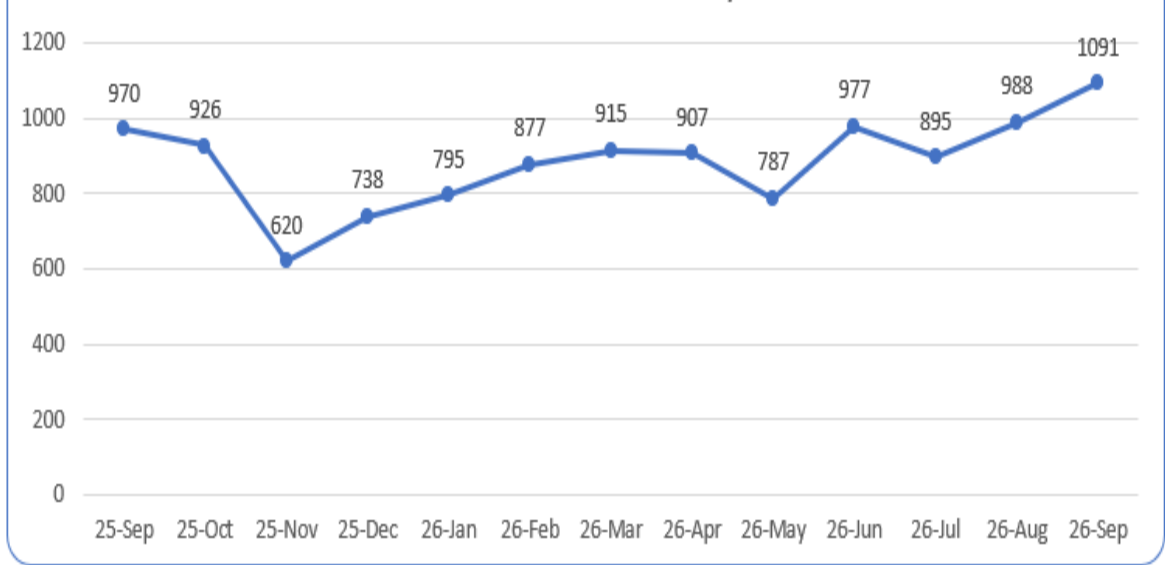
This presentation will be delivered on a monthly basis, as it contains critical information necessary for the CHC Board to effectively monitor progress and ensure alignment with its long-term strategic planning goals. In addition to the monthly data, quarterly, the report will include utilization summaries to highlight the trends and patterns to provide a broader perspective on performance over time and how effective changes/additions are to improving patient utilization.



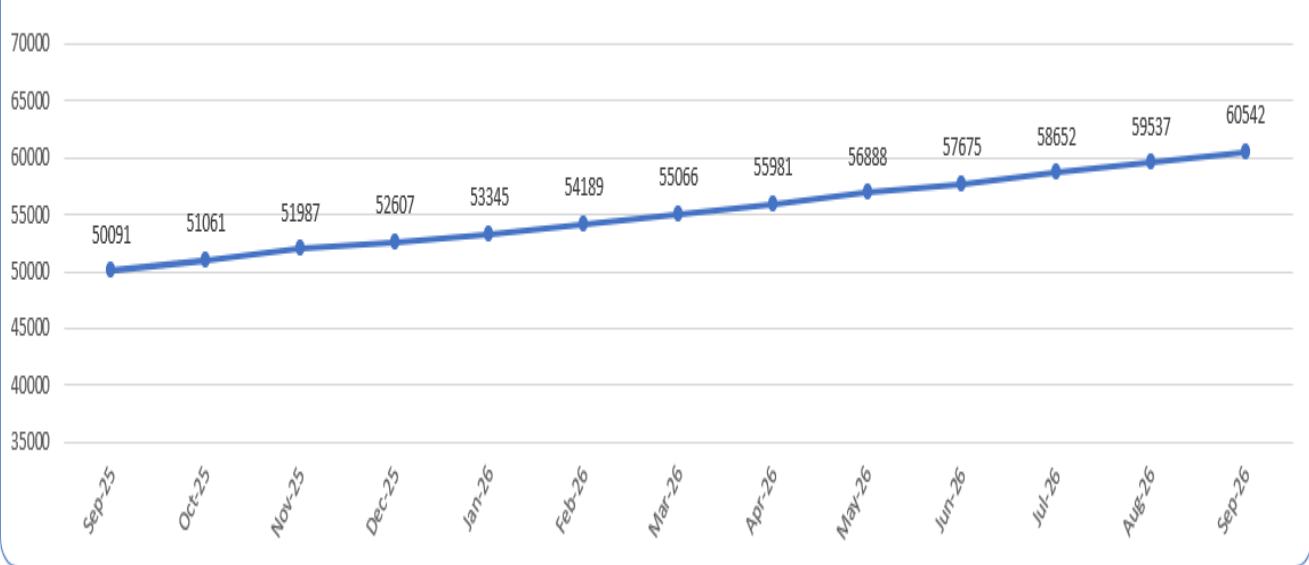
**Kern County Hospital Authority
Community Health Center
Board of Directors – September 2026
Health Center Service Utilization**

New Patient Data September 2026

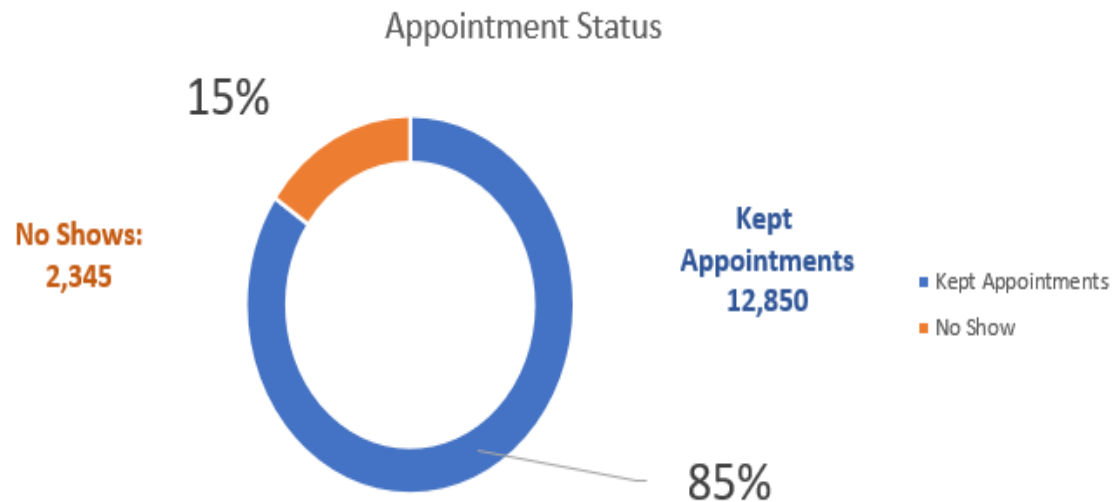
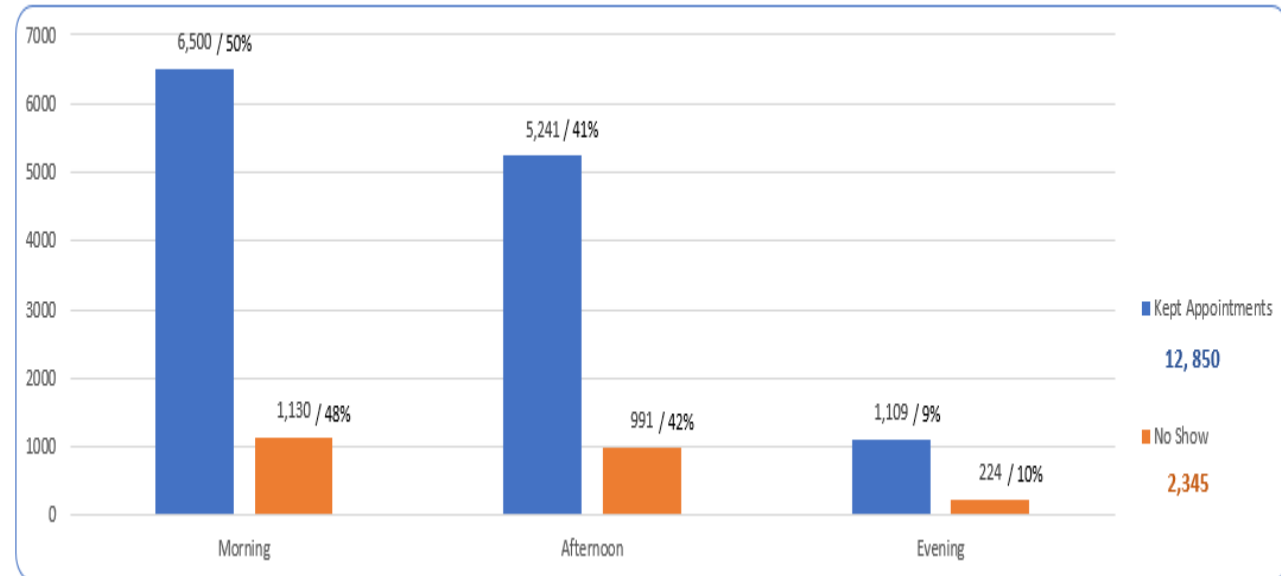
New Health Center Patients by Month



Total Count of Health Center Patients

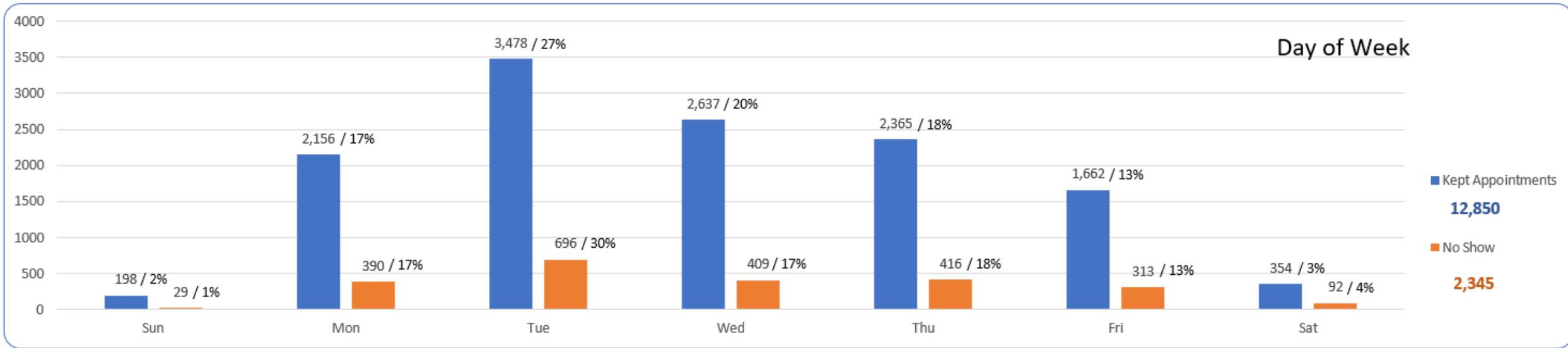


Kept Versus No Shows September 2026

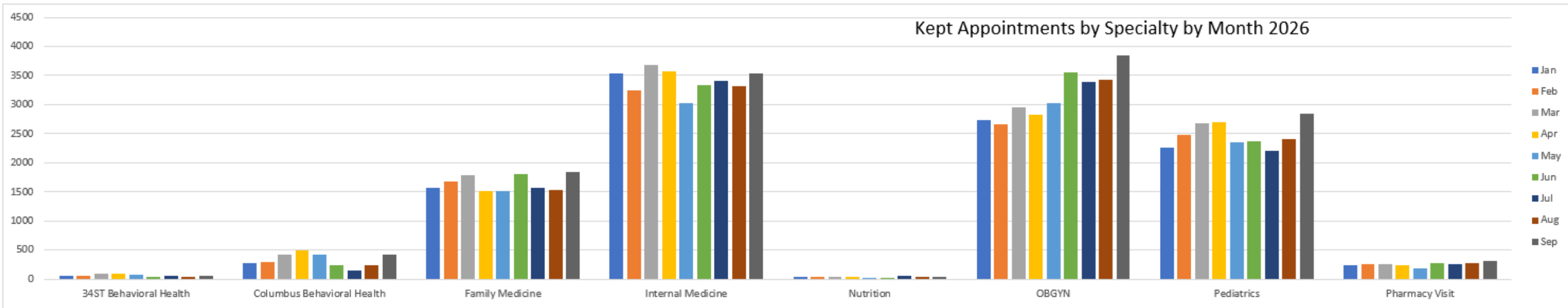


Morning: 8am-12pm
Afternoon: 12pm -5pm
Evening: 5pm-8pm

Appointments by Day of Week September 2026

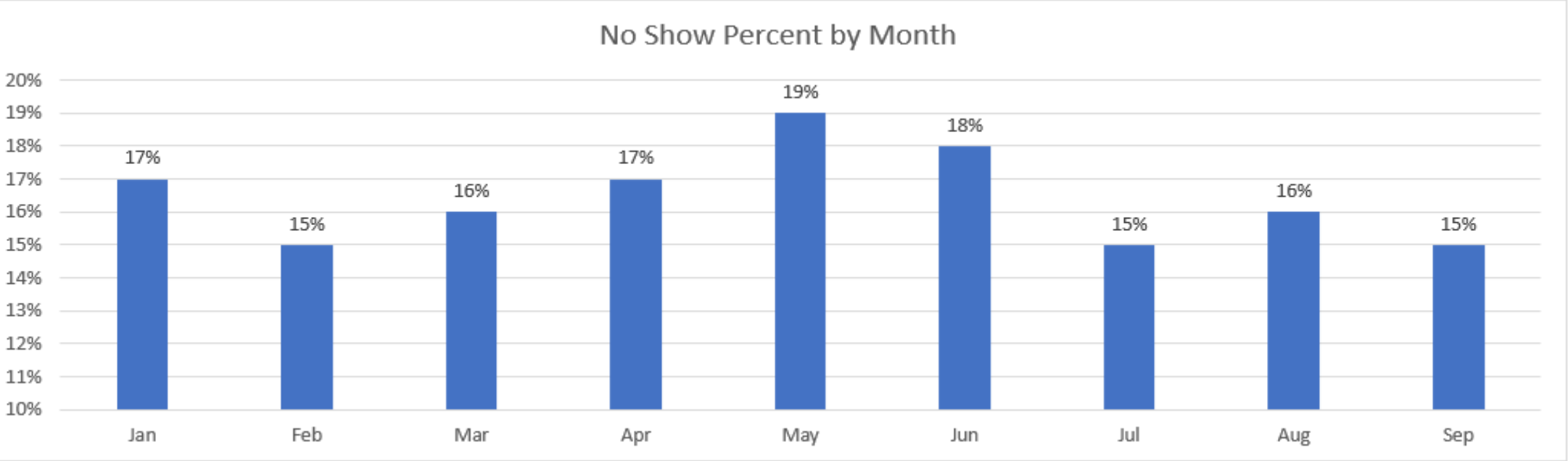


Visits by Month and Service Line



Percent of No Shows by Month

September 2026



No Shows by Month and Location September 2026

Row Labels	Count of No Shows									Grand Total
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
34ST Behavioral He	25	24	20	30	31	15	35	21	21	222
COL NUT	16	15	16	29	3	13	6	18	17	133
COL PHARM CO	73	76	95	87	101	70	51	74	69	696
COL NST	99	86	117	132	145	126	201	198	135	1239
KMOH COL PEDS	372	216	306	427	539	560	309	394	439	3562
KMOH COL IM	528	483	618	626	641	629	454	481	619	5079
KMOH COL FM	315	287	307	267	286	385	203	237	311	2598
KMOH COL WH	369	333	368	391	469	511	317	380	411	3549
KMOH 34ST IM	170	141	122	141	122	153	173	132	116	1270
KMOH COL BH	56	44	80	98	108	55	18	31	51	541
KMOH STK PEDS	73	48	59	61	46	47	66	62	64	526
KMOH STK WH	12	24	21	14	28	28	27	25	33	212
KMOH STK FM	30	24	26	29	22	26	37	36	43	273
KMOH STK IM	26	36	22	19	21	24	11	14	16	189
Grand Total	2164	1837	2177	2351	2562	2642	1908	2103	2345	20089

Visits by Month and Location September 2026

Row Labels	Count of Kept Appointments									Grand Total
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
34ST Behavioral Health	52	63	84	101	70	34	51	42	51	548
COL NUT	40	40	33	42	22	20	47	36	35	315
COL PHARM CO	242	261	249	235	229	288	258	283	310	2355
COL NST	402	386	423	377	381	500	549	540	612	4170
KMOH COL PEDS	1715	1937	2077	2068	1898	1935	1663	1886	2332	17511
KMOH COL IM	2632	2377	2827	2672	2278	2470	2678	2600	2770	23304
KMOH COL FM	1364	1494	1573	1331	1329	1563	1306	1194	1519	12673
KMOH COL WH	2164	2094	2297	2278	2438	2745	2566	2590	2851	22023
KMOH 34ST IM	777	674	652	713	549	639	616	614	637	5871
KMOH COL BH	281	287	427	490	413	236	144	232	414	2924
KMOH STK PEDS	537	544	603	635	446	429	551	516	507	4768
KMOH STK WH	163	173	223	168	209	314	270	291	377	2188
KMOH STK FM	204	175	206	178	191	275	310	335	315	2189
KMOH STK IM	126	186	196	181	154	198	77	104	120	1342
Grand Total	10699	10691	11870	11469	10607	11646	11086	11263	12850	102181

Visits by Zip Code September 2026

Row Labels	Count of Zip
⊕ Bakersfield Zip Codes	90225
⊕ Greater Kern County	11560
⊕ Other California	396
Grand Total	102181

Top 10 Zip Codes		
Zip Code	Count of Zip	Percent
93307	20180	22%
93306	15673	17%
93305	15273	17%
93304	8643	10%
93308	7556	8%
93309	6393	7%
93313	4840	5%
93311	3961	4%
93312	2869	3%
93301	2723	3%

Zip Codes Included in Application:

93301, 93304, 93305, 93306, 93307, 93308,
93309, 93311, 93312, 93313, 93241

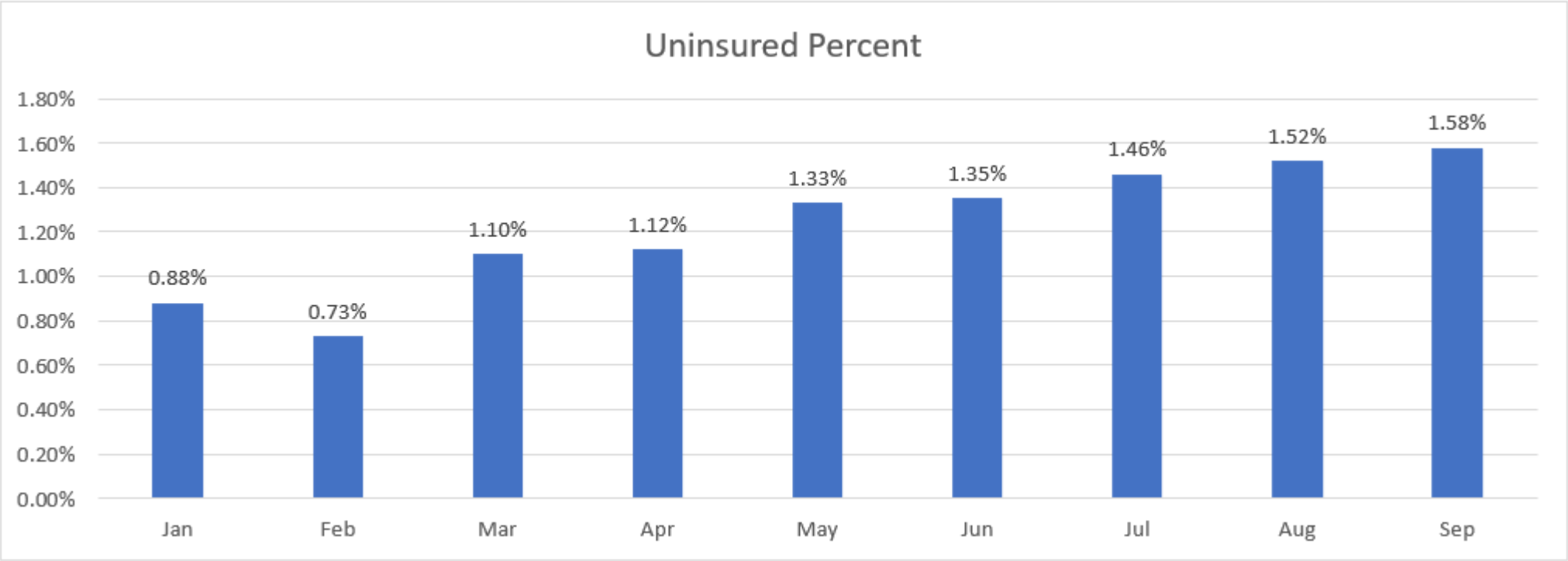
Uninsured Zip Codes YTD		
Zip Code	Count of Zip	City
93307	356	Bakersfield
93305	262	Bakersfield
93306	250	Bakersfield
93304	196	Bakersfield
93309	136	Bakersfield
93308	124	Bakersfield
93313	121	Bakersfield
93312	76	Bakersfield
93203	66	Arvin
93241	63	Lamont
93301	52	Bakersfield
93263	40	Shafter
93311	40	Bakersfield
93215	35	Delano
93280	35	Wasco
93314	34	Bakersfield
93561	16	Tehachapi
93555	12	Ridgecrest
93389	11	Bakersfield
93250	10	McFarland
93505	10	California City
93268	7	Taft
93206	4	Buttonwillow

Health Center Data CY 2026

Health Center Profile: Based on YEAR Data				
Total Patients Served				
Ethnicity			Race	
Unknown	0		Other Single Race	1410
Puerto Rican	44		Unknown	0
Unreported/Chose Not to Disclose Ethnicity	423		Black/African American	2082
Mexican	15885		White	24800
Not Hispanic, Latino/A, Or Spanish Origin	7880		Unreported/Chose Not To	
Another Hispanic, Latino/A, Or Spanish Origin	4636		Disclose Race	554
			Two Or More Races	22

Insurance Status	Count	Percent
No Coverage	450	1.58%
Has Coverage	28418	

Health Center Data CY 2026



Questions

Thank you



**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING**

October 28, 2026

Subject: Report on Kern County Hospital Authority Community Health Center financials for August 2026

Recommended Action: Receive and File

Summary:

The Kern County Hospital Authority Community Health Center (KCHA CHC) clinics provided 11,263 patient visits during the month of August, which was 178 less than the budgeted amount of 11,441 for the month. KCHA CHC recognized \$664,000 of net patient revenue from these visits.

The following items have budget variances for the month of August 2026:

Total Revenues:

Net Patient Revenue:

KCHA CHC recognized \$664,000 of net patient revenue for the month, \$716,000 less than the \$1.38 million budgeted for August. Year-to-date, net patient revenue totaled \$1.34 million, \$1.41 million less than the budgeted amount of \$2.75 million. Budgeted net patient revenue is based on the approximate number of total clinic visits expected and the per visit reimbursement rate.

Indigent Revenue:

Total revenues include \$684,000 of contributions from Medi-Cal supplemental programs, \$27,000 less than the \$711,000 budgeted for the month. Year-to-date, indigent revenues total \$1.36 million, \$55,000 less than the \$1.42 million budgeted for the year.

Other Income:

The Health Resources Services Administration (HRSA) requires that the organization submit a breakeven budget. As such, the Kern County Hospital Authority makes monthly contributions to cover expected expenses associated with the organization's first year of operation as an FQHC Look-Alike clinic system.

Operating and Other Expenses:**Salaries and Benefits:**

Salaries and benefits expenses total \$4.42 million for the month, \$436,000 more than the budget of \$3.98 million. Year-to-date, salaries and benefits expenses total \$9 million, \$1.05 million more than the budget of \$7.95 million. Staffing includes directly employed physicians, nurse practitioners, medical residents, and behavioral health providers.

Medical Fees:

Medical fees expense totaled \$585,000 for the month of August, \$29,000 more than the budget of \$556,000. Year-to-date, medical fees expense totaled \$999,000, \$112,000 less than the \$1.11 million budgeted. Medical fees expense is comprised of contracted physician fees.

Other Professional Fees:

Other professional fees expense totaled \$122,000 for the month of August, 50,000 more than the budgeted amount of \$72,000. Year-to-date, other professional fees expense totaled \$265,000, \$121,000 more than the \$144,000 budgeted. Other professional fees expense is comprised of legal expenses and other various consulting fees.

Supplies Expense:

Supplies expense totaled \$274,000 for the month, \$136,000 more than the \$138,000 budgeted for August. Year-to-date, supplies expense totaled \$447,000, \$171,000 more than the \$276,000 budgeted. Pharmaceuticals and various medical supplies account for a significant amount of total supply costs.

Purchased Services:

Purchased services expenses totaled \$136,000 for the month, \$42,000 more than the \$94,000 budgeted for the month. Year-to-date, purchased services expenses totaled \$308,000, \$119,000 more than the \$189,000 budgeted. Purchased services expenses are comprised of items such as computer maintenance fees, various purchased medical services, and laundry and linen services.

Other Expenses:

Other expenses totaled \$353,000 for the month of August, \$34,000 more than the \$319,000 budgeted for the month. Year-to-date, other expenses totaled \$731,000, \$94,000 more than the \$637,000 budgeted. Other expenses include recruiting fees, repairs and maintenance, rent, interest, and utilities.

Overhead Expenses:

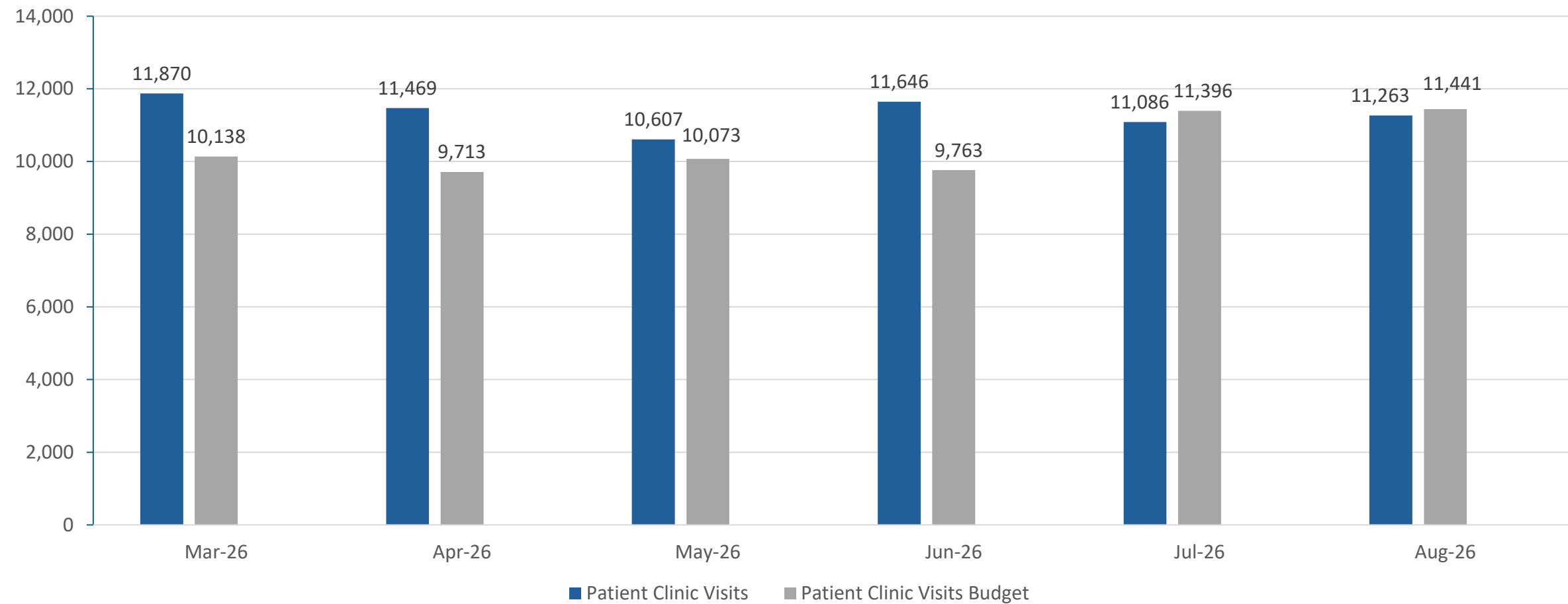
A percentage of overhead expenses from Kern Medical services and support departments such as housekeeping, engineering, and information systems has been allocated to the KCHA CHC clinics and is included in total operating expense.



**Kern County Hospital Authority
Community Health Center
Finance Report – October 2026**

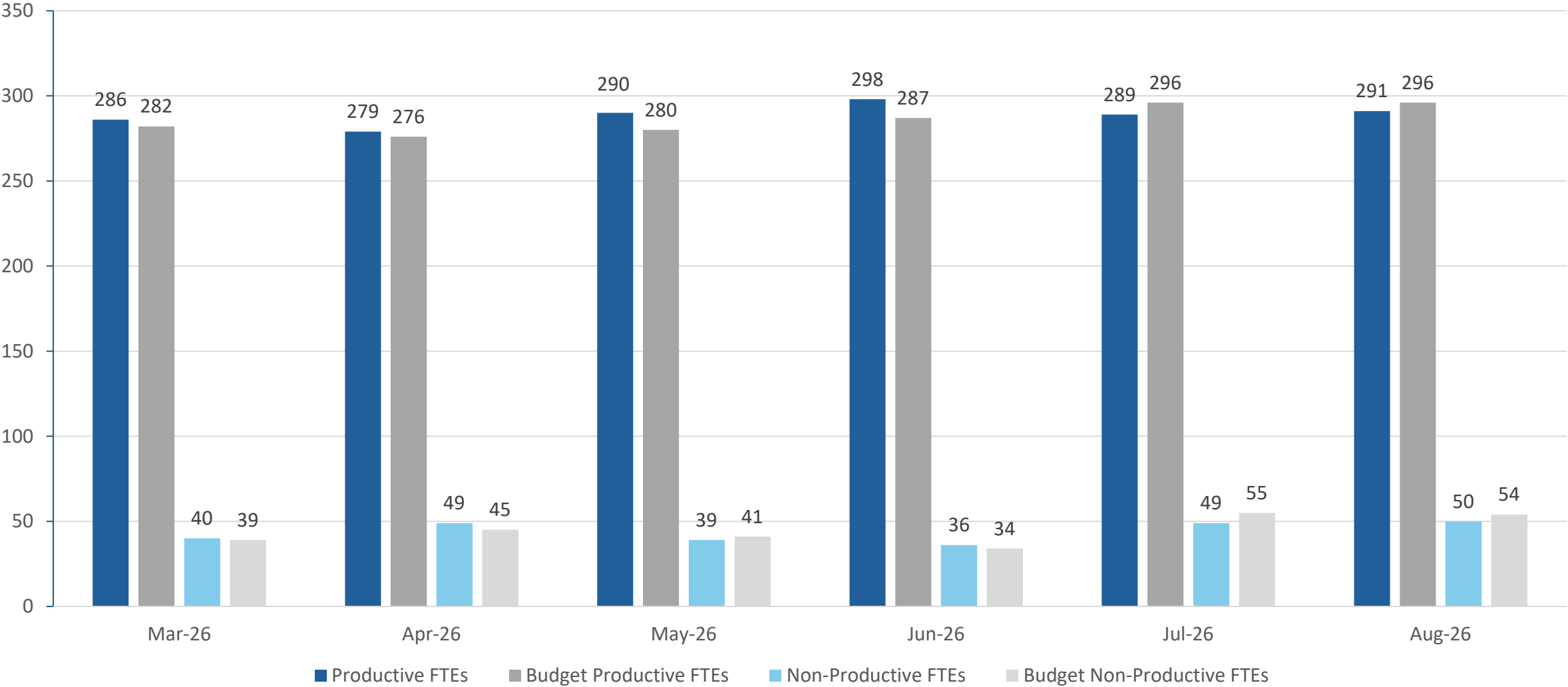
Thousands

CHC Patient Clinic Visits



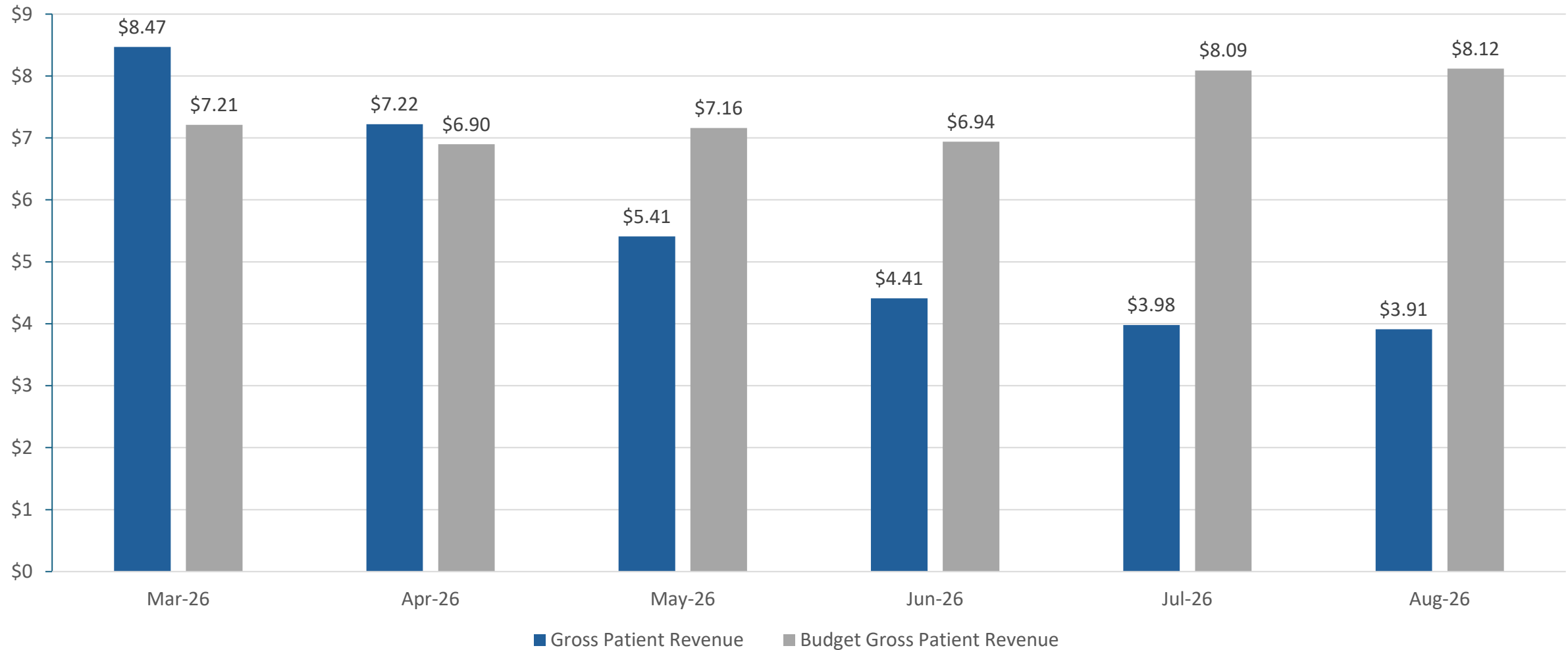
Hundreds

CHC Labor Metrics



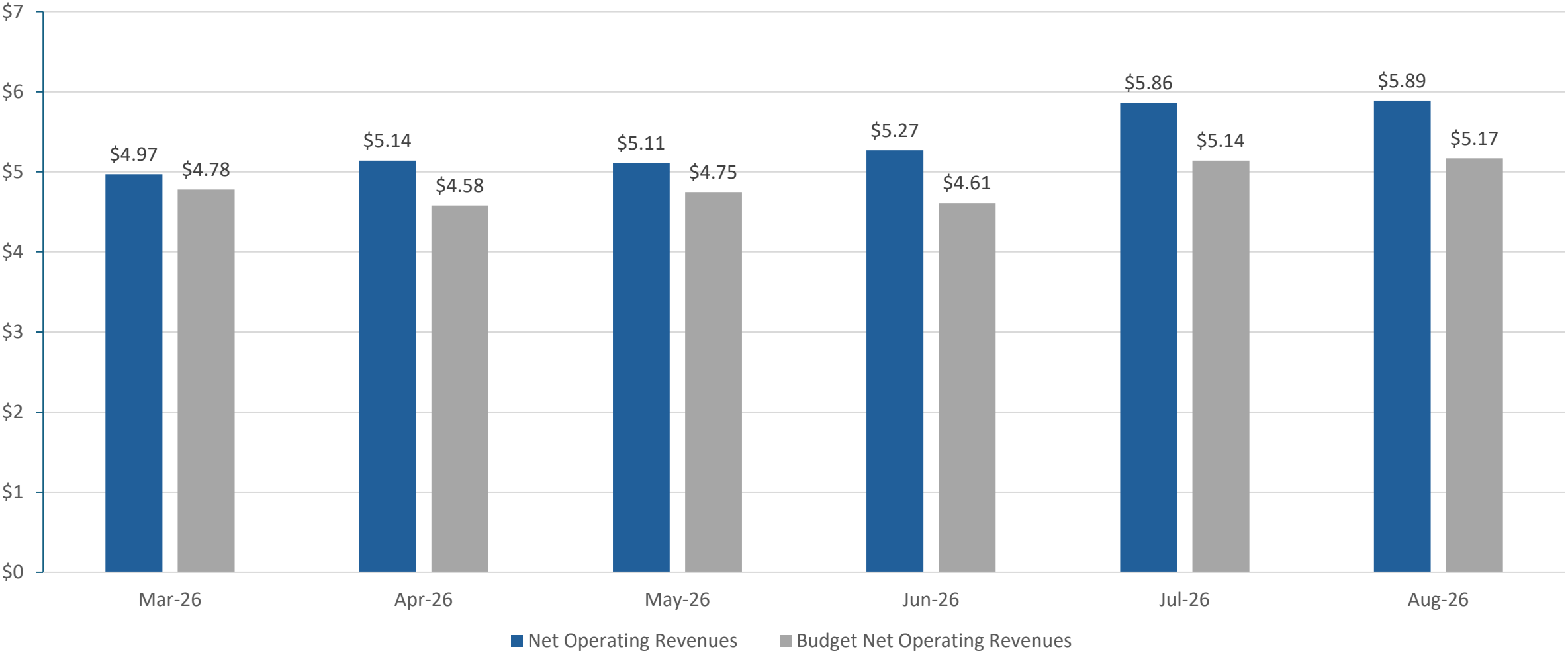
Millions

CHC Gross Patient Revenue



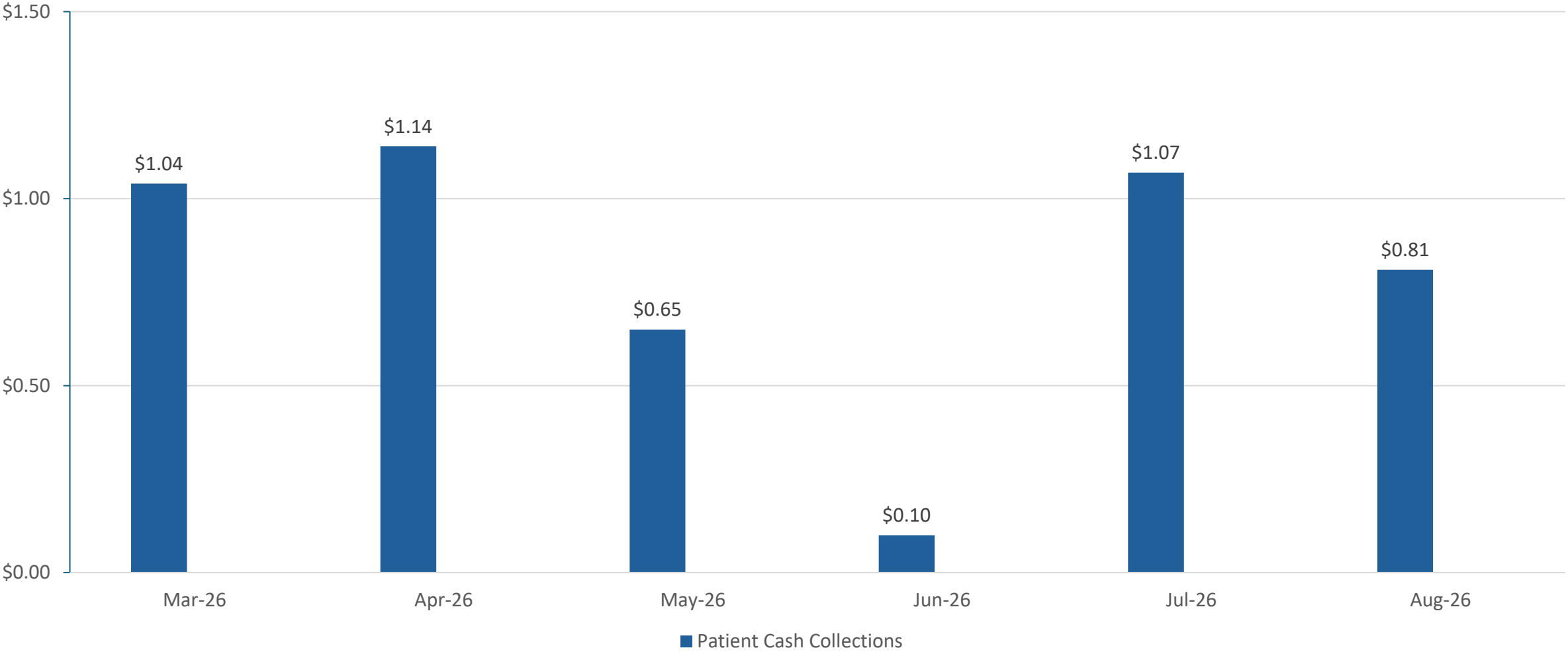
Millions

CHC Total Net Operating Revenues

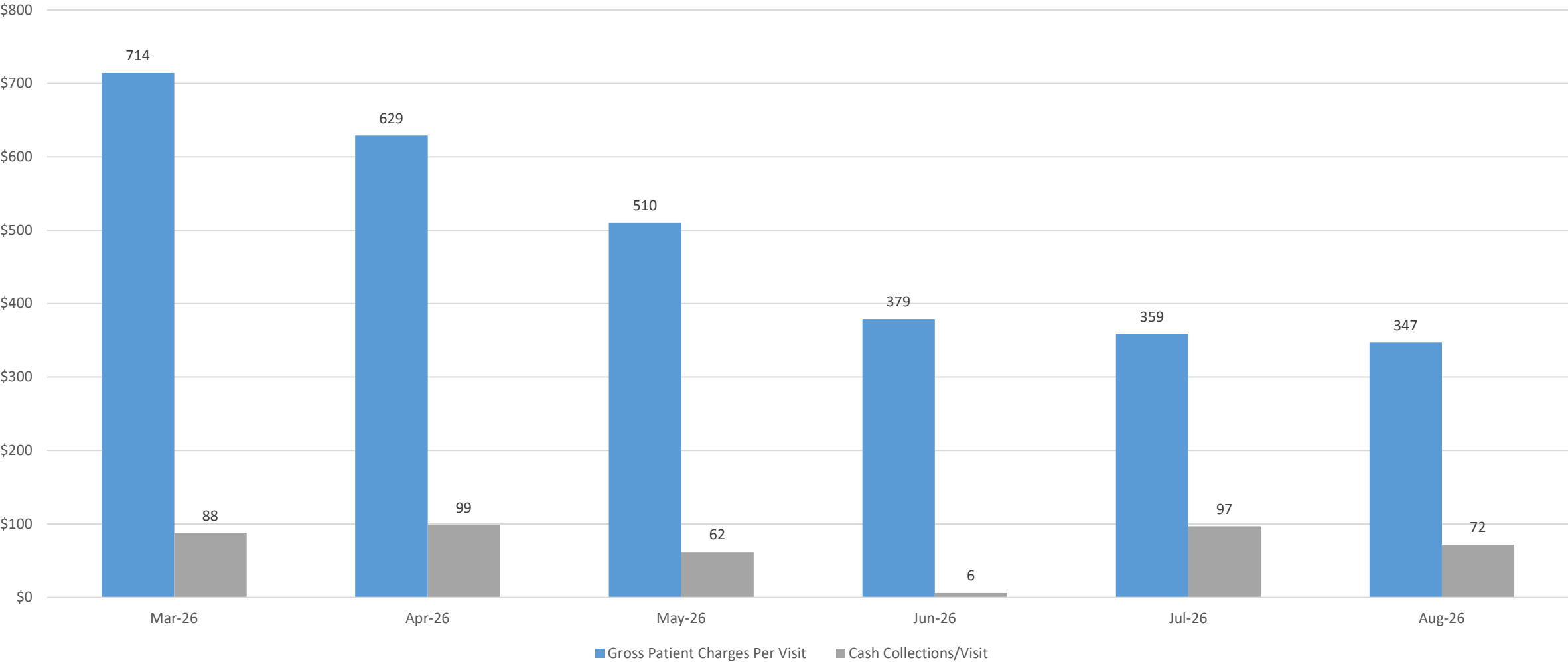


Millions

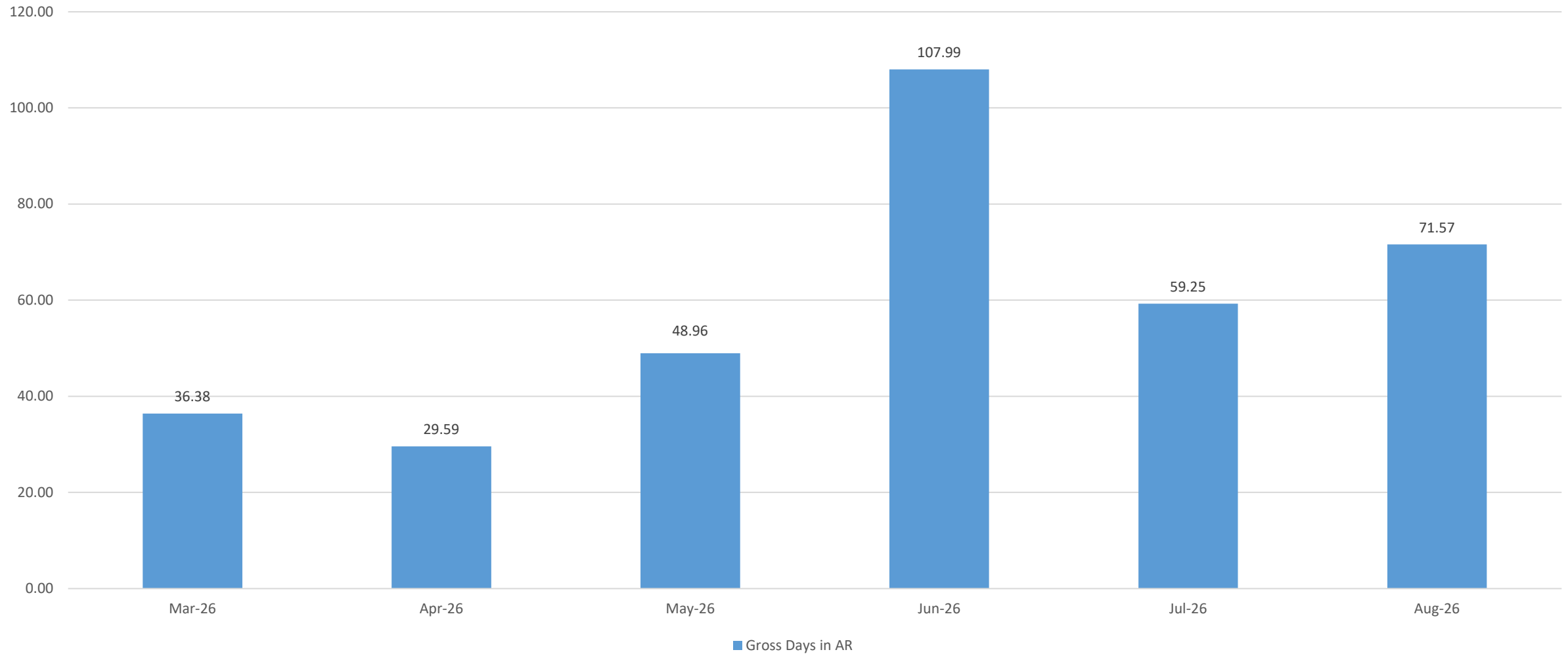
CHC Patient Cash Collections



CHC Gross Patient Charges Per Visit and Cash Collections Per Visit



CHC Gross Days in A/R



KERN MEDICAL OUTPATIENT HEALTH
TRENDED INCOME STATEMENT
JUNE 2026 - AUGUST 2026

	<u>June Actual</u>	<u>July Actual</u>	<u>August Actual</u>	<u>August Budget</u>	<u>August Variance</u>	<u>August Variance %</u>
Operating Revenues:						
Gross Patient Revenue						
Outpatient						
Self-Pay	\$81,048	\$92,559	\$84,802	\$107,058	(\$22,257)	(20.8%)
Commercial Fee-for-Service (FFS)	34,511	33,127	32,313	43,338	(11,025)	(25.4%)
Commercial Managed Care (HMO/PPO)	474,786	521,790	487,741	789,583	(301,842)	(38.2%)
Workers' Compensation Fee-for-Service (FFS)	300	300	247	24,104	(23,857)	(99.0%)
Medicare Fee-for-Service (FFS)	215,879	227,931	214,977	581,370	(366,393)	(63.0%)
Medicare Managed Care (HMO)	41,518	52,700	61,132	46,211	14,921	32.3%
Medi-Cal Fee-for-Service (FFS)	226,299	204,104	214,401	261,258	(46,857)	(17.9%)
Medi-Cal Managed Care (HMO)	3,072,886	2,838,522	2,800,082	5,527,620	(2,727,538)	(49.3%)
Other Government Fee-for-Service (FFS)	16,631	9,573	12,862	737,997	(725,135)	(98.3%)
Total Outpatient	<u>\$ 4,163,859</u>	<u>\$ 3,980,605</u>	<u>\$ 3,908,558</u>	<u>\$ 8,118,539</u>	<u>\$ (4,209,981)</u>	<u>(51.9%)</u>

KERN MEDICAL OUTPATIENT HEALTH
TRENDING INCOME STATEMENT
JUNE 2026 - AUGUST 2026

	June Actual	July Actual	August Actual	August Budget	August Variance	August Variance %
Total Gross Patient Revenue	4,163,859	3,980,605	3,908,558	8,118,539	(4,209,981)	(51.9%)
Patient Revenue Deductions	(3,497,642)	(3,303,903)	(3,244,103)	(6,738,388)	3,494,285	(51.9%)
Net Patient Revenue	666,217	676,703	664,455	1,380,152	(715,697)	(51.9%)
Total Indigent	668,185	679,742	683,933	710,748	(26,815)	(3.8%)
Other Income	3,938,273	4,503,154	4,543,496	3,074,470	1,469,026	47.8%
Total Operating Revenues	\$ 5,272,676	\$ 5,859,598	\$ 5,891,884	\$ 5,165,369	\$ 726,515	14.1%

KERN MEDICAL OUTPATIENT HEALTH
TRENDING INCOME STATEMENT
JUNE 2026 - AUGUST 2026

	June Actual	July Actual	August Actual	August Budget	August Variance	August Variance %
Operating Expenses:						
Salaries	\$ 3,043,969	\$ 3,192,305	\$ 3,284,557	\$ 3,036,247	\$ 248,310	8.2%
Benefits	917,211	1,388,128	1,135,943	948,047	187,896	19.8%
Total Salaries and Benefits	<u>3,961,180</u>	<u>4,580,433</u>	<u>4,420,499</u>	<u>3,984,294</u>	<u>436,206</u>	<u>10.9%</u>
Physicians	383,703	398,408	569,848	543,668	26,180	4.8%
Therapists	15,557	15,557	15,557	13,036	2,521	19.3%
Total Medical Fees	<u>399,260</u>	<u>413,965</u>	<u>585,405</u>	<u>556,704</u>	<u>28,701</u>	<u>5.2%</u>
Consulting	47,247	42,742	51,888	20,458	31,431	153.6%
Legal	11,683	8,205	17,185	9,481	7,704	81.3%
Other contracted services	24,964	91,812	53,298	42,245	11,053	26.2%
Total Other Professional Fees	<u>83,895</u>	<u>142,759</u>	<u>122,372</u>	<u>72,184</u>	<u>50,188</u>	<u>69.5%</u>

KERN MEDICAL OUTPATIENT HEALTH
TRENDED INCOME STATEMENT
JUNE 2026 - AUGUST 2026

	June Actual	July Actual	August Actual	August Budget	August Variance	August Variance %
Operating Expenses:						
Computer software	116,629	80,325	83,862	38,094	45,768	120.1%
Food	10,781	7,379	11,674	4,804	6,871	143.0%
Office Supplies	13,019	5,723	17,389	8,740	8,649	99.0%
Minor Equipment	1,606	2,732	2,462	7,877	(5,415)	(68.7%)
Non-Medical Supplies	59,890	33,864	37,999	30,786	7,213	23.4%
Pharmaceuticals	35,332	40,901	118,739	46,145	72,594	157.3%
Surgery Supplies-General	5,148	1,412	2,272	1,930	342	17.7%
Total Supplies	242,405	172,336	274,396	138,375	136,022	98.3%
Conferences-Travel-Residents	11,820	15,419	(468)	869	(1,337)	(153.9%)
Licenses - Residents	8,849	12,537	6,673	2,187	4,486	205.1%
Laundry and Linen	5,298	5,680	7,757	2,777	4,980	179.3%
Medical Services	1,064	1,414	1,076	406	670	165.0%
Purchase Services	62,828	101,084	78,173	63,892	14,281	22.4%
Security	13,389	11,567	12,370	6,506	5,864	90.1%
Support & maintenance-IT Software	29,860	24,125	30,640	17,865	12,776	71.5%
Total Purchased Services	133,108	171,826	136,222	94,501	41,720	44.1%

KERN MEDICAL OUTPATIENT HEALTH
TRENDED INCOME STATEMENT
JUNE 2026 - AUGUST 2026

	June Actual	July Actual	August Actual	August Budget	August Variance	August Variance %
Operating Expenses:						
Advertising	638	-	-	903	(903)	(100.0%)
Catering	3,294	3,319	870	2,472	(1,602)	(64.8%)
Insurance	9,524	13,357	11,966	6,321	5,645	89.3%
Licenses Permits and Taxes	20,206	3,276	8,005	5,952	2,052	34.5%
Repairs and Maintenance	41,844	68,552	41,813	16,279	25,534	156.8%
Utilities	30,193	31,942	30,813	16,390	14,422	88.0%
Dues and subscriptions	35,124	31,008	19,844	5,215	14,630	280.5%
Outside and online training	39,912	(6,131)	11,099	9,102	1,997	21.9%
Residents precept-rotations	8,692	6,033	7,253	8,161	(909)	(11.1%)
Recruiting	56,997	12,766	7,076	8,629	(1,553)	(18.0%)
Bank fees	(6,299)	1,176	1,176	2,364	(1,189)	(50.3%)
Equipmet Rental	4,210	4,491	4,583	4,976	(393)	(7.9%)
Rent	153,370	153,370	153,370	174,840	(21,470)	(12.3%)
Interest Expense	55,123	55,123	55,123	57,707	(2,583)	(4.5%)
Total Other Expenses	452,828	378,280	352,990	319,311	33,678	10.5%
Total Operating Expenses	5,272,676	5,859,598	5,891,884	5,165,369	726,515	14.1%
Net Income (Loss)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0%

KERN MEDICAL OUTPATIENT HEALTH
INCOME STATEMENT
FISCAL YEAR-TO-DATE
JULY 2026 - AUGUST 2026

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance	Year-to-Date Variance %
Operating Revenues:				
Gross Patient Revenue				
Outpatient				
Self-Pay	\$177,361	\$213,690	(\$36,329)	(17.0%)
Commercial Fee-for-Service (FFS)	65,440	86,504	(21,064)	(24.4%)
Commercial Managed Care (HMO/PPO)	1,009,531	1,576,015	(566,484)	(35.9%)
Workers' Compensation Fee-for-Service (FFS)	547	48,112	(47,565)	(98.9%)
Medicare Fee-for-Service (FFS)	442,908	1,160,420	(717,512)	(61.8%)
Medicare Managed Care (HMO)	113,832	92,238	21,594	23.4%
Medi-Cal Fee-for-Service (FFS)	418,505	521,473	(102,968)	(19.7%)
Medi-Cal Managed Care (HMO)	5,638,604	11,033,181	(5,394,577)	(48.9%)
Other Government Fee-for-Service (FFS)	22,435	1,473,049	(1,450,614)	(98.5%)
	<u>\$ 7,889,164</u>	<u>\$ 16,204,682</u>	<u>\$ (8,315,518)</u>	<u>(51.3%)</u>

**KERN MEDICAL OUTPATIENT HEALTH
INCOME STATEMENT
FISCAL YEAR-TO-DATE
JULY 2026 - AUGUST 2026**

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance	Year-to-Date Variance %
Total Gross Patient Revenue	7,889,164	16,204,682	(8,315,518)	(51.3%)
 Patient Revenue Deductions	<u>(6,548,006)</u>	<u>(13,449,885)</u>	<u>6,901,880</u>	<u>(51.3%)</u>
Net Patient Revenue	<u>1,341,158</u>	<u>2,754,796</u>	<u>(1,413,639)</u>	<u>(51.3%)</u>
Total Indigent	1,363,675	1,418,659	(54,984)	(3.9%)
Other Income	<u>9,046,650</u>	<u>6,136,670</u>	<u>2,909,979</u>	<u>47.4%</u>
Total Operating Revenues	<u>\$ 11,751,482</u>	<u>\$ 10,310,126</u>	<u>\$ 1,441,356</u>	<u>14.0%</u>

KERN MEDICAL OUTPATIENT HEALTH
INCOME STATEMENT
FISCAL YEAR-TO-DATE
JULY 2026 - AUGUST 2026

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance	Year-to-Date Variance %
Operating Expenses:				
Salaries	\$ 6,476,862	\$ 6,060,377	\$ 416,485	6.9%
Benefits	2,524,071	1,892,311	631,760	33.4%
Total Salaries and Benefits	<u>9,000,932</u>	<u>7,952,688</u>	<u>1,048,245</u>	<u>13.2%</u>
Physicians	968,256	1,085,166	(116,910)	(10.8%)
Therapists	31,114	26,019	5,094	19.6%
Total Medical Fees	<u>999,370</u>	<u>1,111,186</u>	<u>(111,816)</u>	<u>(10.1%)</u>
Consulting	94,630	40,834	53,796	131.7%
Legal	25,390	18,925	6,465	34.2%
Other contracted services	145,110	84,322	60,789	72.1%
Total Other Professional Fees	<u>265,131</u>	<u>144,080</u>	<u>121,050</u>	<u>84.0%</u>

KERN MEDICAL OUTPATIENT HEALTH
INCOME STATEMENT
FISCAL YEAR-TO-DATE
JULY 2026 - AUGUST 2026

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance	Year-to-Date Variance %
Operating Expenses:				
Computer software	164,187	76,036	88,151	115.9%
Food	19,053	9,588	9,465	98.7%
Office Supplies	23,112	17,444	5,668	32.5%
Minor Equipment	5,194	15,723	(10,529)	(67.0%)
Non-Medical Supplies	71,863	61,449	10,414	16.9%
Pharmaceuticals	159,640	92,105	67,535	73.3%
Surgery Supplies-General	3,683	3,852	(168)	(4.4%)
Total Supplies	<u>446,732</u>	<u>276,197</u>	<u>170,535</u>	<u>61.7%</u>
Conferences-Travel-Residents	14,951	1,734	13,217	762.2%
Licenses - Residents	19,211	4,366	14,845	340.0%
Laundry and Linen	13,436	5,542	7,894	142.4%
Medical Services	2,490	811	1,679	207.1%
Purchase Services	179,256	127,528	51,728	40.6%
Security	23,937	12,986	10,951	84.3%
Support & maintenance-IT Software	54,765	35,658	19,107	53.6%
Total Purchased Services	<u>308,047</u>	<u>188,626</u>	<u>119,422</u>	<u>63.3%</u>

KERN MEDICAL OUTPATIENT HEALTH
INCOME STATEMENT
FISCAL YEAR-TO-DATE
JULY 2026 - AUGUST 2026

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance	Year-to-Date Variance %
Operating Expenses:				
Advertising	0	1,803	(1,803)	(100.0%)
Catering	4,188	4,933	(745)	(15.1%)
Insurance	25,322	12,616	12,706	100.7%
Licenses Permits and Taxes	11,280	11,881	(600)	(5.1%)
Repairs and Maintenance	110,364	32,493	77,871	239.7%
Utilities	62,755	32,715	30,040	91.8%
Dues and subscriptions	50,852	10,409	40,444	388.6%
Outside and online training	4,968	18,168	(13,200)	(72.7%)
Residents precept-rotations	13,285	16,290	(3,005)	(18.4%)
Recruiting	19,842	17,223	2,619	15.2%
Bank fees	2,351	4,719	(2,368)	(50.2%)
Equipmet Rental	9,074	9,932	(858)	(8.6%)
Rent	306,740	348,983	(42,243)	(12.1%)
Interest Expense	110,247	115,184	(4,937)	(4.3%)
Total Other Expenses	731,270	637,349	93,921	14.7%
Total Operating Expenses	11,751,482	10,310,126	1,441,356	14.0%
Net Income (Loss)	\$ 0	\$ 0	\$ 0	0%



**BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
SPECIAL MEETING**

October 28, 2026

Subject: Kern County Hospital Authority Community Health Center Executive Director Report

Recommended Action: Receive and File

Summary:

The Executive Director of the Kern County Hospital Authority Community Health Center will provide your Board with a clinic-wide update.