



## **AGENDA**

### **KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER BOARD OF DIRECTORS**

**Community Health Center  
Administrative Office  
900 Truxtun Avenue, Suite 250  
Bakersfield, California 93301**

Regular Meeting  
Wednesday, January 28, 2026

11:30 A.M.

#### BOARD TO RECONVENE

Board Members: Avila, Behill, Kemp, Lopez, Martinez, Nichols, Sandoval, Smith, Williams  
Roll Call:

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" ARE CONSIDERED TO BE ROUTINE AND NON-CONTROVERSIAL BY KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER STAFF. THE "CA" REPRESENTS THE CONSENT AGENDA. CONSENT ITEMS WILL BE CONSIDERED FIRST AND MAY BE APPROVED BY ONE MOTION IF NO MEMBER OF THE BOARD OR AUDIENCE WISHES TO COMMENT OR ASK QUESTIONS. IF COMMENT OR DISCUSSION IS DESIRED BY ANYONE, THE ITEM WILL BE REMOVED FROM THE CONSENT AGENDA AND WILL BE CONSIDERED IN LISTED SEQUENCE WITH AN OPPORTUNITY FOR ANY MEMBER OF THE PUBLIC TO ADDRESS THE BOARD CONCERNING THE ITEM BEFORE ACTION IS TAKEN.

STAFF RECOMMENDATION SHOWN IN CAPS

#### PUBLIC PRESENTATIONS

- 1) This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Board at a later meeting. In addition, the Board may take action to direct the staff to place a matter of business on a future agenda. SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Board members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code section 54954.2(a)(2)) –

ITEMS FOR CONSIDERATION

- CA  
3) Minutes for the Kern County Hospital Authority Community Health Center Board of Directors regular meeting on December 18, 2025 –  
APPROVE
- CA  
4) Proposed Kern County Hospital Authority Community Health Center Home Health/DME/Home Pharmacy Referrals and Ambulatory Specialty Referral Authorization Request policies –  
APPROVE; AUTHORIZE CHAIRMAN TO SIGN
- CA  
5) Proposed Kern County Hospital Authority Community Health Center Peer Review Policy –  
APPROVE; AUTHORIZE CHAIRMAN TO SIGN
- CA  
6) Proposed Resolution to adopt the Kern County Hospital Authority Conflict of Interest Policy and Code –  
APPROVE; ADOPT RESOLUTION
- CA  
7) Proposed Resolution to adopt the Kern County Hospital Authority Human Resources policies –  
APPROVE; ADOPT RESOLUTION
- CA  
8) Proposed updated Kern County Hospital Authority Community Health Center Board of Directors Reference Sheet in preparation for the On-Site Visit –  
APPROVE
- 9) Report on the Kern County Hospital Authority Community Health Center Quality Summary for calendar year 2025 –  
RECEIVE AND FILE
- 10) Report on the Kern County Hospital Authority Community Health Center Clinical Quality Metrics for calendar year 2025 –  
RECEIVE AND FILE
- 11) Report on the Kern County Hospital Authority Community Health Center Health Center Service Utilization for December 2025 –  
RECEIVE AND FILE
- 12) Proposed Kern County Hospital Authority Service Area Analysis –  
APPROVE

- 13) Report on the Kern County Hospital Authority Community Health Center financials for November 2025 –  
RECEIVE AND FILE
- 14) Kern County Hospital Authority Community Health Center Executive Director Report –  
RECEIVE AND FILE

ADJOURN TO CLOSED SESSION

CLOSED SESSION

- 15) PUBLIC EMPLOYEE PERFORMANCE EVALUATION - Title: Community Health Center Executive Director (Government Code Section 54957) –

RECONVENE FROM CLOSED SESSION

REPORT ON ACTIONS TAKEN IN CLOSED SESSION

ADJOURN TO WEDNESDAY, FEBRUARY 25, 2026 AT 11:30 A.M.

## **SUPPORTING DOCUMENTATION FOR AGENDA ITEMS**

All agenda item supporting documentation is available for public review at Kern Medical Center in the Administration Department, 1700 Mount Vernon Avenue, Bakersfield, 93306 during regular business hours, 8:00 a.m. – 5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

### **AMERICANS WITH DISABILITIES ACT (Government Code Section 54953.2)**

The Kern Medical Center Conference Room is accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the Kern County Hospital Authority Community Health Center Board of Directors may request assistance at Kern Medical Center in the Administration Department, 1700 Mount Vernon Avenue, Bakersfield, California, or by calling (661) 326-2102. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting material available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.



## **SUMMARY OF PROCEEDINGS**

### **KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER BOARD OF DIRECTORS**

**Community Health Center  
Administrative Office  
900 Truxtun Avenue, Suite 250  
Bakersfield, California 93301**

Regular Meeting  
Thursday, December 18, 2025

11:30 A.M.

BOARD RECONVENED – Director Martinez convened the meeting of the Board at 11:30 A.M. and established a quorum was present.

Board Members: Avila, Behill, Kemp, Lopez, Martinez, Nichols, Sandoval, Smith, Williams  
Roll Call: 8 Present; 1 Absent – Sandoval

NOTE: DIRECTOR SANDOVAL JOINED THE MEETING AFTER ROLLCALL AND THE VOTE ON THE CONSENT AGENDA ITEMS AND ITEM 8.

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

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

BOARD ACTION SHOWN IN CAPS

#### PUBLIC PRESENTATIONS

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

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

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

CA

- 3) Minutes for the Kern County Hospital Authority Community Health Center Board of Directors regular meetings on November 20, 2025 –  
APPROVED  
**Smith – Nichols; 8 Ayes; 1 Absent - Sandoval**

CA

- 4) Proposed 2026 training schedule for the Kern County Hospital Authority Community Health Center Community Health Center Board of Directors –  
APPROVED  
**Smith – Nichols; 8 Ayes; 1 Absent - Sandoval**

CA

- 5) Proposed Amendment No. 2 to the Memorandum of Understanding 031-2025 with Kern Medical Center for patient referral services –  
APPROVED; AUTHORIZED CHAIRMAN TO SIGN  
**Smith – Nichols; 8 Ayes; 1 Absent - Sandoval**

CA

- 6) Proposed resolution to adopt the agreements entered into by the Kern County Hospital Authority on behalf of the Kern County Hospital Authority Community Health Center –  
APPROVED; ADOPTED RESOLUTION  
**Smith – Nichols; 8 Ayes; 1 Absent - Sandoval**

CA

- 7) Proposed revised Kern County Hospital Authority Community Health Center Billing Protocols Policy –  
APPROVED; AUTHORIZED CHAIRMAN TO SIGN  
**Smith – Nichols; 8 Ayes; 1 Absent - Sandoval**

- 8) Report on the Kern County Hospital Authority Community Health Center Clinical Quality Metrics –  
EXECUTIVE DIRECTOR INTRODUCED INTERIM MEDICAL DIRECTOR DR. GLENN GOLDIS WHO MADE THE PRESENTATION REGARDING THE QUALITY METRICS. DR. GOLDIS WENT OVER THE CLINICAL QUALITY DASHBOARD IN DETAIL, REMINDING THE BOARD THAT GREEN INDICATES THAT THE METRICS IS TRENDING POSITIVELY AND RED METRICS CONTINUE TO NEED MORE WORK BY STAFF TO ATTAIN THE REQUIRED STANDARD. DR. GOLDIS POINTED OUT THE METRICS FOR CHILDHOOD IMMUNIZATIONS EXPLAINING THAT THE METRICS ONLY CAPTURED THE IMMUNIZATIONS GIVEN IN THE CHILD'S FIRST TWO YEARS OF LIFE AND DISCUSSED A SUMMARY OF FOLLOW-UP ACTIONS BEING TAKEN TO IMPROVER PERFORMANCE ON THIS METRIC. DIRECTOR NICHOLS ASKED IF PATIENTS MUST PAY FOR IMMUNIZATIONS. INTERIM MEDICAL DIRECTOR RESPONDED THAT PATIENTS DID NOT PAY FOR IMMUNIZATIONS; EITHER

THEY ARE INSURED OR THE SLIDING FEE PAY SCALE IS USED, BUT PAYMENT IS RARELY A BARRIER TO ACCESS TO CARE ISSUE. DIRECTOR SMITH COMMENTED THAT IN HER PAST EXPERIENCE THIS METRIC IS DIFFICULT TO MEET. DIRECTOR NICHOLS THEN ASKED IF THE QUALITY METRICS COULD BE MET THROUGH TELEHEALTH VISITS. EXECUTIVE DIRECTOR RESPONDED THAT THE PEDIATRIC CLINIC HAS TELEHEALTH VISITS EVERYDAY BUT AS MOST OF THE METRICS ARE BASED ON TREATMENT, STAFF IS FOCUSING ON THE MOBILE CLINICS AND OUTREACH TO MAKE THE MOBILE CLINICS MORE ACCESSIBLE TO THE MORE RURAL AREAS OF THE COMMUNITY.

RECEIVED AND FILED

**Behill – Avila; 8 Ayes; 1 Absent - Sandoval**

- 9) Report on the Kern County Hospital Authority Community Health Center's Patient Safety Quarter 3 –

EXECUTIVE DIRECTOR INTRODUCED NURSING ADMINISTRATOR ALICIA GAETA AND DIRECTOR OF PERFORMANCE IMPROVEMENT CARMELITA MAGNO, WHO MADE THE PRESENTATION REGARDING PATIENT SAFETY FOR QUARTER 3. NURSING ADMINISTRATOR EXPLAINED THE THREE AREAS OF FOCUS FOR PATIENT SAFETY AS WELL AS TRACKING OCCURRENCES. DIRECTOR WILLIAMS ASKED IF THE SAFETY AUDIT INCLUDED MEDICAL ASSISTANTS AS PART OF THE PROVIDERS. DIRECTOR OF PERFORMANCE IMPROVEMENT CONFIRMED THAT THE AUDIT INCLUDED ALL STAFF. THE DIRECTOR OF PERFORMANCE IMPROVEMENT EXPLAINED THAT THE DATA IS NOT AS ACCURATE AS IT COULD BE DUE TO THE ISSUE OF A PARTICULAR CHECKBOX IN THE ELECTRONIC HEALTH RECORD NOT BEING MARKED WHICH LEADS TO THE DATA NOT BEING FLAGGED FOR THE REPORTS. AS A FOLLOW-UP, EDUCATION ON THIS ISSUE IS BEING DECIMINATED TO ALL STAFF TO REMEDY THIS ISSUE. DIRECTOR MARTINEZ ASKED IF THE OCCURRENCE REPORT WAS BASED ON OBSERVATIONS. DIRECTOR OF PERFORMANCE IMPROVEMENT RESPONDED THAT THE OCCURRENCE REPORT WAS BASED ON OBSERVATIONS AND SAFETY CATCHES WHICH ARE COMPLETED BY STAFF AUDITORS THAT ARE TRAINED BY THE INFECTION CONTROL DEPARTMENT. DIRECTOR MARTINEZ ASKED IF THE MEDICATION RECONCILIATION AUDITS INCLUDED ALL PATIENTS AND IF SO, WHAT WAS BEING MISSED. DIRECTOR OF PERFORMANCE IMPROVEMENT RESPONDED THAT RECONCILIATIONS ARE COMPLETED FOR EVERY PATIENT AND THIS IS THE DATA THAT IS BEING MISSED WHEN A PARTICULAR CHECK BOX IN THE ELECTRONIC HEALTH RECORD IS NOT MARKED. THE NURSING ADMINISTRATOR ADDED THAT IN THE AUDIT, THERE IS A DATE/TIME STAMP OF WHEN THE RECONCILIATION WAS COMPLETED, SO STAFF CAN MANUALLY PULL THIS DATA BUT DATA IS PULLED INTO THE REPORT DUE TO THE CHECK BOX NOT BEING CHECKED OFF. STAFF TRAINING/EDUCATION IS SCHEDULED TO EDUCATE ABOUT THE IMPORTANCE OF CHECKING THAT CHECK BOX.

RECEIVED AND FILED

**Williams – Smith; 9 Ayes; 0 Absent**

- 10) Report on the Kern County Hospital Authority Community Health Center Health Center Service Utilization for November 2025 –

EXECUTIVE DIRECTOR INTRODUCED PRACTICE ADMINISTRATOR ANNA CARRILLO WHO MADE THE PRESENTATION. DIRECTOR WILLIAMS ASKED FOR A REFRESH ON WHAT MADE A PATIENT "UNIQUE". THE PRACTICE ADMINISTRATOR EXPLAINED THAT EACH PATIENT IS "UNIQUE" BUT IF THE SAME PATIENT HAS MULTIPLE APPOINTMENTS IN ONE MONTH, THE PATIENT STILL ONLY COUNTS AS ONE "UNIQUE" PATIENT.

DIRECTOR AVILA ASKED IF THE COLUMBUS LOCATION IS THE CLOSEST TO ZIP CODES 93304 AND 93307. EXECUTIVE DIRECTOR RESPONDED THAT YES, THE COLUMBUS CLINICS ARE THE CLOSEST BRICK AND MORTAR FACILITY TO THE 93304 AND 93307 AREAS, BUT THE MOBILE CLINICS VISIT THE VINELAND, GREENFIELD, AND FAIRFAX AREAS EVERY WEEK. PATIENTS IN THOSE ZIP CODES MAY BE SEEN AT THE MOBILE CLINICS AND SOME OF THOSE PATIENTS THEN GO TO COLUMBUS FOR THEIR PRIMARY CARE FOLLOW UP APPOINTMENTS. DIRECTOR NICHOLS ASKED IF THE MOBILE CLINIC AT 4<sup>TH</sup> AND UNION AVENUE CAPTURED THE MOST RESIDENTS OF 93307? THE EXECUTIVE DIRECTOR STATED THE MOBILE CLINIC IN VINELAND AND DIGORGIO (LAMONT) SCHOOL DISTRICTS SERVICED MOST PATIENTS LIVING IN THE 93307 ZIP CODE. THE EXECUTIVE DIRECTOR REITERATED THAT THE CHC HAD A GROWING NUMBER OF PARTNERSHIPS WITH SCHOOL DISTRICTS AND COMMUNITY CENTERS WHICH ALLOWED PATIENTS TO SEE A HEALTHCARE PROVIDER CLOSER TO THEIR HOME. THE SCHOOLS ARE INCLUDING A CONSENT FORM IN THEIR REGISTRATION PACKETS TO ALLOW STUDENTS TO RECEIVE MEDICAL CARE THROUGH THE MOBILE UNITS BUT THE MOBILE CLINICS NOT ONLY SERVICE STUDENTS, BUT ALSO THEIR FAMILIES AND SCHOOL FACULTY. THE MOBILE CLINICS HAVE ALSO PROVIDED SERVICES FOR THE BOYS AND GIRLS CLUB, KERN HEALTH SYSTEMS, AND THE DEPARTMENT OF PUBLIC HEALTH. THE FUTURE GOAL IS TO HAVE ONE FQHC CLINIC SITE NEXT TO EVERY SCHOOL DISTRICT IN THOSE AREAS. DIRECTOR AVILA ASKED WHAT THE APPOINTMENT VISIT CAPACITY WAS FOR THE MOBILE CLINICS. EXECUTIVE DIRECTOR RESPONDED THAT THEY AVERAGED 75-100 PATIENTS DEPENDING ON THE EVENT. WHEN SCHOOL DISTRICTS REQUEST SPORT PHYSICALS SERVICES, THE CLINIC CAN SEE UP TO 150 PATIENTS BUT PRIMARY CARE PROVIDERS USUALLY SEE AROUND 25 PATIENTS AT EACH LOCATION. DIRECTOR SMITH ASKED IN THE NUMBERS FOR THE MOBILE CLINIC WERE SEPARATE FROM THE CHC NUMBERS? THE EXECUTIVE DIRECTOR RESPONDED YES, BUT THE NUMBERS ARE TRACKED BECAUSE MANY OF INITIAL VISITS AT A MOBILE CLINIC LED TO A FOLLOW UP VISIT AT A CHC BRICK AND MORTAR LOCATION. DIRECTOR NICHOLS ASKED HOW ARE REQUESTS MADE TO BRING A MOBILE CLINIC TO A SITE. EXECUTIVE DIRECTOR RESPONDED THAT ANYONE CAN MAKE A REQUEST THROUGH HER OR THE CLINIC MANAGERS AND MANY COMMUNITY PARTNERS ALSO SEND REFERRALS. THE MOBILE CLINICS HAVE PROVIDED SERVICES AT LOCAL CHURCHES, HOMELESS SHELTERS, SENIOR CENTERS, ETC AT THE REQUEST OF THESE FACILITIES. DIRECTOR NICHOLS ASKED IF THERE WERE PLANS TO CREATE MORE MOBILE CLINICS? EXECUTIVE DIRECTOR STATED THAT AT THIS TIME NO DUE TO SPACE CONSTRAINTS, THERE IS CURRENTLY NO ADDITIONAL SPACE TO HOUSE ANOTHER MOBILE UNIT AND THE GOAL IS TO HAVE MORE PERMANENT SITES AT SCHOOLS THROUGHOUT THE AREA. RECEIVED AND FILED

**Avila – Nichols; 9 Ayes; 0 Absent**

- 11) Report on the Kern County Hospital Authority Community Health Center financials for October 2025-

EXECUTIVE DIRECTOR INTRODUCED FINANCE ADMINISTRATOR ANDREW CANTU WHO MADE PRESENTATION REGARDING THE FINANCIALS FOR THE MONTH OF OCTOBER. THE FINANCE ADMINISTRATOR NOTED THAT PATIENT VISITS INCREASED FOR THE MONTH OF OCTOBER ALONG WITH THE NUMBER OF FTES, WHICH NEEDS TO BE CONSISTENTLY LOOKED AT TO MAKE SURE THAT THE CLINICS ARE NOT OVER STAFFED. ACCOUNTS RECEIVABLE WAS TRENDING AT 39 DAYS WHICH SHOWED THAT DOCUMENTATION WAS IMPROVING AND CLEAN CLAIMS WERE DROPPING MORE

EFFICIENTLY. AT THIS TIME, THE CURRENT OPERATING BUDGET IS 2 MILLION DOLLARS AHEAD OF THE PLANNED OPERATED BUDGET FOR THIS YEAR. DIRECTOR MARTINEZ ASKED IF THE BUDGET WAS SPREAD EVENLY TO EACH MONTH. FINANCE ADMINISTRATOR RESPONDED THAT THE BUDGET IS SET BASED ON THE PAST VISIT AND REVENUE HISTORY FOR THAT MONTH IN THE PREVIOUS YEAR. DIRECTOR WILLIAMS ASKED IF PER DIEM PHYSICIANS ARE COMPENSATED AT THE SAME RATE AS FULL-TIME PHYSICIANS WHO RECEIVE ADDITIONAL HEALTH AND OTHER BENEFITS. FINANCE ADMINISTRATOR RESPONDED THAT PER DIEM EMPLOYEES ARE COMPENSATED COMPARABLE TO FULL-TIME PHYSICIANS.  
RECEIVED AND FILED

**Smith – Nichols; 9 Ayes; 0 Absent**

- 12) Kern County Hospital Authority Community Health Center Executive Director Report – EXECUTIVE DIRECTOR THANKED THE BOARD AND RECOGNIZED THEM FOR THEIR SERVICE AND COMMITMENT. BOARD ENGAGEMENT IS SO IMPORTANT TO THE SUCCESS OF THE CHC AND THIS BOARD HAS BEEN INSTRUMENTAL IN IMPROVING STAFF REPORTS WHICH HAS HELPED STAFF MAKE DECISIONS AND PROPOSALS THAT ARE BENEFICIAL TO PATIENTS AND TO INFORMING THE BOARD IN MAKING THEIR DECISIONS. EXECUTIVE DIRECTOR ANNOUNCED THAT THE PEDIATRICS CHRISTMAS PARTY WAS A SUCCESS AND THAT OVER 190 CHILDREN RECEIVED COOKIES, PUNCH, AND CHRISTMAS PRESENTS THAT WERE DONATED BY OUTLAWZ CAR CLUB. EXECUTIVE DIRECTOR ALSO ANNOUNCED THAT THERE WILL BE A SPECIAL MEETING HELD ON JANUARY 22, 2026 DUE TO HRSA'S ON-SITE VISIT OCCURRING DURING THE REGULAR SCHEDULED MEETING ON JANUARY 28, 2026 WHICH MAY BE HELD AT THE HOSPITAL BUT FURTHER DETAILS WILL BE PROVIDED AS WE MOVE INTO THE NEW YEAR. DIRECTOR MARTINEZ THANKED THE EXECUTIVE DIRECTOR FOR ALL HER AND HER STAFF'S HARD WORK THIS YEAR.

RECEIVED AND FILED

**Nichols – Behill; 9 Ayes; 0 Absent**

ADJOURNED TO WEDNESDAY, JANUARY 28, 2026 AT 11:30 A.M.

**Nichols**

/s/ Marisol Urcid  
Clerk of the Board of Directors

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

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

January 28, 2026

**Subject:** Proposed Kern County Hospital Authority Community Health Center Home Health/DME/Home Pharmacy Referrals and Ambulatory Specialty Referral Authorization Request policies

**Recommended Action:** Approve; Authorize Chairman to Sign

**Summary:**

The KCHA CHC Board has oversight responsibilities for reviewing and approving policies applicable to KCHA CHC. The following proposed Operations policies are required to be submitted to HRSA.

Policy	Policy #
Home Health, Durable Medical Equipment, and Home Pharmacy Referrals	LAL-OP-04
Ambulatory Specialty Clinic Referral Authorization Request	LAL-OP-05

Staff recommends that your Board review and approve the above proposed policies.

**Kern County Hospital Authority Community Health Center**

<b>Department: Operations</b>				
Policy No.	Effective Date	Review Date:	Page	
LAL-OP-04	January 2026	January 2029	1 of 2	
<b>Title: Home Health/DME/Home Pharmacy Referrals</b>				

**I. PURPOSE:**

To authorize and coordinate home health, durable medical equipment (DME), and home pharmacy services for outpatients.

**II. DEFINITIONS:**

A. EMR – Electronic medical record

**III. POLICY STATEMENT:**

It is the policy of Kern Medical Outpatient Health to assist in the provision of home health and acquisition of DME and home pharmacy services to patients and their families.

**IV. EQUIPMENT: N/A**

**V. PROCEDURE:**

A. Provider Responsibilities:

1. An electronic order for Home Health, DME, or Home Pharmacy is entered into the patient's EMR.

B. Referral Management Team Responsibilities:

1. The Consult Representative assigned to processing these services is notified in the EMR.
2. The Consult Representative will verify the patient's insurance and demographic information for accuracy.
3. The Consult Representative is to confirm if the patient is currently being provided services by any home health agency/DME company/pharmacy, or if they have a preference.
4. The Consult Representative will obtain copies of outpatient clinic notes, physician orders, and prescriptions for home health agency or DME ordered.
5. The Consult Representative will confirm patient's health benefits and/or lack thereof:
  - a. Self-Pay – Patient will be directed to a Health Benefit Advisor.
  - b. Insured patients with a Managed Health Care Plan, if authorization is required, authorization will be submitted to the insurance company, along with supporting clinical documents. If no authorization is required, the patient will be contacted on where to go and where to obtain supplies.
  - c. Patients with KMCHP – Will be forwarded to Case Management for review. Case Management will arrange for the patient to be set up with a facility and/or products as needed. Case Management will forward all information back to the Consult Representative. It is the responsibility of the Consult Representative to contact the patient to arrange services.
6. Fax all collected documents to the appropriate home health/DME company/home pharmacy regarding referral to the patient/family.
7. Answer any questions regarding referral to the patient/family.
8. Give the patient/family name and phone number of home health/DME company/home pharmacy agencies and approximate time to expect the agency to arrive at their home.

- 9. All correspondence and forms will be documented in EMR.
  - 10. Physicians will be notified of any issues that arise from Home Health/DME Company/Home Pharmacy agencies' referrals.
- C. Clinic Staff Responsibilities
- 1. Clinic staff will provide a copy of the patient's prescription for home health/DME company/home pharmacy, all medications, and intravenous (IV) fluids ordered to the patient on request.
  - 2. Clinic staff will instruct the patient/family to call the clinic if there are any questions regarding their orders.

**VI. SPECIAL CONSIDERATIONS: N/A**

**VII. EDUCATION:**

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

OWNERSHIP (Committee/Department/Team) .....Operations	
ORIGINAL.....	
REVIEWED, NO REVISIONS.....	
REVISED.....	
APPROVED BY BOARD OF DIRECTORS ..... January 2026	
DISTRIBUTION.....	
REQUIRES REVIEW..... January 2029	
Executive Director Signature of Approval	Date
Signature of Approval	Date

**Kern County Hospital Authority Community Health Center**

<b>Department: Operations</b>				
Policy No.	Effective Date	Review Date:	Page	
LAL-OP-05	January 2026	January 2027	1 of 2	
<b>Title: Ambulatory Specialty Referral Authorization Request</b>				

**I. PURPOSE:**

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

**II. DEFINITIONS:**

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

**III. POLICY STATEMENT:**

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

**IV. EQUIPMENT: N/A**

**V. PROCEDURE:**

A. Internal Referral Process

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

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

**VI. SPECIAL CONSIDERATIONS: N/A**

**VII. EDUCATION:**

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

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

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

January 28, 2026

**Subject:** Proposed Kern County Hospital Authority Community Health Center Peer Review Policy

**Recommended Action:** Approve; Authorize Chairman to Sign

**Summary:**

The KCHA CHC Board has oversight responsibilities for reviewing and approving policies applicable to KCHA CHC. The following proposed Peer Review policy is required by HRSA.

Policy	Policy #
Peer Review	LAL-QUAL-04

Staff recommends that your Board review and approve the above proposed policy.

**Kern County Hospital Authority Community Health Center**

<b>Department: Quality</b>				
Policy No.	Effective Date	Review Date:	Page	
LAL-QUAL-04	January 2026	January 2029	1 of 2	
<b>Title: Peer Review Policy</b>				

**I. PURPOSE:**

To ensure that Kern Medical Outpatient Health, through the activities of its Quality Committee, assesses the current clinical competence via peer review or other comparable methods. Includes a process for denying, modifying, or removing privileges based on assessments of clinical competence and/or fitness for duty.

**II. GOALS:**

- A. Perform peer review for each provider every eight (8) months
- B. Create a performance improvement focused culture for peer review by recognizing provider excellence while identifying improvement opportunities
- C. Assure that the process for peer review is clearly defined, fair, timely and useful.

**III. DEFINITIONS:**

- A. **Kern Medical Outpatient Health Peer Review Committee (KMOHPRC):** The committee designated by the Medical Director to conduct the review of individual provider performance for all the designated health center staff. Peer review will occur monthly, with each provider reviewed every eight (8) months.
- B. **Kern Medical Peer Review Committee (KMPRC):** The committee designated by the Medical Executive Committee to conduct the review of individual practitioner performance for the Medical Staff, unless the MEC designates another entity for specific circumstances. Members of the KMPRC may render judgments of provider performance based on information provided by individual reviewers with appropriate subject matter expertise.
- C. **Peer:** An individual practicing in the same or similar profession, but not necessarily in the same specialty, who has the appropriate expertise to evaluate a provider competency issue under review. The level of subject matter expertise required will be determined on a case-by-case basis related to the nature of the issue under review.
- D. **Peer Review:** The evaluation and improvement of an individual provider's professional performance by other duly authorized provider. This process may use multiple sources of data for evaluation and includes both the identification of opportunities to improve care and the recognition of provider excellence.
- E. **Provider:** Any credentialed health care staff member providing health care services at Kern Medical Outpatient Health.
- F. **Peer Review Data:** Data sources that may include case reviews, observations, and other comments/concerns brought to the attention of the KMOHPRC. The data may be objective or perception-based (e.g., occurrence reports, patient satisfaction survey data) as appropriate for the competency under evaluation.
- G. **Letters:**
  - 1. **Rule Letters:** Notification to the practitioner of their performance on a Rule Indicator showing findings that fall below, meet, exceed the thresholds of expectation that define performance.
  - 2. **Care Appropriate Letters:** A "Care Appropriate" letter is sent to a practitioner when there are no concerns arising from a case review performed by the PRC Chair or a PRC reviewer.

- 3. **Improvement Opportunity Letters:** An "Improvement Opportunity" letter is classified as either Minor or Major depending upon the findings of a case review performed by a PRC Reviewer. Such letters are also sent to the corresponding Director for review and follow up.
- 4. **Inquiry Letters:** When the PRC discusses a case, additional information is often required in order to better understand the concern being discussed. In this case a Letter of Inquiry is sent to the practitioner for more information. This letter will ask for a written or in-person response.
- 5. **Educational Letters:** After the PRC finalizes a case review, an educational letter may be sent to the reviewed provider for purposes of informing them of an opportunity to improve.
- 6. **Communication Letters:** After the PRC finalizes a case review, a communication letter may be sent to the Board illustrating the findings.

H. **Sentinel or Significant Events:** A sentinel or significant event is a patient safety event that results in death, permanent harm, or severe temporary harm.

I. **Practitioner Competencies:** Determined by each category of health care provider

**J. Conflict of Interest**

A Member of the Quality Committee requested to perform peer review may have a conflict of interest if he/she is unable to render an unbiased opinion. An absolute conflict of interest would result if the provider was the subject under review, a first degree relative by consanguinity or affinity, current/former spouse, or civil union/domestic partner. A potential conflict of interest would result if the provider was:

- 1. Directly involved in the patient's care but not related to the issues under review
- 2. Involved in a perceived personal conflict with the provider under review or
- 3. A relative other than those defined above as having an absolute conflict.

**K. Conflict of Policies**

This Peer Review Policy is to be applied in conjunction with the Peer Review Policy of Kern Medical Center. If there is a conflict between this policy and the Kern Medical Center Peer Review Policy, the Kern Medical Center Peer Review Policy shall control.

**IV. SPECIAL CONSIDERATIONS: N/A**

**V. EDUCATION:**

A. KCHA CHC Staff: Will receive education pertaining to this policy, as appropriate, at time of general orientation and/or unit-specific orientation and as changes occur in legislation, quality or regulatory requirements. Staff's knowledge, skills and abilities will be validated during unit-specific orientation.

**VI. DOCUMENTATION: N/A**

**VII. ADDENDUMS: N/A**

OWNERSHIP (Committee/Department/Team) ..... Quality	
ORIGINAL.....	
REVIEWED, NO REVISIONS.....	
REVISED.....	
APPROVED BY BOARD OF DIRECTORS ..... January 2026	
DISTRIBUTION.....	
REQUIRES REVIEW..... January 2029	
Executive Director Signature of Approval	Date
Signature of Approval	Date

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

January 28, 2026

**Subject:** Proposed resolution to adopt Kern County Hospital Authority Conflict of Interest Code policy

**Recommended Action:** Adopt Resolution; Authorize Chairman to sign

**Summary:**

The Kern County Hospital Authority Community Health Center's governing board (CHC) must assure that the healthcare center is operated in compliance with applicable Federal, State, and local law and regulations. The purpose of the Kern County Hospital Authority's Conflict of Interest Code policy is: (1) to preserve the integrity of the decision-making process of the Hospital Authority, and therefore, the CHC, (2) to prevent intentional or inadvertent participation in the decision-making process by persons having an actual or apparent conflict of interest, (3) to promote compliance with the process by which conflicts of interest are disclosed and managed in accordance with state laws, and (4) to prevent violations of state conflict of interest laws.

As the Kern County Hospital Authority is the co-applicant of the CHC, the authorities and functions that apply to the co-applicant board also apply to the healthcare center.

Therefore, it is recommended that your Board adopt the Resolution to adopt the Kern County Hospital Authority's Conflict of Interest policy and authorize the Chairman to sign.

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

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In the matter of:

Resolution No. 2026-\_\_\_\_

**ADOPTING THE CONFLICT OF  
INTEREST POLICY AND CODE  
OF THE KERN COUNTY HOSPITAL  
AUTHORITY**

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

AYES:

NOES:

ABSENT:

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

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Marisol Urcid

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**RESOLUTION**

Section 1. WHEREAS:

(a) The conduct of Kern County Hospital Authority Community Health Center is subject to the provisions of the section 330 of the Public Health Services (PHS) Act (42 U.S.C. 254b) (“section 330”), as amended; and

(b) Public agencies are permitted to utilize a co-applicant governance structure for the purposes of meeting Health Center Program governance requirements. Public centers may be structured in one of two ways to meet the program requirements: 1) the public agency independently meets all the Health Center Program governance requirements based on the existing structure and vested authorities of the public agency's governing board; or 2) together, the public agency and the co-applicant meet all Health Center Program requirements; and

(c) By adopting the Kern County Hospital Authority Conflict of Interest Policy and Code, the Board of Directors will demonstrate compliance with the requirement that the health center governing board assures that the health center is operating in compliance with applicable federal, state, and local laws and regulations.

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

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

2. This Board hereby adopts the Kern County Hospital Authority's Conflict of Interest Policy and Code as set forth in Exhibit "A," attached hereto and incorporated herein by this reference.

3. The provisions of this Resolution shall be effective, in force, and operative as of the 28th day of January 2026.

4. Resolution No. 2025-003, adopted by the Board of Directors on March 26, 2025, is hereby repealed and superseded by this Resolution.

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

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

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

January 28, 2026

**Subject:** Proposed resolution to adopt Kern County Hospital Authority Human Resources Policies and Procedures

**Recommended Action:** Approve; Adopt Resolution

**Summary:**

The Kern County Hospital Authority Community Health Center (CHC) will have all Human Resources services provided by the Kern County Hospital Authority's Human Resources department. As outlined in the co-applicant agreement, the Kern County Hospital Authority maintains complete authority over all employee/staff operations to manage, hire, discipline, negotiate salary and benefits scales, and all employee grievances for the CHC. The CHC Board may not take any action that is inconsistent with any provision of any Kern County ordinance, any Kern County Hospital Authority policy, or any action of the Board of Governors. The Human Resources policy and procedures that will be applied include, but are not limited to:

Discipline Policy: HRM-HR-401

Hiring Policy: HRM-HR-201

Human Resources content in the current SEIU 521 and CIR MOUs.

Therefore, it is recommended that your Board approve the Resolution and adopt the Kern County Hospital Authority's Human Resources department policies and procedure.

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

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In the matter of:

Resolution No. 2026-\_\_\_\_

**ADOPTING THE HUMAN RESOURCES  
POLICIES AND PROCEDURES OF THE  
KERN COUNTY HOSPITAL AUTHORITY**

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

AYES:

NOES:

ABSENT:

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

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Marisol Urcid

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**RESOLUTION**

Section 1. WHEREAS:

(a) The conduct of Kern County Hospital Authority Community Health Center is subject to the provisions of the section 330 of the Public Health Services (PHS) Act (42 U.S.C. 254b) (“section 330”), as amended; and

(b) Public agencies are permitted to utilize a co-applicant governance structure for the purposes of meeting Health Center Program governance requirements. Public centers may be structured in one of two ways to meet the program requirements: 1) the public agency independently meets all the Health Center Program governance requirements based on the existing structure and vested authorities of the public agency's governing board; or 2) together, the public agency and the co-applicant meet all Health Center Program requirements; and

(c) By adopting the Kern County Hospital Authority's Human Resources policies, the Board of Directors will demonstrate compliance with the requirement that the health center governing board establishes, adopts, and maintains general personnel policies for the health center.

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

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

2. This Board hereby adopts the Kern County Hospital Authority's Human Resources policies as set forth in Exhibit "A," attached hereto and incorporated herein by this reference.

3. The provisions of this Resolution shall be effective, in force, and operative as of the 28th day of January 2026.

4. Resolution No. 2025-004, adopted by the Board of Directors on March 26, 2025, is hereby repealed and superseded by this Resolution.

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

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

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

January 28, 2026

**Subject:** Proposed updated Kern County Hospital Authority Community Health Center Board of Directors Reference Sheet in preparation for the On-Site Visit

**Recommended Action:** Approve

**Summary:**

In preparation for the Health Resources Services Administration's (HRSA) on-site visit (OSV), Community Health Center (CHC) staff have updated the HRSA OSV reference sheet previously presented to your Board at the October 22, 2025 regular board meeting. This reference sheet breaks down the topics and information that HRSA may ask the CHC Board of Directors questions about while they are completing their survey.

This updated reference sheet has been refined and includes data captured as of January 1, 2026. As the preparation process for OSV continues, this reference sheet maybe refined and updated further to make sure your Board has all the information you may need to ask questions, provide direction to staff, and request any further information or clarification your Board deems necessary to prepare for the HRSA OSV.

**Kern Medical Outpatient Health  
Board Member HRSA OSV Reference Sheet  
As of January 28, 2026**

**HRSA Reviewers:**

- X, Fiscal Reviewer
- X, Admin/Management/Governance Consultant
- X, Clinical Consultant
- X, HRSA PO/Federal Representative

**Table 1.**

<b>Health Center Profile: Based on YEAR Data</b>	<b>Data Reported</b>
<b>Total Patients Served</b>	
<b>Ethnicity</b>	
Unknown	0
Puerto Rican	43
Unreported/Chose Not to Disclose Ethnicity	400
Mexican	16886
Not Hispanic, Latino/A, Or Spanish Origin	8865
Another Hispanic, Latino/A, Or Spanish Origin	5144
<b>Race</b>	
Other Single Race	1521
Unknown	0
Black/African American	2236
White	27016
Unreported/Chose Not To Disclose Race	540
Two Or More Races	25
<b>Insurance Status</b>	
No Coverage	253
Has Coverage	31373
<b>Income Status</b>	
*Using % Of total FQHC Clients	
201% FPL or greater	0.06%
100% FPL Or Below	2.55%
*Using % Of total FQHC Clients that have income input	
201% FPL or greater	1.65%
100% FPL Or Below	73.10%
<b>Services</b>	
Primary Care	125058
Behavioral Health	3554

**Table 2.**

<b>Board Committees</b>	<b>Members /Meeting Cadence</b>
No formal committees at this moment.	

**Table 3.**

<b>Key Board Actions Taken</b>	<b>Date of Board Meeting</b>
Evaluation of the CEO	September 2025
Approved FQHC applications and budgets	February 26, 2025 Budget approval, Revised or Additional April 26, 2025
Approved operating hours, service sites, and services provided	February 26, 2025
Monitoring financial results	Monthly Financial updates beginning:
Conducts strategic planning and approves written Strategic Plan (every 3 years)	May 2025 (began) Completed August 2025
Evaluate the performance of the health center based on QI/QA assessments	Training Patient Satisfaction February 26, 2025
Approved Fee Schedule (Schedule of Charges) and Sliding Fee Discount Scale (annual	March 26, 2025
Review and approval of Quality Improvement / Assurance Plan	March 26, 2025
Policy Approval - Billing and Collections (Policy for waiving/reducing patient fees and refusal to pay)	April 2025
Policy Approval - Financial Management and Accounting Systems	March 26, 2025, Revised 4/2025
Policy Approval - Personnel	March 26, 2025
Patient satisfaction survey results reviewed	April 26, 2025
Needs Assessment Reviewed	January 2025 – CHC Presentation February 2025 - Application

**Questions to consider that may be asked by auditors:**

1. What is your “job” as a Board member – What is your role?
  - a. Evaluate the performance of the health center
  - b. CEO – hire/fire/evaluate
  - c. Policy Reviews
  - d. Strategic Planning



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

January 28, 2026

**Subject:** Report on the Kern County Hospital Authority Community Health Center Quality Summary for Calendar Year 2025

**Recommended Action:** Receive and File

**Summary:**

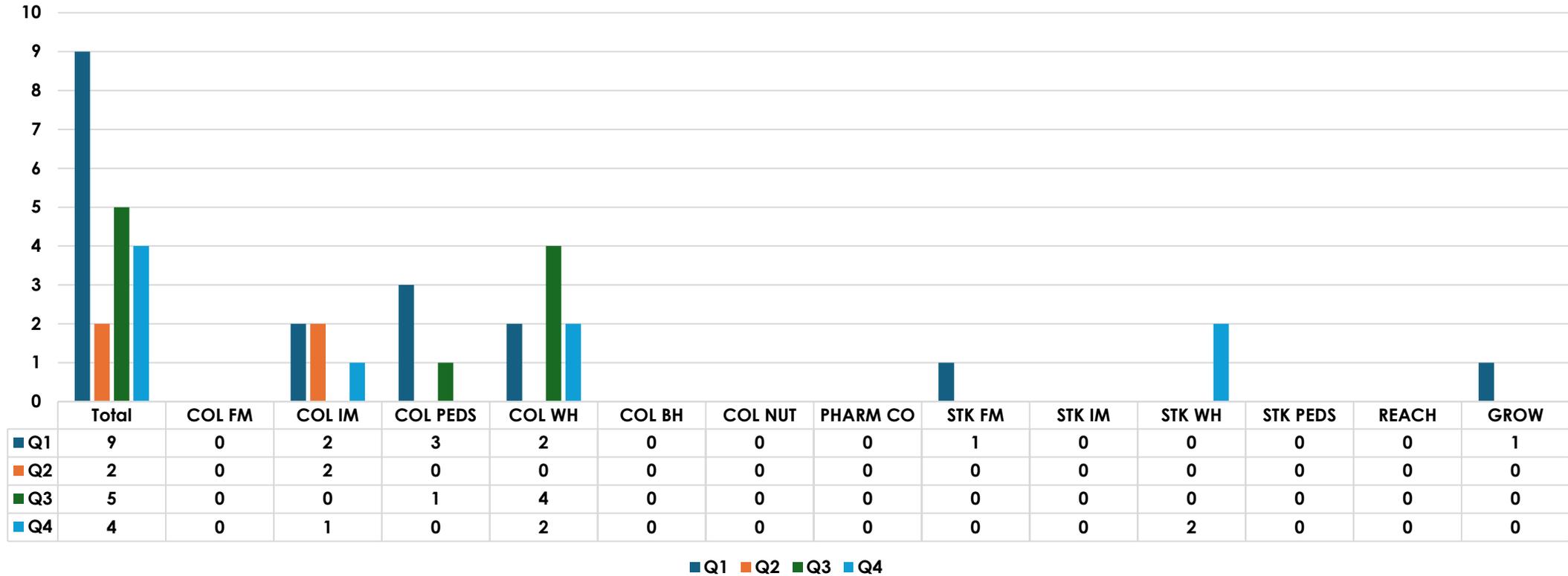
The Interim Chief Medical Officer for the Community Health Center will provide your board with the comprehensive Quality Update on Patient Complaints and Grievances for the calendar year 2025.



**Quality Report:**  
**2025 Summary**  
**Patient Complaint and Grievance**  
Community Health Center Board of Directors

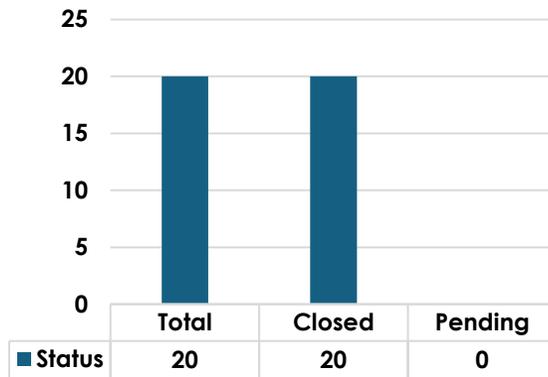
# 2025 Complaints

Complaints by Clinics

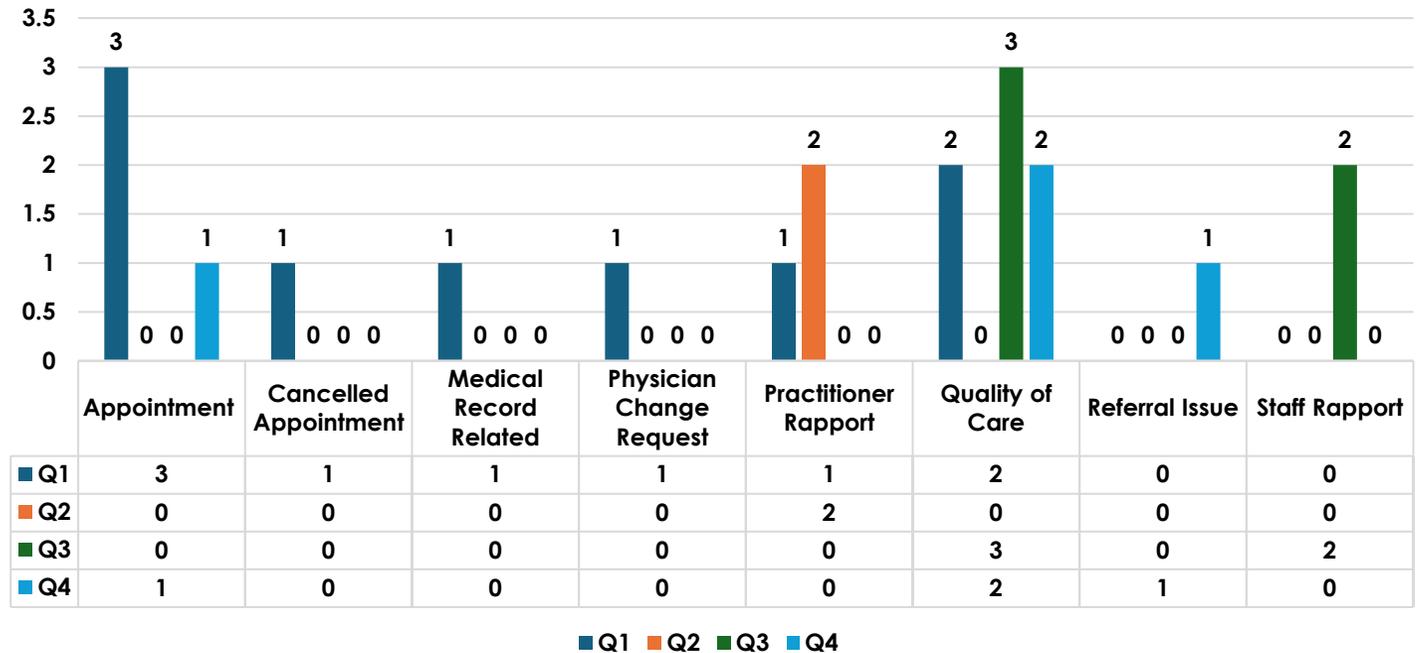


# 2025 Complaint Status and Types

## Complaint Status

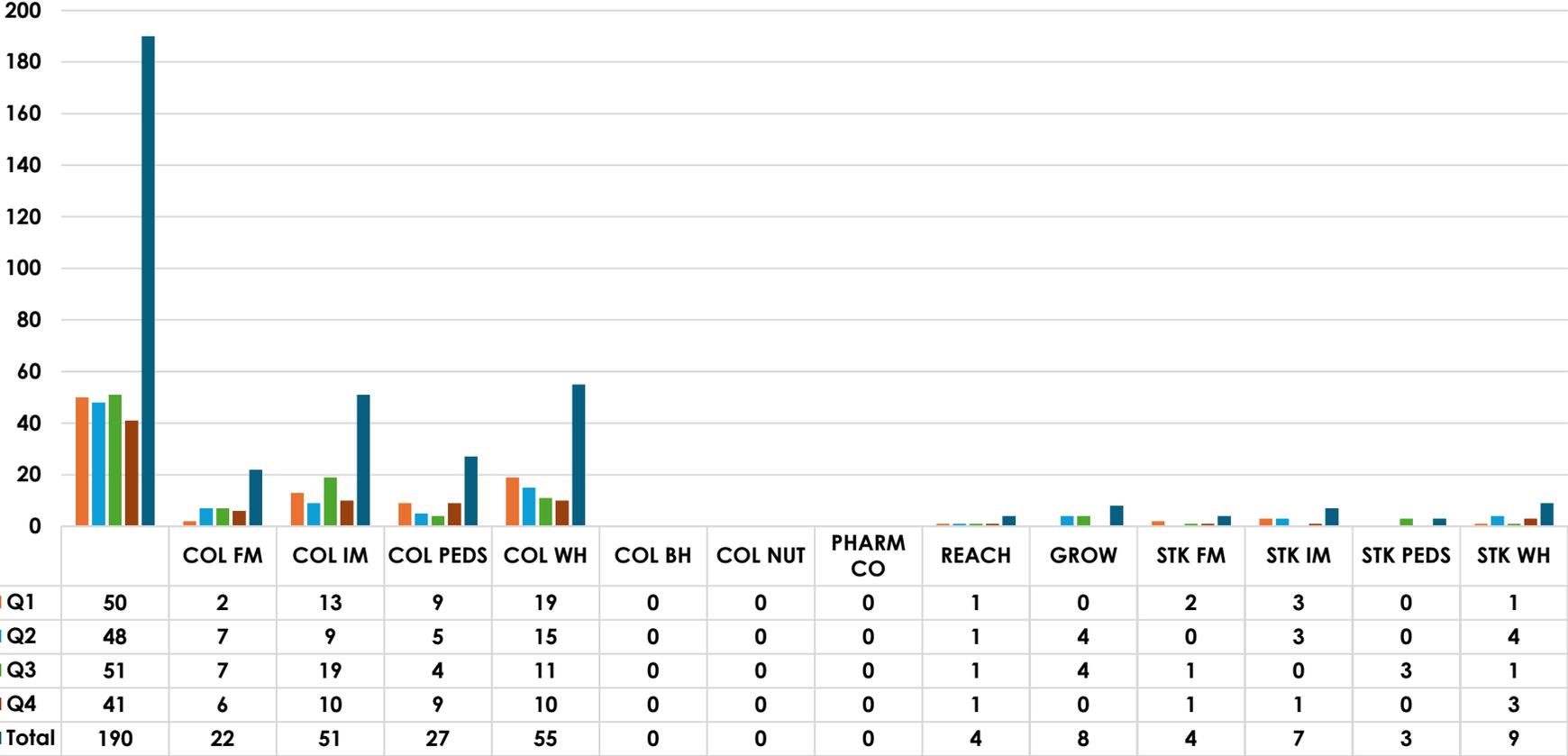


## Complaint Types



# 2025 Grievances

Grievances by Clinics



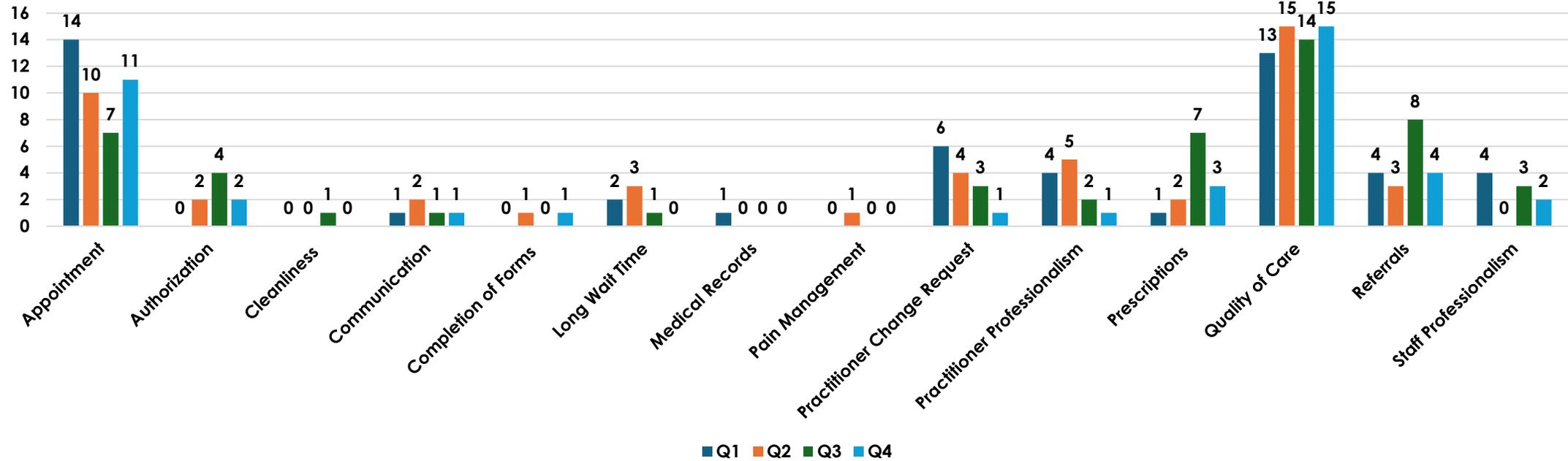
Q1 Q2 Q3 Q4 Total

Grievance Rate

Clinic	2025 Total Kept Appt	Grievance Rate
COL FM	16228	0.14%
COL IM	30631	0.17%
COL PEDS	21199	0.13%
COL WH	21468	0.26%
COL BH	2664	0.00%
COL NUT	496	0.00%
COL PHARM CO	3216	0.00%
REACH	4912	0.08%
GROW	5215	0.15%
STK FM	2115	0.19%
STK IM	2031	0.34%
STK PEDS	5918	0.05%
STK WH	3196	0.28%

# 2025 Grievances

## Grievance Types

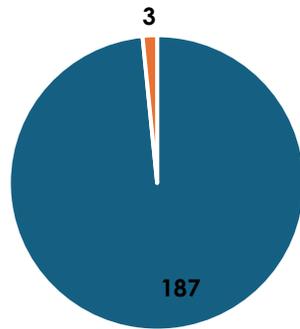


2025 Quality of Care	
Col FM	4
Col IM	15
Col Peds	5
Col WH	21
Grow	1
Reach	1
STK FM	1
STK IM	2
STK WH	7

Patients expressed dissatisfaction with being seen by multiple Practitioners and the care received. No consistent trend was identified with any specific Practitioner. Of all the quality of care grievances, only 1 (Col WH) was substantiated

# 2025 Grievance Status

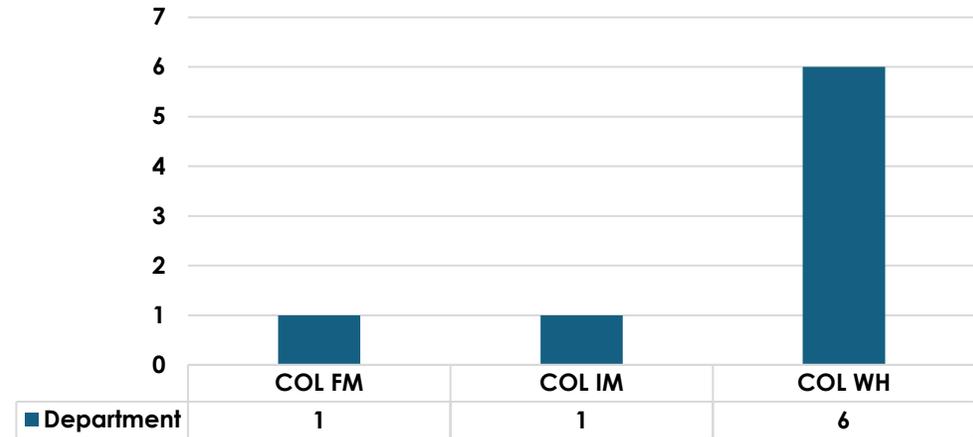
### Grievance Status



■ Closed ■ Pending

Three cases submitted during the last week of December remain pending as of Jan 9, 2026

### Substantiated Grievances



Of the 187 closed grievances, 8 were substantiated, meaning the Health Plan ruled in favor of the patient. Col FM and Col IM: Each had 1 substantiated case, both resolved by changing PCP. Col WH: Had 6 substantiated grievances: 4 related to appointments - resolved by rescheduling to times agreed upon by the patient. 1 related to quality of care - resolved through referral to a Pain Specialist. 1 related to cleanliness - addressed by increasing rounding efforts by clinic staff and Environmental Services (EVS).

Questions ?



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

January 28, 2026

**Subject:** Report on the Kern County Hospital Authority Community Health Center Clinical Quality Metrics for Calendar Year 2025

**Recommended Action:** Receive and File

**Summary:**

Glenn Goldis, MD, Acting Medical Director of the Kern County Hospital Authority Community Health Center, will provide your Board with a presentation on the Kern County Hospital Authority Community Health Center's Clinical Quality Metrics Report for Calendar Year 2025.



# **Quality Metrics – Calendar Year 2025**

**Community Health Center Board of Directors**

# Dashboard

Measure Name	Numerator	Denominator	NUM	DEN	%	Target
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Patients with a documented BMI during the encounter or during the measurement period, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the measurement period	All patients aged 18 and older with at least one qualifying encounter during the measurement period	11701	16258	72.0%	69.2%
Childhood Immunization Status	Children who received the recommended vaccines by their second birthday.	Children who turn 2 years of age during the measurement period and have a visit during the measurement period	176	854	20.6%	30.5%
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) (Inverse Measure)	Patients whose most recent HbA1c level is >9.0%	Patients 18-75 years of age with diabetes with a visit during the measurement period	970	3885	25.0%	25.2%
Cervical Cancer Screening	Women with one or more screenings for cervical cancer	Women 24-64 years of age by the end of the measurement period with a visit during the measurement period	5841	9176	63.7%	62.9%
Breast Cancer Screening	Women with one or more mammograms any time on or between October 1 two years prior to the measurement period and the end of the measurement period	Women 52-74 years of age with a visit during the measurement period	1745	2816	62.0%	63.5%
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Pop 1: Patients who were screened for tobacco use at least once	All patients aged 12 years and older seen for at least two visits or at least one preventive visit during the measurement period	17783	18350	96.9%	81.6%
	Pop 2: Patients who received tobacco cessation intervention		282	571	49.4%	49.3%
	Pop 3: Patients who were screened for tobacco use at least once AND who received tobacco cessation intervention		17494	18350	95.3%	79.5%

# Dashboard - continued

Measure Name	Numerator	Denominator	NUM	DEN	%	Target
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Pop 1: Patients who had a height, weight and body mass index (BMI) percentile recorded	Patients 3-17 years of age with at least one outpatient visit with a primary care physician (PCP) or an OB/GYN	6742	6844	98.5%	91.2%
	Pop 2: Patients who had counseling for nutrition		4553	6844	66.5%	65.2%
	Pop 3: Patients who had counseling for physical activity		4443	6844	64.9%	59.8%
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Patients screened for depression	All patients aged 12 years and older with at least one qualifying encounter during the measurement period	5056	21207	23.8%	16.2%
Depression Remission at Twelve Months	Patients who achieved remission at twelve months as demonstrated by the most recent twelve month (+/- 60 days) PHQ-9 score of less than five	Patients 12 years of age and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine	15	230	6.5%	14.2%
Controlling High Blood Pressure	Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg)	Patients 18-85 years of age who had a visit during the measurement period and diagnosis of essential hypertension	3448	3763	91.6%	63.9%
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Patients who are actively using or who receive an order (prescription) for statin therapy	Pop 1: All patients who were previously diagnosed with or currently have a diagnosis of clinical ASCVD, including an ASCVD procedure Pop 2: Patients aged 20 to 75 years who have ever had a laboratory result of LDL-C >=190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia Pop 3: Patients aged 40 to 75 years with Type 1 or Type 2 diabetes	3106	3890	79.8%	69.5%
HIV Screening	Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday	Patients 15 to 65 years of age who had at least one outpatient visit during the measurement period	14460	18894	76.5%	45.0%
Colorectal Cancer Screening	Patients with one or more screenings for colorectal cancer	Patients 46-75 years of age with a visit during the measurement period	3301	7009	47.1%	24.3%

# Key initiatives to improve quality metrics

- Vaccine hesitancy and changing federal guidelines are challenges.
  - Focus on educating patients and partnering with health plans for community awareness.
- Priority mammogram scheduling for breast cancer screening denominator patients.
- Behavioral health team has initial follow-up within 30 days for high depression screening scores, with later follow-ups at 4-8 months.

Questions ?

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

January 28, 2026

**Subject:** Report on the Kern County Hospital Authority Community Health Center Health Center Service Utilization for December 2025

**Recommended Action:** Receive and File

**Summary:**

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

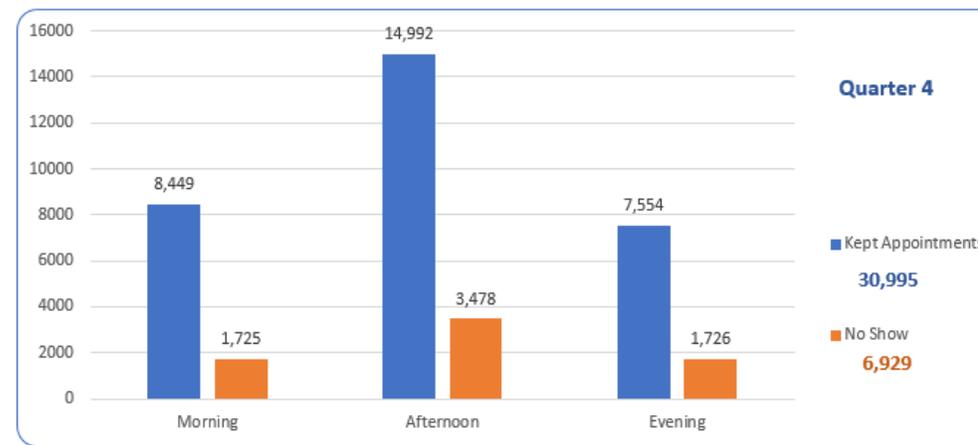
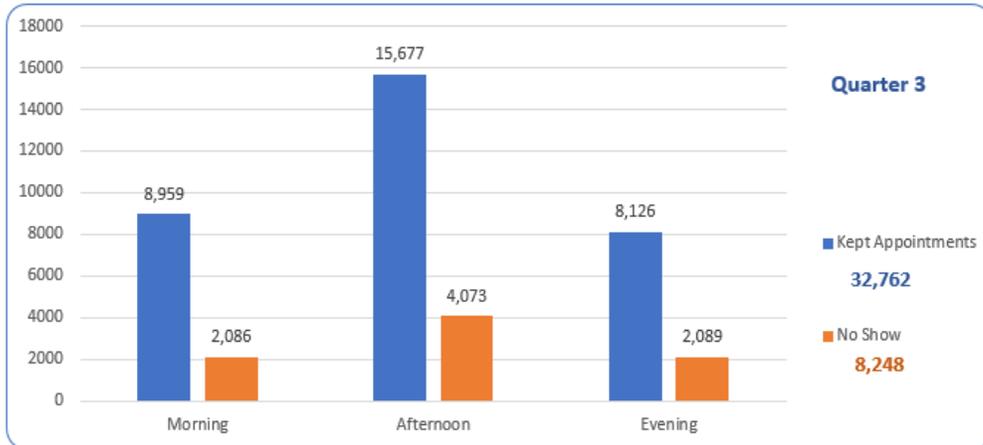
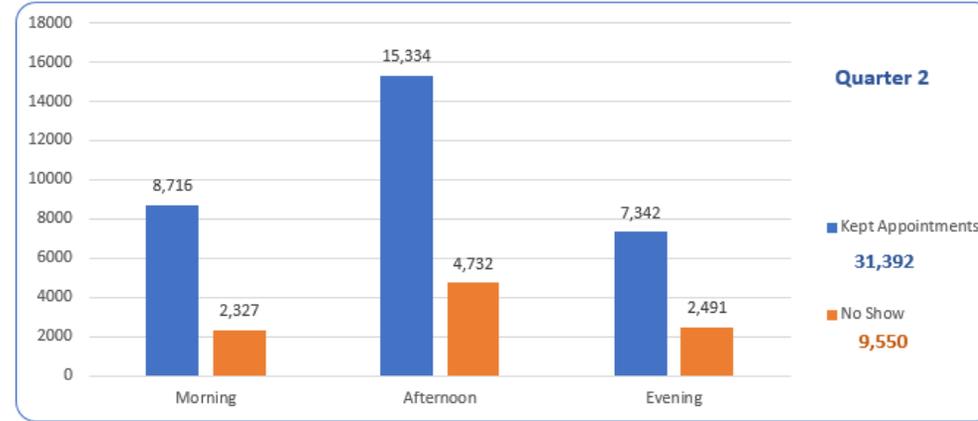
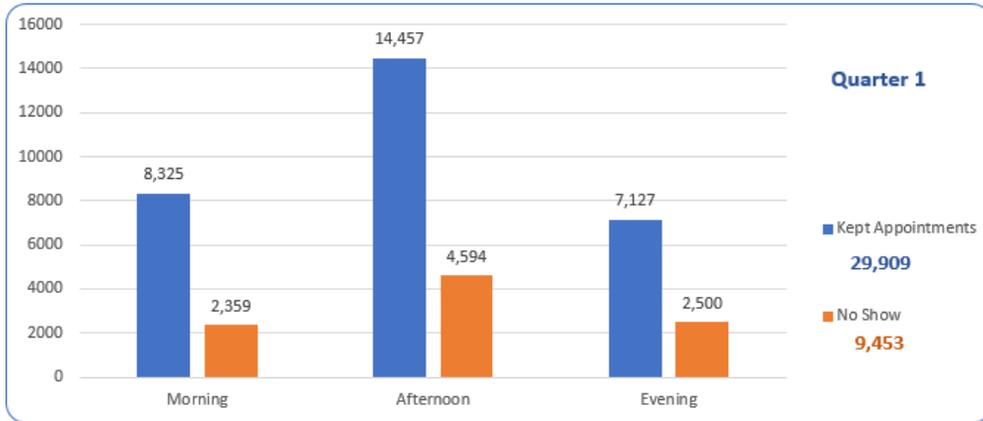
The Community Health Center produces data-based reports on: patient service utilization, trends and patterns in the patient population and overall health center performance, as necessary to inform and support internal decision-making and oversight by key management staff and governing board.

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



**Kern County Hospital Authority  
Community Health Center  
Board of Directors – December 2025  
Health Center Service Utilization**

# Quarterly Visits CY 2025

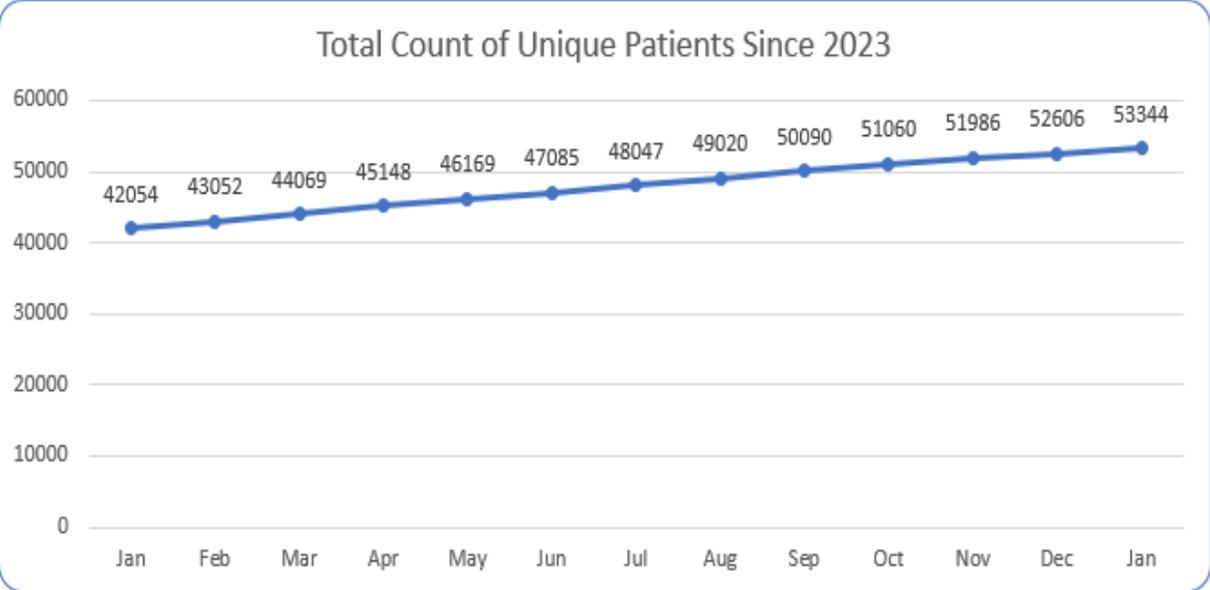
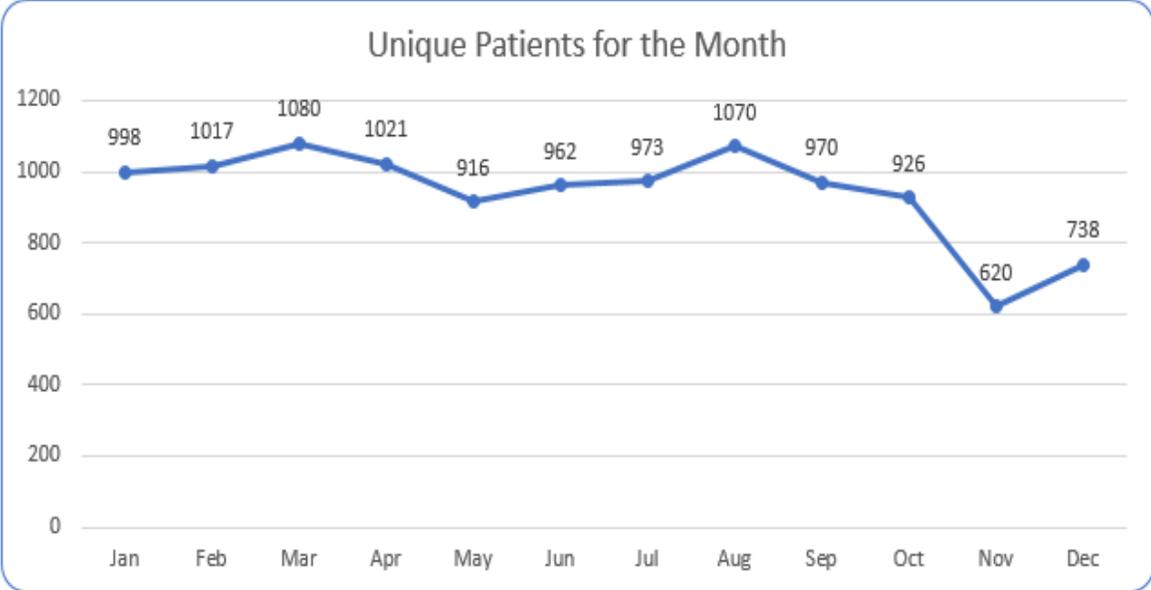


# Quarterly Visits CY 2025

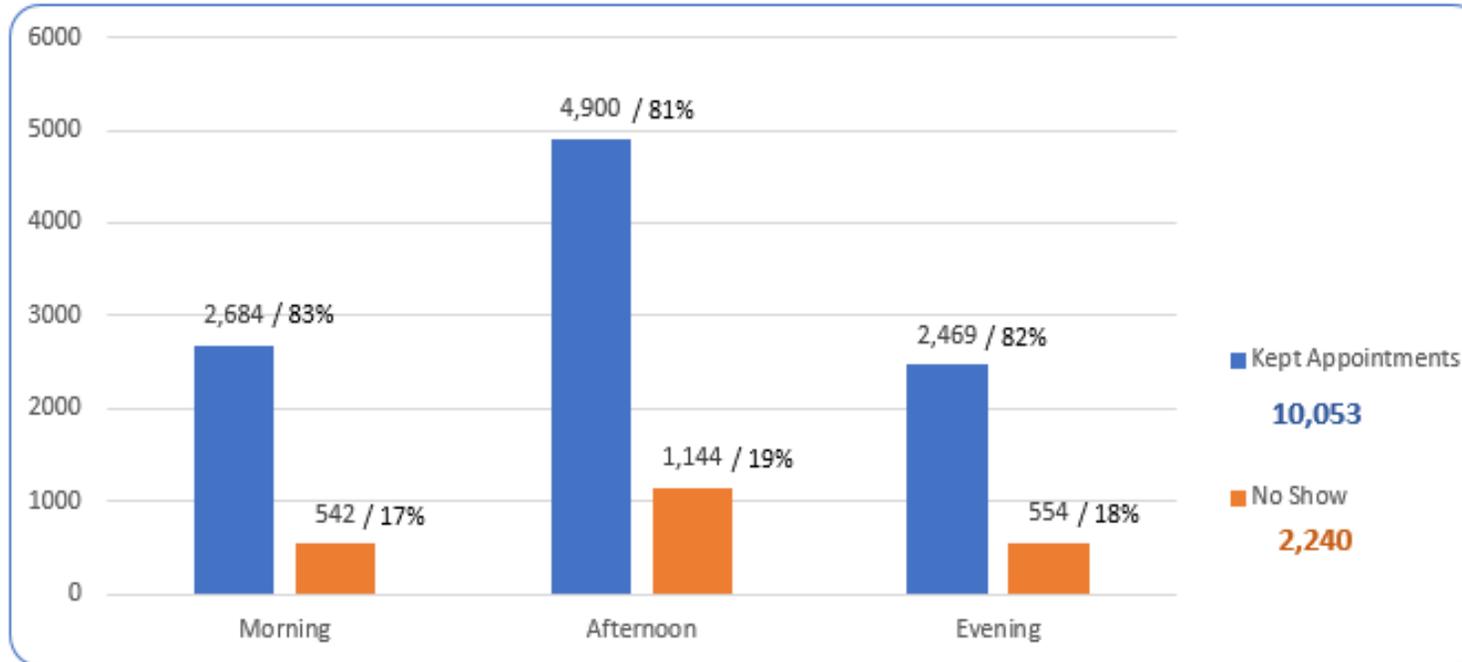
Count of Kept Appointments						
Clinics	Otr 1 2025	Qtr 2 2025	Qtr 3 2025	Qtr 4 2025	Grand Total	Percent
34ST Behavioral Health	199	215	165	311	890	1%
34ST GROW	1170	1701	1399	945	5215	4%
34ST REACH	1242	1604	1093	973	4912	4%
COL BH	507	597	736	824	2664	2%
COL FM	3686	3975	4250	4317	16228	13%
COL IM	7318	7402	8127	7784	30631	25%
COL NUT	109	118	120	149	496	0%
COL PEDS	5306	5098	5653	5142	21199	17%
COL PHARM CO	736	808	911	761	3216	2%
COL WH	4991	5149	5871	5457	21468	17%
STK FM	594	531	516	474	2115	2%
STK IM	515	463	553	500	2031	2%
STK PEDS	1508	1538	1378	1494	5918	5%
STK WH	859	934	706	697	3196	2%
COL NST	1169	1259	1284	1167	4879	4%
<b>Grand Total</b>	<b>29909</b>	<b>31392</b>	<b>32762</b>	<b>30995</b>	<b>125058</b>	<b>100%</b>

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

# New Patient Data December 2025

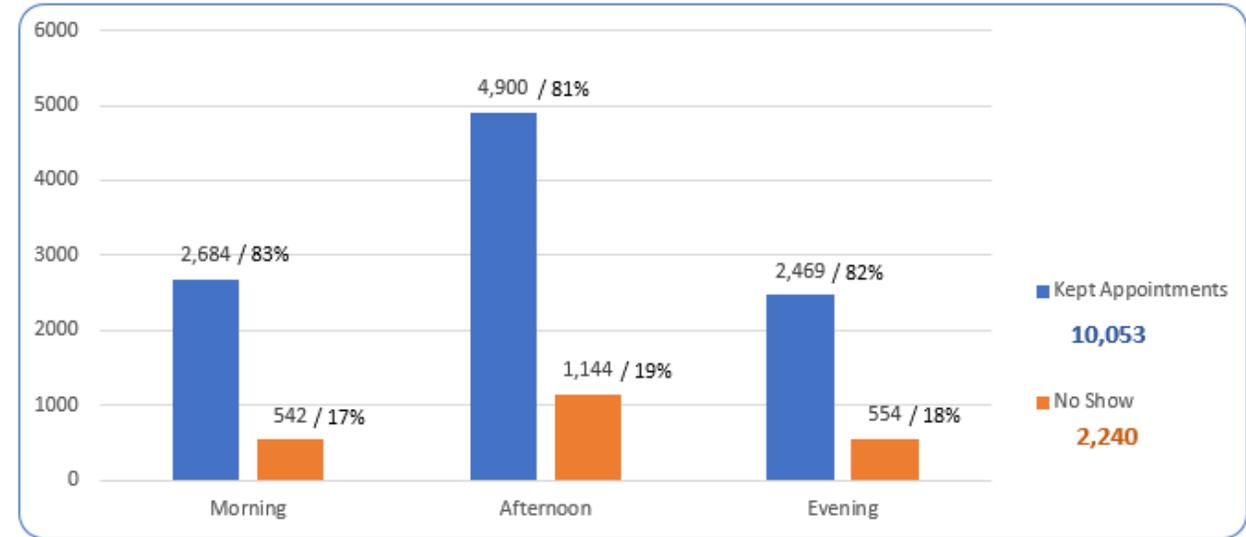
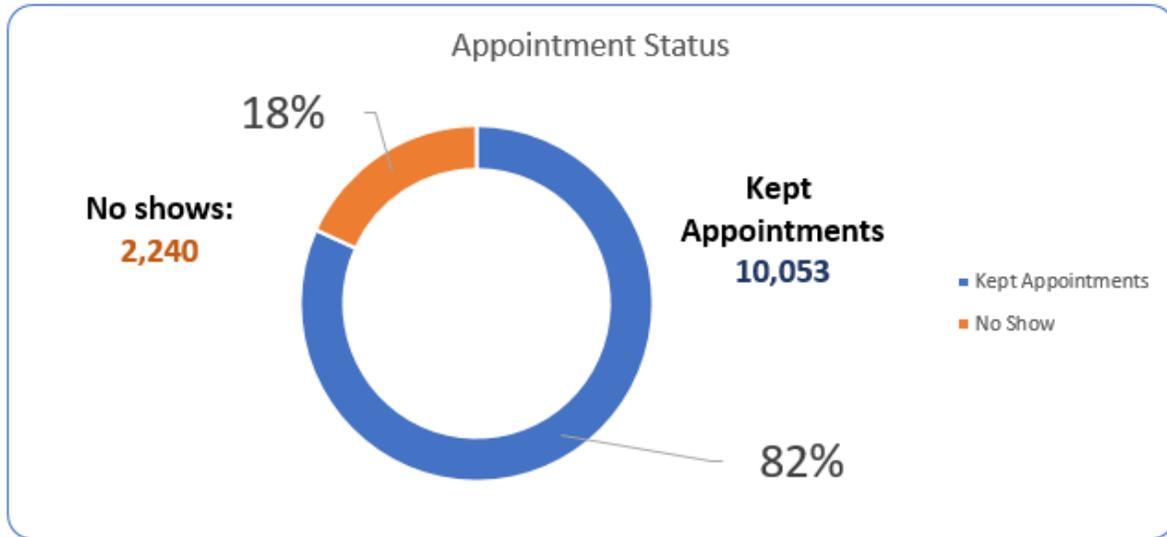


# Visits - December 2025



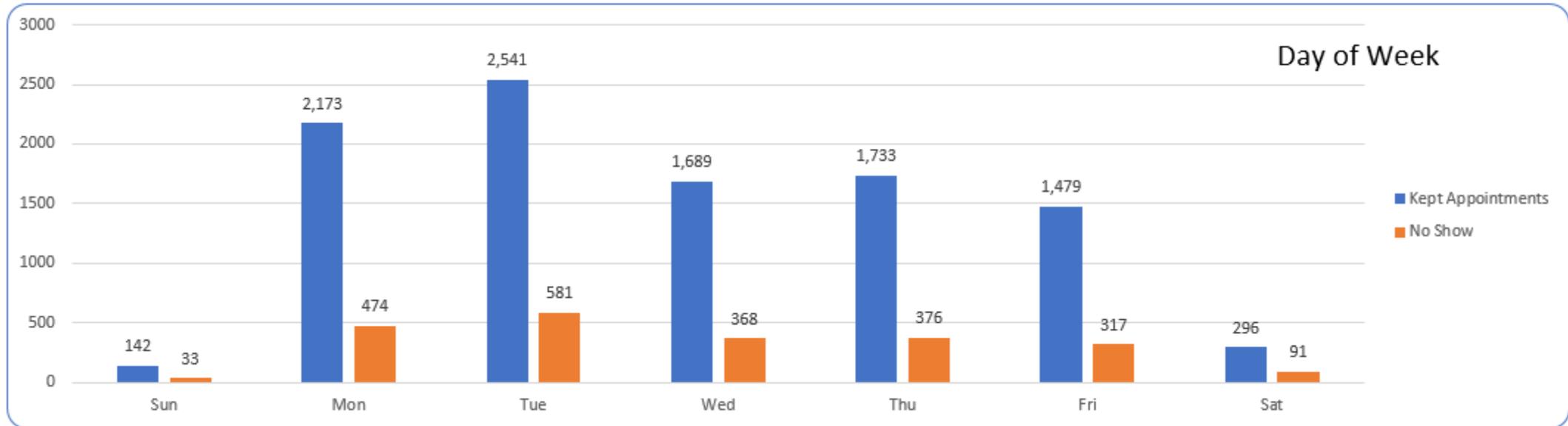
Morning: 8am-12pm  
Afternoon: 12pm -5pm  
Evening: 5pm-8pm

# Kept Versus No Shows December 2025

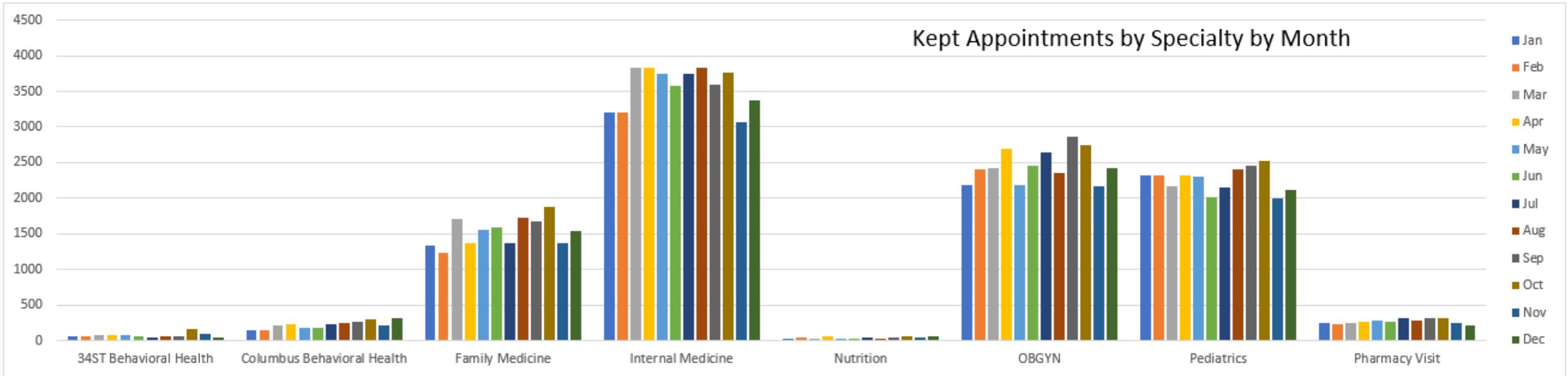


Morning: 8am-12pm  
Afternoon: 12pm -5pm  
Evening: 5pm-8pm

# Appointments by Day of Week December 2025



# Visits by Month and Service Line



# No Shows by Month and Service Line January – December 2025

Clinics	Count of No Shows												Grand Total	Percent
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
34ST Behavioral Health	38	32	41	37	40	47	43	22	20	39	36	21	416	1%
34ST GROW	119	96	117	127	127	126	116	108	83	77	59	68	1223	4%
34ST REACH	94	90	108	97	145	123	81	82	105	80	66	74	1145	3%
COL BH	45	43	57	78	58	82	112	67	66	73	53	53	787	2%
COL FM	407	346	613	398	425	398	379	376	366	405	262	329	4704	14%
COL IM	993	886	985	1001	999	945	938	735	623	749	559	648	10061	29%
COL NUT	50	46	53	65	27	15	42	37	42	53	39	18	487	1%
COL PEDS	620	613	565	660	546	445	600	482	504	510	373	426	6344	19%
COL PHARM CO	116	117	135	125	109	110	113	112	123	114	67	51	1292	4%
COL WH	380	363	378	471	296	383	386	328	360	403	255	326	4329	13%
STK FM	32	36	32	22	41	38	29	23	27	25	25	25	355	1%
STK IM	26	41	27	32	34	32	24	28	35	23	22	30	354	1%
STK PEDS	83	86	60	113	89	109	67	76	83	80	56	51	953	3%
STK WH	53	44	43	65	68	57	56	25	30	30	18	7	496	1%
COL NST	112	99	133	111	112	122	111	85	98	79	59	113	1234	4%
<b>Grand Total</b>	<b>3168</b>	<b>2938</b>	<b>3347</b>	<b>3402</b>	<b>3116</b>	<b>3032</b>	<b>3097</b>	<b>2586</b>	<b>2565</b>	<b>2740</b>	<b>1949</b>	<b>2240</b>	<b>34180</b>	<b>100%</b>

# Visits by Month and Location January - December 2025

Clinics	Count of Kept Appointments												Grand Total	Percent
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
34ST Behavioral Health	59	65	75	79	71	65	44	58	63	166	97	48	890	1%
34ST GROW	299	309	562	608	526	567	549	474	376	321	275	349	5215	4%
34ST REACH	359	317	566	560	551	493	391	319	383	359	292	322	4912	4%
COL BH	145	153	209	225	188	184	232	248	256	299	215	310	2664	2%
COL FM	1130	1053	1503	1219	1363	1393	1192	1544	1514	1712	1212	1393	16228	13%
COL IM	2404	2397	2517	2513	2518	2371	2663	2860	2604	2909	2354	2521	30631	25%
COL NUT	35	39	35	57	33	28	43	29	48	55	41	53	496	0%
COL PEDS	1687	1791	1828	1801	1818	1479	1729	2021	1903	1940	1515	1687	21199	17%
COL PHARM CO	251	230	255	263	273	272	318	281	312	311	240	210	3216	2%
COL WH	1538	1708	1745	1974	1471	1704	1937	1788	2146	2063	1585	1809	21468	17%
STK FM	198	183	213	150	192	189	172	181	163	171	162	141	2115	2%
STK IM	139	187	189	155	156	152	149	172	232	178	146	176	2031	2%
STK PEDS	640	528	340	523	481	534	429	389	560	585	480	429	5918	5%
STK WH	286	323	250	336	315	283	277	135	294	334	245	118	3196	2%
COL NST	357	380	432	391	392	476	432	430	422	343	337	487	4879	4%
<b>Grand Total</b>	<b>9527</b>	<b>9663</b>	<b>10719</b>	<b>10854</b>	<b>10348</b>	<b>10190</b>	<b>10557</b>	<b>10929</b>	<b>11276</b>	<b>11746</b>	<b>9196</b>	<b>10053</b>	<b>125058</b>	<b>100%</b>

# Visits by Zip Code December 2025

Row Labels	Count of Zip
[-] Bakersfield Zip Codes	111273
+ Bakersfield	111273
+ Greater Kern County	13401
+ Other California	384
<b>Grand Total</b>	<b>125058</b>

Top 10 Zip Codes		
Zip Code	Count of Zip	Percent
93307	23870	19%
93306	19813	16%
93305	18377	15%
93304	10461	8%
93308	9741	8%
93309	8408	7%
93313	5938	5%
93311	4605	4%
93312	3758	3%
93301	3534	3%

## Zip Codes Included in Application:

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

# Health Center Data CY 2025

## Ethnicity

- Unknown - 0
- Puerto Rican - 43
- Unreported/Chose Not to Disclose Ethnicity - 400
- Mexican – 16,886
- Not Hispanic, Latino/A, Or Spanish Origin – 8,865
- Another Hispanic, Latino/A, Or Spanish Origin – 5,144

## Race

- Other Single Race – 1,521
- Unknown -0
- Black/African American – 2,236
- White – 27,016
- Unreported/Chose Not to Disclose Race - 540
- Two Or More Races – 25

## Insurance Status

- No Coverage – 253
- Has Coverage – 31,373

*Questions*

***Thank you***



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

January 28, 2026

**Subject:** Proposed Kern County Hospital Authority Service Area Analysis

**Recommended Action:** Approve

**Summary:**

The proposed Service Area Analysis is a required annual document needed to support the Kern Medical Outpatient Health as a Federally Qualified Health Center (FQHC).

The Service Area Analysis shows the population distribution of the Kern Medical Outpatient Health Service Area with 20 zip codes and represents where at least 75 percent of patients reside and where there is a need for FQHC services (January 1, 2025 – December 31, 2025 data).

The Community Health Center (CHC) Board has oversight responsibilities for the strategic planning of the CHC, recommending services to be provided by the CHC, and reviewing the program requirements of the Health Resources and Services Administration (HRSA) for compliance. The Kern County Hospital Authority Service Area Analysis meets the HRSA requirements as it includes the same service area served by Kern Medical Outpatient Health.

Therefore, it is recommended that your Board approve the Kern County Hospital Authority Service Area Analysis for submission to HRSA.

Kern County Hospital Authority Service Area Analysis  
 January 1, 2025 through December 31, 2025  
 Source - Electronic Health Record Data

As required by HRSA, KCHA has conducted its annual service area analysis using 2025 patient origin data to validate Form 5B on behalf of Kern Medical Outpatient Health. The attached Table 1 includes all zip codes reported as generated by the patient origin report.

Based on the analysis there are no recommended changes to Form 5B as all patient zip codes within the top 75% are currently listed.

*Table 1 – 12-month Patient Origin Zip Code Report January 1, 2025 through December 31, 2025. Highlighted cells below are the zip codes that represent at least 75% of where patients reside.*

<b>Zip Code</b>	<b>Patients</b>	<b>Percentage</b>	<b>Cumulative Percentage</b>
93307	23,870	19.10%	<b>19.10%</b>
93306	19,813	15.80%	<b>34.90%</b>
93305	18,377	14.70%	<b>49.60%</b>
93304	10,461	8.40%	<b>58.00%</b>
93308	9,741	7.80%	<b>65.80%</b>
93309	8,408	6.70%	<b>72.50%</b>
93313	5,938	4.70%	<b>77.30%</b>
93311	4,605	3.70%	<b>80.90%</b>
93312	3,758	3.00%	<b>83.90%</b>
93301	3,534	2.80%	<b>86.80%</b>
93314	2,419	1.90%	<b>88.70%</b>
93302	222	0.20%	<b>88.90%</b>
93387	41	0.00%	<b>88.90%</b>
93389	39	0.00%	<b>88.90%</b>
93384	11	0.00%	<b>88.90%</b>
93386	11	0.00%	<b>89.00%</b>
93380	10	0.00%	<b>89.00%</b>
93303	7	0.00%	<b>89.00%</b>
93383	5	0.00%	<b>89.00%</b>
93385	3	0.00%	<b>89.00%</b>
Greater Kern County	13,401	—	<b>99.70%</b>
Other	384	—	<b>100.00%</b>
<b>Total</b>	<b>125,058</b>		<b>100.00%</b>

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

January 28, 2026

**Subject:** Report on the Kern County Hospital Authority Community Health Center financials for November 2025

**Recommended Action:** Receive and File

**Summary:**

The Kern County Hospital Authority Community Health Center (Kern CHC) clinics provided 9,196 patient visits during the month of November, which was 601 less than the budgeted amount of 9,797 for the month. KCHA CHC recognized \$1.10 million of net patient revenue from these visits.

**The following items have budget variances for the month of November 2025:**

**Total Revenues:**

**Net Patient Revenue:**

KCHA CHC recognized \$1.10 million of net patient revenue for the month, \$101,000 less than the \$1.18 million budgeted for November. Year-to-date, net patient revenue totaled \$6.14 million, \$118,000 more than the budgeted amount of \$6.03 million. Budgeted net patient revenue is based on the approximate number of total clinic visits expected and the per visit reimbursement rate.

**Indigent Revenue:**

Total revenues include \$617,000 in contributions from Medi-Cal supplemental programs, \$250,000 less than the \$867,000 budgeted for November. Year-to-date, indigent revenues totaled \$3.42 million, \$997,000 less than the \$4.20 million budgeted for the year.

**Other Income:**

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

**Operating and Other Expenses:**

**Salaries and Benefits:**

Salaries and benefits expenses totaled \$3.56 million for the month of November, \$36,000 less than the budget of \$3.60 million. Year-to-date, salaries and benefits expenses totaled \$17.34 million, \$1.01 million less than the \$18.35 million budgeted. Staffing includes directly employed physicians, nurse practitioners, medical residents, and behavioral health providers.

**Medical Fees:**

Medical fees expense totaled \$490,000 for the month of November, \$7,000 more than the budget of \$483,000. Year-to-date, medical fees expense totaled \$2.87 million, \$410,000 more than the \$2.46 million budgeted. Medical fees expense is comprised of contracted physician fees.

**Other Professional Fees:**

Other professional fees expense totaled \$29,000 for the month, \$24,000 less than the budget of \$53,000 for November. Year-to-date, other professional fees expense totaled \$339,000, \$68,000 more than the \$270,000 budgeted. Other professional fees expense is comprised of legal expenses and other various consulting fees.

**Supplies Expense:**

Supplies expense totaled \$154,000 for the month, \$11,000 more than the \$143,000 budgeted for November. Year-to-date, supplies expense totaled \$663,000, \$40,000 less than the \$703,000 budgeted. Pharmaceuticals and various medical supplies account for a significant amount of total supply costs.

**Purchased Services:**

Purchased services expenses totaled \$56,000 for the month of November, \$55,000 less than the \$111,000 budgeted for the month. Year-to-date, purchased services expenses totaled \$433,000, \$112,000 less than the \$545,000 budgeted. Purchased services costs are comprised of items such as computer maintenance fees, various purchased medical services, and laundry and linen services.

**Other Expenses:**

Other expenses totaled \$296,000 for the month of November, \$44,000 more than the \$252,000 budgeted for the month. Year-to-date, other expenses totaled \$1.50 million, \$259,000 more than the \$1.24 million budgeted. Other expenses include recruiting fees, repairs and maintenance, rent, interest, and utilities.

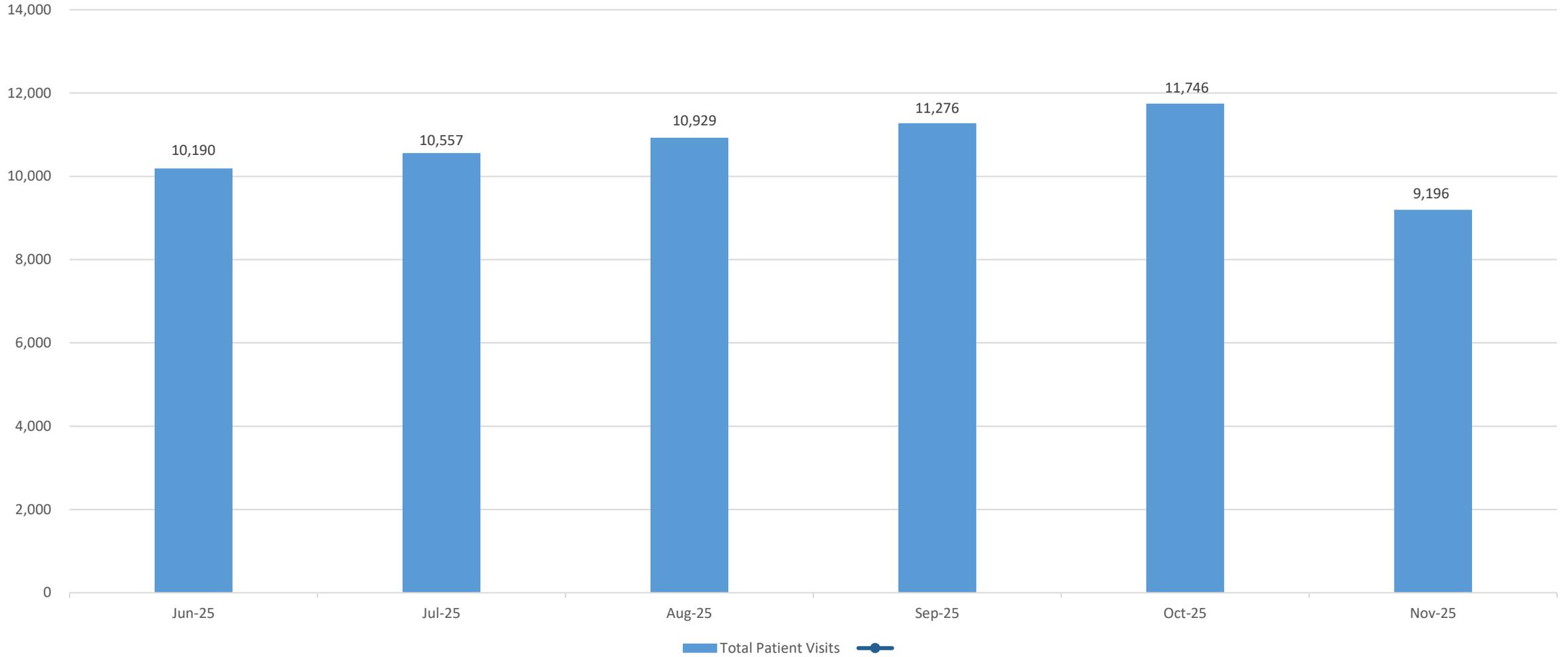
**Overhead Expenses:**

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

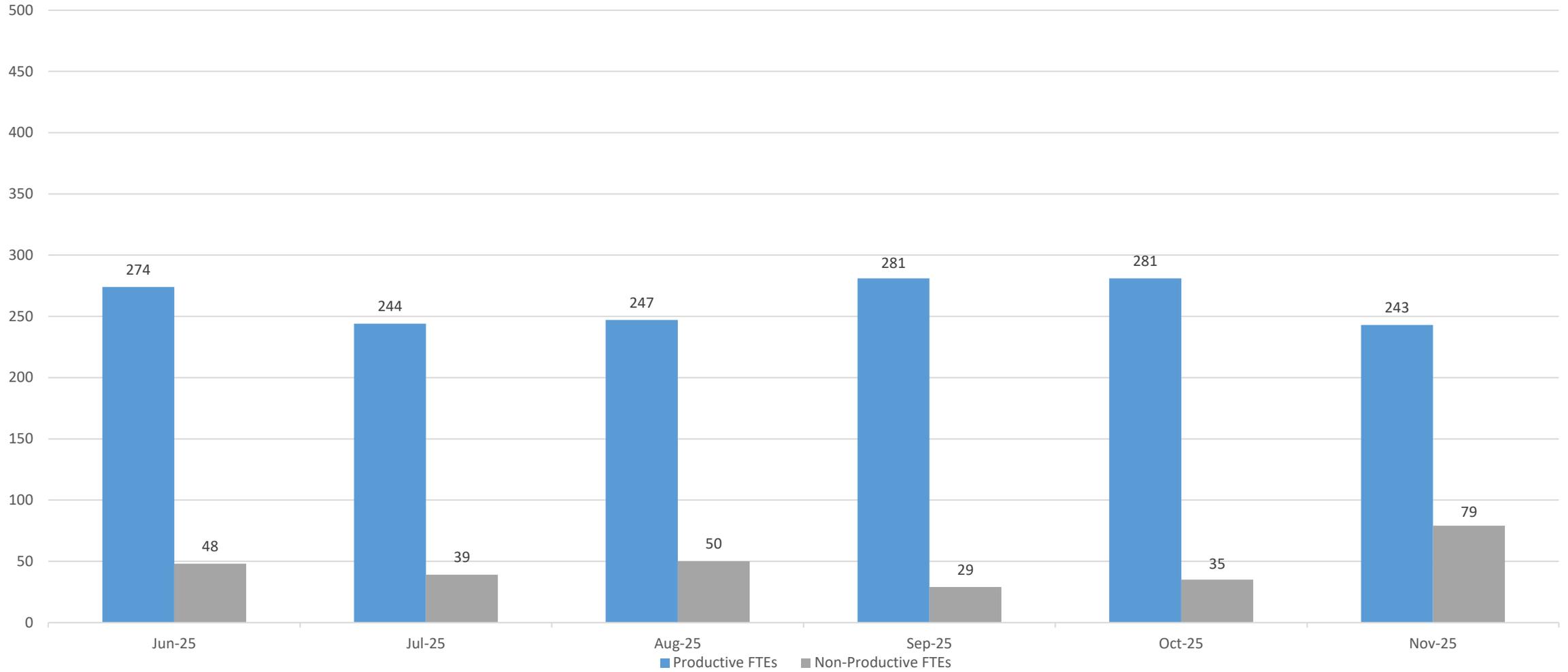


**Kern County Hospital Authority  
Community Health Center  
Finance Report – January 2026**

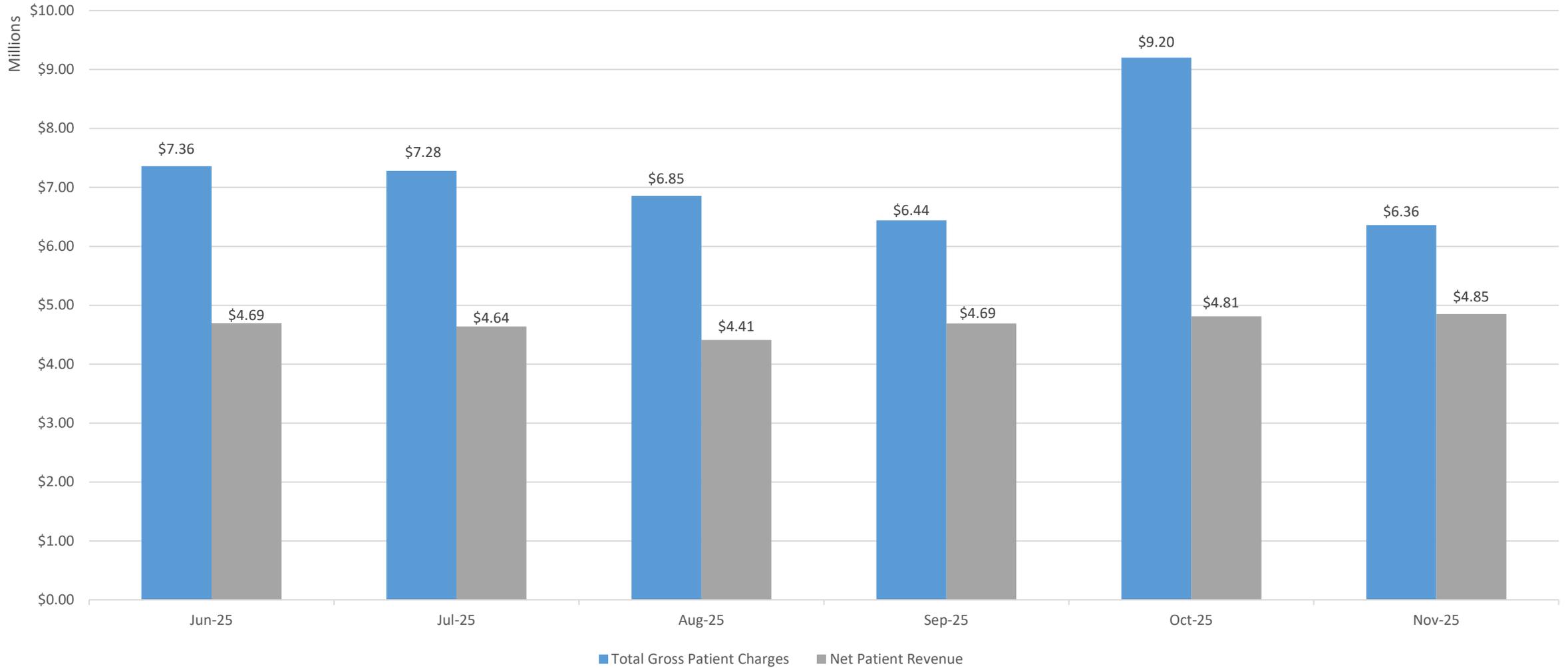
# CHC Patient Clinic Visits



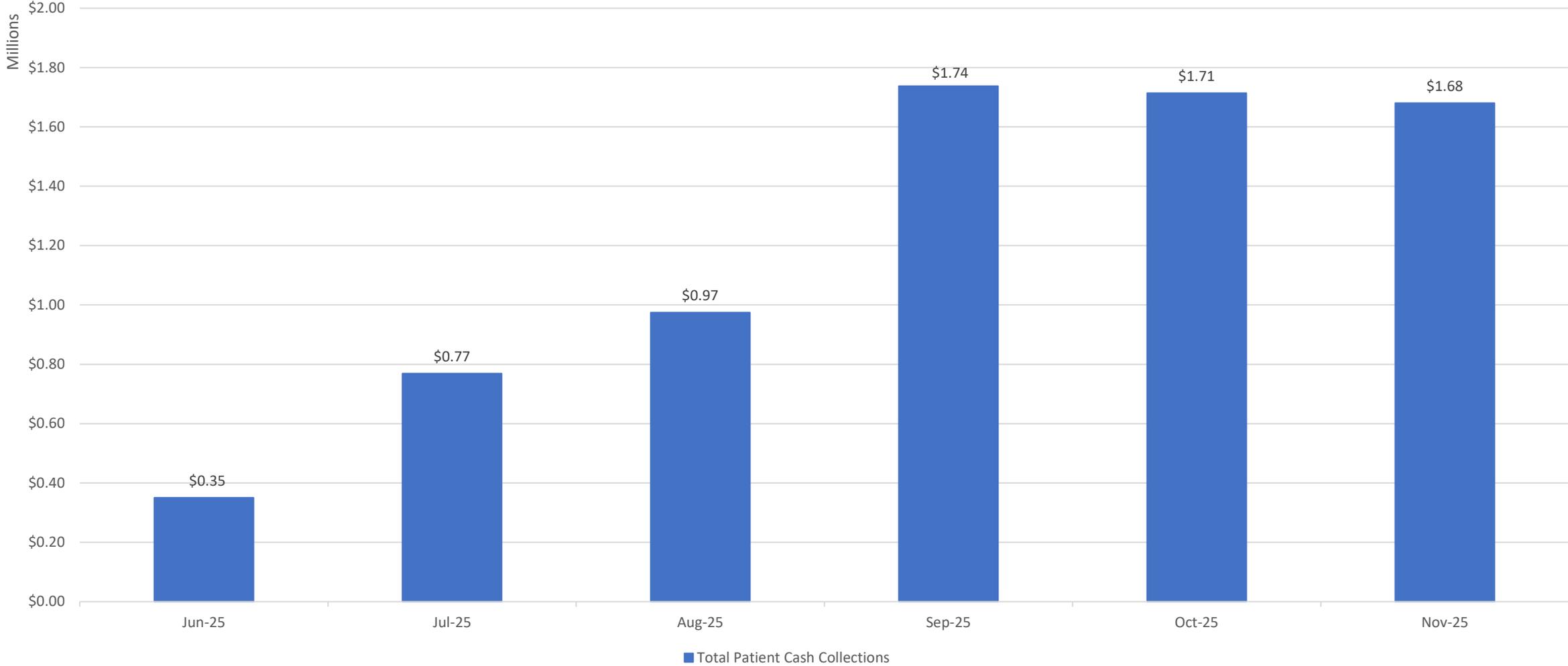
# Labor Metrics



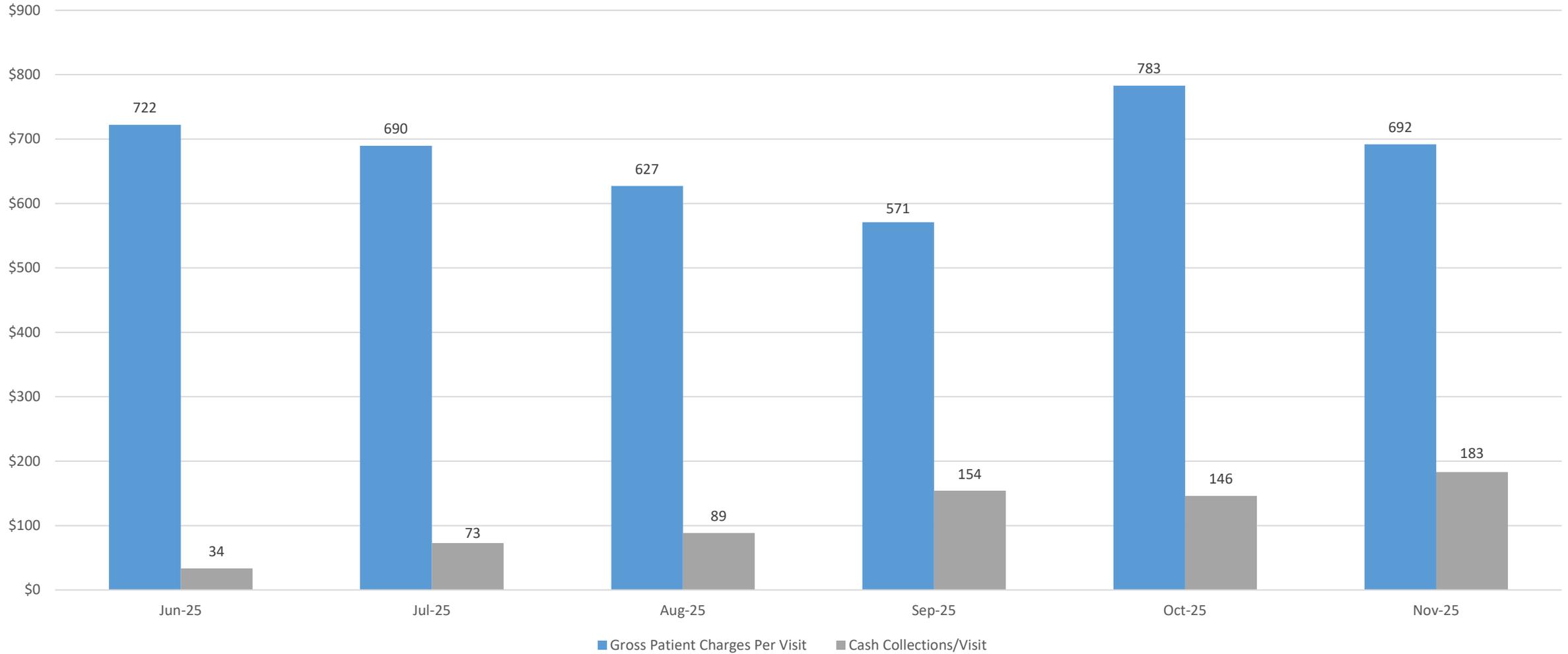
# CHC Revenue



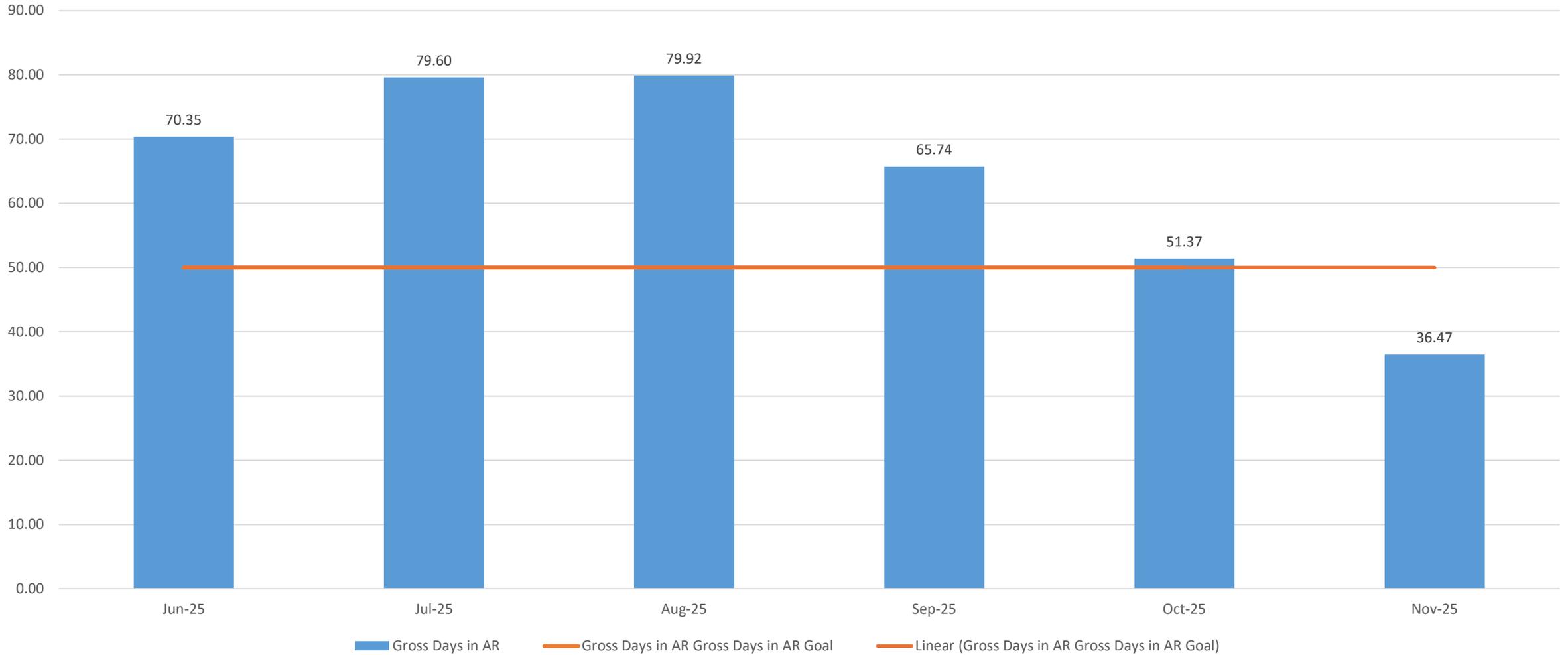
# Patient Cash Collections



### Gross Patient Charges Per Visit and Cash Collections Per Visit



### Gross Days in A/R



**KERN MEDICAL OUTPATIENT HEALTH**  
**TRENDED INCOME STATEMENT**  
**SEPTEMBER 2025 - NOVEMBER 2025**

	September Actual	October Actual	November Actual	November Budget	November Variance	November Variance %
<b>Operating Revenues:</b>						
<b>Gross Patient Revenue</b>						
<b>Outpatient</b>						
OP Self-Pay	\$44,420	\$54,495	\$59,111	\$35,094	\$24,018	68.4%
OP Self-Pay Professional Fees	33,978	41,205	41,073	31,182	9,891	31.7%
OP Commercial Fee-for-Service (FFS)	15,727	29,531	13,760	20,373	(6,613)	(32.5%)
OP Commercial Fee-for-Service (FFS) Professional Fees	22,113	25,936	15,801	22,359	(6,558)	(29.3%)
OP Commercial Managed Care (HMO/PPO)	308,867	485,455	338,100	316,789	21,311	6.7%
OP Commercial Managed Care (HMO) Professional Fees	395,471	448,145	287,279	388,679	(101,400)	(26.1%)
OP Workers' Compensation Fee-for-Service (FFS)	11,823	5,892	6,659	1,696	4,962	292.5%
OP Workers' Compensation Fee-for-Service (FFS) Professional Fees	13,835	18,996	19,440	11,397	8,043	70.6%
OP Medicare Fee-for-Service (FFS)	207,524	266,145	179,758	223,229	(43,470)	(19.5%)
OP Medicare Fee-for-Service (FFS) Professional Fees	271,184	359,114	214,751	260,914	(46,163)	(17.7%)
OP Medicare Managed Care (HMO)	8,328	17,656	12,542	15,085	(2,543)	(16.9%)
OP Medicare Managed Care (HMO) Professional Fees	13,646	24,021	14,491	16,202	(1,712)	(10.6%)
OP Medi-Cal Fee-for-Service (FFS)	92,399	213,799	125,746	153,246	(27,500)	(17.9%)
OP Medi-Cal Fee-for-Service (FFS) Professional Fees	77,629	112,396	80,818	116,129	(35,311)	(30.4%)
OP Medi-Cal Managed Care (HMO)	2,276,767	3,856,656	2,683,374	2,718,466	(35,091)	(1.3%)
OP Medi-Cal Managed Care (HMO) Professional Fees	1,974,357	2,357,679	1,653,111	1,932,580	(279,469)	(14.5%)
OP Other Government Fee-for-Service (FFS)	297,381	509,734	349,532	343,854	5,678	1.7%
OP Other Government Fee-for-Service (FFS) Professional Fees	372,655	374,615	264,005	356,097	(92,093)	(25.9%)
<b>Total Outpatient</b>	<u>6,438,102</u>	<u>9,201,470</u>	<u>6,359,351</u>	<u>6,963,372</u>	<u>(604,021)</u>	<u>(8.7%)</u>
<b>Total Gross Patient Revenue</b>	6,438,102	9,201,470	6,359,351	6,963,372	(604,021)	(8.7%)
<b>Patient Revenue Deductions</b>	<u>(5,343,625)</u>	<u>(7,637,220)</u>	<u>(5,278,261)</u>	<u>(5,781,604)</u>	<u>503,343</u>	<u>(8.7%)</u>
<b>Net Patient Revenue</b>	<u>1,094,477</u>	<u>1,564,250</u>	<u>1,081,090</u>	<u>1,181,768</u>	<u>(100,678)</u>	<u>(8.5%)</u>
<b>Total Indigent</b>	721,949	693,653	616,510	866,828	(250,318)	(28.9%)
<b>Other Income</b>	<u>2,873,848</u>	<u>2,555,864</u>	<u>2,885,522</u>	<u>2,573,914</u>	<u>311,608</u>	<u>12.1%</u>
<b>Total Operating Revenues</b>	<u>\$ 4,690,274</u>	<u>\$ 4,813,767</u>	<u>\$ 4,583,121</u>	<u>\$ 4,622,509</u>	<u>\$ (39,388)</u>	<u>(0.9%)</u>

KERN MEDICAL OUTPATIENT HEALTH  
TRENDING INCOME STATEMENT  
SEPTEMBER 2025 - NOVEMBER 2025

	September Actual	October Actual	November Actual	November Budget	October Variance	October Variance %
<b>Operating Expenses:</b>						
Salaries	\$ 2,503,905	\$ 2,806,634	\$ 2,803,805	\$ 2,396,703	\$407,102	17.0%
Benefits	862,141	825,179	758,826	1,202,138	(443,312)	(36.9%)
<b>Total Salaries and Benefits</b>	<u>3,366,046</u>	<u>3,631,813</u>	<u>3,562,631</u>	<u>3,598,841</u>	<u>(36,210)</u>	<u>(1.0%)</u>
Physicians	725,703	585,418	474,736	474,224	512	0.1%
Therapists	-	14,872	14,855	8,278	6,577	79.5%
<b>Total Medical Fees</b>	<u>725,703</u>	<u>600,290</u>	<u>489,591</u>	<u>482,502</u>	<u>7,089</u>	<u>1.5%</u>
Consulting	13,714	27,648	15,984	15,955	28	0.2%
Legal	4,794	668	4,746	1,843	2,902	157.5%
Other contracted services	50,142	47,478	8,282	35,243	(26,960)	(76.5%)
<b>Total Other Professional Fees</b>	<u>68,650</u>	<u>75,794</u>	<u>29,012</u>	<u>53,041</u>	<u>(24,030)</u>	<u>(45.3%)</u>
Computer software	37,122	35,942	33,993	37,752	(3,759)	(10.0%)
Food	4,159	5,143	4,371	5,398	(1,027)	(19.0%)
Office Supplies	8,330	9,105	3,837	9,976	(6,140)	(61.5%)
Minor Equipment	29,712	3,692	1,547	5,269	(3,722)	(70.6%)
Non-Medical Supplies	18,316	23,498	25,189	28,472	(3,283)	(11.5%)
Pharmaceuticals	35,344	74,649	23,080	47,076	(23,996)	(51.0%)
Surgery Supplies-General	72	1,519	1,897	3,907	(2,010)	(51.4%)
<b>Total Supplies</b>	<u>133,055</u>	<u>153,548</u>	<u>93,913</u>	<u>137,850</u>	<u>(43,937)</u>	<u>(31.9%)</u>
Conferences-Travel-Residents	1,389	135	-	3,522	(3,522)	(100.0%)
Licenses - Residents	3,511	1,092	65	2,313	(2,248)	(97.2%)
Laundry and Linen	2,277	2,483	2,116	2,850	(734)	(25.8%)
Medical Services	297	245	382	257	126	48.9%
Purchase Services	61,919	32,093	71,596	74,323	(2,727)	(3.7%)
Security	6,059	6,400	6,120	6,949	(829)	(11.9%)
Support & maintenance-IT Software	16,218	13,575	13,604	16,656	(3,052)	(18.3%)
<b>Total Purchased Services</b>	<u>91,669</u>	<u>56,022</u>	<u>93,883</u>	<u>106,871</u>	<u>(12,988)</u>	<u>(12.2%)</u>
Advertising	38	32	26	749	(724)	(96.6%)
Catering	(0)	395	208	3,082	(2,874)	(93.2%)
Insurance	5,207	6,669	5,552	3,265	2,287	70.0%
Licenses Permits and Taxes	7,067	4,563	3,199	1,131	2,069	183.0%
Other Expense	44,990	32,860	66,290	11,659	54,631	468.6%
Repairs and Maintenance	23,002	31,412	21,133	7,071	14,062	198.9%
Utilities	16,353	11,875	9,190	5,268	3,922	74.4%
Rent	153,370	153,370	153,370	169,201	(15,831)	(9.4%)
Interest Expense	55,123	55,123	55,123	41,978	13,145	31.3%
<b>Total Other Expenses</b>	<u>305,151</u>	<u>296,299</u>	<u>314,091</u>	<u>243,404</u>	<u>70,687</u>	<u>29.0%</u>
<b>Total Operating Expenses</b>	<u>4,690,274</u>	<u>4,813,767</u>	<u>4,583,121</u>	<u>4,622,509</u>	<u>(39,388)</u>	<u>(0.9%)</u>
<b>Net Income (Loss)</b>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>0.0%</u>

**KERN MEDICAL OUTPATIENT HEALTH  
INCOME STATEMENT  
FISCAL YEAR-TO-DATE  
JULY 2025 - NOVEMBER 2025**

	<b>Year-to-Date Actual</b>	<b>Year-to-Date Budget</b>	<b>Year-to-Date Variance</b>	<b>Year-to-Date Variance %</b>
<b>Operating Revenues:</b>				
<b>Gross Patient Revenue</b>				
<b>Outpatient</b>				
OP Self-Pay	\$230,396	\$178,925	\$51,471	28.8%
OP Self-Pay Professional Fees	187,005	158,980	28,025	17.6%
OP Commercial Fee-for-Service (FFS)	108,222	103,870	4,352	4.2%
OP Commercial Fee-for-Service (FFS) Professional Fees	102,560	113,997	(11,437)	(10.0%)
OP Commercial Managed Care (HMO/PPO)	1,756,895	1,615,134	141,761	8.8%
OP Commercial Managed Care (HMO) Professional Fees	1,859,625	1,981,658	(122,034)	(6.2%)
OP Workers' Compensation Fee-for-Service (FFS)	30,266	8,649	21,617	249.9%
OP Workers' Compensation Fee-for-Service (FFS) Professional Fees	77,706	58,108	19,598	33.7%
OP Medicare Fee-for-Service (FFS)	1,153,315	1,138,119	15,196	1.3%
OP Medicare Fee-for-Service (FFS) Professional Fees	1,369,113	1,330,255	38,858	2.9%
OP Medicare Managed Care (HMO)	77,432	76,910	523	0.7%
OP Medicare Managed Care (HMO) Professional Fees	87,183	82,608	4,575	5.5%
OP Medi-Cal Fee-for-Service (FFS)	702,751	781,317	(78,566)	(10.1%)
OP Medi-Cal Fee-for-Service (FFS) Professional Fees	511,598	592,078	(80,480)	(13.6%)
OP Medi-Cal Managed Care (HMO)	14,223,117	13,859,952	363,165	2.6%
OP Medi-Cal Managed Care (HMO) Professional Fees	9,842,965	9,853,155	(10,190)	(0.1%)
OP Other Government Fee-for-Service (FFS)	1,935,000	1,753,123	181,877	10.4%
OP Other Government Fee-for-Service (FFS) Professional Fees	1,879,938	1,815,543	64,395	3.5%
<b>Total Outpatient</b>	<b>36,135,087</b>	<b>35,502,380</b>	<b>632,706</b>	<b>9.1%</b>
<b>Total Gross Patient Revenue</b>	<b>36,135,087</b>	<b>35,502,380</b>	<b>632,706</b>	<b>1.8%</b>
<b>Patient Revenue Deductions</b>	<b>(29,992,121)</b>	<b>(29,477,212)</b>	<b>(514,908)</b>	<b>1.7%</b>
<b>Net Patient Revenue</b>	<b>6,142,966</b>	<b>6,025,168</b>	<b>117,798</b>	<b>2.0%</b>
<b>Total Indigent</b>	<b>3,422,246</b>	<b>4,419,527</b>	<b>(997,281)</b>	<b>(22.6%)</b>
<b>Other Income</b>	<b>13,577,388</b>	<b>13,122,934</b>	<b>454,454</b>	<b>3.5%</b>
<b>Total Operating Revenues</b>	<b>\$ 23,142,600</b>	<b>\$ 23,567,629</b>	<b>\$ (425,029)</b>	<b>(1.8%)</b>

KERN MEDICAL OUTPATIENT HEALTH  
INCOME STATEMENT  
FISCAL YEAR-TO-DATE  
JULY 2025 - NOVEMBER 2025

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance	Year-to-Date Variance %
<b>Operating Expenses:</b>				
Salaries	\$ 13,019,753	\$12,219,463	\$ 800,290	6.5%
Benefits	4,317,828	6,129,038	(1,811,210)	(29.6%)
<b>Total Salaries and Benefits</b>	<u>17,337,581</u>	<u>18,348,501</u>	<u>(1,010,921)</u>	<u>(5.5%)</u>
Physicians	\$ 2,820,882	2,417,807	403,075	16.7%
Therapists	49,611	42,205	7,406	17.5%
<b>Total Medical Fees</b>	<u>2,870,493</u>	<u>2,460,012</u>	<u>410,481</u>	<u>16.7%</u>
Consulting	99,083	81,347	17,735	21.8%
Legal	16,611	9,398	7,213	76.8%
Other contracted services	222,984	179,683	43,301	24.1%
<b>Total Other Professional Fees</b>	<u>338,677</u>	<u>270,428</u>	<u>68,250</u>	<u>128.7%</u>
Computer software	176,878	192,477	(15,600)	(8.1%)
Food	23,217	27,523	(4,305)	(15.6%)
Office Supplies	35,565	50,864	(15,299)	(30.1%)
Minor Equipment	40,438	26,863	13,575	50.5%
Non-Medical Supplies	144,802	145,162	(360)	(0.2%)
Pharmaceuticals	233,420	240,013	(6,593)	(2.7%)
Surgery Supplies-General	8,742	19,919	(11,177)	(56.1%)
<b>Total Supplies</b>	<u>663,062</u>	<u>702,822</u>	<u>(39,760)</u>	<u>(5.7%)</u>
Conferences-Travel-Residents	3,559	17,957	(14,399)	(80.2%)
Licenses - Residents	9,561	11,793	(2,231)	(18.9%)
Laundry and Linen	12,947	14,533	(1,586)	(10.9%)
Medical Services	1,972	1,309	663	50.7%
Purchase Services	297,692	378,932	(81,240)	(21.4%)
Security	31,213	35,431	(4,218)	(11.9%)
Support & maintenance-IT Software	75,665	84,921	(9,256)	(10.9%)
<b>Total Purchased Services</b>	<u>432,608</u>	<u>544,874</u>	<u>(112,267)</u>	<u>(20.6%)</u>
Advertising	6,791	3,820	2,971	77.8%
Catering	16,730	15,713	1,017	6.5%
Insurance	30,852	16,647	14,205	85.3%
Licenses Permits and Taxes	28,485	5,765	22,721	394.1%
Other Expense	187,034	59,441	127,593	214.7%
Repairs and Maintenance	115,557	36,050	79,507	220.5%
Utilities	72,263	26,871	45,392	168.9%
Rent	766,850	862,660	(95,811)	(11.1%)
Interest Expense	275,617	214,025	61,592	28.8%
<b>Total Other Expenses</b>	<u>1,500,179</u>	<u>1,240,993</u>	<u>259,186</u>	<u>20.9%</u>
<b>Total Operating Expenses</b>	<u>23,142,600</u>	<u>23,567,629</u>	<u>(425,029)</u>	<u>(1.8%)</u>
<b>Net Income (Loss)</b>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>0.0%</u>

*Questions*

***Thank you***



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

January 28, 2026

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

**Recommended Action:** Receive and File

**Summary:**

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

**KERN COUNTY HOSPITAL AUTHORITY  
COMMUNITY HEALTH CENTER  
BOARD OF DIRECTORS  
PUBLIC STATEMENT REGARDING CLOSED SESSION**

The Board of Directors will hold a closed session on January 28, 2026, to consider:

  X   PUBLIC EMPLOYEE PERFORMANCE EVALUATION - Title: Community Health Center Executive Director (Government Code Section 54957) –