



Reports of Independent Auditors and Financial Statements with
Required Supplementary Information

Kern County Hospital Authority

June 30, 2024 and 2023



MOSSADAMS

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Kern County Hospital Authority

Management's Discussion and Analysis

The discussion and analysis of the financial performance of Kern County Hospital Authority (the Authority or Kern Medical) provides an overall review of the financial activities for the years ended June 30, 2024, 2023, and 2022. The intent of this discussion and analysis is to provide further information about Kern Medical's financial performance as a whole. Readers should also review the financial statements and the accompanying notes to the financial statements to enhance their understanding of Kern Medical's financial performance.

Summary of Organization and Business

The County of Kern (County) established the Authority as a public entity separate from the County to operate Kern Medical Center, a highly specialized tertiary referral center, an academic institution, and a designated public hospital for Kern County. The County transferred the ownership and operations of Kern Medical effective July 1, 2016. The Authority provides an organizational and operational structure that facilitates and enhances Kern Medical's ability to function with flexibility, responsiveness, and innovation. The creation of an independent Hospital Authority also provides maintenance, operation, management, and control of Kern Medical and its related health care resources in a manner consistent with the County's obligations under Section 17000 of the Welfare and Institutions Code. Further, the Authority offers an approach to achieve these objectives in a manner that ensures the continued viability of Kern Medical, and it constitutes an ongoing material benefit to the County and its residents. The Authority is not governed by, or subject to the County's Civil Service Commission regulation or other operational rules of the County, including, but not limited to, those relating to personnel and procurement.

Key Performance Indicators

	2024	2023	2022
Admissions (excluding births)	9,608	9,364	9,781
Discharges	12,658	12,503	12,652
Births	2,530	2,272	2,166
Patient days (excluding newborns)	60,008	59,351	61,095
Average daily census	164	163	167

Overview of the Financial Statements

The financial statements of Kern Medical report information about Kern Medical's use of accounting methods, which are similar to those used by private sector companies. These statements offer short- and long-term financial information about its activities and include the statement of net position; the statement of revenues, expenses, and changes in net position; and the statement of cash flows. In addition, the accompanying notes are an integral part of these financial statements.

The statement of net position includes all of Kern Medical's assets, liabilities, and deferred inflows and outflows and provides information about the nature and amounts of investments in resources (assets) and obligations to Kern Medical's creditors (liabilities). It also provides the basis for evaluating the capital structure of Kern Medical and assessing the liquidity and financial flexibility of Kern Medical.

Kern County Hospital Authority Management's Discussion and Analysis

The statement of revenues, expenses, and changes in net position reports all of the revenues and expenses during the time period indicated. This statement measures the success of Kern Medical's operations over the past year and can be used to determine whether Kern Medical has successfully recovered all of its costs through its charges at established rates and other revenues. Over time, increases or decreases in net position may serve as a unique indicator of whether or not the financial position of Kern Medical is improving or deteriorating.

The statement of cash flows reports cash receipts; cash payments; changes in cash resulting from operations, investing, and financing activities; and the changes in cash during the reporting period.

The notes to the financial statements provide required disclosures and other information that are essential to a full understanding of material data provided in the statements. The notes present information about Kern Medical's accounting policies, significant account balances and activities, material risks, obligations, commitments, contingencies, and subsequent events, if any.

Kern County Hospital Authority

Management's Discussion and Analysis

Financial Analysis

Condensed Statements of Net Position

	June 30,		
	2024	2023	2022
		As restated	
Current assets	\$ 335,066,016	\$ 331,734,116	\$ 331,634,272
Right-to-use assets	11,678,001	7,095,039	7,964,725
Subscription-Based Information			
Technology Arrangements (SBITA)	2,253,087	3,026,383	2,732,984
Other post-employment benefits (OPEB)	1,452,817	-	-
Capital assets	95,368,229	95,938,261	95,971,821
	<u>445,818,150</u>	<u>437,793,799</u>	<u>438,303,802</u>
Total assets			
Deferred outflows of resources	118,686,651	106,689,945	99,396,391
	<u>118,686,651</u>	<u>106,689,945</u>	<u>99,396,391</u>
Total assets and deferred			
outflows of resources	<u>\$ 564,504,801</u>	<u>\$ 544,483,744</u>	<u>\$ 537,700,193</u>
Current liabilities	\$ 69,522,227	\$ 62,086,798	\$ 60,643,764
Noncurrent liabilities	393,501,628	396,533,096	337,813,789
	<u>463,023,855</u>	<u>458,619,894</u>	<u>398,457,553</u>
Total liabilities			
Deferred inflows of resources	36,070,074	25,368,248	79,254,798
	<u>36,070,074</u>	<u>25,368,248</u>	<u>79,254,798</u>
Net investment in capital assets	95,368,229	95,938,261	95,971,821
Unrestricted	(29,957,357)	(35,442,659)	(35,983,979)
	<u>65,410,872</u>	<u>60,495,602</u>	<u>59,987,842</u>
Total net position			
Total liabilities, deferred inflows			
of resources, and net position	<u>\$ 564,504,801</u>	<u>\$ 544,483,744</u>	<u>\$ 537,700,193</u>

Kern County Hospital Authority Management's Discussion and Analysis

Statements of Net Position Highlights:

Changes from fiscal 2023 to 2024

Current assets – Current assets increased \$3.3 million, or 1%, from fiscal year 2023 to 2024, mainly due to an increase in receivables from government agencies. The government receivables balance increased \$24.3 million, or 13%, from fiscal year 2023 to 2024. Kern Medical is entitled to receive supplemental funding from various state and federal government sources based on patients served. The increase in receivables from government agencies is due in large part to the timing of when state and federal government agencies issue funds to healthcare providers. Some supplemental programs cross over fiscal and calendar years. This can result in large fluctuations in the receivables balance at fiscal year-end.

Deferred outflows of resources – In connection with GASB No. 68 and GASB No. 75, Kern Medical reported a \$12.0 million, or 11%, increase in deferred outflows of resources related to changes in actuarial assumptions, net differences between projected and actual earnings on pension plan investments, and contributions made subsequent to the measurement date. The deferred outflows of resources reported are \$118.7 million as of June 30, 2024, compared to a balance of \$106.7 million as of June 30, 2023.

Current liabilities – Current liabilities increased from fiscal year 2023 by \$7.4 million, or 12%. The increase is mainly due to a \$4.1 million increase in salaries and benefits payable. The salaries and benefits payable balance reported is \$17.8 million as of June 30, 2024, compared to a balance of \$13.7 million as of June 30, 2023.

Noncurrent liabilities – Noncurrent liabilities decreased from fiscal year 2023 by \$3.0 million, or 1%. The decrease is mainly due to a decrease in other post-employment benefits.

Deferred inflows of resources – In connection with GASB No. 68 and GASB No. 75, Kern Medical reported a \$10.7 million, or 42%, increase in deferred inflows of resources related to the net differences between pension plan and other postemployment benefits expected and actual experience and changes in proportion and differences between Kern Medical contributions and proportionate share of contributions. The deferred inflows of resources reported are \$36.1 million as of June 30, 2024, compared to a balance of \$25.4 million as of June 30, 2023.

Unrestricted net position – The unrestricted net position increased \$5.5 million, or 15%, from fiscal year 2023 to 2024, due to changes in actuarial assumptions and operating income for 2024. The balance consists mainly of net pension liability. The unrestricted net position reported is a deficit of \$30.0 million as of June 30, 2024, compared to a deficit of \$35.4 million as of June 30, 2023.

Changes from fiscal 2022 to 2023

Current assets – Current assets increased \$99.8 thousand, or 0.03%, from fiscal year 2022 to 2023, mainly due to an increase in patient accounts receivable. The patient accounts receivable balance increased \$7.6 million, or 16%, from fiscal year 2022 to 2023. Kern Medical continues to realize increased efficiency in patient billing and in overall revenue cycle processes since the implementation of the Cerner Electronic Health Record (EHR) system during fiscal year 2020. The increase in patient accounts receivable is in part due to the increased volume of patient billing generated by the Cerner system.

Kern County Hospital Authority Management's Discussion and Analysis

Deferred outflows of resources – In connection with GASB No. 68 and GASB No. 75, Kern Medical reported a \$7.3 million, or 7%, increase in deferred outflows of resources related to changes in actuarial assumptions, net differences between projected and actual earnings on pension plan investments, and contributions made subsequent to the measurement date. The deferred outflows of resources reported are \$106.7 million as of June 30, 2023, compared to a balance of \$99.4 million as of June 30, 2022.

Current liabilities – Current liabilities increased from fiscal year 2022 by \$1.4 million, or 2%. The decrease is mainly due to a \$1.9 million increase in salaries and benefits payable. The salaries and benefits payable balance reported is \$13.7 million as of June 30, 2023, compared to a balance of \$11.8 million as of June 30, 2022.

Noncurrent liabilities – Noncurrent liabilities decreased from fiscal year 2022 by \$58.7 million, or 17%. The decrease is mainly due to a decrease in the net pension liability.

Deferred inflows of resources – In connection with GASB No. 68 and GASB No. 75, Kern Medical reported a \$53.9 million, or 68%, decrease in deferred inflows of resources related to the net differences between pension plan and other postemployment benefits expected and actual experience and changes in proportion and differences between Kern Medical contributions and proportionate share of contributions. The deferred inflows of resources reported are \$25.4 million as of June 30, 2023, compared to a balance of \$79.3 million as of June 30, 2022.

Unrestricted net position – The unrestricted net position increased \$521.3 thousand, or 2%, from fiscal year 2022 to 2023, due to changes in actuarial assumptions and operating income for 2023. The balance consists mainly of net pension liability. The unrestricted net position reported is a deficit of \$35.4 million as of June 30, 2023, compared to a deficit of \$35.9 million as of June 30, 2022.

Condensed Statements of Revenues, Expenses, and Changes in Net Position

	2024	2023 As restated	2022
Operating revenue	\$ 550,205,521	\$ 511,155,067	\$ 601,996,109
Nonoperating revenue	628,678	2,251,203	21,855,297
Total revenue	550,834,199	513,406,270	623,851,406
Depreciation and amortization	15,853,165	15,488,084	14,590,334
Operating expenses	526,883,399	495,419,267	467,796,284
Nonoperating expenses	3,182,365	1,991,159	1,363,921
Total expenses	545,918,929	512,898,510	483,750,539
Change in net position	4,915,270	507,760	140,100,867
Beginning net position, beginning of year	60,495,602	59,987,842	(80,113,025)
Ending net position	\$ 65,410,872	\$ 60,495,602	\$ 59,987,842

Kern County Hospital Authority Management's Discussion and Analysis

Statements of Revenue, Expenses, and Changes in Net Position Highlights:

Changes from fiscal 2023 to 2024

The first component of Kern Medical's net position is its operating revenue. Operating revenue increased by \$39.0 million, or 8%, in fiscal year 2024 as compared to fiscal year 2023. The primary components of operating revenue are as follows:

Net patient service revenue totaled \$291.8 million for the fiscal year ended June 30, 2024. This was a \$19.8 million, or 7% increase from fiscal year 2023 to fiscal year 2024 due primarily to strong patient census levels. Kern Medical also recognized revenue from various indigent patient funding sources including Intergovernmental Transfer Programs, Enhanced Payment Program funding, and the Hospital Fee Program totaling \$196.7 million for the year, as compared to fiscal year 2023 of \$173.3 million.

The second component of Kern Medical's net position is its operating expenses. Operating expenses increased \$31.8 million, or 6%, in fiscal year 2024 as compared to fiscal year 2023. The increase is mainly due to increases in salaries and benefits expenses.

Changes from fiscal 2023 to 2022

The first component of Kern Medical's net position is its operating revenue. Operating revenue decreased by \$90.8 million, or 15%, in fiscal year 2023 as compared to fiscal year 2022. The primary components of operating revenue are as follows:

Net patient service revenue totaled \$272.0 million for the fiscal year ended June 30, 2023. This was a \$5.3 million, or 2% decrease from fiscal year 2022 to fiscal year 2023 due primarily to a decrease in gross patient revenue. Kern Medical also recognized revenue from various indigent patient funding sources including Intergovernmental Transfer Programs, the Enhanced Payment Program funding, and the Hospital Fee Program totaling \$173.3 million for the year, as compared to fiscal year 2022 of \$259.2 million.

The second component of Kern Medical's net position is its operating expenses. Operating expenses increased \$20.6 million, or 4%, in fiscal year 2023 as compared to fiscal year 2022. The increase is due in large part to increases in nurse registry contract labor expenses. In addition, there were increases in services and medical supplies expenses.

Kern County Hospital Authority

Management's Discussion and Analysis

Analysis of Capital Assets

In fiscal year 2024, Kern Medical's capital assets decreased approximately \$570.0 thousand due to relatively fewer additions of capital assets and Construction in Progress and various other additions as compared to fiscal year 2023. In fiscal year 2023, Kern Medical's capital assets decreased approximately \$33.6 thousand due to relatively fewer additions of capital assets and Construction in Progress and various other additions as compared to fiscal year 2022. The table below provides summarized information for Kern Medical's outstanding capital assets for the years ended June 30, 2024 and 2023:

	July 1, 2023	Additions	Deletions	Transfers	June 30, 2024
Capital assets not subject to depreciation	\$ 10,354,486	\$ 6,783,900	\$ -	\$ (7,086,543)	\$ 10,051,843
Capital assets subject to depreciation	235,610,268	4,422,253	-	7,086,543	247,119,064
Less: accumulated depreciation and amortization	150,026,493	11,776,185	-	-	161,802,678
Capital assets subject to depreciation, net	85,583,775	(7,353,932)	-	7,086,543	85,316,386
Capital assets, net	<u>\$ 95,938,261</u>	<u>\$ (570,032)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 95,368,229</u>

	July 1, 2022	Additions	Deletions	Transfers	June 30, 2023
Capital assets not subject to depreciation	\$ 8,846,998	\$ 4,642,905	\$ -	\$ (3,135,417)	\$ 10,354,486
Capital assets subject to depreciation	224,976,155	7,498,696	-	3,135,417	235,610,268
Less: accumulated depreciation and amortization	137,851,332	12,175,161	-	-	150,026,493
Capital assets subject to depreciation, net	87,124,823	(4,676,465)	-	3,135,417	85,583,775
Capital assets, net	<u>\$ 95,971,821</u>	<u>\$ (33,560)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 95,938,261</u>

Additional information on Kern Medical's capital assets can be found in Note 4 of this report.

Long-Term Debt Summary

In fiscal year 2024, the decrease in long-term debt is the result of principal payments on existing debt. In fiscal year 2023, the decrease in long-term debt is primarily the result of a decrease in line of credit borrowing. The table below provides summarized information for the Kern Medical's outstanding long-term liabilities as of June 30, 2024 and 2023:

	June 30, 2023	Incurred or Issued	Satisfied or Matured	June 30, 2024	Amounts Due Within One Year	Amounts Due in More Than One Year
Pension obligation bonds	<u>\$ 10,205,194</u>	<u>\$ -</u>	<u>\$ 1,991,965</u>	<u>\$ 8,213,229</u>	<u>\$ 1,062,281</u>	<u>\$ 7,150,948</u>

	June 30, 2022	Incurred or Issued	Satisfied or Matured	June 30, 2023	Amounts Due Within One Year	Amounts Due in More Than One Year
Pension obligation bonds	<u>\$ 13,143,781</u>	<u>\$ -</u>	<u>\$ 2,938,587</u>	<u>\$ 10,205,194</u>	<u>\$ 1,991,965</u>	<u>\$ 8,213,229</u>

Additional information on Kern Medical's long-term debt can be found in Note 6 of this report.

Kern County Hospital Authority Management's Discussion and Analysis

Economic Factors Affecting Next Year

Kern Medical adjusts to changing conditions as needed and maintains the staffing, supplies, and personal protective equipment levels necessary to provide coverage for increases in patient volumes when needed. For fiscal year 2025, Kern Medical will continue to qualify for various governmental funding programs. On December 29, 2021, the State of California announced federal approval of a five-year Medicaid (Medi-Cal) Section 1115 waiver extension. The waiver extension is part of a bigger package of proposals under the California Advancing and Innovating Medi-Cal (CalAIM) program. Section 1115 waivers allow states to waive certain federal Medicaid rules so that they can pursue innovative strategies to improve care for Medicaid beneficiaries. The extension has allowed Kern Medical to continue to receive funding from all components of the waiver including the Global Payment Program (GPP). The Whole Person Care (WPC) component of the previous waiver has been bridged into the new Providing Access and Transforming Health (PATH) program under CalAIM. As with WPC, PATH is designed to provide integrated, patient-centered care through coordination of physical and behavioral health and social services to meet patients' holistic needs. Under the new waiver the third and largest component of the previous waiver, the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) program, has been effectively rolled into the Quality Incentive Program (QIP). This is favorable because the funding is no longer contingent on the approval of a new waiver. The QIP, and the Enhanced Payment Program (EPP) that Kern Medical also participates in, were developed four years ago due to a Medicaid managed care rule implemented by the Centers for Medicare & Medicaid Services (CMS) that limits the ability of states to direct payments to health care providers unless certain conditions are met. Exceptions to the rule are payments directed to health care providers that are tied to performance and payments that provide a uniform payment increase that includes a pre-determined increase over contracted rates.

Operating expenses are expected to increase primarily from staffing costs, as well as inflation increasing supplies and purchased services expenses. The timing of State and Federal funding will continue to impact cash flow throughout the year.

Contacting Kern Medical's Chief Financial Officer

This financial report is designed to provide citizens, customers, and creditors with a general overview of Kern Medical's finances and to demonstrate Kern Medical's accountability for the money it receives. If you have any questions about this report, or need additional financial information, please contact the Chief Financial Officer, Kern Medical, 1700 Mount Vernon Ave., Bakersfield, California 93306.

Report of Independent Auditors

The Board of Governors
Kern County Hospital Authority

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Kern County Hospital Authority, a discretely presented component unit of the County of Kern, California, which comprise the statements of net position as of June 30, 2024 and 2023, and the related statements of revenues, expenses, and changes in net position and cash flows for the years then ended, and the related notes to the financial statements, which collectively comprise Kern County Hospital Authority's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the net position of Kern County Hospital Authority as of June 30, 2024 and 2023, and the respective changes in financial position and cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards (Government Auditing Standards)*, issued by the Comptroller General of the United States and the California Code of Regulations, Title 2, Section 1131.2, State Controller's *Minimum Audit Requirements* for California Special Districts. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Kern County Hospital Authority and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Kern County Hospital Authority's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Kern County Hospital Authority's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Kern County Hospital Authority's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that management's discussion and analysis and other post-employment benefit schedules on pages 1–8 and 47–49, respectively, be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated December 23, 2024, on our consideration of Kern County Hospital Authority's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Kern County Hospital Authority's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Kern County Hospital Authority's internal control over financial reporting and compliance.

A handwritten signature in black ink that reads "Moss Adams LLP". The signature is written in a cursive, flowing style.

Los Angeles, California
December 23, 2024

Financial Statements

Kern County Hospital Authority
Statements of Net Position
June 30, 2024 and 2023

	2024	2023
ASSETS AND DEFERRED OUTFLOWS OF RESOURCES		
CURRENT ASSETS		
Cash	\$ 50,429,103	\$ 66,957,282
Revolving fund cash	3,000	3,000
Patient accounts receivable, net of allowances for doubtful accounts of \$11,579,613 in 2024 and \$7,504,551 in 2023 (Note 3)	49,254,598	53,941,411
Due from governmental agencies (Note 8)	204,691,559	180,423,929
Other receivables	19,149,725	19,270,291
Inventories	4,640,928	5,470,745
Prepaid expenses	6,897,103	5,667,458
Total current assets	335,066,016	331,734,116
RIGHT-TO-USE ASSETS, net (Note 17)	11,678,001	7,095,039
SUBSCRIPTION-BASED INFORMATION TECHNOLOGY ARRANGEMENTS (SBITA), net (Note 18)	2,253,087	3,026,383
NET OTHER POST-EMPLOYMENT BENEFITS (OPEB) (Note 12)	1,452,817	-
CAPITAL ASSETS, net (Note 4)	95,368,229	95,938,261
Total assets	445,818,150	437,793,799
DEFERRED OUTFLOWS OF RESOURCES (Notes 10 and 12)	118,686,651	106,689,945
Total assets and deferred outflows of resources	\$ 564,504,801	\$ 544,483,744
LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION		
CURRENT LIABILITIES		
Accounts payable and accrued expenses	\$ 35,054,176	\$ 33,317,493
Salaries and employee benefits payable	17,839,227	13,711,455
Interest payable, current portion (Note 6)	883,631	467,089
Current portion of compensated absences payable	7,190,901	6,164,030
Current portion of lease liability (Note 17)	3,450,414	2,530,758
Current portion of SBITA liability (Note 18)	754,163	749,846
Current portion of estimate for professional liability (Note 13)	2,334,246	2,337,746
Current portion of estimate for workers' compensation liability (Note 13)	953,188	816,416
Current portion of long-term debt (Note 5)	1,062,281	1,991,965
Total current liabilities	69,522,227	62,086,798
NONCURRENT LIABILITIES		
Interest payable, net of current portion (Note 6)	7,151,631	6,731,300
Compensated absences payable, net of current portion	16,778,768	14,382,737
Net pension liability (Note 10)	344,447,058	345,399,109
Net other post-employment benefits (Note 12)	-	7,075,072
Estimate for professional liability, net of current portion (Note 13)	4,144,007	4,377,122
Estimate for workers' compensation liability, net of current portion (Note 13)	3,643,201	3,165,038
Lease liability, net of current portion (Note 17)	8,592,909	4,844,232
SBITA liability, net of current portion (Note 18)	1,593,106	2,345,257
Long-term debt, net of current portion (Note 5)	7,150,948	8,213,229
Total liabilities	463,023,855	458,619,894
DEFERRED INFLOWS OF RESOURCES (Notes 10 and 12)	36,070,074	25,368,248
NET POSITION		
Investment in capital assets	95,368,229	95,938,261
Unrestricted	(29,957,357)	(35,442,659)
Total net position	65,410,872	60,495,602
Total liabilities, deferred inflows of resources, and net position	\$ 564,504,801	\$ 544,483,744

See accompanying notes.

Kern County Hospital Authority
Statements of Revenues, Expenses, and Changes in Net Position
Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
OPERATING REVENUES		
Net patient service revenue, net of provisions for uncollectible accounts of \$14,409,897 in 2024 and \$8,269,369 in 2023	\$ 291,829,189	\$ 271,987,742
Indigent patient care funding	196,711,998	173,298,170
County funding	37,595,561	34,438,625
Other operating revenue	<u>24,068,773</u>	<u>31,430,530</u>
Total operating revenues	<u>550,205,521</u>	<u>511,155,067</u>
OPERATING EXPENSES		
Salaries and employee benefits	333,552,869	295,309,637
Services and supplies	187,992,388	195,823,564
Other expenses	5,338,142	4,286,066
Depreciation and amortization	<u>15,853,165</u>	<u>15,488,084</u>
Total operating expenses	<u>542,736,564</u>	<u>510,907,351</u>
OPERATING INCOME	<u>7,468,957</u>	<u>247,716</u>
NONOPERATING REVENUES (EXPENSES)		
Interest on bank deposits and investments, net	241,391	181,109
Revenue from other governmental agencies	193,480	218,160
Other nonoperating revenues	193,807	1,851,934
Interest expense	<u>(3,182,365)</u>	<u>(1,991,159)</u>
Total nonoperating (expenses) revenues, net	(2,553,687)	260,044
Change in net position	<u>4,915,270</u>	<u>507,760</u>
NET POSITION, beginning of year	<u>60,495,602</u>	<u>59,987,842</u>
NET POSITION, end of year	<u>\$ 65,410,872</u>	<u>\$ 60,495,602</u>

See accompanying notes.

Kern County Hospital Authority
Statements of Cash Flows
Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received for patients/current services	\$ 296,516,002	\$ 264,388,064
Cash received for other operations	234,229,268	236,708,950
Cash paid for salaries and benefits	(191,615,355)	(202,912,375)
Cash paid for services and supplies	<u>(336,777,015)</u>	<u>(292,069,170)</u>
Net cash provided by operating activities	<u>2,352,900</u>	<u>6,115,469</u>
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES		
Cash received from various County funds	387,287	2,070,094
Interest paid – pension obligation bond	(1,434,598)	(365,334)
Principal paid – pension obligation bond	(1,991,965)	(2,938,587)
Interest paid – line of credit	<u>(462,691)</u>	<u>(262,368)</u>
Net cash used in noncapital financing activities	<u>(3,501,967)</u>	<u>(1,496,195)</u>
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES		
Acquisition or construction of capital assets	(11,206,153)	(12,141,601)
Payments on lease liability	(3,577,688)	(3,034,901)
Payments on SBITA liability	<u>(836,662)</u>	<u>(782,410)</u>
Net cash used in capital and related financing activities	<u>(15,620,503)</u>	<u>(15,958,912)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest on bank deposits and investments	<u>241,391</u>	<u>181,109</u>
Net cash provided by investing activities	<u>241,391</u>	<u>181,109</u>
NET DECREASE IN CASH AND CASH EQUIVALENTS	(16,528,179)	(11,158,529)
CASH AND CASH EQUIVALENTS, beginning of year	<u>66,960,282</u>	<u>78,118,811</u>
CASH AND CASH EQUIVALENTS, end of year	<u><u>\$ 50,432,103</u></u>	<u><u>\$ 66,960,282</u></u>

See accompanying notes.

Kern County Hospital Authority
Statements of Cash Flows (Continued)
Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Reconciliation of cash and cash equivalents to the Statements of Net Position		
Cash	\$ 50,429,103	\$ 66,957,282
Revolving fund cash	<u>3,000</u>	<u>3,000</u>
Total cash and cash equivalents at the end of year	<u>\$ 50,432,103</u>	<u>\$ 66,960,282</u>
Reconciliation of operating income to net cash provided by operating activities		
Operating income	\$ 7,468,957	\$ 247,716
Adjustments to reconcile operating income to net cash provided by operating activities		
Provision for bad debts	14,409,897	8,269,369
Depreciation and amortization	15,853,165	15,488,084
Changes in assets, liabilities, deferred outflows, and deferred inflows		
Patient accounts receivable, net	(9,723,084)	(15,869,047)
Due from governmental agencies	(24,267,630)	8,208,271
Other receivables	120,566	(10,666,646)
Inventories	829,817	(371,013)
Prepaid expenses	(1,229,645)	(829,307)
Deferred outflows of resources	(11,996,706)	(7,293,554)
Accounts payable and accrued expenses	1,736,683	598,934
Salaries and employee benefits payable	4,127,772	1,946,862
Compensated absences payable	3,422,902	1,459,685
Estimate for professional liability	(236,615)	(850,403)
Estimate for workers' compensation liability	614,935	(1,350,956)
Net pension liability	(952,051)	61,155,916
Net other post-employment benefits	(8,527,889)	(141,892)
Deferred inflows of resources	<u>10,701,826</u>	<u>(53,886,550)</u>
Net cash provided by operating activities	<u>\$ 2,352,900</u>	<u>\$ 6,115,469</u>

See accompanying notes.

Kern County Hospital Authority

Notes to Financial Statements

Note 1 – Nature of Operations and Reporting Entity

Kern County Hospital Authority (the Authority or Kern Medical) is a 222-bed acute care teaching hospital affiliated with the University of California Schools of Medicine at Los Angeles, San Diego, and Irvine. Kern Medical is responsible for the provision of health care services for emergency, outpatient, and inpatient medical care to all classes of patients including Medicare and Medi-Cal eligible, medically indigent persons, and inmates of the County of Kern (the County) institutions and juvenile facilities. The management of Kern Medical reports directly to Kern Medical's Board of Governors.

Assembly Bill 2546 passed the California State Legislature on September 26, 2014, and authorized the Board of Supervisors of the County (the Board) to establish, by ordinance, the Kern County Hospital Authority to manage, administer, and control Kern Medical Center, an enterprise fund of the County, and other health care facilities, and other functions affiliated or consolidated with Kern Medical Center. The Board adopted the ordinance organizing the Authority effective November 6, 2015. Pursuant to the aforementioned legislation, effective July 1, 2016, ownership, control, management, medical facilities, and operation of Kern Medical Center was transferred to the Kern County Hospital Authority. The Kern County Hospital Authority is a local unit of government separate and apart from the County and any other public entity. The Kern County Hospital Authority recognized the carrying values of assets, deferred outflows of resources, liabilities, and deferred inflows of resources of the operations of the Kern Medical Center as of July 1, 2016, the effective transfer date.

On July 1, 2016, the County and the Kern County Hospital Authority also entered into an Agreement for Health Care Services, Finance, and Support (the Service Agreement) addressing certain financial relationships between the two parties, including:

- i. County's financial support of the Authority in the form of loans and/or grants;
- ii. The Authority's assumption of certain liabilities of the County, which liabilities the County incurred in connection with prior operations of Kern Medical Center;
- iii. The continued provision of certain health care services to residents of the County;
- iv. The Authority's participation in the County Treasury; and
- v. County's consent for the Authority to participate in and receive, and otherwise access, certain County general purpose funds and local revenue fund amounts identified or earmarked for health care services to the indigent, including Medi-Cal beneficiaries and uninsured patients.

During the year ended June 30, 2018, Kern Medical formed the Kern Medical Surgery Center (KMSC), which operates in Bakersfield, California. KMSC is a wholly owned subsidiary of Kern Medical and is an independently run outpatient surgery center. KMSC is presented as a blended component unit of Kern Medical.

Kern County Hospital Authority

Notes to Financial Statements

Note 2 – Summary of Significant Accounting and Reporting Policies

Basis of accounting and presentation – The accompanying financial statements have been prepared using the economic resource measurement focus and the accrual basis of accounting, in accordance with U.S. generally accepted accounting principles for health care organizations, and are presented in accordance with the reporting model as prescribed in Governmental Accounting Standards Board (GASB) Statement No. 34, *Basic Financial Statement – and Management's Discussion and Analysis – for State and Local Governments* (GASB 34). GASB 34 and subsequent amendments including GASB Statement No. 63, established standards for external financial reporting and requires that resources be classified for accounting and reporting purposes into the following net position categories:

Investment in capital assets – Capital assets, net of accumulated depreciation and outstanding principal balances of debt attributable to the acquisition, construction, or improvement of those assets.

Unrestricted net position – This amount represents the amount of net position that is not subject to externally imposed constraints. Unrestricted net position may be designated for specific purposes by action of the Board of Governors or may otherwise be limited by contractual agreements with outside parties.

Use of estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Leases – Kern Medical recognizes lease contracts or equivalents that have a term exceeding one year that meet the definition of an other than short-term lease. Kern Medical uses a discount rate that is explicitly stated or implicit in the contract. When a readily determinable discount rate is not available, the discount rate is determined using the Kern Medical's incremental borrowing rate at the start of the lease for a similar asset type and term length to the contract. Short-term lease payments are expensed when incurred. Kern Medical has recorded right-to-use lease assets in accordance with GASB Statement No. 87, *Leases* (GASB 87). The right-to-use assets are initially measured at an amount equal to the initial measurement of the related lease liability plus any lease payments made prior to the lease term, less lease incentives, and plus ancillary charges necessary to place the lease into service. The right-to-use assets are amortized on a straight-line basis over the life of the related lease.

Subscription-Based Information Technology Arrangements – Kern Medical is the end user for various SBITAs. Short-term SBITAs, which have a maximum possible term of 12 months or less, are recognized as an outflow of resources when payment is made. For SBITAs with subscription terms extending beyond one year, Kern Medical recognizes an intangible right-to-use subscription asset and a corresponding subscription liability.

Cash and revolving cash fund – Kern Medical considers all highly liquid investments with original maturities of three months or less to be cash or a revolving cash fund. Cash consists of bank deposits, which are carried at cost which approximates fair value.

Kern County Hospital Authority

Notes to Financial Statements

Patient accounts receivable – Kern Medical reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients, and others. Kern Medical provides an allowance for uncollectible accounts based upon a review of outstanding receivables and historical collection information. As a service to the patient, Kern Medical bills third-party payers directly and bills the patient when the patient's liability is determined. Patient accounts receivable are due in full when billed. Accounts are considered delinquent and subsequently written off as bad debts based on individual credit evaluation and specific circumstances of the account.

Inventories – Inventories consist of expendable supplies held for consumption. Supply inventories are stated at the lower of cost, or market.

Capital assets – Capital assets, which include property, plant, and equipment, are stated at cost if purchased, or fair value on the date received if donated. Kern Medical has established a policy to capitalize expenses for capital assets with an individual cost of \$5,000 for equipment, \$25,000 for intangibles, and \$50,000 for structures with a useful life greater than one year. In accordance with GASB Statement No. 89, *Accounting for Interest Cost Incurred Before the End of a Construction Period*, interest cost is not capitalized during the period of construction. Intangible assets represent software purchases and are amortized based on estimated useful life. Capital assets other than intangible assets are depreciated using the straight-line method over the estimated useful lives of the assets as follows:

Structures and improvements	10 to 40 years
Equipment and intangibles	3 to 20 years

Capital assets are reviewed for impairment when events or changes in circumstances suggest that the service utility of the capital asset may have significantly and unexpectedly declined. Capital assets are considered impaired if both the decline in service utility of the capital asset is large in magnitude and the event or change in circumstance is outside the normal life cycle of the capital asset. Such events or changes in circumstances that may be indicative of impairment include evidence of physical damage, enactment or approval of laws or regulations or other changes in environmental factors, technological changes or evidence of obsolescence, changes in the manner or duration of use of a capital asset, and construction stoppage. The determination of the impairment loss is dependent upon the event or circumstance in which the impairment occurred. Impairment losses, if any, are recorded in the statement of revenues, expenses, and changes in net position. There were no impairment losses recorded during the years ended June 30, 2024 and 2023.

Compensated absences – Kern Medical policies permit most employees to accumulate vacation and sick leave benefits that may be realized as paid time off or, in limited circumstances, as a cash payment or other post-employment benefit. Expense and the related liability are recognized as vacation benefits and are earned whether the employee is expected to realize the benefit as time off or in cash or other post-employment benefit. Expense and the related liability for sick leave benefits are recognized when earned to the extent the employee is expected to realize the benefit in cash determined using the termination payment method. Compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the statement of net position date plus an additional amount for compensation-related payments such as Social Security and Medicare taxes computed using rates in effect at that date.

Kern County Hospital Authority

Notes to Financial Statements

Under the terms of union contracts, employees are granted vacation and sick leave in varying amounts depending upon their respective bargaining unit. In the event of termination or death, an employee, or the employee's estate, is compensated 100% of accumulated vacation. In the event of an employee's death or retirement, excluding deferred retirement, an employee, or the employee's estate, is compensated for accumulated sick leave in varying amounts from 50% to 100% depending on the employee's bargaining unit and length of service.

Net patient service revenue – Kern Medical has agreements with third-party payers that provide for payments to Kern Medical at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts receivable from patients, third-party payers, and others for services rendered, including a provision for bad debt and estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis during the period the related services are rendered and adjusted in future periods, as final settlements are determined.

Normal estimation differences between subsequent cash collections on patient accounts receivable and net patient accounts receivable estimated in the prior year are reported as adjustments to net patient service revenue in the current period. Changes in revenue due to changes in estimates of patient accounts receivable allowances for prior years were not significant during the years ended June 30, 2024 and 2023.

Third-party payers – Kern Medical is reimbursed for services provided to patients under certain programs administered by governmental agencies. Laws and regulations governing the Medicare and Medi-Cal programs are complex and subject to interpretation. Kern Medical believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medi-Cal programs.

The majority of Kern Medical's receivables are related to the care of patients covered by Medi-Cal, Medicare, and special funding created by legislative acts that subsidize certain health care facilities that treat a disproportionate share of Medi-Cal beneficiaries.

Uncompensated care – The County is mandated to provide medical care to indigent and dependent poor County residents under California Welfare and Institutions Code Section 17000. The County fulfills its Section 17000 obligation through services provided at Kern Medical. Through its Medically Indigent Adult Program, patients are charged for services and supplies based on their ability to pay. In assessing a patient's ability to pay, Kern Medical utilizes state-determined poverty levels. Additionally, Kern Medical provides services to patients that are outside of the Medically Indigent Adult Program and does not receive compensation for those services. Kern Medical maintains records to identify, monitor, and report the level of indigent and uncompensated care provided to the community. These records include the estimates of cost of services and supplies furnished yet uncompensated for, which are based upon a ratio of cost to charges. The following information measures the level of uncompensated care provided during the years ended June 30, 2024 and 2023:

	2024	2023
Estimated cost of services provided but uncompensated	\$ 6,760,000	\$ 4,250,000

Kern County Hospital Authority

Notes to Financial Statements

Pensions – For purposes of measuring the net pension liability and deferred outflows/inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the Local Government of the County of Kern's Kern County Employees' Retirement Association (KCERA) plans (the Plans) and additions to/deductions from the Plans' fiduciary net position have been determined on the same basis as they are reported by KCERA. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Disclosures about fair value of financial instruments – The carrying amount of revolving fund cash, patient accounts receivable, other current assets, accounts payable, and accrued expenses approximate fair value because of the short-term maturity of these instruments.

Risk management – Kern Medical is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illness; natural disasters; and employee health, dental, and accident benefits. As discussed in Note 16, commercial insurance coverage is purchased by Kern Medical for claims arising from such matters where Kern Medical has not retained the risk of loss. Kern Medical is self-insured for medical malpractice claims and judgments. The provision for estimated self-insured medical malpractice includes estimates of the ultimate costs for both reported claims and claims incurred but not reported, and other allocated claim adjustment expenses.

Concentration of credit risk – Receivables from government programs present the only concentrated group of credit risk for Kern Medical. Management does not believe that there are any credit risks associated with these governmental agencies. Negotiated and private receivables consist of receivables from various payers, including individuals involved in diverse activities, subject to differing economic conditions, and do not represent any concentrated credit risk to Kern Medical. Management continually monitors and adjusts its reserves and allowances associated with these receivables, and such allowances have historically been adequate to cover losses realized.

Deposit concentration risk is managed by placing cash and cash equivalents in various financial institutions. The amount of deposits at times may exceed federally insured limits.

Income taxes – Kern Medical is exempt from federal and state income tax pursuant to Internal Revenue Code (IRC) Section 115 and similar provisions of the California Franchise Tax Code and is also exempt from federal and state income tax filing requirements.

Operating revenues and expenses – The statement of revenues, expenses, and changes in net position distinguishes between operating and non-operating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, Kern Medical's principal activity. Non-exchange revenues, including grants, contributions, and income (losses) from investments, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services.

Kern County Hospital Authority

Notes to Financial Statements

Recent accounting pronouncements – In June 2022, the GASB issued GASB Statement No. 101, *Compensated Absences* (GASB 101). GASB 101 requires that liabilities for compensated absences be recognized for (1) leave that has not been used and (2) leave that has been used but not yet paid in cash or settled through noncash means. A liability should be recognized for leave that has not been used if (a) the leave is attributable to services already rendered, (b) the leave accumulates, and (c) the leave is more likely than not to be used for time off or otherwise paid in cash or settled through noncash means. GASB 101 requires that a liability for certain types of compensated absences—including parental leave, military leave, and jury duty leave—not be recognized until the leave commences. This Statement also requires that a liability for specific types of compensated absences not be recognized until the leave is used. The guidance is effective for Kern Medical in the year ending June 30, 2025. Kern Medical is currently assessing the impact of this standard on Kern Medical's financial statements.

In December 2023, the GASB issued Statement No. 102, *Risks and Uncertainties Disclosures*. GASB Statement No. 102 is meant to provided financial statement users with information about certain risks when circumstances make a government vulnerable to a heightened possibility of loss or harm. The requirements of GASB Statement No. 102 are effective for fiscal years beginning after June 15, 2024, and all reporting periods thereafter. Kern Medical is currently evaluating the impact of the adoption of GASB Statement No. 102 which his effective for the fiscal year ending June 30, 2025.

Note 3 – Patient Accounts Receivable

Kern Medical grants credit without collateral to its patients, many of whom are area residents and are insured under third-party payer agreements. Gross patient accounts receivable as of June 30, 2024 and 2023, consisted of:

	2024	2023
Medicare	22 %	21 %
Medi-Cal	56	60
Other third-party and commercial payor	17	16
Self pay	4	3
County responsibility	1	-
Total	100 %	100 %

Kern County Hospital Authority

Notes to Financial Statements

Note 4 – Capital Assets, Depreciation, and Amortization

Capital asset activity for the years ended June 30, 2024 and 2023, is shown below:

	Beginning July 1, 2023	Additions	Disposals	Transfers	Ending June 30, 2024
Capital assets not subject to depreciation					
Land	\$ 1,854,424	\$ -	\$ -	\$ -	\$ 1,854,424
Construction in progress	8,500,062	6,783,900	-	(7,086,543)	8,197,419
Total capital assets not subject to depreciation	10,354,486	6,783,900	-	(7,086,543)	10,051,843
Capital assets subject to depreciation					
Equipment	77,372,515	4,401,872	-	3,754,868	85,529,255
Structures and improvements	100,611,199	20,381	-	3,331,675	103,963,255
Intangibles	57,626,554	-	-	-	57,626,554
Total capital assets subject to depreciation	235,610,268	4,422,253	-	7,086,543	247,119,064
Less: accumulated depreciation and amortization for					
Equipment	58,044,534	5,983,648	-	-	64,028,182
Structures and improvements	67,969,930	2,396,775	-	-	70,366,705
Intangibles	24,012,029	3,395,762	-	-	27,407,791
Total accumulated depreciation and amortization	150,026,493	11,776,185	-	-	161,802,678
Total capital assets subject to depreciation, net	85,583,775	(7,353,932)	-	7,086,543	85,316,386
Total capital assets, net	<u>\$ 95,938,261</u>	<u>\$ (570,032)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 95,368,229</u>
	Beginning July 1, 2022	Additions	Disposals	Transfers	Ending June 30, 2023
Capital assets not subject to depreciation					
Land	\$ 1,854,424	\$ -	\$ -	\$ -	\$ 1,854,424
Construction in progress	6,992,574	4,642,905	-	(3,135,417)	8,500,062
Total capital assets not subject to depreciation	8,846,998	4,642,905	-	(3,135,417)	10,354,486
Capital assets subject to depreciation					
Equipment	69,472,946	7,498,696	-	400,873	77,372,515
Structures and improvements	98,202,405	-	-	2,408,794	100,611,199
Intangibles	57,300,804	-	-	325,750	57,626,554
Total capital assets subject to depreciation	224,976,155	7,498,696	-	3,135,417	235,610,268
Less: accumulated depreciation and amortization for					
Equipment	52,184,908	5,859,626	-	-	58,044,534
Structures and improvements	65,067,959	2,901,971	-	-	67,969,930
Intangibles	20,598,465	3,413,564	-	-	24,012,029
Total accumulated depreciation and amortization	137,851,332	12,175,161	-	-	150,026,493
Total capital assets subject to depreciation, net	87,124,823	(4,676,465)	-	3,135,417	85,583,775
Total capital assets, net	<u>\$ 95,971,821</u>	<u>\$ (33,560)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 95,938,261</u>

Kern County Hospital Authority

Notes to Financial Statements

Note 5 – Long-Term Debt

The following is a summary of long-term obligation transactions of Kern Medical for the years ended June 30, 2024 and 2023:

	July 1, 2023	Incurred or Issued	Satisfied or Matured	June 30, 2024	Amounts Due Within One Year	Amounts Due in More Than One Year
Pension obligation bonds	<u>\$ 10,205,194</u>	<u>\$ -</u>	<u>\$ 1,991,965</u>	<u>\$ 8,213,229</u>	<u>\$ 1,062,281</u>	<u>\$ 7,150,948</u>
	July 1, 2022	Incurred or Issued	Satisfied or Matured	June 30, 2023	Amounts Due Within One Year	Amounts Due in More Than One Year
Pension obligation bonds	<u>\$ 13,143,781</u>	<u>\$ -</u>	<u>\$ 2,938,587</u>	<u>\$ 10,205,194</u>	<u>\$ 1,991,965</u>	<u>\$ 8,213,229</u>

Scheduled principal and interest repayments for long-term debt are as follows:

	Principal	Interest
Years Ending June 30,		
2025	\$ 1,062,281	\$ 2,542,598
2026	1,058,183	2,730,055
2027	1,981,756	1,986,653
2028	<u>4,111,009</u>	<u>28,674</u>
	<u>\$ 8,213,229</u>	<u>\$ 7,287,980</u>

Total interest costs incurred for the years ended June 30, 2024 and 2023, were approximately \$3,182,000 and \$1,794,000, respectively.

Pension obligation bonds – In May 2003, the County issued pension obligation bonds to finance the County's share of the unfunded accrued actuarial liability of the Kern County Employees' Retirement Association. In August 2008, the County issued pension obligation bonds, Series 2008 A. The Series 2003 B Bonds were redeemed with the proceeds of the Series 2008 A Refunding Bonds. As of June 30, 2024 and 2023, the amounts of total 2003 and 2008 pension obligation bonds outstanding for the County as a whole were approximately \$73,651,000 and \$91,514,000, respectively. Of these amounts, approximately \$8,213,000 and \$10,205,000 were allocated to Kern Medical, respectively. The initial basis of the amount allocated to Kern Medical was determined by Kern Medical's share of the County-wide retirement contribution for the year ended June 30, 2003.

The Series 2003 A Bonds were issued as Current Interest Bonds and Capital Appreciation Bonds; the Series 2003 B Bonds were refunded as Adjustable Rate Bonds in August 2008. The bonds have various maturity dates between 2006 and 2023 for the Current Interest Bonds and from 2023 and 2028 for the Capital Appreciation Bonds. Series 2003 A Bonds have fixed interest rates that range from 2.33% to 4.88% for the current interest bonds and 5.50% to 5.57% for the capital appreciation bonds. Starting in April 2014, the 2008 A Bonds have a fixed interest rate of 4.185%.

Kern County Hospital Authority

Notes to Financial Statements

Line of credit – In March 2019, Kern Medical entered into a revolving line of credit agreement with a financial institution, secured by revenues and nongovernmental receivables that have been pledged as security pursuant to the agreement with the financial institution. Amounts available under the revolving credit agreement are \$30,000,000 with a maturity date of February 28, 2025. Interest is payable on a monthly basis at the current Daily Bloomberg Short Term Bank Yield Index rate plus 170 basis points. As of both June 30, 2024 and 2023, there were no outstanding borrowings.

Note 6 – Interest Payable

The following is a summary of interest payable transactions for the pension obligation bonds of Kern Medical for the years ended June 30, 2024 and 2023:

	July 1, 2023	Amount Accrued	Amount Paid	June 30, 2024
Current interest payable	\$ 467,089	\$ 1,851,140	\$ 1,434,598	\$ 883,631
Non-current interest payable	6,731,300	420,331	-	7,151,631
Total interest payable	<u>\$ 7,198,389</u>	<u>\$ 2,271,471</u>	<u>\$ 1,434,598</u>	<u>\$ 8,035,262</u>
	July 1, 2022	Amount Accrued	Amount Paid	June 30, 2023
Current interest payable	\$ 65,186	\$ 767,237	\$ 365,334	\$ 467,089
Non-current interest payable	6,218,422	512,878	-	6,731,300
Total interest payable	<u>\$ 6,283,608</u>	<u>\$ 1,280,115</u>	<u>\$ 365,334</u>	<u>\$ 7,198,389</u>

Note 7 – Net Patient Service Revenue

Kern Medical has agreements with third-party payers that provide for payments to Kern Medical at amounts different from its established rates. These payment arrangements include:

Medicare – Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively-determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, acuity, and other factors. Kern Medical is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by Kern Medical and audits thereof by the Medicare administrative contractor. The Medicare administrative contractor has audited Kern Medical's cost reports through June 30, 2023.

Medi-Cal – Inpatient acute services rendered to Medi-Cal program beneficiaries are paid at a prospectively determined rate per discharge. These rates vary according to a patient classification system based on clinical, diagnostic, and other factors. Outpatient services are reimbursed based upon a fee schedule per procedure, test, or service.

Kern County Hospital Authority

Notes to Financial Statements

Approximately 88% of net patient service revenue is from participation in the Medicare and state-sponsored Medi-Cal programs for both the years ended June 30, 2024 and 2023. Laws and regulations governing the Medicare and Medi-Cal programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change in the near term.

Kern Medical has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to Kern Medical under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Note 8 – Indigent Patient Care Funding

Kern Medical is entitled to receive supplemental funding from various governmental sources based on the patients served. Indigent patient care funding on the accompanying statements of revenues, expenses, and changes in net position includes the following major payment arrangements for the years ended June 30, 2024 and 2023:

	2024	2023
Global payment program	\$ 42,668,101	\$ 31,357,251
Waiver Programs	7,762,087	5,560,001
Medi-Cal managed care supplemental programs	29,509,069	22,517,890
Enhanced payment program	47,047,080	33,962,893
Quality incentive program	56,648,422	51,787,032
Graduate medical education program	9,346,741	8,338,255
Other	3,730,498	19,774,848
	<u>\$ 196,711,998</u>	<u>\$ 173,298,170</u>
Total		

Due from government agencies on the accompanying statements of net position includes the following supplemental payment programs as of June 30, 2024 and 2023:

	2024	2023
Global payment program	\$ 2,880,925	\$ (17,237)
Waiver Programs	(12,051,607)	(33,758,959)
Medi-Cal managed care supplemental programs	37,053,489	42,028,092
Enhanced payment program	76,683,587	67,395,693
Quality incentive program	90,998,534	85,104,636
Graduate medical education program	390,396	828,524
Other	8,736,235	18,843,180
	<u>\$ 204,691,559</u>	<u>\$ 180,423,929</u>
Total		

Kern County Hospital Authority

Notes to Financial Statements

Medi-Cal waiver – California’s Medi-Cal Hospital/Uninsured Care Demonstration Project (Demonstration) is a system for paying selected hospitals, including Kern Medical, for hospital care provided to Medi-Cal and uninsured patients. The Demonstration was negotiated between the State of California’s Department of Health Services (DHS) and the CMS in 2006 and covers the period from July 1, 2005, to June 30, 2010. The implementing State legislation (SB 1100) was enacted by the Legislature in September 2005. The five-year Demonstration affects payments for 23 public hospitals, including all University of California owned hospitals, identified as Designated Public Hospitals, and private and non-designated public safety net hospitals that serve large numbers of Medi-Cal patients. The program was extended in 2010 to cover the period from July 1, 2010, to June 30, 2015. The program was further extended in 2015 to cover the period from July 1, 2015, to June 30, 2020. During the year ended June 30, 2022, the program was further extended to cover the period through December 31, 2026.

Under the Demonstration, payments for the public hospitals are comprised of: 1) Fee for Service (FFS) cost-based reimbursement for inpatient hospital services (exclusive of physician component); 2) Disproportionate Share Hospital (DSH) Program payments (formerly SB 855); and 3) distribution from a newly created pool of federal funding for uninsured care, known as the Safety Net Care Pool (SNCP). The nonfederal share of these three types of payments will be provided by the public hospitals rather than the State, primarily through certified public expenditures (CPE) whereby the hospital would expend its local funding for services to draw down the Federal financial participation (FFP), currently provided at a 50% match. For the inpatient hospital FFS cost-based reimbursement, each hospital will provide its own CPE and receive all of the resulting Federal match. For the DSH and SNCP distributions, the CPEs of all the public hospitals will be used in the aggregate to draw down the Federal match. It is therefore possible for one hospital to receive the Federal match that results from another hospital’s CPEs. In this situation, the first hospital is referred to as a “recipient” hospital, while the second is referred to as a “donor” hospital. A recipient hospital is required to “retain” the FFP amounts resulting from donated CPEs.

The Demonstration prioritizes payments so that, to the extent possible, total payments to hospitals are at a minimum “baseline” level. For public hospitals, the baseline level is determined and satisfied on a hospital-specific basis. The three funding components that will be utilized to meet each hospital’s baseline level are as follows:

1. Medi-Cal inpatient FFS cost-based reimbursement: The FFP that is paid to the hospital represents approximately half of the facility-specific costs or CPE. The hospital’s amounts will fluctuate based on the number of facility-specific Medi-Cal patients served and the facility-specific cost-computations that will be adjusted on an interim and final basis.
2. DSH funds: These payments are made to hospitals to take into account the uncompensated costs of care delivered to the uninsured, including undocumented immigrants, as well as shortfalls between Medi-Cal psychiatric and Medi-Cal managed care payments and the cost of care delivered. The nonfederal share of these funds will be a combination of CPEs for these services and Intergovernmental Transfers (IGTs) and as such are subject to interim and final cost settlement. There is an annual fixed allotment of Federal DSH funds, and the waiver allocates almost all of these funds to public hospitals.

Kern County Hospital Authority

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3. SNCP distributions: Federal payments made to public hospitals and clinics for uncompensated care delivered to uninsured patients and for certain designated non-hospital costs, such as drugs and supplies for the uninsured. The nonfederal share of these funds will be based on CPEs for these services and as such are subject to interim and final cost settlement. Effective January 1, 2016, this program was replaced with the Global Payment Program, described below.

DHS has completed its audit and reconciliation of the 2005-2006 Medi-Cal funds and noted that Kern Medical was overpaid in the total amount of \$2,116,022. Kern Medical paid this amount back to DHS on October 9, 2013. Kern Medical hired a third-party consultant to evaluate its outstanding receivables related to the remaining years subject to audit from 2006-2007 through 2013-2014 noting Kern Medical is estimated to have been overpaid by DHS in the amount of approximately \$41,100,000 over the course of these stated 8 years.

Included as an offset within due from governmental agencies in the accompanying statements of net position are amounts payable to DHS as of June 30, 2024 and 2023, of approximately \$12,052,000 and \$33,759,000, respectively, which represent the amounts received but not yet earned by Kern Medical under the waiver program net of amounts earned but not yet received by Kern Medical under the program, primarily related to the matter described above and ongoing audits. Kern Medical recorded changes in estimates in amounts expected to be received resulting in a reduction of \$21,707,000 and \$7,146,000 in indigent patient care funding revenue in the accompanying statements of revenues, expenses, and changes in net position during the years ended June 30, 2024 and 2023, respectively.

Global Payment Program (GPP) – Effective January 1, 2016, California’s Section 1115 Waiver Renewal (Renewal), referred to as Medi-Cal 2020, was approved by CMS. As part of the Renewal, the GPP establishes a statewide pool of funding for the remaining uninsured by combining federal DSH and uncompensated care funding where selected Designated Public Hospital systems, like Kern Medical, can achieve their goal of “global budget” by meeting a service threshold that incentivizes movement from high cost, avoidable services to providing higher value, and preventative services.

Medi-Cal Managed Care Supplemental Programs – For newly eligible Medi-Cal patients under the Affordable Care Act (ACA) effective January 1, 2014, certain portions of the ACA provided Medi-Cal coverage for patients previously covered under risk sharing agreements. The majority of these beneficiaries were enrolled in managed Medi-Cal health plans. Due to payment mechanisms between the State and the health plans (capitation), an opportunity to receive supplemental funding similar to current rate range programs was made available to the DPHs.

Enhanced Payment Program (EPP) and Quality Incentive Program (QIP) – In 2016, CMS published the Medicaid and Children’s Health Insurance Program Managed Care Final Rule (Managed Care Rule), which went into effect July 1, 2017. The Managed Care Rule limits the ability of states to direct payments to health care providers, unless certain conditions are met. Among the allowable exceptions are payments tied to performance and payments that provide a uniform payment increase that includes a predetermined increase over contracted rates. Some of the existing supplemental payments in managed care did not meet these conditions. In order to retain this critical funding, these payments were restructured into two new CMS approved programs, effective July 1, 2017: the EPP and the QIP. The EPP divides public health care systems into five different classes, with payment terms defined according to class. Enhanced funding available to the class is distributed pro rata based on unitization encounter data reported to the State. The QIP is meant to meet the Managed Care Rule’s exception that allows payments tied to performance.

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Graduate Medical Education Program (GME) – In March 2020, CMS formally approved the Medi-Cal GME State Plan Amendment, which will provide \$150 million of new federal funds to the Public Hospital System to support GME. The payments were retroactive to January 2017, which allowed Kern Medical to capture some of the retroactive payments during FY 2020. This is an IGT based program; therefore, in order to take advantage of the funding, hospitals are required to put up IGT funds and small administrative fees, which are then are matched by the federal government at a 50% federal medical assistance percentage rate.

California Advancing and Innovating Medi-Cal (CalAIM) – Effective January 1, 2022, DHCS implemented the CalAIM initiative aimed at reforming the Medi-Cal system to improve health outcomes and promote health equity among beneficiaries. CalAIM encompasses enhanced care management, community support services, and financial incentives for managed care plans based on performance metrics related to quality of care and patient engagement. The program aims to address social determinants of health and improve access to comprehensive care for vulnerable populations. The WPC Pilots program has been bridged into the new Providing Access and Transforming Health (PATH) program under CalAIM. As with WPC, PATH is designed to provide integrated, patient-centered care through coordination of physical and behavioral health and social services to meet patients' holistic needs.

Note 9 – Related-Party Transactions

County funding – Kern Medical receives funds from the County as funding for providing care for inmates of Kern County jail and inmates of Kern County juvenile hall. The County Board of Supervisors approves a budgeted amount to be paid to Kern Medical. Based on the approved budgeted amount, Kern Medical recognized revenues of approximately \$34,173,000 and \$31,016,000 for the years ended June 30, 2024 and 2023, respectively. These revenues have been classified as county funding revenue in the accompanying statements of revenues, expenses, and changes in net position. As of June 30, 2024 and 2023, Kern Medical recorded amounts receivable of approximately \$6,184,000 and \$7,825,000, respectively, from the County's General Fund for these services classified in other receivables in the accompanying statements of net position.

Kern Medical provides health care services to Medically Indigent Adults as provided under Section 17000 of the Health and Safety regulations under the State of California. Reimbursement for the services is provided by the County's General Fund through the use of State Health and Welfare Realignment Revenues. Based on the approved budgeted amount, Kern Medical recognized county funding revenue in the accompanying statements of revenues, expenses, and changes in net position of approximately \$7,825,000 and \$3,875,211 for the years ended June 30, 2024 and 2023, respectively. As of June 30, 2024 and 2023, there were no amounts due from the County's General Fund for these services.

Service agreements – Kern Medical has entered into various annual service agreements with two related-party organizations since 2016, whereby the related-party organizations provides support services related to finance and accounting, information technology, human resources, and organizational advancement at a set monthly fee plus any additional services, costs, or expenses pre-approved by Kern Medical. During the years ended June 30, 2024 and 2023, Kern Medical paid \$2,471,000 and \$10,474,000 for support services. During the year ended June 30, 2024, Kern Medical terminated the service agreements with the related-party organizations and began providing the services internally. As of June 30, 2024 and 2023, Kern Medical no amounts were owed to the related-party organizations for these services.

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Notes to Financial Statements

Note 10 – Pension Plan

General Information About the Pension Plans

Plan descriptions – The County of Kern’s Board of Supervisors established the KCERA under the provisions of the County Employees’ Retirement Law of 1937 (CERL) on January 1, 1945. All permanent employees of the County of Kern, Kern Medical, and thirteen related agencies are covered by KCERA, which operates as a cost-sharing multi-employer defined benefit plan. KCERA has the responsibility to function as an investment and administrative agent for the County of Kern with respect to the pension plan. KCERA became independent from the County’s supervision and control as a result of the 1992 passage of Proposition 162, which legally established the independent control of the Board of Retirement. Separate audited financial statements can be obtained through KCERA at 11125 River Run Boulevard, Bakersfield, California 93311. Management of the KCERA plan is vested with the Board of Retirement, which consists of nine members and two alternates.

The Board of Retirement establishes policy for the operation of the plan, considers applications for disability retirement, recommends contributions on the basis of actuarial valuations, and controls investments of assets. Prior to January 1, 1996, the Kern County Treasurer-Tax Collector was responsible for financial reporting and accounting for all investments as required by Government Code Section 31596 et seq., as amended. On January 11, 1987, the Board of Retirement authorized the retirement fund to incur an administrative expense and hire an Administrator to serve at the Board of Retirement’s pleasure. The Administrator is responsible for the processing and computing of applications for retirement benefits, refunds, beneficiary allowances, death benefits, reciprocity, and any other duties the Board of Retirement may assign. The Administrator also acts as Secretary for all Board of Retirement and Committee meetings and performs other activities as directed by the Board of Retirement. The KCERA Plan provides for retirement, disability, death, beneficiary, and cost-of-living benefits.

All regular full-time employees of the County of Kern or contracting districts, including Kern Medical, who work 50% or more of their regular standard hours required become members of KCERA effective on the first day of the payroll period following the date of hire.

General Tier I and Tier II members are eligible to retire at age 70 regardless of service or at age 50 with 10 or more years of retirement service credit. A member with 30 years of service is eligible to retire regardless of age. General Tier III members are eligible to retire at age 70 regardless of service or at age 52 with 5 or more years of retirement service credit. The retirement benefit the member will receive is based on age at retirement, final average compensation, years of retirement service credit, and benefit tier.

The amount of such monthly benefit is determined as a percentage of their final monthly compensation and is based on age at retirement and the number of years of service. The final monthly compensation is the monthly average of the final 12 months’ compensation, or, if the member so elects, any other continuous 12-month period in the member’s work history. If hired on or after January 1, 2013, the final compensation is measured over a period of 36 months.

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An annual 2% cost-of-living adjustment (COLA) for all retirees and continuance beneficiaries was adopted as of April 1, 1973. The liability for this annual retirement benefit increase was funded entirely from the unreserved fund balance until February 5, 1983. After this date (as recommended by the plan's Independent Actuary, adopted by KCERA Board of Retirement, and approved by the County Board) and prior to fiscal year 2003, funding the 2% COLA was included in the employers' contribution. COLA for all retirees and continuance beneficiaries was increased to 2.5% effective April 1, 2002.

The Memorandum of Understanding adopted March 2012 between the County and its general employees states that all general members hired prior to the first day of payroll period 2004-16 shall start to pay, in the second year of the agreement, one-sixth of the employee's normal contribution to retirement. In the third year, the employee's normal contribution will increase to one-third. All general members hired on or after the first day of payroll period 2005-16 shall pay 100% of the new employee's normal contribution to retirement. The County Administrative Office negotiated an agreement with the Central California Association of Public Employees adopting Government Code Section 31676.17 which provides enhanced retirement benefits, commonly known as 3% at 60, for General members, in August 2004.

Basis of accounting – KCERA follows GASB accounting principles and reporting guidelines. The financial statements are prepared using the accrual basis of accounting and reflect the overall operations of KCERA. Employer and member contributions are recognized in the period in which the contributions are due, and benefits and refunds of prior contributions are recognized when due and payable in accordance with the terms of KCERA.

Fair valuation of investments – Fair value for investments is derived by various methods as indicated in the following table:

Publicly traded stocks	Most recent exchange closing price. International securities reflect currency exchange rates in effect as of June 30, 2024.
Short-term investments and bonds	Institutional evaluations or priced at par.
OTC securities	Evaluations based on good faith opinion as to what a buyer in the marketplace would pay for a security.
Commingled funds	Net asset value provided by the investments manager.
Alternative investments	Provided by the Fund manager based on the underlying financial statements and performance of the investments.
Private equity real estate investments	Estimated based on the price that would be received to sell an asset in an orderly transaction between marketplace participants at the measurement date. Investments without a public market are valued based on assumptions made and multiple valuation techniques used by the investment manager.

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Notes to Financial Statements

Contributions – As a condition of participation under the provisions of CERL, members are required to contribute to KCERA a percentage of their salaries. Member contribution rates for fiscal year 2023 ranged from 4.72% to 19.29% and were applied to the member's base pay plus pensionable special pays. For general members hired prior to 2013, contribution rates were determined by benefit tier and KCERA entry age. The contribution rates of general members who first joined KCERA on or after January 1, 2013, are at least 50% of the normal cost rate. Furthermore, the rate of members integrated with Social Security is reduced by one-third on the first \$350 of monthly salary.

Interest is credited to member contributions semi-annually on June 30 and December 31, in accordance with Article 5.5 of the CERL. Member contributions and credited interest are refundable upon termination of membership.

Each year, an actuarial valuation is performed for the purpose of determining the funded ratio of the retirement plan and the employer contributions that are necessary to pay benefits accruing to KCERA members that were not otherwise funded by member contributions or investment earnings. The employer contribution rates are actuarially determined by using the Entry Age Normal Actuarial Cost method. Employer rates include the "normal cost" and an annual amortization payment toward the Plan's unfunded actuarial accrued liability. Contribution rates determined in each actuarial valuation (as of June 30) apply to the fiscal year beginning 12 months after the valuation date. Employer rates for fiscal year 2023 ranged from 36.03% to 76.91% of covered payroll. Contributions to the pension plan from Kern Medical were approximately \$44,690,000 and \$40,769,000 for the years ended June 30, 2024 and 2023, respectively.

Actuarial assumptions – The total pension liabilities in the June 30, 2023 actuarial valuation was determined using the following actuarial assumptions. Total pension liability represents the portion of the actuarial present value projected benefit payments attributable to past periods of service for current and inactive employees.

Inflation	2.50%
Projected salary increases	General: 3.70% to 8% and Safety: 4% to 10%, varying by service, including inflation.
COLA increases	2.50% (actual increases contingent upon CPI increases with a 2.50% maximum).
Administrative expenses	0.95% of payroll allocated to both the employer and member based on the components of the total contribution rate (before expenses) for the employer and member.
Investment rate of return	7%, net of pension plan investment expenses, including inflation.
Mortality	Pub-2010 General Healthy Retiree Amount-Weighted Mortality Table (separate tables for males and females) with rates unadjusted for males and increased by 15% for females, projected 30 years (from 2010) with the two-dimensional mortality improvement scale MP-2021, weighted 30% male and 70% female.

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The total pension liability as of June 30, 2024, was determined by an actuarial valuation as of June 30, 2023. The total pension liability as of June 30, 2023, was determined by an actuarial valuation as of June 30, 2022. The actuarial assumptions for the June 30, 2024 and 2023 actuarial reports were based on the results of an experience study for the period July 1, 2016 through June 30, 2019.

The Entry Age Normal Actuarial Cost method used in KCERA's annual actuarial valuation has also been applied in measuring the service cost and Total Pension Liability (TPL) with one exception. For purposes of measuring the service cost and TPL, KCERA has reflected the same plan provisions used in determining the member's actuarial present value of projected benefits. This is different from the version of this method applied in KCERA's annual funding valuation, where the normal cost and actuarial-accrued liability are determined as if the current benefit accrual rate had always been in effect.

The long-term expected rate of return on pension plan investments was determined using a building-block method in which expected future real rates of return (expected returns net of pension plan investment expenses and inflation) are developed for each major asset class. This data is combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentages and by adding expected inflation. The target allocation and projected arithmetic real rates of return for each major asset class, after deducting inflation but before investment expenses, used in the derivation of the long-term expected investment rate of return assumptions are summarized below:

	Target Allocation	Long-term Expected Real Rate of Return
Global equity	37.00 %	7.05 %
Core fixed income	14.00	1.97
High yield corporate credit	6.00	4.63
Emerging market debt blend	4.00	4.63
Commodities	4.00	4.21
Core real estate	5.00	3.86
Private real estate	5.00	6.70
Midstream	5.00	8.00
Capital efficiency alpha pool	8.00	3.10
Hedge funds	10.00	3.10
Private equity	5.00	10.27
Private credit	5.00	6.97
Cash	(8.00)	0.63
	<u>100 %</u>	

Discount rate – The discount rates used in the actuarial valuation of the total pension liability were 7% and 7.25% as of June 30, 2024 and 2023, respectively. The projection of cash flows used to determine the discount rates assumed member contributions would be made at the current contribution rate and that employer contributions would be made at rates equal to the actuarially determined contribution rates.

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For this purpose, only employee and employer contributions intended to fund benefits for current plan members and their beneficiaries are included. Projected employer contributions intended to fund the service costs for future plan members and their beneficiaries, as well as projected contributions from future plan members, are not included. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments for current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the actuarial valuation of the total pension liability as of June 30, 2024.

The discount rate assumptions have been developed without taking into consideration any impact of the 50/50 allocation of future excess earnings between the retirement and Supplement Retirement Benefit Reserve (SRBR) asset pools.

Sensitivity of the net pension liability to changes in the discount rate – The following presents the net pension liability as of June 30, 2024, calculated using a discount rate of 7%, and what the net pension liability would be if it were calculated using a discount rate that is one point lower (6%) or one point higher (8%) than the current rate:

	1% Decrease (6%)	Current Discount Rate (7%)	1% Increase (8%)
Kern Medical's proportionate share of the net pension liability	\$ 485,807,297	\$ 344,447,058	\$ 228,273,058

Pension fund fiduciary net position – Detailed information about the pension fund's fiduciary net position is available in the separately issued KCERA annual report.

Pension liabilities, pension expenses, and deferred outflows/inflows of resources related to pensions – Kern Medical's net pension liability for the Plan is measured as the proportionate share of the net pension liability. As of June 30, 2024, Kern Medical reported a liability of approximately \$344,447,000 for its proportionate share of the net pension liability. The net pension liability was measured as of June 30, 2023, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. The net pension liability for each membership class is the total pension liability minus the Plan's Fiduciary Net Position. The total pension liability for each membership class is obtained from internal valuation results based on the actual participants in each membership class. The Plan's Fiduciary Net Position for each membership class was estimated by adjusting the valuation value of assets for each membership class by the ratio of the total KCERA Plan's Fiduciary Net Position (excluding SRBR) to total KCERA valuation value of assets. Based on this methodology, any non-valuation reserves are allocated amongst the membership classes based on each membership class' valuation value of assets. Kern Medical's proportion of the net pension liability was based on a projection of Kern Medical's long-term share of contributions to the pension plan relative to the projected contributions of all participating County departments and agencies, actuarially determined. As of June 30, 2024, Kern Medical's proportion was 13.7%, which was a decrease of .8% from its proportion measured as of June 30, 2023.

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Notes to Financial Statements

For the years ended June 30, 2024 and 2023, Kern Medical recognized pension expense of approximately \$44,307,000 and \$44,704,000, respectively. Pension expense represents the change in net pension liability during the measurement period, adjusted for actual contributions and the deferred recognition of changes in investment gain/loss, actuarial gain/loss, actuarial assumptions or methods, and plan benefits. As of June 30, 2024 and 2023, Kern Medical reported deferred outflows and deferred inflows of resources related to pensions from the following sources:

	2024	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ -	\$ (10,726,366)
Changes in assumptions	24,358,715	-
Net excess of projected over actual earnings on pension plan investments	22,810,708	-
Changes in proportion and differences between Kern Medical contributions and proportionate share of contributions	10,103,570	(21,152,722)
Kern Medical contributions subsequent to the measurement date	59,088,487	-
Total	<u>\$ 116,361,480</u>	<u>\$ (31,879,088)</u>

	2023	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ -	\$ (12,415,363)
Changes in assumptions	8,996,004	-
Net difference between projected and actual earnings on pension plan investments	21,166,578	-
Changes in proportion and differences between Kern Medical contributions and proportionate share of contributions	18,516,606	(10,300,967)
Kern Medical contributions subsequent to the measurement date	52,437,988	-
Total	<u>\$ 101,117,176</u>	<u>\$ (22,716,330)</u>

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Deferred outflows and deferred inflows of resources above represent the unamortized portion of changes to the total pension liability to be recognized in future periods in a systematic and rational manner. Approximately \$59,088,000 and \$52,438,000 reported as deferred outflows of resources relate to contributions subsequent to the measurement date that will be recognized as a reduction of the net pension liability during the years ended June 30, 2024 and 2023, respectively. Other amounts reported as deferred outflows and deferred inflows of resources related to pension will be recognized as pension expense as follows:

Years Ending June 30,	
2025	\$ 9,637,730
2026	2,183,181
2027	15,644,623
2028	<u>2,294,733</u>
	<u>\$ 29,760,267</u>

The changes in net pension liability obligation are as follows as of June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Beginning net pension liability	\$ 345,399,109	\$ 284,243,193
Pension expense	44,307,592	44,703,770
Employer contributions	(44,690,354)	(40,768,957)
Deferred outflows of resources – change in assumptions	19,953,392	(7,934,629)
Deferred inflows of resources – differences between expected and actual earnings on investments	7,230,928	70,863,776
Deferred inflows of resources – differences between expected and actual experience	(3,599,472)	4,592,923
Deferred outflows of resources – changes in proportion and differences between Kern Medical contributions and proportionate share of contributions	(13,584,440)	(10,300,967)
Changes in prior years inflow/outflow	(4,889,013)	-
Changes in prior years inflow proportions	<u>(5,680,684)</u>	<u>-</u>
Ending net pension liability	<u>\$ 344,447,058</u>	<u>\$ 345,399,109</u>

Kern County Hospital Authority

Notes to Financial Statements

Note 11 – Physician Employee Retirement Plan

Kern Medical, through the County, contributes to the Kern County Physician Employee Retirement Plan (the Plan), a defined contribution plan. The Plan covers salaried physicians in the employment of the County, except physicians employed under Civil Service and physicians employed and paid on an hourly basis. Kern Medical contributions for each plan year (as defined in the Plan Document) under the amended and restated Plan Document shall be as follows: Kern Medical shall contribute as Kern Medical's required contribution the sum of \$17,500 for the account of Core Physician for each completed Plan Year of service (as defined in the Plan Document) by Core Physician. Participants are allowed to make voluntary contributions to the Plan. All amounts contributed are vested immediately. Kern Medical contributed approximately \$1,823,000 and \$1,731,000 to the Plan during the years ended June 30, 2024 and 2023, respectively. Audited financial statements for the Plan may be obtained through the Kern County Auditor-Controller-County Clerk, 1115 Truxtun Avenue, Bakersfield, California 93301.

Note 12 – Post-Retirement Health Care Benefits

Plan description – In addition to the pension benefits described in Note 11, the County and its Special Districts (including Kern Medical) provide post-retirement health care benefits in accordance with union contracts and Board of Supervisors' order. The post-retirement health care benefits are provided through a cost-sharing multiple-employer postemployment health benefit (OPEB) plan established in an irrevocable trust administered by Public Agency Retirement Services (PARS). PARS issues a separate annual financial report that can be obtained by writing to PARS at 4350 Von Karman Ave., Suite 100, Newport Beach, California 92660.

Benefits provided – The OPEB plan provides post-retirement health care through two programs in accordance with union contracts and Board orders.

The Retiree Health Premium Supplement Program (RHPSP) provides benefits to employees who: 1) elected to participate or were required to participate, 2) retire on or after July 1, 1990, 3) are between the ages of 50 and 64, and 4) have at least 20 years of continuous County service as a permanent employee. The supplement amount is permanently fixed once determined and, depending on years of service, is equal to 50-100% of the active employee monthly health premium for a single individual at the time of retirement.

The Retiree Health Stipend (RHS) provides a stipend to employees who choose continuous County health coverage upon retirement. The monthly stipend paid on behalf of each retiree is a maximum of \$39.75 for single coverage, \$53.69 for two-party coverage, and \$61.50 for family coverage, limited to the cost of the plan selected.

Contributions – Kern Medical's Actuarially Determined Contribution rate is based off an employer portion and employee portion with Kern Medical contributing all of the RHS portion. The employee contribution for the RHPSP is 2.12% of covered payroll for a majority of the employee union contracts. Employee and employer contributions to the OPEB plan from Kern Medical were approximately \$245,000 and \$488,000, respectively, for the year ended June 30, 2024 and 2023.

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OPEB liability/(asset), OPEB expense, and deferred outflows of resources and deferred inflows of resources relating to OPEB – As of June 30, 2024 and 2023, Kern Medical reported an asset and a liability of approximately \$1,453,000 and \$7,075,000, respectively, for its proportionate share of the net OPEB liability. The net OPEB liability/(asset) was measured as of June 30, 2024 and 2023, and the Total OPEB Liability (TOL) used to calculate the net OPEB liability/(asset) was determined by an actuarial valuation as of these dates. Kern Medical's proportion of the net OPEB liability/(asset) was based on the proportion of TOL for each group, calculated according to classification in census data. As of June 30, 2024 and 2023, Kern Medical's proportion was 5.264% and 10.038%, respectively.

For the years ended June 30, 2024 and 2023, Kern Medical recognized OPEB (income) expense of approximately \$(3,226,220) and \$591,000, respectively. As of June 30, 2024 and 2023, Kern Medical reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	2024	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Changes in proportion and differences between Kern Medical contributions and proportionate share of contributions	\$ 744,833	\$ (1,797,027)
Difference between expected and actual experience	34,885	(1,350,746)
Net difference between actual over projected earnings on OPEB plan investments	-	(37,586)
Changes in assumptions	1,545,453	(1,005,627)
Total	<u>\$ 2,325,171</u>	<u>\$ (4,190,986)</u>
	2023	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Changes in proportion and differences between Kern Medical contributions and proportionate share of contributions	\$ 1,067,937	\$ (227,748)
Difference between expected and actual experience	604,147	(1,907,511)
Net difference between actual over projected earnings on OPEB plan investments	-	-
Changes in assumptions	3,900,685	(516,659)
Total	<u>\$ 5,572,769</u>	<u>\$ (2,651,918)</u>

Kern County Hospital Authority

Notes to Financial Statements

Amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

Years Ending June 30,	
2025	\$ (146,339)
2026	7,488
2027	(218,889)
2028	(532,478)
2029	(564,237)
Thereafter	<u>(411,360)</u>
	<u>\$ (1,865,815)</u>

Actuarial methods and assumptions – The total OPEB liability/(asset) in the June 30, 2024 actuarial valuation was determined using the following assumptions, applied to all periods included in the measurement, unless otherwise specified:

Inflation	2.75%
Payroll growth	Inflation of 2.50% per year plus “across the board” real salary increases of 0.50% per year.
Mortality	Pub-2010 General Healthy Retiree Headcount-Weighted Mortality Table, projected generationally with two-dimensional mortality improvement scale MP-2021.
Discount rate	6.50%. Based on asset allocation in PARS OPEB Trust and understanding that the County of Kern is contributing \$70 per pay period per eligible employee and eligible employees are contributing 2.12% of payroll.
Healthcare cost trend rates Supplement	7.50% to 2024/2025 grading down by 0.25% per year to an ultimate rate of 4.50%. Supplement is fixed for all other bargaining units.
Stipend	0.00%

The non-health actuarial assumptions used in the June 30, 2024 and 2023 valuations were based on the KCERA Experience Study dated May 24, 2023, for the period July 1, 2019, through June 30, 2022.

Kern County Hospital Authority

Notes to Financial Statements

The long-term expected rate of return on OPEB plan investments was determined using a building-block method in which expected future real rates of return (expected returns, net of investment expenses and inflation) are developed for each major asset class. These returns are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage, adding expected inflation and subtracting expected investment expenses and a risk margin. The target allocation and projected arithmetic real rates of return for each major asset class, after deducting inflation, but before deducting investment expenses, used in the derivation of the long-term expected investment rate of return assumption are summarized in the following table:

Asset Class	Target Allocation	Long-term Expected Real Rate of Return
Equity – large cap core	29.09 %	6.72 %
Equity – mid cap core	4.38	6.72
Equity – small cap core	9.41	6.72
Equity – international	5.58	7.12
Equity emerging market	3.01	8.82
Real estate	2.00	4.22
Fixed income – intermediate term bond	37.02	0.72
Alternatives	5.05	3.07
Cash	4.46	0.22
	<u>100 %</u>	
Total		

Discount rate – The discount rate used to measure the TOL was 6.50% as of June 30, 2024 and 2023. The projection of cash flows used to determine the discount rate assumed plan member contributions will be made at the current contribution rate and that employer contributions will be made at a flat \$70 per eligible employee per pay period. For this purpose, only employee and employer contributions that are intended to fund benefits for current plan members and their beneficiaries are included. Projected employer contributions that are intended to fund the service costs for future plan members and their beneficiaries, as well as projected contributions from future plan members, are not included. Based on those assumptions, the Plan's Fiduciary Net Position was projected to be available to make all projected future benefit payments for current plan members. Therefore, the long-term expected rate of return on OPEB plan investments was applied to all periods of projected benefit payments to determine the TOL as of June 30, 2024.

Sensitivity of the net OPEB liability/(asset) to changes in the discount rate – The following presents the County's proportionate share of the net OPEB liability/(asset), as well as what the County's proportionate share of the net OPEB liability/(asset) would be if it were calculated using a discount rate that is 1-percentage-point lower (5.50%) or 1-percentage-point higher (7.50%) than the current discount rate:

	1% Decrease (5.50%)	Current Discount Rate (6.50%)	1% Increase (7.50%)
Net OPEB liability/(asset)	\$ (1,057,675)	\$ (1,452,817)	\$ (1,809,190)

Kern County Hospital Authority

Notes to Financial Statements

Sensitivity of the net OPEB liability/(asset) to changes in the health care cost trend rates – The following presents Kern Medical's proportionate share of the net OPEB liability/(asset), as well as what Kern Medical's proportionate share of the net OPEB liability/(asset) would be if it were calculated using health care cost trend rates that are 1 percentage point lower or 1 percentage point higher than the current health care cost trend rates:

	1% Decrease	Current Trend Rates*	1% Increase
Net OPEB liability/(asset)	\$ (1,726,451)	\$ (1,452,817)	\$ (1,135,551)

Note 13 – Self-Insurance Programs

Medical malpractice claims – Kern Medical is self-insured for medical malpractice claims for the first \$2,000,000 per incident, with a \$10,000,000 total maximum policy limitation. Kern Medical also maintains excess liability coverage for claims in excess of total maximum policy limitation. Insurance coverage is on a claims-made basis.

Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Annual estimated provisions are accrued based on Kern Medical's past experience as well as other considerations, including the nature of the claim or incident and relevant trend factors. Losses from asserted and unasserted claims identified under Kern Medical's incident reporting system are actuarially determined based on Kern Medical's past experience as well as other considerations, including the nature of each claim or incident and relevant trend factors. These unpaid claim liabilities were discounted at 3.5% in both 2024 and 2023, to account for the time value of money to determine the current estimated liabilities as reflected below. It is reasonably possible that this estimate could change materially in the near term.

A reconciliation for professional liability claims (including claims incurred but not reported) for the years ended June 30 are as follows:

	2024	2023	2022
Balance, beginning of year	\$ 6,714,868	\$ 7,565,271	\$ 7,869,176
Current year claims incurred and changes in estimates for claims incurred in prior periods	(235,615)	(849,071)	(302,105)
Claims and expenses paid	(1,000)	(1,332)	(1,800)
Balance, end of year	<u>\$ 6,478,253</u>	<u>\$ 6,714,868</u>	<u>\$ 7,565,271</u>

Workers' compensation claims – Under the California Unemployment and Workers' Compensation Insurance provisions, Kern Medical has elected to pay the actual claims filed for unemployment and workers' compensation benefits. Reinsurance policies have been purchased by Kern Medical for claims incurred above selected retention levels for a small portion of enrolled members. The liability associated with the self-insurance policies of Kern Medical is based upon Kern Medical's historical trend analysis and includes amounts for claims incurred but not reported.

Kern County Hospital Authority

Notes to Financial Statements

A reconciliation for workers' compensation claims (including claims incurred but not reported), for the years ended June 30 are as follows:

	2024	2023	2022
Balance, beginning of year	\$ 3,981,454	\$ 5,332,410	\$ 6,073,555
Current year claims incurred and changes in estimates for claims incurred in prior periods	714,588	(1,241,029)	(660,887)
Claims and expenses paid	(99,653)	(109,927)	(80,258)
Balance, end of year	<u>\$ 4,596,389</u>	<u>\$ 3,981,454</u>	<u>\$ 5,332,410</u>

Note 14 – Deferred Compensation

Kern Medical offers its employees a deferred compensation plan created by the County in accordance with IRC Section 457. The plan, available to all County employees, permits them to defer a portion of their salary until future years. The deferred compensation is not available to employees until termination, retirement, or unforeseeable emergency. Amounts accumulated under the plan have been invested in several investment options at the direction of the employee.

In accordance with requirements of IRC Section 457 and the Small Business Job Protection Act of 1996, the assets in the plan were transferred to a trust as approved by the County Board of Supervisors. The trust holds the plan assets for the exclusive benefit of the participants and their beneficiaries.

Completed financial statements for the Deferred Compensation Plan may be obtained from the Office of the Kern County Treasurer-Tax Collector located at 1115 Truxtun Avenue, Bakersfield, California 93301.

Note 15 – Commitments and Contingencies

Litigation – Kern Medical is the subject of certain claims and assessments arising in the normal course of its operations. In certain instances, these matters have been tried and awards have been submitted by the respective juries and/or courts.

The County, along with seven other counties, is the plaintiff in a case regarding Medi-Cal outpatient payment rates for current and prior services. The complaint is that the DHS did not comply with certain federal and state requirements in setting current and prior outpatient payment rates. The case was settled during the 2005 year in the County's favor and Kern Medical received one-half of the settlement amount. The other half is contingent upon the Federal government's provision of Federal financial participation for the settlement. Therefore, Kern Medical has not accrued any amounts as a result of this settlement.

Kern County Hospital Authority

Notes to Financial Statements

Regulatory matters – The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, governmental health care program requirements, and reimbursements for patient services. Government activity has continued with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that Kern Medical is in compliance with fraud and abuse, as well as other applicable government laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory action unknown or unasserted at this time.

In addition, Kern Medical is subject to changes in government legislation that could impact Medicare and Medi-Cal payment levels and is also subject to increased levels of managed care penetration and changes in payer patterns that may impact the level and timing of payments for services rendered.

Final determination of amounts earned under prospective payment and cost reimbursement activities is subject to review by appropriate governmental authorities or their agents. In the opinion of management, adequate provision has been made for any adjustments that could result from such reviews.

Note 16 – Construction and Seismic Standards

Under current California laws, Kern Medical's facilities must comply with specific provisions related to structural and nonstructural seismic standards. These laws generally required hospitals to retrofit, remodel, or upgrade several buildings before 2013, subject to legislative changes and certain available exemptions. Kern Medical is currently working on improvements to noncompliant buildings in order to receive exemptions available under current legislation through 2030. Preliminary cost estimates have been generated for the plan. Kern is currently working to obtain grant funds for the seismic upgrades.

Note 17 – Leases

Kern Medical is a lessee for noncancellable leases of building space and equipment with lease terms through 2029. There are no residual value guarantees included in the measurement of Kern Medical's lease liability nor recognized as an expense for the years ended June 30, 2024 and 2023. Kern Medical does not have any commitments that were incurred at the commencement of the leases. Kern Medical is subject to variable equipment usage payments that are expensed when incurred. There were no amounts recognized as variable lease payments as lease expense on the statement of changes of net position for the years ended June 30, 2024 and 2023. No termination penalties were incurred during the fiscal year.

Kern County Hospital Authority

Notes to Financial Statements

Kern Medical has the following right-to-use and lease liability activities as of June 30, 2024:

	July 1	Additions	Deletions	June 30
Right-to-use assets				
Building	\$ 11,700,067	\$ 1,736,543	\$ (213,773)	\$ 13,222,837
Equipment	1,513,671	6,150,103	-	7,663,774
Total right-to-use assets	13,213,738	7,886,646	(213,773)	20,886,611
Less accumulated amortization				
Building	5,277,771	2,081,615	(213,773)	7,145,613
Equipment	840,928	1,222,069	-	2,062,997
Net right-to-use assets	<u>\$ 7,095,039</u>	<u>\$ 4,582,962</u>	<u>\$ -</u>	<u>\$ 11,678,001</u>
Lease liabilities	<u>\$ 7,374,990</u>	<u>\$ 7,757,590</u>	<u>\$ (3,089,257)</u>	<u>\$ 12,043,323</u>

Kern Medical has the following right-to-use and lease liability activities as of June 30, 2023:

	July 1	Additions	Deletions	June 30
Right-of-use assets				
Building	\$ 10,266,761	\$ 1,713,090	\$ (279,784)	\$ 11,700,067
Equipment	2,822,818	7,646	(1,316,793)	1,513,671
Total right-to-use assets	13,089,579	1,720,736	(1,596,577)	13,213,738
Less accumulated amortization				
Building	3,827,626	1,729,929	(279,784)	5,277,771
Equipment	1,297,228	860,493	(1,316,793)	840,928
Net right-to-use assets	<u>\$ 7,964,725</u>	<u>\$ (869,686)</u>	<u>\$ -</u>	<u>\$ 7,095,039</u>
Lease liabilities	<u>\$ 8,344,683</u>	<u>\$ 1,751,094</u>	<u>\$ (2,720,787)</u>	<u>\$ 7,374,990</u>

Kern Medical recognized approximately \$3,007,000 and \$2,590,000 in amortization expense as of June 30, 2024 and 2023, respectively. Amortization expense is included in the depreciation and amortization expense on the Statements of Revenues, Expenses, and Changes in Net Position.

The future principal and interest lease payments as of June 30, 2024, were as follows:

	Principal	Interest	Total
Years Ending June 30,			
2025	\$ 3,450,414	\$ 337,805	\$ 3,788,219
2026	3,064,413	231,389	3,295,802
2027	2,296,051	143,815	2,439,866
2028	1,776,082	78,265	1,854,347
2029	903,971	28,549	932,520
Thereafter	552,392	37,732	590,124
	<u>\$ 12,043,323</u>	<u>\$ 857,555</u>	<u>\$ 12,900,878</u>

Kern County Hospital Authority

Notes to Financial Statements

Kern Medical evaluated the right-to-use assets for impairment and determined there was no impairment for the year ended June 30, 2024.

Note 18 – Subscription-Based Information Technology Arrangements

Kern Medical has the following SBITA asset and liability activities as of June 30, 2024:

	July 1	Additions	Deletions	June 30
SBITA assets – software	\$ 3,978,352	\$ -	\$ -	\$ 3,978,352
Less accumulated amortization	(951,969)	-	(773,296)	(1,725,265)
Total SBITA assets, net	3,026,383	-	(773,296)	2,253,087
SBITA liabilities	\$ 3,095,103	\$ 4,929	\$ (752,763)	\$ 2,347,269

Kern Medical has the following SBITA asset activities as of June 30, 2023:

	July 1	Additions	Deletions	June 30
SBITA assets – software	\$ 2,962,452	\$ 1,015,900	\$ -	\$ 3,978,352
Less accumulated amortization	(229,468)	(722,501)	-	(951,969)
Total SBITA assets, net	2,732,984	293,399	-	3,026,383
SBITA liabilities	\$ 2,757,409	\$ 1,015,901	\$ (678,207)	\$ 3,095,103

The future principal and interest SBITA payments as of June 30, 2024, were as follows:

	Principal	Interest	Total
Years Ending June 30,			
2025	\$ 754,163	\$ 64,949	\$ 819,112
2026	762,462	40,485	802,947
2027	666,518	15,823	682,341
2028	164,126	1,336	165,462
	\$ 2,347,269	\$ 122,593	\$ 2,469,862

Required Supplementary Information

Kern County Hospital Authority
Other Post-Employment Benefits
Schedule of the Proportionate Share of the Net OPEB Liability (Asset)
for Kern Medical

Last 10 Fiscal Years*

Reporting Date for Employer under GASB 75 as of June 30	Measurement Date as of June 30	Proportion of the Net OPEB Liability/(Asset)	Proportionate Share of Net OPEB Liability/(Asset)	Covered-Employee Payroll	Proportionate Share of the Net OPEB Liability as a Percentage of its Covered-Employee Payroll	Plan's Fiduciary Net Position as a Percentage of the Total OPEB Liability/(Asset)
2018	2018	7.2%	\$ 4,306,044	\$ 48,177,262	8.9%	56.6%
2019	2019	7.5%	\$ 3,772,716	\$ 49,863,466	7.6%	62.7%
2020	2020	8.1%	\$ 3,753,285	\$ 27,390,597	13.7%	66.0%
2021	2021	8.2%	\$ 1,653,757	\$ 26,173,524	6.3%	84.9%
2022	2022	9.8%	\$ 7,216,964	\$ 23,920,585	30.2%	57.5%
2023	2023	10.0%	\$ 7,075,072	\$ 25,712,458	27.5%	60.5%
2024	2024	5.3%	\$ (1,452,817)	\$ 25,670,590	5.7%	128.9%

*Based on the total covered employee payroll for employees classified as Kern Medical in the census data. Fiscal year 2018 was the first year of implementation; therefore, only seven years are presented.

See accompanying report of independent auditors.

Kern County Hospital Authority Pension Plan

Schedule of the Proportionate Share of the Net Pension Liability for Kern Medical

Last 10 Fiscal Years

Reporting Date for Employer under GASB 68 as of June 30	Proportion of the Net Pension Liability	Proportionate Share of Net Pension Liability	County's Covered-Employee Payroll	Proportionate Share of the Net Pension Liability as a Percentage of its Covered-Employee Payroll	Plan's Fiduciary Net Position as a Percentage of the Total Pension Liability
2015	15.97%	\$ 330,492,938	\$ 77,008,989	429.16%	62.95%
2016	15.67%	\$ 345,262,534	\$ 81,925,123	421.44%	61.87%
2017	13.67%	\$ 329,935,445	\$ 78,433,199	420.66%	59.37%
2018	12.41%	\$ 293,255,458	\$ 78,815,070	372.08%	62.49%
2019	13.18%	\$ 307,234,709	\$ 89,068,706	344.94%	64.19%
2020	13.52%	\$ 322,103,797	\$ 93,857,773	343.18%	64.43%
2021	14.32%	\$ 381,152,811	\$ 104,248,078	365.62%	62.00%
2022	15.04%	\$ 284,243,193	\$ 107,477,006	264.47%	73.38%
2023	14.51%	\$ 345,399,109	\$ 106,790,632	323.44%	67.86%
2024	13.69%	\$ 344,447,058	\$ 116,976,730	323.44%	68.52%

See accompanying report of independent auditors.

Kern County Hospital Authority
Pension Plan
Schedule of Contributions for Kern Medical

Last 10 Fiscal Years

Reporting Date for Employer under GASB 68 as of June 30	Actuarially Determined Contribution	Kern Medical's Contribution	Contribution Deficiency (Excess)	Kern Medical's Covered-Employee Payroll	Contributions as a Percentage of Covered-Employee Payroll
2015	\$ 26,665,873	\$ 26,665,873	\$ -	\$ 77,008,989	34.63%
2016	\$ 26,558,513	\$ 26,558,513	\$ -	\$ 81,925,123	32.42%
2017	\$ 26,222,853	\$ 26,222,853	\$ -	\$ 78,433,199	33.43%
2018	\$ 28,411,580	\$ 28,411,580	\$ -	\$ 78,815,070	36.05%
2019	\$ 30,922,108	\$ 30,922,108	\$ -	\$ 89,068,706	34.72%
2020	\$ 29,801,356	\$ 29,801,356	\$ -	\$ 93,857,773	31.75%
2021	\$ 38,354,347	\$ 38,354,347	\$ -	\$ 104,248,078	36.79%
2022	\$ 38,713,478	\$ 38,713,478	\$ -	\$ 107,477,006	36.02%
2023	\$ 40,768,957	\$ 40,768,957	\$ -	\$ 106,790,632	38.18%
2024	\$ 44,690,354	\$ 44,690,354	\$ -	\$ 116,976,730	38.20%

See accompanying report of independent auditors.

Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

The Board of Governors
Kern County Hospital Authority

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Kern County Hospital Authority, which comprise the consolidated statements of net position as of and for the year ended June 30, 2024 and the related consolidated statements of revenues, expenses, and changes in net position and cash flows for the year then ended, and the related notes to the financial statements, which collectively comprise Kern County Hospital Authority's basic financial statements, and have issued our report thereon dated December 23, 2024.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Kern County Hospital Authority's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Kern County Hospital Authority's internal control. Accordingly, we do not express an opinion on the effectiveness of Kern County Hospital Authority's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Kern County Hospital Authority's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink that reads "Moss Adams LLP". The signature is written in a cursive, flowing style.

Los Angeles, California
December 23, 2024

