



Reports of Independent Auditors and Financial Statements with
Required Supplementary Information

Kern County Hospital Authority

June 30, 2025 and 2024

Table of Contents

	Page
Management's Discussion and Analysis	1
Report of Independent Auditors	10
Financial Statements	
Statements of Net Position	14
Statements of Revenues, Expenses, and Changes in Net Position	15
Statements of Cash Flows	16
Notes to Financial Statements	18
Required Supplementary Information	
Schedule of the Proportionate Share of the Net OPEB Liability (Asset) for Kern Medical	49
Schedule of the Proportionate Share of the Net Pension Liability for Kern Medical	50
Schedule of Contributions for Kern Medical	51
Supplementary Information	
Schedule of Net Position	53
Schedule of Revenues, Expenses and Changes in Net Position	55
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 <i>Government Auditing Standards</i>	57
Schedule of Findings and Responses	59

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, 2025, 2024, and 2023. 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

	2025	2024	2023
Admissions (excluding births)	10,184	9,608	9,364
Discharges	12,453	12,658	12,503
Births	2,604	2,530	2,272
Patient days (excluding newborns)	64,243	60,008	59,351
Average daily census	176	164	163

Kern County Hospital Authority Management's Discussion and Analysis

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.

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,		
	2025	2024	2023
Current assets	\$ 361,756,738	\$ 335,066,016	\$ 331,734,116
Right-to-use assets	8,403,667	11,678,001	7,095,039
Subscription-Based Information			
Technology Arrangements (SBITA)	1,502,491	2,253,087	3,026,383
Other post-employment benefits (OPEB)	2,173,374	1,452,817	-
Capital assets	96,837,579	95,368,229	95,938,261
Total assets	470,673,849	445,818,150	437,793,799
Deferred outflows of resources	107,614,345	118,686,651	106,689,945
Total assets and deferred outflows of resources	\$ 578,288,194	\$ 564,504,801	\$ 544,483,744
Current liabilities	\$ 72,715,638	\$ 69,522,227	\$ 62,086,798
Noncurrent liabilities	378,919,669	393,501,628	396,533,096
Total liabilities	451,635,307	463,023,855	458,619,894
Deferred inflows of resources	24,765,696	36,070,074	25,368,248
Net investment in capital assets	96,837,579	95,368,229	95,938,261
Unrestricted	5,049,612	(29,957,357)	(35,442,659)
Total net position	101,887,191	65,410,872	60,495,602
Total liabilities, deferred inflows of resources, and net position	\$ 578,288,194	\$ 564,504,801	\$ 544,483,744

Kern County Hospital Authority Management's Discussion and Analysis

Statements of Net Position Highlights:

Changes from fiscal 2024 to 2025

Current assets – Current assets increased \$26.7 million, or 8%, from fiscal year 2024 to 2025, mainly due to an increase in receivables from government agencies. The government receivables balance increased \$34.7 million, or 17%, from fiscal year 2024 to 2025. 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 \$11.1 million, or 9%, decrease 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 \$107.6 million as of June 30, 2025, compared to a balance of \$118.7 million as of June 30, 2024.

Current liabilities – Current liabilities increased from fiscal year 2024 by \$3.2 million, or 5%. The increase is mainly due to a \$2.0 million increase in salaries and benefits payable. The salaries and benefits payable balance reported is \$19.8 million as of June 30, 2025, compared to a balance of \$17.8 million as of June 30, 2024.

Noncurrent liabilities – Noncurrent liabilities decreased from fiscal year 2024 by \$14.6 million, or 4%. 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 \$11.3 million, or 31%, 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 \$24.8 million as of June 30, 2025, compared to a balance of \$36.1 million as of June 30, 2024.

Unrestricted net position – The unrestricted net position increased \$35.0 million, or 117%, from fiscal year 2024 to 2025, due to changes in actuarial assumptions and operating income for 2025. The balance consists mainly of net pension liability. The unrestricted net position reported is a surplus of \$5.0 million as of June 30, 2025, compared to a deficit of \$30.0 million as of June 30, 2024.

Kern County Hospital Authority Management's Discussion and Analysis

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.

**Kern County Hospital Authority
Management's Discussion and Analysis**

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

	<u>2025</u>	<u>2024</u>	<u>2023</u>
Operating revenue	\$ 627,880,234	\$ 550,205,521	\$ 511,155,067
Nonoperating revenue	<u>566,914</u>	<u>628,678</u>	<u>2,251,203</u>
Total revenue	<u>628,447,148</u>	<u>550,834,199</u>	<u>513,406,270</u>
Depreciation and amortization	15,969,828	15,853,165	15,488,084
Operating expenses	571,952,959	526,883,399	495,419,267
Nonoperating expenses	<u>4,048,042</u>	<u>3,182,365</u>	<u>1,991,159</u>
Total expenses	<u>591,970,829</u>	<u>545,918,929</u>	<u>512,898,510</u>
Change in net position	36,476,319	4,915,270	507,760
Beginning net position, beginning of year	<u>65,410,872</u>	<u>60,495,602</u>	<u>59,987,842</u>
Ending net position	<u>\$ 101,887,191</u>	<u>\$ 65,410,872</u>	<u>\$ 60,495,602</u>

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

Changes from fiscal 2024 to 2025

The first component of Kern Medical's net position is its operating revenue. Operating revenue increased by \$77.7 million, or 14%, in fiscal year 2025 as compared to fiscal year 2024. The primary components of operating revenue are as follows:

Net patient service revenue totaled \$327.6 million for the fiscal year ended June 30, 2025. This was a \$35.8 million, or 12% increase from fiscal year 2024 to fiscal year 2025 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 \$221.3 million for the year, as compared to fiscal year 2024 of \$196.7 million.

The second component of Kern Medical's net position is its operating expenses. Operating expenses increased \$45.2 million, or 8%, in fiscal year 2025 as compared to fiscal year 2024. The increase is mainly due to increases in salaries and benefits expenses.

Kern County Hospital Authority Management's Discussion and Analysis

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.

Analysis of Capital Assets

In fiscal year 2025, Kern Medical's capital assets increased approximately \$1.5 million due to relatively more additions of capital assets, Construction in Progress and various other additions as compared to fiscal year 2024. In fiscal year 2024, Kern Medical's capital assets decreased approximately \$570.0 thousand due to relatively fewer additions of capital assets, Construction in Progress and various other additions as compared to fiscal year 2023. The table below provides summarized information for Kern Medical's outstanding capital assets for the years ended June 30, 2025 and 2024:

	July 1, 2024	Additions	Deletions	Transfers	June 30, 2025
Capital assets not subject to depreciation	\$ 10,051,843	\$ 8,405,248	\$ -	\$ (241,151)	\$ 18,215,940
Capital assets subject to depreciation	247,119,064	4,924,276	(101,393)	241,151	252,183,098
Less: accumulated depreciation and amortization	161,802,678	11,758,781	-	-	173,561,459
Capital assets subject to depreciation, net	85,316,386	(6,834,505)	(101,393)	241,151	78,621,639
Capital assets, net	<u>\$ 95,368,229</u>	<u>\$ 1,570,743</u>	<u>\$ (101,393)</u>	<u>\$ -</u>	<u>\$ 96,837,579</u>
	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>

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

Kern County Hospital Authority Management's Discussion and Analysis

Long-Term Debt Summary

In fiscal year 2025, the decrease in long-term debt is the result of principal payments on existing debt. In fiscal year 2024, 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, 2025 and 2024:

	June 30, 2024	Incurred or Issued	Satisfied or Matured	June 30, 2025	Amounts Due Within One Year	Amounts Due in More Than One Year
Pension obligation bonds	\$ 8,213,229	\$ -	\$ 1,062,281	\$ 7,150,948	\$ 1,058,183	\$ 6,092,765

	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	\$ 10,205,194	\$ -	\$ 1,991,965	\$ 8,213,229	\$ 1,062,281	\$ 7,150,948

Additional information on Kern Medical's long-term debt can be found in Note 5 of this report.

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 2026, 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 larger 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 Enhanced Care Management (ECM) program. ECM is supported by the Providing Access and Transforming Health (PATH) funding initiative 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 current waiver the largest components that Kern Medical participates in are the Quality Incentive Pool (QIP) program and the Enhanced Payment Program (EPP). QIP and EPP are favorable because the funding for these programs is no longer contingent on the approval of a new waiver. The QIP and EPP were developed five 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.

Kern County Hospital Authority Management's Discussion and Analysis

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, 2025 and 2024, 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, 2025 and 2024, 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. 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 1-9 and 49-51, 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 auditing standards generally accepted in the United States of America, 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.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise Kern County Hospital Authority's basic financial statements. The schedules of net position and schedules of revenues, expenses, and changes in net assets on pages 53-56 are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedules of net position and schedules of revenues, expenses, and changes in net assets are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated January 9, 2026, 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.

Baker Tilly US, LLP

Los Angeles, California
January 9, 2026

Financial Statements

Kern County Hospital Authority
Statements of Net Position
June 30, 2025 and 2024

	2025	2024
ASSETS AND DEFERRED OUTFLOWS OF RESOURCES		
CURRENT ASSETS		
Cash	\$ 28,833,361	\$ 50,429,103
Revolving fund cash	3,000	3,000
Patient accounts receivable, net of allowances for doubtful accounts of \$14,235,000 in 2025 and \$11,580,000 in 2024 (Note 3)	58,532,527	49,254,598
Due from governmental agencies (Note 8)	239,397,612	204,691,559
Other receivables	21,804,398	19,149,725
Inventories	5,554,598	4,640,928
Prepaid expenses	7,631,242	6,897,103
Total current assets	361,756,738	335,066,016
RIGHT-TO-USE ASSETS, net (Note 17)	8,403,667	11,678,001
SUBSCRIPTION-BASED INFORMATION TECHNOLOGY ARRANGEMENTS (SBITA), net (Note 18)	1,502,491	2,253,087
NET OTHER POST-EMPLOYMENT BENEFITS (OPEB) (Note 12)	2,173,374	1,452,817
CAPITAL ASSETS, net (Note 4)	96,837,579	95,368,229
Total assets	470,673,849	445,818,150
DEFERRED OUTFLOWS OF RESOURCES (Notes 10 and 12)	107,614,345	118,686,651
Total assets and deferred outflows of resources	\$ 578,288,194	\$ 564,504,801
LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION		
CURRENT LIABILITIES		
Accounts payable and accrued expenses	\$ 34,872,994	\$ 35,054,176
Salaries and employee benefits payable	19,812,529	17,839,227
Interest payable, current portion (Note 6)	957,053	883,631
Current portion of compensated absences payable	7,648,301	7,190,901
Current portion of lease liability (Note 17)	3,187,613	3,450,414
Current portion of SBITA liability (Note 18)	763,896	754,163
Current portion of estimate for professional liability (Note 13)	3,171,800	2,334,246
Current portion of estimate for workers' compensation liability (Note 13)	1,243,269	953,188
Current portion of long-term debt (Note 5)	1,058,183	1,062,281
Total current liabilities	72,715,638	69,522,227
NONCURRENT LIABILITIES		
Interest payable, net of current portion (Note 6)	7,408,309	7,151,631
Compensated absences payable, net of current portion	17,846,036	16,778,768
Net pension liability (Note 10)	331,776,526	344,447,058
Estimate for professional liability, net of current portion (Note 13)	4,677,115	4,144,007
Estimate for workers' compensation liability, net of current portion (Note 13)	4,717,769	3,643,201
Lease liability, net of current portion (Note 17)	5,570,506	8,592,909
SBITA liability, net of current portion (Note 18)	830,643	1,593,106
Long-term debt, net of current portion (Note 5)	6,092,765	7,150,948
Total liabilities	451,635,307	463,023,855
DEFERRED INFLOWS OF RESOURCES (Notes 10 and 12)	24,765,696	36,070,074
NET POSITION		
Investment in capital assets	96,837,579	95,368,229
Unrestricted	5,049,612	(29,957,357)
Total net position	101,887,191	65,410,872
Total liabilities, deferred inflows of resources, and net position	\$ 578,288,194	\$ 564,504,801

See accompanying notes.

Kern County Hospital Authority
Statements of Revenues, Expenses, and Changes in Net Position
Years Ended June 30, 2025 and 2024

	2025	2024
OPERATING REVENUES		
Net patient service revenue, net of provisions for uncollectible accounts of \$17,734,000 in 2025 and \$14,410,000 in 2024	\$ 327,646,530	\$ 291,829,189
Indigent patient care funding	221,263,117	196,711,998
Correctional medicine funding	42,224,388	34,172,564
County funding	3,422,529	3,422,997
Other operating revenue	33,323,670	24,068,773
Total operating revenues	627,880,234	550,205,521
OPERATING EXPENSES		
Salaries and employee benefits	372,184,589	335,328,140
Services and supplies	193,973,048	186,217,117
Other expenses	5,795,322	5,338,142
Depreciation and amortization	15,969,828	15,853,165
Total operating expenses	587,922,787	542,736,564
OPERATING INCOME	39,957,447	7,468,957
NONOPERATING REVENUES (EXPENSES)		
Interest on bank deposits and investments, net	185,478	241,391
Revenue from other governmental agencies	200,535	193,480
Other nonoperating revenues	180,901	193,807
Interest expense	(4,048,042)	(3,182,365)
Total nonoperating revenues (expenses), net	(3,481,128)	(2,553,687)
Change in net position	36,476,319	4,915,270
NET POSITION, beginning of year	65,410,872	60,495,602
NET POSITION, end of year	\$ 101,887,191	\$ 65,410,872

See accompanying notes.

Kern County Hospital Authority
Statements of Cash Flows
Years Ended June 30, 2025 and 2024

	2025	2024
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received for patients/current services	\$ 318,368,601	\$ 296,516,002
Cash received for other operations	262,872,978	234,229,268
Cash paid for salaries and benefits	(382,309,780)	(336,777,015)
Cash paid for services and supplies	(198,862,050)	(191,615,355)
Net cash provided by operating activities	69,749	2,352,900
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES		
Cash received from various County funds	381,436	387,287
Interest paid – pension obligation bond	(2,539,472)	(1,434,598)
Principal paid – pension obligation bond	(1,062,281)	(1,991,965)
Interest paid – line of credit	(783,152)	(462,691)
Net cash used in noncapital financing activities	(4,003,469)	(3,501,967)
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES		
Acquisition or construction of capital assets	(13,228,131)	(11,206,153)
Payments on lease liability	(3,802,269)	(3,577,688)
Payments on SBITA liability	(817,100)	(836,662)
Net cash used in capital and related financing activities	(17,847,500)	(15,620,503)
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest on bank deposits and investments	185,478	241,391
Net cash provided by investing activities	185,478	241,391
NET DECREASE IN CASH AND CASH EQUIVALENTS	(21,595,742)	(16,528,179)
CASH AND CASH EQUIVALENTS, beginning of year	50,432,103	66,960,282
CASH AND CASH EQUIVALENTS, end of year	\$ 28,836,361	\$ 50,432,103

See accompanying notes.

Kern County Hospital Authority
Statements of Cash Flows (Continued)
Years Ended June 30, 2025 and 2024

	2025	2024
Reconciliation of cash and cash equivalents to the Statements of Net Position		
Cash	\$ 28,833,361	\$ 50,429,103
Revolving fund cash	3,000	3,000
Total cash and cash equivalents at the end of year	\$ 28,836,361	\$ 50,432,103
Reconciliation of operating income to net cash provided by operating activities		
Operating income	\$ 39,957,447	\$ 7,468,957
Adjustments to reconcile operating income to net cash provided by operating activities		
Provision for bad debts	17,734,049	14,409,897
Depreciation and amortization	15,969,828	15,853,165
Changes in assets, liabilities, deferred outflows, and deferred inflows		
Patient accounts receivable, net	(27,011,978)	(9,723,084)
Due from governmental agencies	(34,706,053)	(24,267,630)
Other receivables	(2,654,673)	120,566
Inventories	(913,670)	829,817
Prepaid expenses	(734,139)	(1,229,645)
Deferred outflows of resources	11,072,306	(11,996,706)
Accounts payable and accrued expenses	(181,182)	1,736,683
Salaries and employee benefits payable	1,973,302	4,127,772
Compensated absences payable	1,524,668	3,422,902
Estimate for professional liability	1,370,662	(236,615)
Estimate for workers' compensation liability	1,364,649	614,935
Net pension liability	(12,670,532)	(952,051)
Net other post-employment benefits	(720,557)	(8,527,889)
Deferred inflows of resources	(11,304,378)	10,701,826
Net cash provided by operating activities	\$ 69,749	\$ 2,352,900

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 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, although on February 20, 2019, the Board of Governors authorized the Authority to establish its own treasury, separate and apart from the County Treasury Pool, and authorized such treasury to be established at PNC Bank; 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. Notwithstanding the foregoing, for each fiscal year under the Service Agreement commencing with the 2016-17 fiscal year, the Authority has received an allocation of County general purpose funds of \$3,422,531 in support of services to the indigent. The Authority has not received any financial support from the County since the 2015-16 fiscal year.

The Authority established Kern Medical Surgery Center, LLC (KMSC) in August 2016. KMSC is a wholly owned subsidiary of the Authority and is an independently run outpatient surgery center. KMSC is presented as a blended component unit of the Authority.

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, 2025 and 2024.

Accrued compensated absences – Kern Medical implemented GASB Statement No. 101, Compensated Absences (GASB 101), effective January 1, 2024. The objective of GASB 101 is to better meet the information needs of financial statement users by updating the recognition and measurement guidance for compensated absences. 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. This statement 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. It also requires that a liability for specific types of compensated absences not be recognized until the leave is used. Kern Medical was in compliance with GASB 101 prior to its issuance, therefore, the implementation of GASB 101 had no effect on the beginning net position as of July 1, 2024 of Kern Medical.

Kern County Hospital Authority Notes to Financial Statements

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.

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, 2025 and 2024.

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.

Kern County Hospital Authority

Notes to Financial Statements

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, 2025 and 2024:

	2025	2024
Estimated cost of services provided but uncompensated	\$ 6,925,000	\$ 6,760,000

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.

Kern County Hospital Authority Notes to Financial Statements

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.

Recent accounting pronouncements – In December 2023, the GASB issued Statement No. 102, *Risks and Uncertainties Disclosures* (GASB 102). GASB 102 is meant to provide financial statement users with information about certain risks when circumstances make a government vulnerable to a heightened possibility of loss or harm. Additionally, GASB 102 requires a government to assess whether an event or events associated with a concentration or constraint that could cause the substantial impact have occurred, have begun to occur, or are more likely than not to begin to occur, within 12 months of the date the financial statements are issued. Additional disclosures may be required as a result of these assessments. The requirements of GASB 102 are effective for fiscal years beginning after June 15, 2024. Kern Medical implemented GASB 102 during the fiscal year ending June 30, 2025, which did not have an impact on the financial statements.

In April 2024, the GASB issued Statement No. 103, *Financial Reporting Model Improvements* (GASB 103). GASB 103 requires additional presentation and disclosure changes in the areas of management discussion & analysis, unusual or infrequent items, proprietary fund statement of revenues, expenses, and changes in fund net position, major component units, and budgetary comparison information. The requirements of GASB 103 are effective for fiscal years beginning after June 15, 2025. Kern Medical is evaluating the impact of the adoption of GASB 103 for the fiscal year ending June 30, 2026.

In September 2024, GASB issued Statement No. 104, *Disclosure of Certain Capital Assets* (GASB 104). The objective of GASB 104 is to provide users of government financial statements with essential information about certain types of capital assets. GASB 104 requires certain types of capital assets to be disclosed separately in the capital assets note disclosures required by GASB Statement No. 34 as well as certain intangible assets to be disclosed separately by major class. GASB 104 also requires additional disclosures for capital assets held for sale. This Statement requires that capital assets held for sale be evaluated each reporting period. The requirements of GASB 104 are effective for fiscal years beginning after June 15, 2025. Kern Medical is evaluating the impact of the adoption of GASB 104 for the fiscal year ending June 30, 2026.

Reclassifications – Certain reclassifications have been made to the prior year amounts to conform to the current year presentation.

Kern County Hospital Authority Notes to Financial Statements

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, 2025 and 2024, consisted of:

	2025	2024
Medicare	22 %	22 %
Medi-Cal	57	56
Other third-party and commercial payor	17	17
Self pay	3	4
County responsibility	1	1
Total	100 %	100 %

Note 4 – Capital Assets, Depreciation, and Amortization

Capital asset activity for the year ended June 30, 2025, is shown below:

	Beginning July 1, 2024	Additions	Disposals	Transfers	Ending June 30, 2025
Capital assets not subject to depreciation					
Land	\$ 1,854,424	\$ -	\$ -	\$ -	\$ 1,854,424
Construction in progress	8,197,419	8,405,248	-	(241,151)	16,361,516
Total capital assets not subject to depreciation	10,051,843	8,405,248	-	(241,151)	18,215,940
Capital assets subject to depreciation					
Equipment	85,529,255	4,924,276	-	241,151	90,694,682
Structures and improvements	103,963,255	-	(101,393)	-	103,861,862
Intangibles	57,626,554	-	-	-	57,626,554
Total capital assets subject to depreciation	247,119,064	4,924,276	(101,393)	241,151	252,183,098
Less: accumulated depreciation and amortization for					
Equipment	64,028,182	6,012,665	-	-	70,040,847
Structures and improvements	70,366,705	2,377,115	-	-	72,743,820
Intangibles	27,407,791	3,369,001	-	-	30,776,792
Total accumulated depreciation and amortization	161,802,678	11,758,781	-	-	173,561,459
Total capital assets subject to depreciation, net	85,316,386	(6,834,505)	(101,393)	241,151	78,621,639
Total capital assets, net	\$ 95,368,229	\$ 1,570,743	\$ (101,393)	\$ -	\$ 96,837,579

Kern County Hospital Authority Notes to Financial Statements

Capital asset activity for the year ended June 30, 2024, 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	\$ 95,938,261	\$ (570,032)	\$ -	\$ -	\$ 95,368,229

Note 5 – Long-Term Debt

The following is a summary of long-term obligation transactions of Kern Medical for the years ended June 30, 2025 and 2024:

	July 1, 2024	Incurred or Issued	Satisfied or Matured	June 30, 2025	Amounts Due Within One Year	Amounts Due in More Than One Year
Pension obligation bonds	\$ 8,213,229	\$ -	\$ 1,062,281	\$ 7,150,948	\$ 1,058,183	\$ 6,092,765
	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	\$ 10,205,194	\$ -	\$ 1,991,965	\$ 8,213,229	\$ 1,062,281	\$ 7,150,948

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

Years Ending June 30,	Principal	Interest
2026	\$ 1,058,183	\$ 2,730,055
2027	1,981,756	1,986,653
2028	4,111,009	28,674
	<u>\$ 7,150,948</u>	<u>\$ 4,745,382</u>

Total interest costs incurred for the years ended June 30, 2025 and 2024, were approximately \$4,048,000 and \$3,182,000, respectively.

Kern County Hospital Authority

Notes to Financial Statements

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, 2025 and 2024, the amounts of total 2003 and 2008 pension obligation bonds outstanding for the County as a whole were approximately \$64,125,000 and \$73,651,000, respectively. Of these amounts, approximately \$7,151,000 and \$8,213,000 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%.

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 May 27, 2026. 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, 2025 and 2024, 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, 2025 and 2024:

	July 1, 2024	Amount Accrued	Amount Paid	June 30, 2025
Current interest payable	\$ 883,631	\$ 2,612,894	\$ 2,539,472	\$ 957,053
Non-current interest payable	7,151,631	256,678	-	7,408,309
Total interest payable	\$ 8,035,262	\$ 2,869,572	\$ 2,539,472	\$ 8,365,362
	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	\$ 7,198,389	\$ 2,271,471	\$ 1,434,598	\$ 8,035,262

Kern County Hospital Authority Notes to Financial Statements

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, 2024.

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.

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, 2025 and 2024. 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, 2025 and 2024:

	2025	2024
Global payment program	\$ 34,272,658	\$ 42,668,101
Waiver Programs	(1,389,138)	7,762,087
Medi-Cal managed care supplemental programs	44,438,065	29,509,069
Enhanced payment program	48,929,618	47,047,080
Quality incentive program	77,479,165	56,648,422
Graduate medical education program	11,389,705	9,346,741
Other	6,143,044	3,730,498
Total	\$ 221,263,117	\$ 196,711,998

Kern County Hospital Authority Notes to Financial Statements

Due from government agencies on the accompanying statements of net position includes the following supplemental payment programs as of June 30, 2025 and 2024:

	2025	2024
Global payment program	\$ (72,257)	\$ 2,880,925
Waiver Programs	(19,309,952)	(12,051,607)
Medi-Cal managed care supplemental programs	45,287,285	37,053,489
Enhanced payment program	97,065,507	76,683,587
Quality incentive program	112,382,833	90,998,534
Graduate medical education program	3,718,666	390,396
Other	325,530	8,736,235
Total	\$ 239,397,612	\$ 204,691,559

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 Care Services (DHCS) 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.

Kern County Hospital Authority

Notes to Financial Statements

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.
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.

DHCS 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 DHCS 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 DHCS in the amount of approximately \$41,100,000 over the course of these stated 8 years. The amount has been recorded as an offset totaling \$20,168,000 and \$10,494,000 within due from governmental agencies in the accompanying statements of net position as of June 30, 2025 and 2024, respectively, and is subject to audit by DHCS.

Included as an offset within due from governmental agencies in the accompanying statements of net position are amounts payable to DHCS as of June 30, 2025 and 2024, of approximately \$19,310,000 and \$12,052,000, 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 an increase of \$7,258,000 and a reduction of \$21,707,000 in indigent patient care funding revenue in the accompanying statements of revenues, expenses, and changes in net position during the years ended June 30, 2025 and 2024, respectively.

Kern County Hospital Authority Notes to Financial Statements

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.

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.

Kern County Hospital Authority Notes to Financial Statements

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 \$42,224,000 and \$34,173,000 for the years ended June 30, 2025 and 2024, respectively, to offset the operating expenses associated with providing care to the inmates. These revenues have been classified as correctional medicine funding revenue in the accompanying statements of revenues, expenses, and changes in net position. As of June 30, 2025 and 2024, Kern Medical recorded amounts receivable of approximately \$9,293,000 and \$6,184,000, 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 \$3,423,000 for both the years ended June 30, 2025 and 2024, respectively. As of June 30, 2025 and 2024, there were no amounts due from the County's General Fund for these services.

Service agreements – Since 2016, Kern Medical maintained service agreements with two related-party organizations, whereby the related-party organizations provided 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. As of August 31, 2023, Kern Medical had terminated the service agreements with the related party organizations and began providing the services internally. For the period July 1, 2023 through August 31, 2023, Kern Medical paid \$2,471,000 for support services. As of June 30, 2025 and 2024, no amounts were owed to the related-party organizations for these services.

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.

Kern County Hospital Authority

Notes to Financial Statements

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.

Certain full-time employees of Kern Medical, who work 50% or more of their regular standard hours, are required to become members of KECRA 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.

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.

Kern County Hospital Authority Notes to Financial Statements

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, 2025.
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.

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 2025 ranged from 3.22% to 19.19% 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.

Kern County Hospital Authority Notes to Financial Statements

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 2025 ranged from 35.74% to 77.24% of covered payroll. Contributions to the pension plan from Kern Medical were approximately \$50,312,000 and \$44,690,000 for the years ended June 30, 2025 and 2024, respectively.

Actuarial assumptions – The total pension liabilities in the June 30, 2024, 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.

The total pension liability as of June 30, 2025, was determined by an actuarial valuation as of June 30, 2024. The total pension liability as of June 30, 2024, was determined by an actuarial valuation as of June 30, 2023. The actuarial assumptions for the June 30, 2025 and 2024, 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.

Kern County Hospital Authority Notes to Financial Statements

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	4.53
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
	100.00 %	

Discount rate – The discount rates used in the actuarial valuation of the total pension liability were 7% as of both June 30, 2025 and 2024. 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.

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, 2025.

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.

Kern County Hospital Authority
Notes to Financial Statements

Sensitivity of the net pension liability to changes in the discount rate – The following presents the net pension liability as of June 30, 2025, 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	\$ 480,520,037	\$ 331,776,526	\$ 209,588,833

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, 2025, Kern Medical reported a liability of approximately \$331,777,000 for its proportionate share of the net pension liability. The net pension liability was measured as of June 30, 2024, 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, 2025, Kern Medical's proportion was 13.71%, which was a increase of 0.02% from its proportion measured as of June 30, 2024.

Kern County Hospital Authority

Notes to Financial Statements

For the years ended June 30, 2025 and 2024, Kern Medical recognized pension expense of approximately \$45,552,000 and \$44,307,000, 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, 2025, Kern Medical reported deferred outflows and deferred inflows of resources related to pensions from the following sources:

	2025	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ 14,305,576	\$ (6,594,462)
Changes in assumptions	14,819,099	-
Net excess of projected over actual earnings on pension plan investments	5,150,936	-
Changes in proportion and differences between Kern Medical contributions and proportionate share of contributions	4,490,027	(14,688,472)
Kern Medical contributions subsequent to the measurement date	67,128,435	-
Total	\$ 105,894,073	\$ (21,282,934)

As of June 30, 2024, 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 difference between projected and 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	\$ 116,361,480	\$ (31,879,088)

Kern County Hospital Authority

Notes to Financial Statements

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 \$67,128,000 and \$59,088,000 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, 2025 and 2024, 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,	
2026	\$ (1,017,541)
2027	16,839,346
2028	3,465,520
2029	<u>(1,804,621)</u>
	<u>\$ 17,482,704</u>

The changes in net pension liability obligation are as follows as of June 30, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Beginning net pension liability	\$ 344,447,058	\$ 345,399,109
Pension expense	45,552,172	44,307,592
Employer contributions	(50,311,505)	(44,690,354)
Deferred outflows of resources – change in assumptions	-	19,953,392
Deferred inflows of resources – differences between expected and actual earnings on investments	(13,898,116)	7,230,928
Deferred inflows of resources – differences between expected and actual experience	14,305,576	(3,599,472)
Deferred outflows of resources – changes in proportion and differences between Kern Medical contributions and proportionate share of contributions	1,280,259	(13,584,440)
Changes in prior years inflow/outflow	(9,169,366)	(4,889,013)
Changes in prior years inflow proportions	<u>(429,552)</u>	<u>(5,680,684)</u>
Ending net pension liability	<u>\$ 331,776,526</u>	<u>\$ 344,447,058</u>

Kern County Hospital Authority Notes to Financial Statements

Note 11 – Physician Employee Retirement Plan

Kern Medical contributes to the Kern County Hospital Authority Defined Contribution Plan for Physician Employees, a defined contribution, money purchase pension plan. The Plan covers full- and part-time salaried physicians employed by Kern Medical. Funding for the Plan occurs exclusively through a combination of employer and mandatory employee contributions through payroll withholdings and earnings on such contributions. Kern Medical contributed approximately \$1,773,000 and \$1,823,000 to the Plan during the years ended June 30, 2025 and 2024, respectively. Audited financial statements for the Plan may be obtained through the Authority.

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 \$624,000 and \$761,000, respectively, for the years ended June 30, 2025 and 2024.

Kern County Hospital Authority
Notes to Financial Statements

OPEB asset, OPEB expense, and deferred outflows of resources and deferred inflows of resources relating to OPEB – As of June 30, 2025 and 2024, Kern Medical reported an asset of approximately \$2,173,000 and \$1,453,000, respectively, for its proportionate share of the net OPEB asset. The net OPEB asset was measured as of June 30, 2025 and 2024, and the Total OPEB Liability (TOL) used to calculate the net OPEB asset was determined by an actuarial valuation as of these dates. Kern Medical's proportion of the net OPEB asset was based on the proportion of TOL for each group, calculated according to classification in census data. As of June 30, 2025 and 2024, Kern Medical's proportion was 5.19% and 5.26%, respectively.

For the years ended June 30, 2025 and 2024, Kern Medical recognized OPEB income of approximately \$440,000 and \$3,226,220, respectively. As of June 30, 2025, Kern Medical reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	2025	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Changes in proportion and differences between Kern Medical contributions and proportionate share of contributions	\$ 586,504	\$ (1,482,312)
Difference between expected and actual experience	27,646	(975,020)
Net difference between actual over projected earnings on OPEB plan investments	-	(248,147)
Changes in assumptions	1,106,122	(777,283)
Total	\$ 1,720,272	\$ (3,482,762)

As of June 30, 2024, 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	\$ 2,325,171	\$ (4,190,986)

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,	
2026	\$ (29,020)
2027	(253,141)
2028	(563,912)
2029	(595,622)
2030	(382,421)
Thereafter	<u>61,626</u>
	<u>\$ (1,762,490)</u>

Actuarial methods and assumptions – The total OPEB asset in the June 30, 2025 actuarial valuation was determined using the following assumptions, applied to all periods included in the measurement, unless otherwise specified:

Inflation	2.50%
Payroll growth	Ranging from 3.70% to 8.00% for general employees and from 4.00% to 11.00% to safety employees
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 then 7.25% to 2025/2026, then 7.50% to 2026/2027 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, 2025 and 2024 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
Domestic equity	36.00 %	6.05 %
International equity	18.00	6.64
Other growth equity (REIT and global infrastructure)	6.00	3.84
Domestic fixed income	36.00	1.80
High yield fixed income	3.00	3.40
Cash	1.00	1.00
Total	<u>100.00 %</u>	

Discount rate – The discount rate used to measure the TOL was 6.50% as of June 30, 2025 and 2024. 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, 2025.

Sensitivity of the net OPEB asset to changes in the discount rate – The following presents the County’s proportionate share of the net OPEB asset, as well as what the County’s proportionate share of the net OPEB 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 asset	\$ (1,769,437)	\$ (2,173,374)	\$ (2,537,682)

Kern County Hospital Authority Notes to Financial Statements

Sensitivity of the net OPEB asset to changes in the health care cost trend rates – The following presents Kern Medical’s proportionate share of the net OPEB asset, as well as what Kern Medical’s proportionate share of the net OPEB 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	Trend Rates*	1% Increase
Net OPEB asset	\$ (2,416,281)	\$ (2,173,374)	\$ (1,892,456)

*See actuarial methods and assumptions table for current trend rates

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 umbrella professional liability policy in excess of the self-insured retention. 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 2025 and 2024, 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:

	2025	2024	2023
Balance, beginning of year	\$ 6,478,253	\$ 6,714,868	\$ 7,565,271
Current year claims incurred and changes in estimates for claims incurred in prior periods	1,371,062	(235,615)	(849,071)
Claims and expenses paid	(400)	(1,000)	(1,332)
Balance, end of year	\$ 7,848,915	\$ 6,478,253	\$ 6,714,868

Kern County Hospital Authority

Notes to Financial Statements

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.

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

	2025	2024	2023
Balance, beginning of year	\$ 4,596,389	\$ 3,981,454	\$ 5,332,410
Current year claims incurred and changes in estimates for claims incurred in prior periods	1,579,724	714,588	(1,241,029)
Claims and expenses paid	(215,075)	(99,653)	(109,927)
Balance, end of year	\$ 5,961,038	\$ 4,596,389	\$ 3,981,454

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 some instances, these matters have been settled or tried, with or without payment made by Kern Medical. In other instances, these matters have been dismissed without payment.

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 DHCS 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, 2025 and 2024. 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, 2025 and 2024. 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, 2025:

	July 1	Additions	Deletions	June 30
Right-to-use assets				
Building	\$ 13,222,837	\$ 186,117	\$ (78,181)	\$ 13,330,773
Equipment	7,663,774	-	(1,513,671)	6,150,103
Total right-to-use assets	20,886,611	186,117	(1,591,852)	19,480,876
Less accumulated amortization				
Building	7,145,613	2,062,244	(78,181)	9,129,676
Equipment	2,062,997	1,398,207	(1,513,671)	1,947,533
Net right-to-use assets	\$ 11,678,001	\$ (3,274,334)	\$ -	\$ 8,403,667
Lease liabilities	\$ 12,043,323	\$ 185,375	\$ (3,470,579)	\$ 8,758,119

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

	July 1	Additions	Deletions	June 30
Right-of-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	\$ 7,095,039	\$ 4,582,962	\$ -	\$ 11,678,001
Lease liabilities	\$ 7,374,990	\$ 7,757,590	\$ (3,089,257)	\$ 12,043,323

Kern Medical recognized approximately \$3,460,000 and \$3,304,000 in amortization expense as of June 30, 2025 and 2024, 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, 2025, were as follows:

	Principal	Interest	Total
Years Ending June 30,			
2026	\$ 3,187,613	\$ 234,309	\$ 3,421,922
2027	2,338,063	144,562	2,482,625
2028	1,776,082	78,265	1,854,347
2029	903,971	28,549	932,520
2030	129,163	16,040	145,203
Thereafter	423,227	21,692	444,919
	\$ 8,758,119	\$ 523,417	\$ 9,281,536

Kern Medical evaluated the right-to-use assets for impairment and determined there was no impairment for the year ended June 30, 2025.

Kern County Hospital Authority Notes to Financial Statements

Note 18 – Subscription-Based Information Technology Arrangements

Kern Medical has the following SBITA asset and liability activities as of June 30, 2025:

	July 1	Additions	Deletions	June 30
SBITA assets – software	\$ 3,978,352	\$ -	\$ (96,482)	\$ 3,881,870
Less accumulated amortization	(1,725,265)	(750,596)	96,482	(2,379,379)
Total SBITA assets, net	2,253,087	(750,596)	-	1,502,491
SBITA liabilities	\$ 2,347,269	\$ -	\$ (752,730)	\$ 1,594,539

Kern Medical has the following SBITA asset 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

The future principal and interest SBITA payments as of June 30, 2025, were as follows:

	Principal	Interest	Total
Years Ending June 30,			
2026	\$ 763,896	\$ 40,485	\$ 804,381
2027	666,518	15,823	682,341
2028	164,125	1,336	165,461
	\$ 1,594,539	\$ 57,644	\$ 1,652,183

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%
2025	2025	5.2%	\$ (2,173,374)	\$ 20,215,269	-10.8%	143.3%

*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 eight 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
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	294.46%	68.52%
2025	13.71%	\$ 331,776,526	\$ 138,457,446	239.62%	71.27%

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
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%
2025	\$ 50,311,505	\$ 50,311,505	\$ -	\$ 138,457,446	36.34%

See accompanying report of independent auditors.

Supplementary Information

Kern County Hospital Authority
Schedule of Net Position
June 30, 2025

	Kern Medical	Kern Medical Surgery Center	Eliminations	Total
ASSETS AND DEFERRED OUTFLOWS OF RESOURCES				
CURRENT ASSETS				
Cash	\$ 28,737,931	\$ 95,430	\$ -	\$ 28,833,361
Revolving fund cash	3,000	-	-	3,000
Patient accounts receivable, net of allowances for doubtful accounts of \$14,235,000 in 2025	57,976,227	556,300	-	58,532,527
Due from governmental agencies	239,397,612	-	-	239,397,612
Other receivables	21,797,767	6,631	-	21,804,398
Inventories	5,554,598	-	-	5,554,598
Prepaid expenses	7,631,242	-	-	7,631,242
Total current assets	361,098,377	658,361	-	361,756,738
RIGHT-TO-USE ASSETS, net	8,255,098	148,569	-	8,403,667
SUBSCRIPTION-BASED INFORMATION TECHNOLOGY				
ARRANGEMENTS (SBITA), net	1,502,491	-	-	1,502,491
NET OTHER POST-EMPLOYMENT BENEFITS (OPEB)	2,173,374	-	-	2,173,374
INVESTMENT IN SURGERY CENTER	5,846,067	-	(5,846,067)	-
CAPITAL ASSETS, net				
	<u>96,029,352</u>	<u>808,227</u>	<u>-</u>	<u>96,837,579</u>
Total assets	474,904,759	1,615,157	(5,846,067)	470,673,849
DEFERRED OUTFLOWS OF RESOURCES				
	<u>107,614,345</u>	<u>-</u>	<u>-</u>	<u>107,614,345</u>
Total assets and deferred outflows of resources	\$ 582,519,104	\$ 1,615,157	\$ (5,846,067)	\$ 578,288,194
LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION				
CURRENT LIABILITIES				
Accounts payable and accrued expenses	\$ 34,546,459	\$ 326,535	\$ -	\$ 34,872,994
Salaries and employee benefits payable	19,812,529	-	-	19,812,529
Interest payable, current portion	957,053	-	-	957,053
Current portion of compensated absences payable	7,648,301	-	-	7,648,301
Current portion of lease liability	3,014,787	172,826	-	3,187,613
Current portion of SBITA liability	763,896	-	-	763,896
Current portion of estimate for professional liability	3,171,800	-	-	3,171,800
Current portion of estimate for workers' compensation liability	1,243,269	-	-	1,243,269
Current portion of long-term debt	1,058,183	-	-	1,058,183
Total current liabilities	72,216,277	499,361	-	72,715,638
NONCURRENT LIABILITIES				
Interest payable, net of current portion	7,408,309	-	-	7,408,309
Compensated absences payable, net of current portion	17,846,036	-	-	17,846,036
Net pension liability	331,776,526	-	-	331,776,526
Estimate for professional liability, net of current portion	4,677,115	-	-	4,677,115
Estimate for workers' compensation liability, net of current portion	4,717,769	-	-	4,717,769
Lease liability, net of current portion	5,570,506	-	-	5,570,506
SBITA liability, net of current portion	830,643	-	-	830,643
Long-term debt, net of current portion	6,092,765	-	-	6,092,765
Total liabilities	451,135,946	499,361	-	451,635,307
DEFERRED INFLOWS OF RESOURCES				
	<u>24,765,696</u>	<u>-</u>	<u>-</u>	<u>24,765,696</u>
NET POSITION				
Investment in capital assets	96,029,352	808,227	-	96,837,579
Unrestricted	10,588,110	307,569	(5,846,067)	5,049,612
Total net position	106,617,462	1,115,796	(5,846,067)	101,887,191
Total liabilities, deferred inflows of resources, and net position	\$ 582,519,104	\$ 1,615,157	\$ (5,846,067)	\$ 578,288,194

See accompanying report of independent auditors.

Kern County Hospital Authority
Schedule of Net Position
June 30, 2024

	Kern Medical	Kern Medical Surgery Center	Eliminations	Total
ASSETS AND DEFERRED OUTFLOWS OF RESOURCES				
CURRENT ASSETS				
Cash	\$ 50,299,731	\$ 129,372	\$ -	\$ 50,429,103
Revolving fund cash	3,000	-	-	3,000
Patient accounts receivable, net of allowances for doubtful accounts of \$11,580,000 in 2024	48,875,020	379,578	-	49,254,598
Due from governmental agencies	204,691,559	-	-	204,691,559
Other receivables	19,070,677	79,048	-	19,149,725
Inventories	4,640,928	-	-	4,640,928
Prepaid expenses	6,897,103	-	-	6,897,103
Total current assets	334,478,018	587,998	-	335,066,016
RIGHT-TO-USE ASSETS, net	11,232,292	445,709	-	11,678,001
SUBSCRIPTION-BASED INFORMATION TECHNOLOGY ARRANGEMENTS (SBITA), net				
	2,253,087	-	-	2,253,087
NET OTHER POST-EMPLOYMENT BENEFITS (OPEB)				
	1,452,817	-	-	1,452,817
INVESTMENT IN SURGERY CENTER				
	5,846,067	-	(5,846,067)	-
CAPITAL ASSETS, net				
	94,448,696	919,533	-	95,368,229
Total assets	449,710,977	1,953,240	(5,846,067)	445,818,150
DEFERRED OUTFLOWS OF RESOURCES				
	118,686,651	-	-	118,686,651
Total assets and deferred outflows of resources	\$ 568,397,628	\$ 1,953,240	\$ (5,846,067)	\$ 564,504,801
LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION				
CURRENT LIABILITIES				
Accounts payable and accrued expenses	\$ 34,908,502	\$ 145,674	\$ -	\$ 35,054,176
Salaries and employee benefits payable	17,839,227	-	-	17,839,227
Interest payable, current portion	883,631	-	-	883,631
Current portion of compensated absences payable	7,190,901	-	-	7,190,901
Current portion of lease liability	3,118,995	331,419	-	3,450,414
Current portion of SBITA liability	754,163	-	-	754,163
Current portion of estimate for professional liability	2,334,246	-	-	2,334,246
Current portion of estimate for workers' compensation liability	953,188	-	-	953,188
Current portion of long-term debt	1,062,281	-	-	1,062,281
Total current liabilities	69,045,134	477,093	-	69,522,227
NONCURRENT LIABILITIES				
Interest payable, net of current portion	7,151,631	-	-	7,151,631
Compensated absences payable, net of current portion	16,778,768	-	-	16,778,768
Net pension liability	344,447,058	-	-	344,447,058
Estimate for professional liability, net of current portion	4,144,007	-	-	4,144,007
Estimate for workers' compensation liability, net of current portion	3,643,201	-	-	3,643,201
Lease liability, net of current portion	8,420,550	172,359	-	8,592,909
SBITA liability, net of current portion	1,593,106	-	-	1,593,106
Long-term debt, net of current portion	7,150,948	-	-	7,150,948
Total liabilities	462,374,403	649,452	-	463,023,855
DEFERRED INFLOWS OF RESOURCES				
	36,070,074	-	-	36,070,074
NET POSITION				
Investment in capital assets	94,448,696	919,533	-	95,368,229
Unrestricted	(24,495,545)	384,255	(5,846,067)	(29,957,357)
Total net position	69,953,151	1,303,788	(5,846,067)	65,410,872
Total liabilities, deferred inflows of resources, and net position	\$ 568,397,628	\$ 1,953,240	\$ (5,846,067)	\$ 564,504,801

See accompanying report of independent auditors.

Kern County Hospital Authority
Schedule of Revenues, Expenses and Changes in Net Position
Year Ended June 30, 2025

	<u>Kern Medical</u>	<u>Kern Medical Surgery Center</u>	<u>Eliminations</u>	<u>Total</u>
OPERATING REVENUES				
Net patient service revenue, net of provisions for uncollectible accounts of \$17,734,000 in 2025	\$ 321,923,861	\$ 5,722,669	\$ -	\$ 327,646,530
Indigent patient care funding	221,263,117	-	-	221,263,117
Correctional medicine funding	42,224,388	-	-	42,224,388
County funding	3,422,529	-	-	3,422,529
Other operating revenue	<u>33,323,670</u>	<u>6,486,554</u>	<u>(6,486,554)</u>	<u>33,323,670</u>
Total operating revenues	<u>622,157,565</u>	<u>12,209,223</u>	<u>(6,486,554)</u>	<u>627,880,234</u>
OPERATING EXPENSES				
Salaries and employee benefits	368,438,838	8,670,567	(4,924,816)	372,184,589
Services and supplies	190,689,445	3,283,603	-	193,973,048
Other expenses	7,334,163	22,897	(1,561,738)	5,795,322
Depreciation and amortization	<u>15,570,534</u>	<u>399,294</u>	<u>-</u>	<u>15,969,828</u>
Total operating expenses	<u>582,032,980</u>	<u>12,376,361</u>	<u>(6,486,554)</u>	<u>587,922,787</u>
OPERATING INCOME (LOSS)	<u>40,124,585</u>	<u>(167,138)</u>	<u>-</u>	<u>39,957,447</u>
NONOPERATING REVENUES (EXPENSES)				
Interest on bank deposits and investments, net	185,478	-	-	185,478
Revenue from other governmental agencies	200,535	-	-	200,535
Other nonoperating revenues	180,901	-	-	180,901
Interest expense	<u>(4,027,188)</u>	<u>(20,854)</u>	<u>-</u>	<u>(4,048,042)</u>
Total nonoperating revenues (expenses), net	<u>(3,460,274)</u>	<u>(20,854)</u>	<u>-</u>	<u>(3,481,128)</u>
Change in net position	<u>36,664,311</u>	<u>(187,992)</u>	<u>-</u>	<u>36,476,319</u>
NET POSITION, beginning of year	<u>69,953,151</u>	<u>1,303,788</u>	<u>(5,846,067)</u>	<u>65,410,872</u>
NET POSITION, end of year	<u>\$ 106,617,462</u>	<u>\$ 1,115,796</u>	<u>\$ (5,846,067)</u>	<u>\$ 101,887,191</u>

See accompanying report of independent auditors.

Kern County Hospital Authority
Schedule of Revenues, Expenses and Changes in Net Position
Year Ended June 30, 2024

	Kern Medical	Kern Medical Surgery Center	Eliminations	Total
OPERATING REVENUES				
Net patient service revenue, net of provisions for uncollectible accounts of \$14,410,000 in 2024	\$ 287,484,381	\$ 4,344,808	\$ -	\$ 291,829,189
Indigent patient care funding	196,711,998	-	-	196,711,998
Correctional medicine funding	34,172,564	-	-	34,172,564
County funding	3,422,997	-	-	3,422,997
Other operating revenue	24,061,041	4,842,557	(4,834,825)	24,068,773
Total operating revenues	545,852,981	9,187,365	(4,834,825)	550,205,521
OPERATING EXPENSES				
Salaries and employee benefits	333,220,697	5,552,366	(3,444,923)	335,328,140
Services and supplies	183,710,448	2,506,669	-	186,217,117
Other expenses	6,662,187	65,857	(1,389,902)	5,338,142
Depreciation and amortization	15,404,151	449,014	-	15,853,165
Total operating expenses	538,997,483	8,573,906	(4,834,825)	542,736,564
OPERATING INCOME	6,855,498	613,459	-	7,468,957
NONOPERATING REVENUES (EXPENSES)				
Interest on bank deposits and investments, net	241,391	-	-	241,391
Revenue from other governmental agencies	193,480	-	-	193,480
Other nonoperating revenues	193,807	-	-	193,807
Interest expense	(3,161,293)	(21,072)	-	(3,182,365)
Total nonoperating revenues (expenses), net	(2,532,615)	(21,072)	-	(2,553,687)
Change in net position	4,322,883	592,387	-	4,915,270
NET POSITION, beginning of year	65,630,268	711,401	(5,846,067)	60,495,602
NET POSITION, end of year	\$ 69,953,151	\$ 1,303,788	\$ (5,846,067)	\$ 65,410,872

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 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 financial statements of Kern County Hospital Authority, which comprise the statement of net position as of June 30, 2025, and the related 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 Kern County Hospital Authority's basic financial statements, and have issued our report thereon dated January 9, 2026.

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.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as described in the accompanying schedule of findings and responses, we identified certain deficiencies in internal control that we consider to be material weaknesses and significant deficiencies.

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 Kern County Hospital Authority's financial statements will not be prevented, or detected and corrected, on a timely basis. We consider the deficiency described in the accompanying schedule of findings and responses as item 2025-001 to be a material weakness.

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. We consider the deficiency described in the accompanying schedule of findings and responses as item 2025-002 to be a significant deficiency.

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*.

Kern County Hospital Authority's Response to Findings

Government Auditing Standards requires the auditor to perform limited procedures on Kern County Hospital Authority's response to the findings identified in our audit and described in the accompanying schedule of findings and responses. Kern County Hospital Authority's response was not subjected to the other auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

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 Kern County Hospital Authority's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Kern County Hospital Authority's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Baker Tilly US, LLP

Los Angeles, California
January 9, 2026

Kern County Hospital Authority

Schedule of Findings and Responses

Finding 2025-001 – Material Weakness in Internal Controls over Financial Reporting – Valuation of Patient Accounts Receivables

Criteria

Patient accounts receivable must be accurately valued in accordance with accounting principles generally accepted in the United States of America. Specifically, the patient accounts receivable balances should reflect net realizable amounts in accordance with historical data.

Condition

During our testing of patient accounts receivable, we noted a difference between our estimated valuation of the patient accounts receivable and management's estimate of approximately \$17M. This difference was primarily due to an additional contractual allowance recorded by management in excess of the allowances that were initially calculated by management as part of the standard monthly review process.

Cause

The additional allowance recorded by management resulted from management performing their analysis based on the impact to the statement of revenues, expenses and changes to net position, without properly assessing the impact to the corresponding valuation of the patient accounts receivable.

Effect

As a result, we concluded that an adjustment to increase patient accounts receivable and increase net patient services revenue as of June 30, 2025, by \$17M was necessary. The \$17M represents an increase to the amount estimated to be collected as of June 30, 2025, and is necessary to ensure that the statement of revenues, expenses, and changes in net position aligns with what is reported on the statement of net position.

Recommendation

We recommend that management implement controls to ensure that all adjustments to calculated contractual allowances for patient receivables are properly supported. Additionally, we recommend that management review its contractual allowance calculation methodology and identify whether further disaggregation is necessary to enhance the precision and reliability of the estimate.

Views of responsible officials

Kern County Hospital Authority management agrees with Baker Tilly's assessment that excess contractual allowances were placed on patient accounts receivable at June 30, 2025. However, it is management's opinion that the core methodology currently used to estimate allowances for patient receivables is sound and reliable. Patient accounts receivable are analyzed at the patient level each month and the impact on both the statement of net position and net patient revenue are taken into consideration. Management is conscientious about the fact that patient cash collections must equal or exceed the dollar amount of net patient revenue recognized. Net patient revenue is the standard industry benchmark cash collection goal for healthcare providers. Therefore, management is conscientious about reporting net patient revenue that can reasonably be collected by the organization. Management will implement additional steps and procedures during future analyses to ensure that reasonable net patient revenue is recognized each period and that it corresponds with net accounts receivable reported on the statement of net position. Analyses will include at least quarterly cash aging analyses to determine whether or not current cash collections correspond with current patient accounts receivable.

Kern County Hospital Authority

Schedule of Findings and Responses

Finding 2025-002 – Significant Deficiency in Internal Controls over Financial Reporting – Account Reconciliations and Proper Reviews

Criteria

Kern County Hospital Authority should have policies and procedures in place to ensure all accounts are reconciled and reviewed on a timely basis.

Condition

Throughout our review of the design and implementation of internal controls, we noted multiple instances where the preparation and review of account reconciliations was not taking place until several months after month-end. Additionally, we noted during our review of bank reconciliations, that the bank reconciliations included variances to be researched and transfers between bank accounts that had not been properly recorded within the general ledger.

Cause

The delay in the preparation and review of the account reconciliation and in the investigation of variances within the bank reconciliations is primarily due to turnover in the accounting department throughout the fiscal year.

Potential effect

The delay in the preparation and review of the account reconciliation and in the investigation of variances within the bank reconciliations increases the risk that a misstatement within the financial statements would not be identified and corrected in a timely manner.

Recommendation

We recommend that management implement a financial close and reporting timeline and ensure that all reconciliations are prepared and reviewed within the scheduled timeframe. Additionally, we recommend that management implement processes to ensure that reconciling items are identified and resolved on a timely basis.

Views of responsible officials

Kern County Hospital Authority management agrees with Baker Tilly's assessment that timely and accurate balance sheet account reconciliations should be prepared monthly. Management also agrees with the assessment that the month-end accounting cycle close process should follow a schedule and be completed within a reasonable timeframe. Current policies and procedures are in place that require accounting staff to prepare monthly balance sheet reconciliations. In addition, management's intent is to complete the accounting cycle close process by the 20th of the month following the month being closed. However, as referenced by Baker Tilly above as a primary cause, a high rate of accounting staff turnover during FY 2025 made completing balance sheet reconciliations on a timely basis and adhering to a month-end close schedule difficult. At this time all vacant staff accounting positions have been filled. It is management's expectation that staff will soon gain the expertise and proficiency needed to complete the month-end close process and all balance sheet reconciliations accurately and efficiently on a monthly basis.

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