KernMedical
Outpatient Health

ORDEN DEL DÍA

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

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

Reunión Regular
Miércoles 26 de agosto de 2026

11:30 A.M.

LA JUNTA SE RECONVOCARÁ

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

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

RECOMENDACIÓN DEL PERSONAL EN MAYÚSCULAS

PRESENTACIONES PÚBLICAS

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

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

ANUNCIOS O INFORMES DE MIEMBROS DE LA JUNTA

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

PUNTOS A CONSIDERAR

CA
3) Acta de la reunión ordinaria de la Junta Directiva del Centro de Salud Comunitario de la Autoridad Hospitalaria del Condado de Kern, celebrada el 22 de julio de 2026 –
APROBAR

CA
4) Actas corregidas de las reuniones ordinarias de la Junta Directiva del Centro de Salud Comunitario de la Autoridad Hospitalaria del Condado de Kern, celebradas el 27 de mayo de 2026 y el 24 de junio de 2026 –
APROBAR

CA
5) Propuesta de nombramiento de Jamie Achterberg, una candidata calificada, para la Junta Directiva del Centro de Salud Comunitaria de la Autoridad Hospitalaria del Condado de Kern, a fin de cubrir la vacante que se producirá tras la inminente renuncia de Gary Williams, O.D., con mandato hasta el 30 de junio de 2029 –
REALIZAR EL NOMBRAMIENTO

CA
6) Cambio de alcance propuesto ante la Administración de Recursos y Servicios de Salud (HRSA) para incluir servicios de salud y ubicaciones de clínicas adicionales –
APROBAR

CA
7) Propuesta de aprobación de la Política de Cumplimiento del Programa de Precios de Medicamentos 340B para Centros de Salud Comunitarios –
APROBAR; AUTORIZAR AL PRESIDENTE A FIRMAR

CA
8) Propuesta de Enmienda N.º 3 al Memorando de Entendimiento 031-2025 con Kern Medical Center para servicios de derivación de pacientes –
APROBAR; AUTORIZAR AL PRESIDENTE A FIRMAR

9) Informe sobre las métricas de calidad clínica del Centro de Salud Comunitaria de la Autoridad Hospitalaria del Condado de Kern correspondientes al segundo trimestre –
RECIBIR Y ARCHIVAR

10) Informe sobre la utilización de los servicios del Centro de Salud Comunitaria de la Autoridad Hospitalaria del Condado de Kern correspondiente a junio de 2026 –
RECIBIR Y ARCHIVAR

11) Informe sobre los estados financieros del Centro de Salud Comunitaria de la Autoridad Hospitalaria del Condado de Kern correspondientes a mayo de 2026 –
RECIBIR Y ARCHIVAR

12) Informe de la Directora Ejecutiva del Centro de Salud Comunitaria de la Autoridad Hospitalaria del Condado de Kern –
RECIBIR Y ARCHIVAR

CA
13) Correspondencia diversa al 21 de agosto de 2026 –
RECIBIR Y ARCHIVAR

APLAZAMIENTO HASTA EL MIÉRCOLES 23 DE SEPTIEMBRE 2026 A LAS 11:30 A. M.

DOCUMENTACIÓN DE APOYO PARA LOS PUNTOS DEL ORDEN DEL DÍA

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

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

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

CA)

13) CORRESPONDENCIA DIVERSA RECIBIDA AL 21 DE AGOSTO DE 2026 – RECIBIR Y ARCHIVAR

A) Correspondencia con fecha del 15 de julio de 2026, recibida de Mona A. Allen, Coordinadora de la Junta, Junta de Gobernadores de la Autoridad Hospitalaria del Condado de Kern, relacionada a las declaraciones de cumplimiento y acreditación de profesionales independientes con licencia, otro personal clínico y otros profesionales con licencia y certificación.

B) Correspondencia con fecha del 19 de agosto de 2026, recibida de Mona A. Allen, Coordinadora de la Junta, Junta de Gobernadores de la Autoridad Hospitalaria del Condado de Kern, relacionada a las declaraciones de cumplimiento y acreditación de profesionales independientes con licencia y otros profesionales con licencia y certificación.

KernMedical
Outpatient Health

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
Wednesday, July 22, 2026

11:30 A.M.

BOARD RECONVENED – Director Martinez convened the meeting of the Board at 11:33 A.M., and established a quorum was present.

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

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 June 24, 2026 –
APPROVED
Sandoval – Nichols: 6 Ayes; 3 Absent – Avila, Smith, Williams

CA
4) Proposed approval of the Kern County Hospital Authority Community Health Center Patient Empanelment Policy and Procedure –
APPROVED
Sandoval – Nichols: 6 Ayes; 3 Absent – Avila, Smith, Williams

CA
5) Proposed election of officers to the Kern County Hospital Authority Community Health Center Board of Directors –
ELECTED OFFICERS
Sandoval – Nichols: 6 Ayes; 3 Absent – Avila, Smith, Williams

6) Proposed resolution adopting a new policy addressing a disruption of telephonic or internet services during meetings of the Board of Directors –
PHILLIP JENKINS, HOSPITAL COUNSEL, MADE A PRESENTATION REGARDING THE PROPOSED POLICY WHICH ADDRESSES WHEN THERE IS A DISRUPTION OF TELEPHONIC OR INTERNET SERVICES DURING A BOARD MEETING PURSUANT TO THE NEW BROWN ACT REQUIREMENTS. DIRECTOR MARTINEZ ASKED HOSPITAL COUNSEL TO DEFINE “LEGISLATIVE BODY” BECAUSE SHE DID NOT THINK THE CHC IS A GOVERNING BODY AND THEREFORE DID NOT HAVE TO COMPLY WITH THE UPDATED STATUTE. HOSPITAL COUNSEL EXPLAINED THAT UNDER THE STATUTE, THE KERN COUNTY HOSPITAL AUTHORITY’S BOARD OF GOVERNORS IS A LEGISLATIVE GOVERNING BODY AND SUBJECT TO THE UPDATED BROWN ACT, THEREFORE, THE CHC BOARD OF DIRECTORS IS ALSO SUBJECT TO THE BROWN ACT. DIRECTOR MARTINEZ ASKED IF THERE WOULD BE A POLICY IMPLEMENTED TO PLACE TIME LIMITS ON PUBLIC COMMENTS. HOSPITAL COUNSEL RESPONDED THAT HE AND CHC STAFF HAVE REVIEWED OPTIONS AND HAVE CONCLUDED THAT TIME LIMITS ARE NOT NECESSARY. DIRECTOR MARTINEZ INSISTED THAT TIME LIMITS WERE NECESSARY AND THIS SENTIMENT WAS ECHOED BY DIRECTOR NICHOLS WHO WAS CONCERNED THAT PUBLIC COMMENT COULD BE CONSTRUED AS UNLIMITED. DIRECTOR MARTINEZ MADE A REFERRAL TO STAFF TO CREATE SUCH POLICY AND BRING IT TO THE BOARD FOR APPROVAL.
APPROVED; ADOPTED RESOLUTION
Nichols – Sandoval: 6 Ayes; 3 Absent – Avila, Smith, Williams

7) Report on the Kern County Hospital Authority Community Health Center Quality Update for Quarter 2 –

DIRECTOR MARTINEZ LOOKED TO THE EXECUTIVE DIRECTOR REGARDING THIS REPORT AND EXECUTIVE DIRECTOR VILLANUEVA INTRODUCED THE INTERIM CHIEF MEDICAL OFFICER, DR. THIAGARAJAN NANDHOGOPAL "DR. RAJ", WHO MADE THE PRESENTATION. THE INTERIM CHIEF MEDICAL OFFICER REVIEWED THE COMPLAINTS FROM QUARTER 2, EMPHASIZING THAT THERE HAS BEEN A DECREASE IN COMPLAINTS IN QUARTER 2 COMPARED TO QUARTER 1. HE REMARKED THAT ALL COMPLAINTS HAVE BEEN ADDRESSED AND CLOSED. APPOINTMENT ISSUES AND QUALITY OF CARE ARE STILL THE BIGGEST ISSUE BEHIND THE COMPLAINTS BUT STAFF EXPECT THAT THESE COMPLAINTS WILL CONTINUE TO DECREASE ONCE THE NEW PHONE SYSTEM IS FULLY IN SERVICE, SHOULD ADDRESS THE APPOINTMENT ISSUES, AND THE USE OF A.I. FOR NOTETAKING PURPOSES SHOULD ADDRESS THE QUALITY OF CARE ISSUES. INTERIM CHIEF MEDICAL OFFICER FURTHER ADDED THAT MOST COMPLAINTS ARE FOR THE AMOUNT OF TIME A PHYSICIAN SPENDS WITH A PATIENT, WHICH IS WHY FOCUSING ON THE PATIENT RATHER THAN FOCUSING ON THE COMPUTER WILL HOPEFULLY IMPROVE OUR PATIENTS' PERCEPTION OF THE PROVIDERS' INTEREST IN THE PATIENT'S CARE AND/OR MEDICAL NEEDS. DIRECTOR NICHOLS SUGGESTED THAT MORE TRAINING SHOULD BE PROVIDED IF TIME SPENT WITH A PATIENT IS AN ISSUE.
RECEIVED AND FILED
Lopez – Behill: 6 Ayes; 3 Absent – Avila, Smith, Williams

8) Report on the Kern County Hospital Authority Community Health Center Health Center Service Utilization for June 2026 –
NURSING ADMINISTRATOR ALICIA GAETA MADE THE PRESENTATION. THE NURSING ADMINISTRATOR STATED THAT THE NUMBER OF NEW PATIENTS INCREASED FOR JUNE AND THAT TUESDAYS CONTINUE TO BE THE BUSIEST DAY OF THE WEEK FOR THE CLINICS. WHICH MADE SENSE, SINCE THE NUMBER OF PROVIDERS IS SIGNIFICANTLY HIGHER THAN ON THE WEEKENDS. THE EXECUTIVE DIRECTOR STATED THAT ONLY 371 PATIENTS WERE SEEN ON THE WEEKENDS IN JUNE, BUT THAT NUMBER IS SHOWING A POSITIVE TREND FOR WEEKEND APPOINTMENTS DUE TO ONLY HAVING 2 TO 3 PROVIDERS ON THE WEEKENDS. EXECUTIVE DIRECTOR FURTHER ADDED THAT ANOTHER BENEFIT OF THE WEEKEND APPOINTMENTS IS THAT 371 PATIENTS DID NOT GO TO AN EMERGENCY ROOM OR URGENT CARE AND THAT THE CHC WAS ABLE TO CREATE A CONTINUITY OF CARE AND/OR ESTABLISH CARE WITH THESE PATIENTS. EXECUTIVE DIRECTOR MENTIONED THAT THE INCREASE IN OBSTETRIC AND GYNECOLOGY APPOINTMENTS WAS MOST LIKELY DUE TO THE ADDITION OF NEW PROVIDERS WHO BEGAN SEEING PATIENTS IN JUNE. THE NURSING ADMINISTRATOR CONTINUED THE PRESENTATION POINTING OUT THAT MORE PATIENTS WERE UTILIZING BEHAVIORAL HEALTH AND PHARMACY SERVICES AND THAT NO SHOWS WERE SLIGHTLY LOWER IN JUNE AT 18% THAN IN MAY. DIRECTOR MARTINEZ ASKED IF STAFF COULD ADD THE PERCENTAGE OF NO SHOWS BY MONTH AND LOCATION TO SEE IF THERE WAS ANY IMPROVEMENT DEPENDENT ON THE INDIVIDUAL CLINIC. DIRECTOR BEHILL ASKED IF THERE WAS A WAY TO TRACK THE NUMBER OF "NO SHOWS", WHO ACTUALLY RESCHEDULED THEIR APPOINTMENTS. THE EXECUTIVE DIRECTOR RESPONDED THAT THIS REQUEST IS IN THE QUEUE BUT WILL BE MOVED UP ONCE THE PHONE SYSTEMS IS FULLY FUNCTIONAL. THE NURSE ADMINISTRATOR STATED THAT "NO SHOW" PATIENTS ARE STILL FOLLOWED UP WITH BY STAFF TO GET THEIR APPOINTMENT RESCHEDULED AND DR. RAJ INCLUDED THAT THE PATIENTS ARE NOTIFIED THROUGH SEVERAL PHONE CALLS AND TEXTS. DIRECTOR BEHILL ASKED IF CANCELLATIONS WERE CONSIDERED A "NO SHOW"? THE EXECUTIVE DIRECTOR STATED THAT NO, CANCELLATION WERE NOT CONSIDERED A "NO SHOW." THE

NURSING ADMINISTRATOR STATED THAT THE PERCENTAGES OF USE FOR EACH ZIP CODE WILL BE ADDED BUT THAT ALL PATIENTS SHOULD BE LEAVING THE CLINIC WITH SOME TYPE OF HEALTH COVERAGE. DIRECTOR SANDOVAL ASKED WHY THE NUTRITIONIST CLINIC HAD SUCH A LOW VOLUME? THE EXECUTIVE DIRECTOR STATED THAT THEY ONLY HAVE ONE PROVIDER FOR A HALF-DAY CLINIC. DIRECTOR SANDOVAL THEN ASKED IF THE WEEKEND CLINICS HAD WALK-IN APPOINTMENTS. THE EXECUTIVE DIRECTOR STATED THAT YES, THE WEEKEND CLINICS RUN VERY SIMILAR TO AN URGENT CARE EXCEPT THAT THE PATIENT ESTABLISHES CARE WITH A PRIMARY CARE PHYSICIAN. DIRECTOR BEHILL ASKED IF THERE WAS ADEQUATE SIGNAGE FOR THE WALK IN APPOINTMENTS? THE EXECUTIVE DIRECTOR STATED THAT THERE IS SIGNAGE ON THE DOORS AND ON THE WEBSITE. SHE THEN STATED THAT FURTHER SIGNAGE/NOTICE WILL BE PROVIDED WHEN THE CLINIC INCREASES THE NUMBER OF PROVIDERS. DIRECTOR LOPEZ ASKED IF WEEKEND APPOINTMENTS WERE AVAILABLE AT ALL THE CLINIC LOCATIONS? THE NURSING ADMINISTRATOR STATED THAT NO THE WEEKEND APPOINTMENTS ARE ONLY AT COLUMBUS WITH FAMILY PRACTICE AND PEDIATRIC PROVIDERS.
RECEIVED AND FILED
Behill – Lopez: 6 Ayes; 3 Absent – Avila, Smith, Williams

9) Report on the Kern County Hospital Authority Community Health Center financials for May 2026 –

SENIOR DIRECTOR OF FINANCE JOHN MILLS MADE THE PRESENTATION. MR. MILLS STATED THAT THIS PRESENTATION WILL CONTINUE TO THE EVOLVE AS THE CHC RECEIVES MORE DATA AND THAT THE FINANCIAL DATA SHOULD BE CLEARER AS OF JULY 1, 2027. THE CHC IS STILL WORKING ON RATE SETTING AND THEREFORE, THERE IS NOT A HISTORY BASED BUDGET PROJECTION FOR EACH VISIT AND/OR LABOR MATRIX. MAY APPEARS LOWER DUE TO LACK OF BED CHARGES WHICH ARE BEING HELD DUE TO THE PENDING RATE SETTING. SENIOR FINANCE DIRECTOR THINKS THAT THE NEXT HRSA AUDIT WILL BE HELPFUL AS STAFF WILL HAVE DIRECTION AS TO WHAT DATA HRSA DEEMS IMPORTANT. DIRECTOR MARTINEZ ASKED IF BEFORE MAY, THE HOSPITAL RATE WAS BEING USED WHICH INCLUDES THE PROFESSIONAL AND PHYSICIAN CHARGE AND IN MAY, ONLY THE PHYSICIAN CHARGE IS BEING USED WHICH LED TO THE DIP IN MAY? THE SENIOR DIRECTOR IF FINANCE RESPONDED THAT YES, IN MAY ONLY THE PROFESSIONAL FEES WERE USED. DIRECTOR MARTINEZ ASKED THAT ONCE THE CHARGES ARE DROPPED WILL THE RATES BE INCLUSIVE OR SEPARATE IF A PATIENT GOES TO A VISIT AND GETS LABS DONE. SENIOR DIRECTOR OF FINANCE RESPONDED THAT THERE WILL STILL BE TWO CHARGES BUT WHAT IS BILLED AND WHAT WILL BE REIMBURSED WILL BE KNOWN AND ADJUSTED. DIRECTOR MARTINEZ ASKED IF THE CHARGE WILL BE A PACKAGED RATE OR WILL EVERYTHING BE INDIVIDUALIZED? SENIOR FINANCE DIRECTOR STATED THAT THERE WILL PROBABLY BE A WRAPAROUND PAYMENT AND SECOND LINE OF BILLING TO MAKE THE CHC WHOLE WHICH WILL ALSO LEAD TO THE KCHA ALLOCATION TO BE REFINED.
RECEIVED AND FILED
Kemp – Nichols: 6 Ayes; 3 Absent – Avila, Smith, Williams

10) Kern County Hospital Authority Community Health Center Executive Director Report –
EXECUTIVE DIRECTOR MADE HER PRESENTATION. EXECUTIVE DIRECTOR ANNOUNCED THAT DR. RAJ WILL BE THE NEW MEDICAL DIRECTOR FOR THE FQHC. EXECUTIVE DIRECTOR ANNOUNCED THAT THE REGULAR BOARD MEETING SCHEDULED FOR SEPTEMBER 23, 2026 WILL BE CANCELED AND IN ITS PLACE, A

SPECIAL BOARD MEETING WILL BE SCHEDULED FOR SEPTEMBER 30, 2026. THE EXECUTIVE DIRECTOR ALSO INFORMED THE BOARD THAT SHE GAVE A PRESENTATION TO THE KERN COUNTY HOSPITAL AUTHORITY BOARD OF GOVERNORS REGARDING THE FIRST FULL YEAR AS A COMMUNITY HEALTH CENTER AND ITS PROGRESS INCLUDING THE DESIGNATION AS A LOOK-A-LIKE HEALTH CENTER. THE EXECUTIVE DIRECTOR ANNOUNCED THAT THE PEDIATRICS DEPARTMENT WILL BE HOSTING THEIR ANNUAL "PARTY IN THE PARKING LOT" ON AUGUST 1, 2026 FROM 7:00 AM TO 11:00 AM AT 1111 COLUMBUS ST. SUITE 1000, BAKERSFIELD 93305. THE EXECUTIVE DIRECTOR ADDED THAT SCHOOL PHYSICALS, IMMUNIZATIONS, FOOD, BACKPACKS, AND OTHER GIVEAWAYS WILL BE PROVIDED TO ALL WHO ATTEND WHILE SUPPLIES LAST. THIS EVENT HOSTS ABOUT 200 PATIENTS FROM THE COMMUNITY. THEN EXECUTIVE DIRECTOR ANNOUNCED THAT DIRECTOR WILLIAMS WILL BE RESIGNING AND THAT THE POSITION HAS BEEN OPENED FOR APPLICATIONS. DIRECTOR NICHOLS ASKED HOW THE MOBILE UNITS WERE DOING. THE EXECUTIVE DIRECTOR RESPONDED THAT THE MOBILE UNITS HAS HAD AN INCREASE IN NEW PATIENT AND THAT STAFF WERE RECEIVING MORE COMMENTS THAT THE PATIENTS PREFERRED THE MOBILE UNITS. THE NURSING ADMINISTRATOR EMPHASIZED THAT ON THE WEEKEND OF JULY 18TH, 46 PATIENTS WERE SEEN IN 3 HOURS AT THE FAIRFAX MOBILE UNIT WHICH IS AN ASTOUNDING NUMBER OF PATIENTS FOR THE TIME PERIOD. THE EXECUTIVE DIRECTOR THEN MOVED THE CONVERSATION TO SHARE THAT CMS HAD CONDUCTED AN AUDIT AT THE STOCKDALE LOCATION ON THE MORNING OF JULY 22ND AND THAT THE STOCKDALE LOCATION RECEIVED A 100% COMPLIANCE ON THE AUDIT. THE NEXT LOCATIONS TO BE AUDITED ARE COLUMBUS AND 34TH STREET BUT AS THE AUDITS ARE RANDOM, IT IS UNKNOWN WHEN CMS WILL SHOW UP.
RECEIVED AND FILED
Nichols – Kemp: 6 Ayes; 3 Absent – Avila, Smith, Williams

ADJOURNED TO CLOSED SESSION
Sandoval - Kemp

REPORT ON ACTIONS TAKEN IN CLOSED SESSION

Item 11 concerning PUBLIC EMPLOYEE PERFORMANCE EVALUATION - Title: Community Health Center Executive Director (Government Code Section 54957) – HEARD; NO REPORTABLE ACTION TAKEN

ADJOURNED TO WEDNESDAY, AUGUST 26, 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

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
Wednesday, May 27, 2026~~5~~

11:30 A.M.

BOARD RECONVENED – Director Martinez convened the meeting of the Board at 11:32 A.M., and established a quorum was present.

Board Members: Avila, Behill, Kemp, Lopez, Martinez, Nichols, Sandoval, Smith, Williams
Roll Call: 5 Present; 4 Absent – Behill, Kemp, Lopez, Nichols

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)) –
DIRECTOR WILLIAMS STATED HE SAW THAT A NEW FEDERAL BILL WILL CUT FUNDS FOR HEALTH CARE FOR THE INDIGENOUS AND ASKED IF THAT WAS TRUE AND IF IT WOULD HAVE ANY EFFECT ON THE COMMUNITY HEALTH CENTER (CHC). FINANCE ADMINISTRATOR RESPONDED THAT THOSE CUTS WILL NOT GO INTO EFFECT UNTIL 2028. OPERATIONS ADMINISTRATOR TYLER WHITEZELL CLARIFIED THAT THERE ARE TWO ASPECTS OF THAT BILL; ONE ON THE FEDERAL SIDE AND ONE ON THE STATE SIDE. THE STATE OF CALIFORNIA IS REQUIRED TO CUT BACK ON ITS UIS (UNSATISFACTORY IMMIGRATION STATUS) MEDI-CAL PROGRAM. THE FEDERAL H.R.1 BILL INCLUDES A SECTION REQUIRING REDETERMINATION OF MEDICAID MEMBERS EVERY SIX MONTHS. MEMBERS WILL NEED TO PROVIDE PROOF OF ELIGIBILITY EVERY SIX MONTHS. HE FURTHER ADDED THAT IF CUTS LIKE THAT WERE TO HAPPEN, THE COUNTY OF KERN WOULD STILL BE REQUIRED TO PROVIDE HEALTH CARE TO THE INDIGENT AND THE KERN COUNTY HOSPITAL AUTHORITY AND THE CHC WILL CONTINUE TO WORK WITH THE COUNTY TO OBTAIN FUNDING.

CA
3) Minutes for the Kern County Hospital Authority Community Health Center Board of Directors regular meeting on April 22, 2026 –
APPROVED
Smith – Sandoval: 5 Ayes; 4 Absent – Behill, Kemp, Lopez, Nichols

4) Report on Patient Appreciation Week –
KERN COUNTY HOSPITAL AUTHORITY DIRECTOR OF PRACTICE MANAGER DEANNA HELLMUND AND NURSING ADMINISTRATOR ALICIA GAETA MADE THE PRESENTATION REGARDING PATIENT APPRECIATION WEEK. THEY EXPLAINED THAT THE PURPOSE OF THE EVENT WAS TO RECOGNIZE THE PATIENTS OF THE CHC AS PART OF AN INITIATIVE TO STRENGTHEN THE CHC'S CONNECTION TO ITS PATIENTS AND REINFORCE THE COMMITMENT TO PROVIDING HIGH QUALITY HEALTH AND WELLNESS TO THE COMMUNITY. AS PART OF THIS ENDEAVOR A VIDEO WAS CREATED THAT SHOWED VARIOUS HOSPITAL AND CHC STAFF THANKING THE PATIENTS FOR TRUSTING THEM TO BE THEIR HEALTHCARE PROVIDERS. DIRECTOR MARTINEZ ASKED IF THE PATIENT APPRECIATION VIDEO WAS PLAYED AT ALL FACILITIES AND WAS POSTED ONLINE. NURSING ADMINISTRATOR CONFIRMED THAT THE VIDEO WAS PLAYED AT ALL FACILITIES AND WAS POSTED ON SOCIAL MEDIA PLATFORMS INCLUDING TIK TOK AND FACEBOOK. NURSING ADMINISTRATOR EXPRESSED HOW PATIENT APPRECIATION WEEK IS AN IMPORTANT OPPORTUNITY TO REINFORCE OUR VALUES OF COMPASSION AND PATIENT-CENTERED CARE. DIRECTOR OF PRACTICE MANAGER STATED THAT KERN COUNTY HOSPITAL AUTHORITY WILL BE MAKING THIS AN ANNUAL EVENT EVERY APRIL MOVING FORWARD TO SHOW ITS COMMITMENT TO PROVIDING THE BEST CARE TO THIS COMMUNITY.
RECEIVE AND FILE
Smith – Sandoval: 5 Ayes; 4 Absent – Behill, Kemp, Lopez, Nichols

5) Report on the Kern County Hospital Authority Community Health Center Quality Metrics –
DATA ANALYTICS MANAGER KEVIN JENSEN PRESENTED THE DATA FOR QUARTER ONE OF 2026. THE DATA ANALYTICS MANAGER NOTED THAT THESE METRICS RESET AT THE BEGINNING OF EACH CALENDAR YEAR AND TARGETS ARE RECALIBRATED USING THE UPDATED NATIONAL BENCHMARKS AND PRIOR YEAR PERFORMANCE. THE PRESENTATION SHOWED THE METRICS BEING TRACKED AND WHERE THE CHC IS IN MEETING THE METRICS CURRENTLY. DIRECTOR WILLIAMS ASKED IF THE 19.4% OF CHILDHOOD IMMUNIZATION STATUS DID NOT MEET THE TARGET BECAUSE PARENTS DO NOT BRING THEIR CHILDREN IN TIMELY. DATA ANALYTICS MANAGER RESPONDED THAT SOME PARENTS DO NOT WANT THE VACCINES FOR THEIR CHILDREN AND SOME PARENTS DO NOT BRING THEIR CHILDREN ON TIME TO GET THEIR VACCINES. SOME VACCINES NEED TO BE ADMINISTERED AT A CERTAIN AGE, WHICH ALSO CONTRIBUTES TO THE DEFICIT IN THIS METRIC. THE DATA ANALYTICS MANAGER EXPLAINED THE INITIATIVES STAFF ARE IMPLEMENTING TO IMPROVE THE METRICS. DIRECTOR SANDOVAL ASKED HOW THE CERVICAL SCREENING SELF-SWAB AND AT HOME FOBT (FECAL OCCULET BLOOD TEST) FOR COLORECTAL CANCER SCREENING KITS WORK, IF THE PATIENT PICKS UP THE KITS AND COLLECT SAMPLES AT HOME. DATA ANALYTICS MANAGER RESPONDED THAT SOME KITS SUCH AS THE FOBT COLORECTAL CANCER SCREENING KITS MAY BE PICKED UP AND THEN SAMPLES MAY BE MAILED OR DROPPED OFF AT THE CLINICS. THE SELF-SWAB CERVICAL SCREENING KITS ARE PROVIDED TO PATIENTS IN THE CLINICS FOR THOSE PATIENTS WHO DO NOT WANT A PROVIDER TO PERFORM THE SWAB. THOSE PATIENTS MAY SELF-SWAB AT THE CLINIC. EDUCATION IS PROVIDED TO THESE PATIENTS SO THAT THE TESTS HAVE BETTER ACCURACY.
RECEIVE AND FILE
Avila – Williams: 5 Ayes; 4 Absent – Behill, Kemp, Lopez, Nichols

6) Report on the Kern County Hospital Authority Community Health Center Health Center Service Utilization for April 2026 –
NURSING ADMINISTRATOR ALICIA GAETA PRESENTED THE CHC'S SERVICE UTILIZATION DATA FOR APRIL 2026. NURSING ADMINISTRATOR WENT OVER THE DATA THAT HAD STAYED RELATIVELY THE SAME AS THE MARCH DATA. DIRECTOR MARTINEZ ASKED ABOUT THE STATUS OF THE PHONE UPGRADE. EXECUTIVE DIRECTOR RESPONDED THAT THE APPOINTMENT LINES WILL GO LIVE SOON. SHE ADDED THAT THE COLUMBUS LOCATION IS THE LAST LOCATION THAT NEEDS TO BE UPGRADED, AS ALL OTHER LOCATIONS HAVE BEEN UPGRADED. DIRECTOR MARTINEZ ALSO ASKED IF THE "NO SHOW" NUMBERS INCLUDE BOTH PATIENTS WHO DO NOT SHOW UP AND THOSE WHO RESCHEDULE. NURSING ADMINISTRATOR RESPONDED THAT ONLY THE PATIENTS WHO DO NOT SHOW UP OR CALL TO CANCEL THEIR APPOINTMENT ARE INCLUDED IN THE NO SHOW DATA. PATIENTS WHO CALL TO CANCEL THEIR APPOINTMENT ARE OFFERED TO RESCHEDULE THEIR APPOINTMENT AS SOON AS A SAME DAY APPOINTMENT.
RECEIVE AND FILE
Smith – Avila: 5 Ayes; 4 Absent – Behill, Kemp, Lopez, Nichols

7) Report on the Kern County Hospital Authority Community Health Center financials for March –
FINANCE ADMINISTRATOR ANDREW CANTU PRESENTED THE MARCH FINANCIALS. DIRECTOR MARTINEZ ASKED IF A PATIENT IS ONLY ABLE TO PAY 50% OF THE MEDICAL FEES, WHO COVERS THE REST. FINANCE ADMINISTRATOR RESPONDED THAT THOSE COSTS WOULD COME OUT OF "OTHER INCOME" BUDGET. ONCE THE FQHC RATE IS

SECURED, THE KERN COUNTY HOSPITAL AUTHORITY CONTRIBUTION WILL DROP AND THE “OTHER INCOME” BUDGET WILL INCREASE.
RECEIVE AND FILE
Avila – Sandoval: 5 Ayes; 4 Absent – Behill, Kemp, Lopez, Nichols

8) Kern County Hospital Authority Community Health Center Executive Director Report –
EXECUTIVE DIRECTOR RENEE VILLANUEVA MADE THE PRESENTATION. SHE ANNOUNCED THAT THE PHONE UPGRADES ARE ALMOST COMPLETED WITH COLUMBUS BEING THE LAST LOCATION TO BE UPDATED. THE EXECUTIVE DIRECTOR ALSO ANNOUNCED THAT THE IT DEPARTMENT IS WORKING ON A CALCULATOR TO CALCULATE RATES ELECTRONICALLY ON THE COMPUTER TO ASSIST IN REGISTERING PATIENTS MORE ACCURATELY AND EFFICIENTLY. THE EXECUTIVE DIRECTOR FUTHER ANNOUNCED THAT THERE IS A NEW CONTACTOR WORKING ON THE RATE SETTING THAT WILL BE SET IN AUGUST. THE EXECUTIVE DIRECTOR ALSO ANNOUNCED THAT SOME OF THE EXECUTIVES WILL BE ATTENDING A CONFERENCE NEXT MONTH IN WHICH THEY WILL HAVE A SET TIME TO ASK HRSA QUESTIONS. LASTLY, THE EXECUTIVE DIRECTOR THANKED THE BOARD FOR ALL THEIR WORK AND DEDICATION.
RECEIVED AND FILED
Smith – Sandoval: 5 Ayes; 4 Absent – Behill, Kemp, Lopez, Nichols

CA
9) Miscellaneous Correspondence as of April 15, 2026 –
RECEIVED AND FILED
Smith – Sandoval: 5 Ayes; 4 Absent – Behill, Kemp, Lopez, Nichols

ADJOURNED TO WEDNESDAY, JUNE 24, 2026 AT 11:30 A.M.
Smith

/s/ Marisol Urcid
Clerk of the Board of Directors

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

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
Wednesday, June 24, 2026~~5~~

11:30 A.M.

BOARD RECONVENED – Director Martinez convened the meeting of the Board at 11:33 A.M., and established a quorum was present.

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

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) Proposed reappointment of Director Gary Williams, OD to the Kern County Hospital Authority Community Health Center Board of Directors, term to expire June 30, 2029 –
MADE APPOINTMENT
Smith – Nichols: 6 Ayes; 3 Absent – Behill, Kemp, Sandoval

CA
4) Minutes for the Kern County Hospital Authority Community Health Center Board of Directors regular meeting on May 27, 2026 –
APPROVED
Smith – Nichols: 6 Ayes; 3 Absent – Behill, Kemp, Sandoval

CA
5) Proposed updated Community Health Center Key Management Staff and Organizational Chart – APPROVED
Smith – Nichols: 6 Ayes; 3 Absent – Behill, Kemp, Sandoval

6) Report on the Kern County Hospital Authority Community Health Center Patient Safety Quarter 1 –

DIRECTOR OF PERFORMANCE IMPROVEMENT CARMELITA MAGNO MADE THE PRESENTATION REGARDING PATIENT SAFETY FOR QUARTER 1. DIRECTOR OF PERFORMANCE IMPROVEMENT POINTED OUT THAT MEDICATION RECONCILIATION COMPLIANCE BY MEDICAL ASSISTANTS IS TRENDING UP IN QUARTER 1, BUT THERE IS STILL ROOM TO IMPROVE MEDICATION RECONCILLATION BY THE PROVIDERS. QUALITY STAFF IS WORKING WITH THE A-TEAM ON EDUCATION TO ROLL OUT TO THE PROVIDERS AND ARE ALSO DOING A DETAILED REVIEW OF THE DATA TO SEE IF THE ISSUE IS WIDESPREAD OR LIMITED TO JUST A FEW OUTLIERS. DIRECTOR MARTINEZ ASKED WHY PEDIATRICS HAD A ZERO FOR RECONCILLAITON. MS. MAGNO STATED THAT THIS IS ALSO SOMETHING THAT THEY ARE CURRENTLY INVESTIGATING BASED ON THIS DATA AND WILL HAVE AN EXPLANATION FOR NEXT MONTH'S REVIEW. SHE REASONS THAT THIS IS DUE TO A CLERICAL ISSUE AS THE PROVIDER NEEDS TO CHECK A PARTICULAR BOX FOR THE REPORT TO CAPTURE THE DATA, SO EVEN IF THE PROVIDER HAS ENTERED THE DATA, IF THE BOX IS NOT CHECKED, THE DATA DOES NOT APPEAR ON THE REPORT. HOPEFULLY THIS IS THE ISSUE AND CAN BE EASILY RESOLVED. PROTECTED HEALTH INFORMATION HANDLING IS ALSO HOLDING STEADY. STAFF WILL BE FOCUSING ON COLUMBUS PEDIATRICS ON REEDUCATION OF CHECKING BOTH THE NAME AND THE DATE OF BIRTH OF THE PATIENT BEFORE HANDING OVER ANY PAPERWORK. HAND HYGIENCE COMPLIANCE HAS SIGNIFICANTLY IMPROVED AND HAVE A INDEPTH REVIEW OF THE DATA, THE DATA SHOWED THAT RESIDENTS CONSTITUTE A SIGNIFICANT PART OF THE NON-COMPLIANCE. CURRENTLY PROVIDING REAL TIME EDUCATION WITH INCOMING RESIDENTS AND STAFF TO IMPROVE COMPLIANCE WITH THIS METRIC. DIRECTOR WILLIAMS ASKED IF DOCTORS ARE NOT WASHING THEIR HANDS BEFORE PUTTING ON GLOVES. DIRECTOR OF

PERFORMANCE IMPROVEMENT RESPONDED THAT A PROVIDER MUST WASH THEIR HANDS OR USE DISINFECTANT GEL BEFORE PUTTING ON GLOVES AND AFTER REMOVING GLOVES AND EXITING THE ROOM. DIRECTOR NICHOLS ASKED HOW IS HAND HYGENE TRACKED. DIRECTOR OF PERFORMANCE IMPROVEMENT RESPONDED THAT THERE ARE CERTIFIED INFECTION CONTROL AUDITORS DOING LIVE AUDITS. DIRECTOR OF PERFORMANCE IMPROVEMENT STATED THAT OCCURRENCE REPORTS WERE DOWN FOR THE MONTH. DIRECTOR AVILA ASKED HOW ARE THE OCCURRENCE REPORTS ARE SUBMITTED. DIRECTOR OF PERFORMANCE IMPROVEMENT RESPONDED THAT STAFF CAN ACCESS MIDAS, WHICH IS THE PLATFORM USED TO MONITOR AND TRACK OCCURRENCE REPORTS. DIRECTOR MARTINEZ ASKED WHAT IS CONSIDERED AN OCCURRENCE THAT WOULD NEED TO BE REPORTED. DIRECTOR OF PERFORMANCE IMPROVEMENT RESPONDED THAT AN OCCURRENCE COULD BE ANY KIND OF INCIDENT NCLUDING A PATIENT/VISITOR FALL, A DISGRUNTLED PATIENT, OR A SECURITY ISSUE REGARDING A PATIENT/VISITOR.
RECEIVED AND FILED
Williams – Avila: 6 Ayes; 3 Absent – Behill, Kemp, Sandoval

7) Report on the Kern County Hospital Authority Community Health Center Health Center Service Utilization for May 2026 –
NURSING ADMINISTRATOR ALICIA GAETA MADE THE PRESENTATION REGARDING UTILIZATION FOR THE MONTH OF MAY 2026. MS. GAETA POINTED OUT THE DIP IN NEW PATIENT NUMBERS WHICH STAFF BELIEVE IS DUE TO END OF THE YEAR GRADUATIONS AND SUMMER VACATIONS. NO SHOWS ARE SLIGHTLY ELAVATED, MOST LIKELY DUE TO SIMILAR END OF THE SCHOOL YEAR ACTIVITIES AND A LACK OF CHILD CARE. NURSING ADMINISTRATOR POINTED OUT THAT TUESDAY IS STILL THE MOST POPULAR APPOINTMENT DAY AND THE MOST POPULAR APPOINTMENT TIME FRAME IS FROM 8AM TO 12PM. DIRECTOR OF PERFORMANCE IMPROVEMENT ADDED THAT STAFF IS CURRENTLY BRAINSTORMING ON WAYS TO INCREASE AWARENESS AND INTEREST FOR WEEKEND VISITS. DIRECTOR MARTINEZ ASKED WHAT ARE THE REASONS GIVEN FOR NO SHOWS. DIRECTOR OF PERFORMANCE IMPROVEMENT FURTHER ADDED THAT HISTORICALLY THE MONTH OF MAY HAD HIGHER NO SHOWS WHICH IS COMMON FOR THE SUMMER MONTHS. DIRECTOR OF PERFORMANCE IMPROVEMENT CONTINUED THAT MANY PATIENTS GO ON VACATION AND ALSO BECAUSE OF ALL THE GRADUATION CELEBRATIONS. EXECUTIVE DIRECTOR ADDED THAT TRANSPORTATION AND CHILD CARE ARE ALSO REASONS FOR PATIENTS MISSING THEIR APPOINTMENTS. DIRECTOR OF PERFORMANCE IMPROVEMENT MENTIONED THAT STAFF CALL ALL PATIENTS WHO DIDN'T SHOW UP TO THEIR APPOINTMENT AND OFFER ALTERNATIVE APPOINTMENT DATES/TIMES, A TELEHEALTH APPOINTMENT, AND DATES AND LOCATIONS OF MOBILE CLINIC APPOINTMENTS. DIRECTOR AVILA ASKED IF THERE IS A WAY TO SEE IF PATIENTS WHO DIDN'T SHOW UP TO THEIR APPOINTMENT EVENTUALLY MAKE UP THEIR MISSED APPOINTMENT. EXECUTIVE DIRECTOR RESPONDED THAT THEY ARE CURRENTLY WORKING ON A SYSTEM TO TRACK THAT DATA, AS IT IS CURRENTLY DIFFICULT TO TRACK IN THE SYSTEM. DIRECTOR WILLIAMS ASKED IF THERE WAS A WAY TO TRACK PATIENTS WHO CONSISTENTLY MISS THEIR APPOINTMENTS AND IF THERE WAS A LIMIT AS TO HOW MANY APPOINTMENTS THEY CAN MISS. DIRECTOR OF PERFORMANCE IMPROVEMENT RESPONDED THAT STAFF EDUCATES PATIENTS ABOUT THE IMPORTANCE OF KEEPING THEIR APPOINTMENTS. KERN MEDICAL HOSPITAL AUTHORITY CHIEF EXECUTIVE OFFICER SCOTT THYGERSON RESPONDED THAT BECAUSE OF THE MEDI-CAID (MEDI-CAL) AND MEDI-CARE RESTRICTIONS, THE CLINICS MAY NOT REPRIMAND PATIENTS FOR MISSING THEIR APPOINTMENTS.

DIRECTOR SMITH ASKED WHAT IS THE NATIONAL STANDARD FOR NO-SHOW APPOINTMENTS. KERN MEDICAL HOSPITAL AUTHORITY CHIEF EXECUTIVE OFFICE RESPONDED THAT THERE IS NO NATIONAL STANDARD BUT VALLEY CHILDRENS IS USUALLY BETWEEN 25-28% FOR NO SHOWS.
RECEIVED AND FILED
Nichols – Smith: 6 Ayes; 3 Absent – Behill, Kemp, Sandoval

8) Report on the Kern County Hospital Authority Community Health Center financials for April 2026 –

FINANCE ADMINISTRATOR ANDREW CANTU MADE THE PRESENTATION. HE REPORTED THAT THE NUMBER OF FULL-TIME EMPLOYEES (FTEs) HAS BEEN CONSISTANT. THE GROSS DAYS IN ACCOUNTS RECEIVABLE IS AT TARGET BUT THIS WILL CHANGE IN NEXT MONTH'S REPORT BECAUSE FINANCE IS HOLDING CLAIMS DUE TO THE RATE SETTING PROCESS. FINANCE ADMINISTRATOR STATED THAT THE CURRENT BUDGET IS ON TARGET AND PURCHASES ARE ALSO RIGHT ON BUDGET. DIRECTOR MARTINEZ ASKED IF THE NUMBER OF FTEs HAS BEEN THE SAME, WHY DID THE SALARIES INCREASE. FINANCE ADMINISTRATOR RESPONDED THAT PAY RAISES WENT INTO EFFECT IN APRIL. DIRECTOR MARTINEZ ASKED IF THERE HAS BEEN AN UPDATE ABOUT THE RATES. FINANCE ADMINISTRATOR RESPONDED THAT THERE HAS BEEN NO UPDATE BUT EVERYTHING HAS BEEN SUBMITTED TO THE CONSULTANTS, WHO HAVE SINCE ASKED FOR MORE INFORMATION WHICH HAS BEEN SUBMITTED. DIRECTOR MARTINEZ ASKED IF THE RATE WILL BE RETROACTIVE TO MARCH 1. FINANCE ADMINISTRATOR STATED YES, WHICH WAS WHY THE CURRENT CLAIMS ARE BEING HELD.
RECEIVED AND FILED
Avila – Williams: 6 Ayes; 3 Absent – Behill, Kemp, Sandoval

9) Kern County Hospital Authority Community Health Center Executive Director Report –

EXECUTIVE DIRECTOR RENEE VILLANUEVA MADE PRESENTATION. EXECUTIVE DIRECTOR ANNOUNCED THAT ON JULY 1 THE CLINICS WILL RECEIVE NEW INTERNAL MEDICINE AND OB/GYN RESIDENTS AND THAT ON JULY 1, 2027, WE WILL WELCOME THE NEW FAMILY PRACTICE RESIDENTS, SO STAFF IS WORKING ON CREATING SPACE FOR THE INCOMING FAMILY MEDICINE RESIDENTS AND FACULTY. DIRECTOR MARTINEZ APPLAUDED THE EFFORT IN REESTABLISHING THE FAMILY MEDICINE RESIDENCY AS PRIMARY CARE PROVIDERS ARE DESPARATELY NEEDED IN THE COUNTY. EXECUTIVE DIRECTOR ALSO ANNOUNCED THAT ABOUT 25-30 PHYSICIANS WILL PARTICIPATE IN AN AI PILOT PROGRAM THAT WILL RECORD THE PATIENT VISITS FOR TRANSCRIBING PURPOSES ONLY. SHE ADDED THAT THE USE OF AI IS JUST TO FACILITATE MORE COMPLETE AND EFFICIENT CHARTING, WHICH SHOULD IMPROVE THE COMPLETION OF REFERRALS AND HELP WITH MAKING THE VISITS MORE PERSONABLE AS THE PROVIDER WILL BE ABLE TO FOCUS ON THE PATIENT AND NOT DOCUMENTATION. EXECUTIVE DIRECTOR ALSO ANNOUNCED THAT WIPFLI IS STILL WORKING ON THE RATE SETTING AND THAT TODAY IS DIRECTOR WILLIAM'S BIRTHDAY.
RECEIVED AND FILED
Williams – Smith: 6 Ayes; 3 Absent – Behill, Kemp, Sandoval

CA

10) Miscellaneous Correspondence as of June 17, 2026 –
RECEIVED AND FILED
Smith – Nichols: 6 Ayes; 3 Absent – Behill, Kemp, Sandoval

ADJOURNED TO WEDNESDAY, JULY 22, 2026 AT 11:30 A.M.
Avila

/s/ Marisol Urcid
Clerk of the Board of Directors

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

KernMedical
Outpatient Health

BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

August 26, 2026

Subject: Proposed appointment of Jamie Achterberg, a qualified candidate, to the Kern County Hospital Authority Community Health Center Board of Directors to fill the vacancy that will be created by the impending resignation of Gary Williams, O.D., term to expire June 30, 2029

Recommended Action: Make Appointment

Summary:

The Kern County Hospital Authority Community Health Center's Board of Directors (CHC Board) has received one complete application to fill the vacancy on the CHC Board created by the impending resignation of Gary Williams, O.D., who is leaving the community due to health issues.

On January 16, 2025, your Board ratified a resolution adopted by the Kern County Hospital Authority Board of Governors that created the Kern County Hospital Authority Community Health Center Board of Directors, a community board comprised of nine (9) members, to fulfill Program requirements. The CHC Board is not be a separate entity, does not employ any staff and does not own any assets. The CHC Board has been given certain authorities to ensure that the health center operates in compliance with applicable federal, state and local laws and regulations, approve and evaluate the performance of the health center Executive Director, establish and adopt policies for the health center, review the annual budget and audit for the health center, and develop a plan and priorities for the health center. HRSA requires that the CHC Board appoint a majority of its members as outlined in the CHC Board by-laws.

Staff has identified Jamie Achterberg as a qualified candidate. Ms. Achterber submitted her application on July 20, 2026. A copy of her application is attached and she has cleared the required background check. Ms. Achterberg is an Assistant City Manager for the City of Bakersfield. Through her work, Ms. Achterberg has seen the importance of health care delivery to the diverse populations in the community and understands the need for new and improved opportunities in improving access to care.

According to her application, she meets the following specific qualifications to serve on the CHC Board: 1) knowledge of healthcare systems, and 2) experience in advocating for safety net populations including, but not limited to, the pursuit of public funding for the delivery of healthcare services. Ms. Achterberg meets the HRSA requirements for a health center governing board.

Therefore, it is recommended that your Board appoint Jamie Achterberg, a qualified candidate, to the Kern County Hospital Authority Community Health Center Board of Directors to fill the vacancy that will be created by the resignation of Gary Williams, O.D., term to expire June 30, 2029.

RECEIVED

JUL 2 0 2026

Kern Medical
Administration Office

Kern County Hospital Authority Community Health Center Board

APPLICATION

APPLICATION DEADLINE: Open
Applications must be received at the address listed below on the application.

Please fill out all information on this form. If you have questions, please call (661) 326-2102.
Mail or deliver your completed application to:
Kern County Hospital Authority
ATTN: Chief Executive Officer
1700 Mount Vernon Avenue, Room 1232
Bakersfield, CA 93306

Achterberg	Jamie		K
Last Name	**First Name**		**Middle Initial**
[redacted]			
Home Address	**City**	**State**	**Zip Code**
N/A	[redacted]		
Home Phone	**Cell Phone**		
jachterberg@bakersfield.gov			[redacted]
Email Address (Required)			**Date of Birth**
City of Bakersfield	Assistant to the City Manager		661-326-3442
Employer	**Title**		**Work Phone**
1600 Truxtun Ave	Bakersfield	CA	93301
Employer Address	**City**	**State**	**Zip Code**

Please select your race/ethnicity:
- ☐ Black / African American
- ☑ White
- ☐ Native American
- ☐ Asian
- ☐ Pacific Islander
- ☐ Hispanic or Latino

Please select your gender:
- ☐ Male
- ☑ Female
- ☐ Non-binary
- ☐ Prefer not to say

Are you an employee of Kern Medical, or spouse, child, parent, brother or sister by blood, adoption or marriage of such an employee?

☐ **Yes** ☑ **No**

Is more than 10% of your annual income derived from the health care industry? (The health care industry is defined as a licensed independent provider delivering direct care to a patient in a clinical setting.)

☐ **Yes** ☑ **No**

Are you a current patient of Kern Medical?

☐ **Yes** ☑ **No**

CONSENT to PHOTOGRAPH
Should I be appointed, I authorize Kern County Hospital Authority to videotape, take a digital image or other image of me, and I agree that the negatives, digital images, video, or photographs may be kept, stored, and used in health center promotion and publications.

☑ **Yes** ☐ **No**

What skills and knowledge would you bring to our board? Please list your experience in any of the following areas: Community affairs, local government, finance and banking, legal affairs, and other commercial and industrial concerns, or social service agencies within the community.

I bring over 14 years of local government experience with expertise in public administration, budgeting, grant management, performance measurement, community affairs, and cross-sector collaboration. As Assistant to the City Manager for the City of Bakersfield, I work closely with healthcare providers, nonprofit organizations, county agencies, and public safety partners to address complex community needs through data-driven, fiscally responsible solutions. My experience overseeing multi-million-dollar state and federal grant programs, evaluating organizational performance, and building strong partnerships has strengthened my ability to provide thoughtful governance, strategic oversight, and collaborative leadership in support of community-focused organizations.

BOARD QUALIFICATION CATEGORIES

I meet the following board-specific qualification categories (mark all that apply):

- ☑ Knowledge of healthcare delivery systems
- ☐ Knowledge of healthcare policy and regulatory issues as well as current and projected healthcare trends
- ☐ Experience with managing hospital services and understanding of the healthcare needs of the patient population
- ☑ Experience in advocating for safety net populations including, but not limited to, the pursuit of public funding for the delivery of healthcare services
- ☐ I have been a patient at Kern Medical within the last 24 months

APPLICANT RESPONSIBILITIES

I understand that by submitting this application:

1. I am a full-time resident of the County of Kern and at least 18 years of age;
2. I agree to participate as a Member of the Community Health Center Board;
3. I am willing to provide authorization to the Kern County Hospital Authority to conduct necessary background checks;
4. I have submitted with this Application a current resume or curriculum vitae; and
5. I agree to comply with the laws of the state of California as they pertain to conflicts of interest.

Applicant Signature

7/14/2026

Date

Expectations of Board Members

1. I will share the vision, mission, and work of the health center to the community, represent the organization, and act as a spokesperson.

2. I will attend no fewer than 75% of board meetings, committee meetings, and special events.

3. I will actively participate in fundraising activities to ensure the stability of the health center.

4. I will act in the best interests of the organization and excuse myself from discussions and votes where I have a conflict of interest.

5. I will stay informed about what is going on in the organization. I will ask questions and request information. I will participate in and take responsibility for making decisions on issues, policies and other board matters.

6. I will work in good faith with staff and other board members as partners toward achieving our goals.

7. I will contribute time each month to supporting the health center.

8. I will receive, and carefully review, all board meeting materials sent to me prior to each board meeting. I will be fully prepared for these meetings, with relevant questions and suggestions.

9. If I do not understand anything in these reports, I will schedule an opportunity to learn.

10. If selected, I understand and am willing to accept the responsibilities of a board member.

11. In addition, by my signature below, I understand a health center board member may not be an employee of Kern Medical, or spouse, child, parent, brother or sister by blood, adoption or marriage of such an employee.

Accepted: _____ Date: 7/14/2020

Name and Signature

KernMedical
Outpatient Health

BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

August 26, 2026

Subject: Proposed Health Resources Services Administration Change in Scope to include additional health services and clinic locations

Recommended Action: Approve

Summary:

As Kern Medical Outpatient Health (KMOH) continues expanding its Federally Qualified Health Center model, several upcoming initiatives will require formal Change in Scope (CIS) submissions through the Health Resources Services Administration (HRSA). These anticipated changes include the addition of three (3) mobile medical units and an expanded service line designed to strengthen access to care across the service area.

Form 5B Change
Official Change in Scope to be submitted for the addition of three (3) KMOH mobile units. These units are garaged at 1700 Mount Vernon Avenue FL 1, Bakersfield, CA 93306. These grant-funded mobile units will allow KMOH to maintain and increase access to comprehensive services for the low-income population within zip codes already in KMOH's service area: 93307, 93309, 93301, 93308, and 92380. There are no necessary changes to the zip codes currently on KMOH Form 5B. Each unit will operate at a minimum of 40 hours per week Monday – Friday (8:30am – 4:30pm), open for both walk-ins and scheduled appointments. On Saturdays and Sundays, the mobile units will be used for one-time community events in various locations within the service area. Those that are not being used for events on the weekends will see patients by schedule and appointment only. The three (3) mobile units will provide primary and preventative care services, including well and sick exams, immunizations, sports physicals, laboratory draws, point of care testing, and obstetric services.

Form 5A Change
Official Change in Scope to be submitted for the addition of Psychiatry to Column I. This means the service is provided by directly employed providers. An updated Form 5A is attached for review and approval. These services will be delivered at 1111 Columbus St, Suite 3000, Bakersfield CA 93305 which is currently within the HRSA scope of project.

Your Board has oversight responsibilities for the strategic planning of KMOH, recommending services to be provided by KMOH, and reviewing the program requirements of HRSA for compliance. The proposed revision of Form 5B with adding the three (3) mobile units and the proposed revision of Form 5A adding psychiatry services falls under this Board's review responsibility. Therefore, it is recommended that your Board approve the proposed revision to Form 5B and 5A for submission to HRSA for Change of Scope.

HRSA Health Center Program

Form 5A: Services Provided

OMB No.: 0915-0285. Expiration Date: 4/30/2026

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5A: SERVICES PROVIDED (REQUIRED SERVICES)	FOR HRSA USE ONLY	
	LAL Number	Application Tracking Number

This form will pre-populate for competing continuation applicants. For more information, refer to the Service Descriptors for Form 5A: Services Provided and the Column Descriptors for Form 5A: Services Provided.

Service Type	Service Delivery Methods		
	Direct (Health Center pays)	Formal Written Contract/ Agreement (Health Center pays)	Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X	X	
Diagnostic Laboratory	X		X
Diagnostic Radiology			X
Screenings	X		X
Coverage for Emergencies During and After Hours	X		X
Voluntary Family Planning	X	X	X
Immunizations	X	X	
Well Child Services	X		
Gynecological Care	X	X	
Obstetrical Care			
• Prenatal Care	X	X	
• Intrapartum Care (Labor & Delivery)			X
• Postpartum Care	X	X	
Preventive Dental	X		
Pharmaceutical Services	X	X	X
HCH Required Substance Use Disorder Services			
Case Management	X		
Eligibility Assistance	X		
Health Education	X	X	
Outreach	X		
Transportation	X		
Translation	X		X

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 5A: SERVICES PROVIDED (ADDITIONAL SERVICES)	FOR HRSA USE ONLY	
	LAL Number	Application Tracking Number

Service Type	Service Delivery Methods		
	Direct (Health Center pays)	Formal Written Contract/ Agreement (Health Center pays)	Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services			
Behavioral Health Services			
• Mental Health Services	X		
• Substance Use Disorder Services			X
Optometry			
Recuperative Care Program Services			X
Environmental Health Services			
Occupational Therapy			
Physical Therapy			
Speech-Language Pathology/Therapy			
Nutrition		X	
Additional Enabling/Supportive Services			
Psychiatry	X		

Instructions

On Form 5A Service Descriptors (PDF), you will find descriptions of the required and additional services and Form 5A Column Descriptors (PDF) provides descriptions of the three service delivery methods used by health centers.

You must propose to make General Primary Medical Care available directly (Column I) and/or through a formal written contractual agreement in which the health center pays for the service (Column II) to comply with eligibility requirement 3.

This form will pre-populate from your current scope of project and cannot be modified through this application. For this form to accurately pre-populate, when you complete the SF-424 in Grants.gov, select **Continuation** for box 2 and provide your grant number for box 4. **Failure to correctly**

KernMedical
Outpatient Health

BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

August 26, 2026

Subject: Proposed approval of Community Health Center 340B Drug Pricing Program Compliance Policy

Recommended Action: Approve; Authorize Chairman to Sign

Summary:

The CHC Board has oversight responsibilities for reviewing and approving the policies and procedures for the CHC. The following proposed policy and procedure, which focus on Operations, is required to be approved and enacted to show compliance as a FQHC Look-Alike.

Policy	Policy #
340B Drug Pricing Program Compliance	LAL-PHARM-01

Therefore, it is recommended that your Board approve the proposed policy and procedure.

Kern County Hospital Authority Community Health Center

Department: Pharmacy				
Policy No. LAL-PHARM-01	Effective Date August 2026	Review Date: January 2028	Page 1 of 14 (with addendums)	KernMedical Outpatient Health
Title: 340B Drug Pricing Program Compliance – Kern Medical Outpatient Health				

I. PURPOSE:

This policy serves to establish procedures governing participation in the Federal 340B Drug Pricing Program to ensure compliance with Section 340B of the Public Health Service Act (Act), Health Resources and Services Administration (HRSA) regulations, and applicable federal guidance while maximizing resources to expand patient care services and optimize patient outcomes.

Kern Medical Center Outpatient Health (KMOH) is committed to maintaining full compliance with all applicable federal requirements and ensuring that savings generated through the 340B Program are used to further the organization's mission of serving vulnerable patient populations.

II. DEFINITIONS: See Addendum A.

III. POLICY STATEMENT:

A. KMOH uses any savings and/or revenue generated from 340B, in accordance with the 340B Program intent to permit the covered entity to stretch scarce federal resources, to reach more eligible patients and provide more comprehensive services.
   1. KMOH meets all 340B Program eligibility requirements.
      a) KMOH's Office of Pharmaceutical Affairs Information System (OPAIS) database covered entity listing is complete, accurate and correct, including NPI and Medi-Cal billing numbers. See Addendum B.
      b) KMOH is owned and operated by the Kern County Hospital Authority (KCHA) and is recognized as a government entity, per Health and Safety Code §101852 et al.
      c) KMOH has received designation as a Federally Qualified Health Center lookalike (FQHCLAL) and is registered with HRSA as 340B eligible
   2. KMOH complies with all requirements and restrictions of Section 340B of the Act and any accompanying regulations or guidelines including, but not limited to, the prohibition against duplicate discounts/rebates under Medicaid and the prohibition against transferring drugs purchased under the 340B Program to anyone other than an eligible patient of the entity by its designation as a FQHCLAL.
   3. KMOH maintains auditable records demonstrating compliance with the 340B requirements described in the preceding bullet.
      a) Prescriber is on the KMOH eligible prescriber list as employed by or under contractual agreement with KMOH and the health care services provided by this prescriber remains under the control of KMOH.
      b) KMOH maintains records of all provision of health care.
      c) An individual is an outpatient at the time the medication is dispensed.
      d) KMOH bills Medicaid (Medi-Cal) for 340B Program drugs at the 340B cost (carve-in) and has registered accordingly on the OPA database.

e) KMOH "carves-out" Medicaid (Medi-Cal) at contract pharmacies from 340b eligibility

4. KMOH has systems/mechanisms and internal controls in place to reasonably ensure ongoing compliance with all 340B requirements.
5. KMOH acknowledges its responsibility to contact HRSA, as soon as reasonably possible, if there is any change in 340B eligibility or material breach of any of the foregoing policies.
6. KMOH elects to receive information about 340B from trusted sources including, but not limited to:
   a) HRSA and OPA; and/or
   b) The 340B Prime Vendor Program, managed by Apexus

IV. EQUIPMENT: N/A

V. PROCEDURE:

A. Core Group Roles and Responsibilities

1. A core group of KMOH staff is engaged with 340B Program compliance. These individuals are committed to keeping current with 340B Program training, as appropriate to pursue their program responsibilities. Key individuals include:
   a) Executive Director (ED)
      1) Principal officer in charge of administration of the program;
      2) Attests to the compliance of the program through the annual recertification process; and
      3) Serves as the authorizing official.
   b) Finance Administrator (FA)
      1) Communicates changes to the Medicare cost report regarding clinics or revenue centers listed on the cost report.
      2) Responsible for financial management and allocation of savings to support the non-profit mission of CHC
   c) Medical Director (MD) and Operations Administrator (OA)
      1) Consults on critical decisions involving 340B Program operations and compliance.
   d) Director of Pharmacy
      1) Accountable agent for 340B Program compliance;
      2) Reports to the MD/OA when implementing 340B Program changes or making critical program decisions;
      3) Agent of the Covered Entity (CE) to administer the 340B Program to fully implement and optimize appropriate savings and ensure current policy statements and procedures are in place to maintain program compliance;
      4) Serves as the primary contact for HRSA;
      5) Maintains knowledge of the policy changes that impact 340B;
      6) Receives reports of discrepancies; ensures any significant discrepancies are documented and corrected;
      7) Ensures 340B related records and transactions are maintained for a period of five years in a readily retrievable and auditable format.
      8) Reviews 340B cost savings report(s).
   e) Pharmacy Buyers
      1) Maintains purchasing accounts (e.g. 340B account for all eligible meds, GPO account for vaccines and other non-340b eligible meds)
      2) Orders all drugs from the specific accounts, as specified by the processes employed.

3) Continuously monitor product minimum/maximum levels to effectively balance product availability and cost-effective inventory control.
4) Manage purchasing, receiving and inventory control processes.

f) IT Administrator
1) Support all 340b staff in IT aspects of claim data reports, EDI feeds with Contract Pharmacies and wholesalers, and other information system needs that may arise in maintaining a compliant 340B system
2) Archive the data so as to be available to auditors when audited

B. Covered Outpatient Drugs
1. A covered outpatient drug is defined in the Medicaid rebate statute and represents the category of drugs for which manufacturers must pay rebates to state Medicaid agencies under the Medicaid rebate program.
2. Exceptions to a listed covered outpatient drug (as defined in the Medicaid rebate status) can be made, if the drug is part of a bundled charge or incident to another service. Outpatient purchases may be made on a GPO account for drugs that do not meet the definition of a covered outpatient drug (e.g. vaccine).
3. A drug is NOT considered a covered outpatient drug, if all of the following tests are met:
a) The drug is "part of" or "incident to" a service;
b) The drug is given in the same setting as the service; and
c) The drug is paid as part of the service
4. Any drug that is given to or administered to an ambulatory patient that is billed separately with the intention of being reimbursed will be considered a covered outpatient drug.
a) Vaccines are explicitly excluded from the 340B Program and are not considered covered outpatient drugs (see Apexus FAQ 1288).
5. Contrast media, intravenous (IV) solutions and anesthesia gases will be considered an exception and not a covered outpatient drug.

C. 340B Enrollment, Recertification and Change Requests
1. Recertification Procedure
a) HRSA requires entities to recertify their information as listed in the OPA database annually. The KMOH ED annually recertifies KMOH's information by following the directions in the recertification email sent from OPA to the ED by the requested deadline. If specific recertification questions arise, OPA will be contacted at 340b.recertification@hrsa.gov.
b) Prior to recertification, the KMOH ED in the capacity of the Authorizing Agent (AO) or designee will verify the KMOH's current national provider identifiers (NPI), and contract pharmacies (if any), prior to OPAIS.
2. Registration for Participating Off-Site Outpatient Facilities
a) KMOH submits a site registration for each off-site facility that will utilize 340B medications for their outpatient services.
3. Enrollment Procedure – New Contract Pharmacies
a) KMOH has a signed Contract Pharmacy services agreement, containing the essential compliance elements in the HRSA Contract Pharmacy Guidelines, in place between KMOH and Contract Pharmacy prior to registration on the HRSA 340B Database.
b) KMOH has Contract Pharmacy oversight and monitoring policy and procedure developed, approved and implemented. See Section V, Subsection N.

c) KMOH's AO or Primary Contact (PC) completes the online registration during one of four registration windows.
    1) Within fifteen (15) days from the date of the online registration, the AO certifies online that the Contract Pharmacy registration request was completed.
    2) The Contract Pharmacy's responsible representative may be an AO of the Contract Pharmacy, itself, or a third-party representative (e.g. Script Care, Wellpartner, SunRx, etc.).
d) KMOH begins using the Contract Pharmacy services arrangement only on or after the effective date shown on the HRSA 340B database.

4. Changes to KMOH's Information in OPA Database
    a) KMOH has an ongoing responsibility to immediately inform OPA of any changes to its information or eligibility. If KMOH becomes aware of its loss eligibility, it will notify OPA immediately and stop purchasing drugs from the 340B Program.
    b) An online change request will be submitted to OPA, as soon as possible, by the CEO for changes to KMOH's information outside the annual recertification timeframe. Types of requests handled through a change form include, but are not limited to:
        1) Changes to entity contact information;
        2) Adding a shipping address;
        3) Changes to Medicaid Provider Number/NPI or Medicaid billing decisions; and/or
        4) Changes to existing Contract Pharmacy information.

D. Prime Vendor Program (PVP) Enrollment and Updates
1. KMOH is enrolled in the PVP.
2. KMOH reviews and updates the profile, as needed.

E. 340B Procurement, Inventory Management and Dispensing
    a) Order and Purchasing for KMOH Clinic locations
        1) Orders are placed using a 340B account or GPO for 340B excluded medications (e.g. vaccines) by pharmacy buyer based on PAR levels or physician request
    b) Receipt and storage
        1) Orders are received in secured and labeled totes for the designated account(s) at 1700 Mount Vernon Avenue Room 1150, Bakersfield, CA 93306.
        2) Then the orders are scanned by pharmacy team into DSCSA compliance tool and checked for missing EPCIS data which would require quarantine
        3) Orders are then stored in a distinct KMOH inventory section of the pharmacy
        4) Pharmacy staff delivers KMOH orders to each KMOH Clinic location based on needs
        5) KMOH utilizes JIT inventory purchasing practices through the use of daily replenishing to place medication orders for all medication accounts.

2. Expired Drugs and Reverse Distribution of Pharmaceuticals (see Apexus FAQ 1207)
    a) The Department of Pharmacy Services utilizes a reverse distributor to assist with the processing and separating of expired and short-dated pharmaceuticals that have value (returnable and potentially creditable from the manufacturer) from drugs that have no value (non-returnable and non-creditable from the manufacturer).

1) The selected reverse distributor is registered with the appropriate regulatory agencies to operate as a reverse distributor and follow all applicable laws, codes and regulations.
2) The reverse distributor is responsible for appropriate destruction of any drugs sent to their distribution center that cannot be credited.
3) Each pharmacy location will work independently with the contracted reverse distributor.
4) The reverse distributor will provide a representative to KMOH to perform on-site services.
5) The reverse distributor employee separates returnable pharmaceuticals from non-returnable pharmaceuticals.
   (a) 340B drugs are segregated and processed as such, to receive any 340B credits.
6) An inventory of items, including the NDC and product name, that are potentially creditable will be prepared by the reverse distributor employee.
   (a) This inventory list will be in a dedicated container for drugs to be sent to the reverse distributor's processing area for credit.
   (b) A copy of this inventory list remains at the site after each visit.

F. Transfer of Inventory – 340B to non-340B
   1. Transfer of inventory is not allowed.

G. Prevention of Diversion
   1. KMOH is committed to safeguarding against the diversion of 340B drugs to individuals, who are not eligible patients, and to entities other than a covered site or Contracted Pharmacy. KMOH will have in place the following components of an anti-diversion program and will revise such components as necessary to reflect new or revised 340B Program guidance.
      a) KMOH will ensure that those sites that receive or dispense 340B drugs are a covered site or in-house pharmacy.
      b) KMOH will permit and cooperate with HRSA and/or the manufacturer(s) of 340B drugs to audit the records that pertain to compliance with 340B program requirements, provided that any such audit undertaken by a manufacturer is in accordance with those procedures established by HRSA relating to the number, duration, and scope of any such audits.

H. Prevention of Duplicate Discounts
   1. KMOH is committed to ensuring that the Medi-Cal program does not claim rebates from manufacturers with respect to 340B drugs purchased by KMOH.
   2. For each covered site that will use 340B drugs, KMOH will undertake the following:
      a) Follow the appropriate procedures for notifying the HRSA OPA that the site will use 340B drugs for eligible patients who have Medicaid coverage for outpatient drugs including, but not limited to, reporting the covered site's Medi-Cal and/or NPI billing numbers to the HRSA OPA;
      b) Submit claims to the Medi-Cal program consistent with Medi-Cal's billing requirements for 340B drugs – 340B actual acquisition cost (AAC) plus dispensing fee and UD modifier.
         1) Managed Medi-Cal plans (i.e. Kern Family Health Care and HealthNet Medi-Cal) receive modifier 20 in the submission clarification code (SCC) field in the outpatient pharmacies.

c) On a regular basis, not less than annually, confirm that the Medi-Cal and NPI billing numbers for each covered site location using 340B drugs for Medicaid patients are listed in the OPAIS Medicaid exclusion file and that such 340B drugs are being properly billed to the Medi-Cal program consistent with the Medi-Cal approved billing methodology for 340B drugs.
d) On an annual basis, audit the accuracy and effectiveness of the foregoing system and safeguards.
e) For physician administered drug (PAD) claims billed to Medi-CAL plan(s), all 340B drugs have all appropriate modifiers (e.g., JG, TB, UD, etc.) hard-coded to the HCPCS code in the Charge Master. When 340B drugs are dispensed and charged to the patient's account, the HCPCS code, as well as 340B modifiers, crossover onto the UB04 claim form.

I. Contract Pharmacy
1. KMOH uses Contract Pharmacy services in accordance with HRSA requirements and guidelines.
2. KMOH has obtained sufficient information from the Contract Pharmacy contractor to ensure compliance with applicable policy and legal requirements.
3. KMOH has a written contract in place for each Contract Pharmacy location. Each signed Contract Pharmacy services agreement will comply with HRSA's Contract Pharmacy essential compliance elements. A list of the names and addresses of the individual Contract Pharmacy locations identified in each executed Contract Pharmacy agreement is available in Addendum C.
4. KMOH registers each Contract Pharmacy location on HRSA OPAIS, prior to the use of 340B drugs at that site.
5. KMOH uses a replenishment model using an 11-digit-to-11-digit NDC match.
   a) Non-replacement 340B inventory is stored at the Contract Pharmacy and is tracked by means of virtual inventory/split-biller accumulator (web portal).
6. 340B eligible prescriptions are presented to the Contract Pharmacy via e-prescribing, hard copy, fax or phone.
   a) The Contract Pharmacy will verify the patient, prescriber and outpatient clinic eligibility via pharmacy benefit manager (PBM) eligibility file based off data provided to the Contract Pharmacy's web portal.
   b) Updates are made to this mechanism by KMOH daily, while provider NPI files are updated monthly.
   c) 340B eligibility verification may be done through various methods, according to the Contract Pharmacy's methods. KMOH will choose the method that best maintains 340 eligibility accuracy. KMOH will ensure accuracy is maintained via internal audits.
7. Contract Pharmacies dispense prescriptions to 340B eligible patients using Contract Pharmacy inventory.
8. KMOH implements a bill-to ship-to arrangement with the Contract Pharmacies.
9. The Contract Pharmacy orders 340B drugs based on appropriate accumulations, as determined by the web portal, from the Contract Pharmacy's usual wholesaler. 340B eligible purchases will be shipped directly to the Contract Pharmacy and be placed onto the stock shelf.
   a) Orders are triggered by package size, placed via the technology backbone through the Contract Pharmacy's wholesaler periodically, and communicated to KMOH staff via web portal, allowing access to adjudicated claims and invoices.
   b) Invoices are billed to KMOH.

10. The Contract Pharmacy verifies quantity received with quantity ordered. The contract pharmacy third party administrator will reconcile drug wholesaler invoice with 340B drug replenishment order and place on web portal for KMOH to review. Over-replenishment will prompt KMOH to contact Contract Pharmacy wholesaler to arrange for return of drug and subsequent credit.
11. The Contract Pharmacy notifies KMOH if it does not receive an 11-digit NDC replenishment order within 45 calendar days of original order fulfillment request.
12. KMOH reimburses the Contract Pharmacy at a pre-negotiated rate for such drugs, as per contact terms.
13. KMOH receives and reviews the invoice for drugs shipped to its Contract Pharmacy.
14. The Contract Pharmacy provides a daily report to KMOH via web portal – claims data file, batch claims response file, and inventory data file.
15. The Contract Pharmacy adjusts claims when variance or discrepancy has occurred electronically, via the web portal. This information is displayed on the web portal for KMOH to review.
    a) The Contract Pharmacy uses approved methods with knowledge and agreement of KMOH regarding reconciliation between inventory and invoices with adjustments, as necessary to match changes.
    b) Claim adjustments may occur only within 30 days, but not more than 90 days of original billing, and with prior notice and approval of KMOH.
16. The Contract Pharmacy will not use 340B drugs for Medicaid patients. Medicaid BIN numbers are excluded through the web portal such that when determining eligibility, any Medicaid, Medicaid managed care or ADAP BIN on the exclusion list will be deemed not eligible for 340B and will instead by ran as a regular retail claim.

J. Compliance review and recommended monitoring
    1. KMOH has systems and internal controls in place to reasonably ensure ongoing compliance with all 340B Program requirements.
    2. KMOH performs quarterly monitoring of all 340B dispensed medications
    3. KMOH will review dispensing claims in its sample audit that were submitted to FFS Medi-Cal to confirm the following criteria:
        a) That it was billed at the 340B Program AAC plus dispensing fee; and
        b) That the UD modifier was attached to the claim submitted to Medi-Cal (or modifier 20 in the SCC for managed Medi-Cal plans).
    4. KMOH reviews the HRSA-340B Database to ensure the accuracy of the information for KMOH off-site locations and Contract Pharmacies. KMOH also reviews the Medicaid Exclusion File to ensure accuracy of the information for KMOH off-site locations and Contract Pharmacies.
    5. The audit's activity, frequency, and method are designed to serve as a tool for monitoring program activities and standard operating procedures for ongoing compliance. The auditing tool's activities, frequency, and method may be adjusted accordingly by those parties responsible for KMOH's 340B Program oversight and integrity in order to validate that all systems are working properly.
    6. KMOH will retain auditable records related to 340B purchasing, dispensing, and screening in accordance with established policies and procedures and for as long as required by federal and state laws.
    7. Monitoring and auditing will be completed in accordance with established policies and procedures. Such audits may be performed by an independent third-party.

K. Contract Pharmacy Oversight and Monitoring
   1. KMOH routinely conducts internal reviews of each registered Contract Pharmacy for compliance with 340B Program requirements. The 340B web portal will be reviewed timely by KMOH to reconcile invoices, claims, and eligibility. The following elements will be included when conducting self-audits of Contract Pharmacies to ensure program compliance:
      a) Prescription is written from a site of care that is registered on the HRSA 340B Database and included as a reimbursed outpatient service cost center on the most recently filed Medicare cost report.
      b) Patient Eligibility – The episode of care that resulted in the 340B prescription is supported in the patient's medical record.
      c) Provider eligibility – The prescribing provider is employed, contracted or under another arrangement with the entity at the time of writing the prescription so that the entity maintains responsibility for the care.
      d) An 11-digit NDC match can be documented for accumulation and/or replenishment of a 340B dispensation or administration.
      e) KMOH can document that no contract pharmacy 340B prescriptions were billed to Medicaid.
   2. KMOH conducts independent audits of each registered Contract Pharmacy for compliance with the 340B Program requirements through review of data on web portal. Yearly independent audits will be conducted utilizing KMOH's choice of independent auditor, working with the 340B service provider, as a liaison to the Contract Pharmacies in order to conduct said audits.
      a) Independent audits will include reviews of 340B eligibility; 340B registration, documented policies and procedures; inventory, ordering and recordkeeping practices for all 340B accounts; review of the listing in the Medicaid Exclusion File and its reflection in actual practices; and testing of claims sample to determine any instance of diversion or duplicate discounts in a set period of time.
   3. The Director of Pharmacy , Associate Director of Pharmacy and/or designee reviews audit results, looking for non-compliance to criteria listed in Section N, 2, a). If audit results are indicative of a material breach of 340B Program requirements, KMOH will follow the procedure set forth in Section VI (O). These results will be shared with the MD/OA.
   4. KMOH maintains records of 340B related transactions for three (3) years in a readily retrievable and auditable format located within the Contract Pharmacy web portal.

L. Reporting 340B Non-Compliance
   1. Potential violations or breaches identified through internal self-audits, independent external audits, or otherwise, are brought to the Director of Pharmacy, MD and/or OA for review.
   2. In general, a threshold indicator for unresolvable or non-self-correcting misaligned purchases of ≥ 0% of total of 340B purchases attributed to any single manufacturer will be deemed material breach, using a three-month prior evaluation period. For example, if $1,000.00 of incorrectly ordered 340B drugs was purchased affecting manufacturer XYZ and in the prior three (3) months, there were $10,000.00 in eligible 340B drugs, a 10% breach will have been deemed to have occurred and considered material breach.
   3. Should the Director of Pharmacy or other KMOH staff reasonably suspect or determine that there has been a material breach of 340B Program requirements (e.g. diversion of 340B drugs or a Medicaid duplicate discount), they will report this suspicion or determination immediately to the Director of Pharmacy, MD, or OA. Under the Director of Pharmacy, MD, and/or OA's direction, KMOH will take immediate action, including

consultation with KMOH counsel to investigate and remedy the specific occurrence or the factors that permitted the occurrence in order to ensure future compliance. Based on this review of findings, if deemed a material breach, KMOH will also notify the OPA regarding such material non-compliance and include in such notice, the actions taken to remedy the non-compliance.

4. Should KMOH need to implement a Corrective Action Plan (CAP), it will do so, including settling with any affected manufacturer(s) within six (6) months of the CAP approval date.

VI. SPECIAL CONSIDERATIONS: N/A

VII. EDUCATION:

A. Kern Medical Outpatient Health Staff:
   1. All staff involved in 340B affairs will receive education regarding this policy.
   2. Will receive initial basic 340B training upon hire – these learning modules are available at the 340B University on Demand from Apexus' website. https://www.apexus.com/solutions/education/pvp-education/340b-u-ondemand
   3. Core KMOH 340B staff members will complete additional training, as necessary.
   4. KMOH provides educational updates and training, as needed, such as 340B policy changes, updates in HRSA guidance, etc. This information will be disseminated through email communique and/or monthly staff meetings.
   5. KMOH conducts annual verification of 340B Program competency. This will be tracked through KMOH's e-learning online continuing education system.
   6. Training and education records are maintained per organizational policy and available for review.

VIII. DOCUMENTATION: N/A

IX. ADDENDUMS:

A. Glossary of Terms
B. OPA Database Details – KMOH
C. Names of Contract Pharmacies
D. Prevention of Duplicate Discounts

X. REFERENCES:

A. Section 340B of the Public Health Service Act (1992)

OWNERSHIP (Committee/Department/Team) ..... Pharmacy ORIGINAL ..... AUG 2026 REVIEWED, NO REVISIONS ..... REVISED ..... APPROVED BY COMMITTEE ..... DISTRIBUTION ..... REQUIRES REVIEW ..... AUG 2028	
Executive Director Signature of Approval Date	Signature of Approval Date

Addendum A

Glossary

340B Drugs – Prescription drugs purchased pursuant to the 340B Program for dispensing or administration to eligible patients in the outpatient care setting of a covered site

340B Program – The 340B Program established by the Veterans Health Care Act of 1992, and codified as Section 340B of the Public Health Service Act (42 U.S.C. 256b). The 340B Program limits the cost of covered outpatient drugs to certain federally recognized covered entities. The program enables these covered entities to stretch federal resources, reach more eligible patients and provide more comprehensive services.

340B Prime Vendor Program – Health Resources and Services Administration (HRSA) is required by the 340B statute to establish a prime vendor program. This program is responsible for securing sub-ceiling discounts on outpatient drugs and discounts on other pharmacy-related products and services for participating 340B entities. The current 340B Prime Vendor Program (PVP) is managed by Apexus, through a contract awarded by HRSA. Apexus serves participants in three (3) primary roles: 1) Negotiates sub-ceiling 340B pricing on branded and generic pharmaceuticals 2) Establishes distribution solutions and networks that improve access to affordable medications; and (3) Provides other value-added pharmacy-related products and services to its participants

Actual Acquisition Cost (AAC) – The price actually paid by the covered entity (CE) (pharmacy) to purchase a medication from its wholesaler (price on the invoice)

Authorizing Official (AO) – Also, known as the certified AO, OPA defines as “someone who can bind the organization to a contract, such as the Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Operating Officer (COO), Executive Director, President or Vice President of the entity.”

Charge Description Master (CDM) – The hospital list detailing the official rate charged for individual procedures, services and goods

Contract Pharmacy – 340B covered entities may contract with a pharmacy or pharmacies to provide services to the covered entity’s patients, including the service of dispensing the entity-owned 340B drugs. To engage in a Contract Pharmacy arrangement, the entity and pharmacy (or pharmacies) must have a written contract that aligns with the compliance elements listed in guidance and must list the contract pharmacy on the HRSA 340B Database during a quarterly registration period. Typically, a bill-to (entity)/ship-to (pharmacy) arrangement is used.

Covered Outpatient Drug – The category of drugs for which manufacturers must pay rebates to state Medicaid agencies under the Medicaid rebate program and give discounts to CEs under the 340B Program. The 340B Program statute defines “covered outpatient drug” by referencing the definition found in Section 1927(k) (2) of the Social Security Act.

Covered Entity (CE) – The statutory name for facilities and programs eligible to purchase discounted drugs through the 340B Program. CEs include federally qualified health center lookalike programs; certain disproportionate share hospitals owned by, or under contract with, state or local governments; and several categories of facilities or programs funded by federal grant dollars, including federally qualified health centers, acquired immunodeficiency syndrome (AIDS) drug assistance programs, hemophilia treatment centers, sexually transmitted infections (STI) and Tuberculosis (TB) grant recipients and family planning clinics.

Eligible Patient – An individual, who meets all of the following criteria, and only during periods when such criteria are met:

- A patient with whom a Covered Site has established a relationship such that KMOH maintains records of such patient's treatment and care; and

- The patient receives health care services from an eligible provider.

An individual will not be considered an eligible patient, if the only care they receive from KMOH or a covered site is the dispensing of a drug or drugs for subsequent self-administration in the home setting.

Eligible Provider – A health care professional, who is either: 1) Employed by KMOH, or 2) provides health care under a contract or other arrangement (e.g., referral for consultation) with KMOH such that responsibility for the care provided to individuals pursuant to such contract or arrangement remains with KMOH, but only with respect to those services

Formulary – A preferred list of drug products that typically limits the number of drugs available within a therapeutic class for purposes of drug purchasing, dispensing and/or reimbursement. A government body, third-party insurer or health plan, or an institution may compile a formulary. Some institutions or health plans develop closed (i.e. restricted) formularies where only those drug products listed can be dispensed in that institution or reimbursed by the health plan. Other formularies may have no restrictions (open formulary) or may have certain restrictions such as higher patient cost-sharing requirements for off-formulary drugs.

Group Purchasing Organization (GPO) – An organization created to leverage the purchasing power of entities to obtain discounts from vendors based on the collective buying power of the GPO members. GPOs are common in the drug industry; the GPO may set mandatory purchasing participation levels from its members or be completely voluntary. Certain 340B participating hospitals (DSH, PED and CAN) are prohibited from purchasing covered outpatient drugs from a GPO. The Apexus portfolio is not considered a GPO.

Health Resources and Services Administration (HRSA) – An agency of the U.S. Department of Health and Human Services (DHHS), HRSA is the primary federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. Comprising five (5) bureaus and ten (10) offices, HRSA provides leadership and financial support to health care providers in every state and U.S. territory. The Office of Pharmacy Affairs (OPA), the office responsible for administering the 340B program, falls under the Healthcare Systems Bureau within HRSA.

In-House Pharmacy Services – Pharmacy services housed within a CE's facility. The pharmacy must be part of the legal organization of the CE. In this document, in-house pharmacy services refer to the outpatient pharmacies.

Inpatient – A patient, who has been formally admitted to the hospital for care by an attending physician, and is reflected as such in the hospital's registration system (HBO Star, McKesson)

Inpatient Pharmacy – The mixed-use hospital pharmacy that may provide 340B eligible dispensations in mixed-use areas as well as GPO-eligible dispensations in strictly inpatient settings, as well as WAC-eligible dispensations in outpatient settings where 340B drug accumulations have not occurred

Manufacturer – For purposes of the 340B Program, manufacturer includes all entities engaged in: 1) the production, preparation, propagation, compounding, conversion or processing of prescription drug

products, either directly or indirectly by extraction from substances of natural origin, independently by means of chemical synthesis or by a combination of extraction and chemical synthesis, or 2) the packaging, repackaging, labeling, relabeling or distribution of prescription drug products. A manufacturer must hold legal title to or possession of the national drug code (NDC) number for the covered outpatient drug. Such term does not include a wholesale distributor of drugs or a retail pharmacy licensed under state law. "Manufacturer" also includes an entity, described in 1) or 2) above, that sells outpatient drugs to CEs, whether or not the manufacturer participates in the Medicaid rebate program.

Medicaid – A joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state but most health care costs are covered if a beneficiary qualifies. In California, the Medicaid program is called Medi-Cal.

Medicare – The federal health insurance program for people 65 years of age and older, certain younger people with disabilities and people with End-Stage Renal Disease (those with permanent kidney failure who need dialysis or a transplant), sometimes called ESRD.

National Drug Code (NDC) – Drug products are identified and reported using a unique, three-segment number, called the NDC, which serves as a universal product identifier for human drugs. FDA publishes the listed NDC numbers and the information submitted as part of the listing information in the NDC directory, which is currently updated semimonthly. It is an 11-digit number; the first segment (5 digits) of the NDC indicates the manufacturer, the second segment (4 digits) indicates the drug product, and the third segment (2 digits) indicates the package size.

Office of Pharmacy Affairs (OPA) – The HRSA office responsible for administering the 340B program

Office of Pharmacy Affairs Information System (OPAIS) – The OPA's secure database online. Here, the CE can make changes, complete ongoing recertification and register/deregister contract pharmacies, as needed.

Outpatient – A patient, who has been registered formally for care as an outpatient within the hospital's registrations system

Wholesale Acquisition Cost (WAC) – The price paid by a wholesaler (or direct purchaser) in the United States for drugs purchased from the drug's manufacturer or supplier. Publicly available WAC lists do not represent actual transaction prices and do not include prompt pay or other discounts, rebates or reductions in price.

Wholesaler – An organization that provides drugs to entities, serving as the distributor between the drug manufacturer and the entity. Typically, states define the term "wholesaler," so exact definitions may vary from state to state.

Addendum B

OPA Database Details – KMOH

Site	Site ID	340B ID	Physical Address	NPI
KMOH- Stockdale 500	BPS-LAL-041648	FQHCLA506B	9330 Stockdale Hwy, Ste 500, Bakersfield, CA 93311	1184420630
KMOH- Stockdale 400	BPS-LAL-041651	FQHCLA506A	9330 Stockdale Hwy, Ste 400, Bakersfield, CA 93311	1740094986
KMOH- Stockdale 100	BPS-LAL-041654	FQHCLA506	9300 Stockdale Hwy, Ste 100, Bakersfield, CA 93311	1396559522
KMOH- Columbus 1000	BPS-LAL-041649	FQHCLA506C	1111 Columbus St, Ste 1000, Bakersfield, CA 93305	1780498915
KMOH- Columbus 2000	BPS-LAL-041646	FQHCLA506D	1111 Columbus St, Ste 2000, Bakersfield, CA 93305	1679379135
KMOH- Columbus 3000	BPS-LAL-041653	FQHCLA506E	1111 Columbus St, Ste 3000, Bakersfield, CA 93305	1003612565
kMOH- 34th Street	BPS-LAL-041647	FQHCLA506F	820 34th St, Ste 202, Bakersfield, CA 93301	1164974739

Addendum C

Contact Pharmacies

1. Covered Entity Location(s)

HRSA 340B ID (Includes parent and all associated eligible child sites registered on the HRSA website)	**COVERED ENTITY NAME**	**ADDRESS**	**CITY**	**STATE**	**ZIP CODE**
FQHCLA506	KERN MEDICAL OUTPATIENT HEALTH	9300 STOCKDALE HWY, STE 100	BAKERSFIELD	CA	93311-3611

2. Retail Pharmacy Locations

NO.	**LOCATION**	**ADDRESS**	**CITY**	**STATE**	**ZIP CODE**
1	01816	3301 PANAMA LN	BAKERSFIELD	CA	93313
2	03272	3315 S H ST	BAKERSFIELD	CA	93304
3	03294	2628 MOUNT VERNON AVE	BAKERSFIELD	CA	93306
4	06526	9550 HAGEMAN RD	BAKERSFIELD	CA	93312
5	07909	4949 GOSFORD RD	BAKERSFIELD	CA	93313
6	11532	3300 BUENA VISTA RD, BLDG A	BAKERSFIELD	CA	93311
7	16382	2323 16TH ST	BAKERSFIELD	CA	93301

3. Specialty Pharmacy Locations

NO.	**LOCATION**	**ADDRESS**	**CITY**	**STATE**	**ZIP CODE**
8	15438	41460 HAGGERTY CIRCLE SOUTH	CANTON	MI	48188
9	15443	10530 JOHN W ELLIOTT DR, STE 100	FRISCO	TX	75033
10	16280	10530 JOHN W ELLIOTT DR, STE 200	FRISCO	TX	75033
11	16287	130 ENTERPRISE DRIVE	PITTSBURGH	PA	15275

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BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

August 26, 2026

Subject: Proposed Amendment No. 3 to the Memorandum of Understanding 031-2025 with Kern Medical Center for patient referral services

Recommended Action: Approve; Authorize Chairman to sign

Summary:

The Kern County Hospital Authority Community Health Center's (CHC) Board has numerous authorities and oversight responsibilities related to the CHC, which includes providing necessary and required health services. CHC entered into a MOU with Kern Medical Center to provide the much-needed patient referral services and outlines the procedures for the transfer of a patient between the parties.

The proposed Amendment No. 3 adds language that clarifies the individual and shared responsibilities of the parties in reference to the treatment of a shared patient.

Therefore, it is recommended that your Board approve the proposed Amendment No. 3 to the Memorandum of Understanding with Kern Medical Center for patient referral services for a term of one (1) year, April 1, 2025 through March 31, 2026, with automatic one (1) year renewal terms, and authorize the Chairman to sign.

AMENDMENT NO. 3 TO MEMORANDUM OF UNDERSTANDING BY AND BETWEEN KERN MEDICAL CENTER AND COMMUNITY HEALTH CENTER

This Amendment No. 3 to the Memorandum of Understanding, dated as of August 26, 2026, by and between the constituent departments of Kern Medical Center ("KMC") and the Community Health Clinic ("CHC") both owned and operated by the Kern County Hospital Authority, a local unit of government. KMC and CHC are referred to herein individually as a "Party" and collectively as the "Parties".

RECITALS

(a) On Aprill, 2025, KMC and CHC entered into a Memorandum of Understanding (MOU) to delineate KMC services that will be used by the CHC; and

(b) The MOU was first amended by Amendment No. 1, effective April 23, 2025.

(c) On December 18, 2025, the MOU was amended by Amendment No. 2 to include additional Health Resources Services Administration (HRSA) required language;

(d) The Parties have now agreed to amend the MOU to delineate those additional clinical services that will be purchased by the CHC from KMC and those clinical services that the CHC will refer to KMC as required by the HRSA Health Center Program Compliance Manual; and

(e) This Amendment No. 3 is effective as of August 26, 2026.

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

1. Section **2.3** Responsibilities of Transfer will be added to the MOU and incorporated herein by this reference.

"2.3 Responsibilities of Transfer:

(a) To facilitate continuity of care and the timely transfer of patients and records between the Referral Partner and Health Center, the parties named above agree as follows:

1. When a patient's need for transfer from one of the above institutions to the other has been determined and substantiated by the patient's physician, the institution

to which transfer is to be made agrees to admit the patient as promptly as possible, provided admission requirements in accordance with federal and state laws and regulations are met.

2. The Referral Partner shall make available it's diagnostic and therapeutic services, including emergency dental care, on an outpatient basis as ordered by the attending physician subject to federal and state laws and regulations.
3. The institution responsible for the patient shall be accountable for the recognition of need for social services and for prompt reporting of such needs to the local welfare department or other appropriate sources.
4. The transferring institution will be responsible for the transfer or other appropriate disposition of personal effects, particularly money and valuables, and information related to these items.
5. The transferring institution will be responsible for effecting the transfer of the patient, including arranging for appropriate and safe transportation and care of the patient during the transfer in accordance with applicable federal and state laws and regulations.
6. The governing body of each facility shall have exclusive control of policies, management, assets, and affairs of its respective institutions. Neither institution shall assume any liability by virtue of the agreement for any debts or other obligations incurred by the other party to this agreement.
7. Nothing in this agreement shall be construed as limiting the rights of either institution to contract with any other facility on a limited or general basis.

IN WITNESS WHEREOF, the Parties hereto have executed this Amendment No. 3 as of the day and year first written above.

KERN MEDICAL CENTER

By _____

Scott Thygerson
Chief Executive Officer

COMMUNITY HEALTH CENTER

By _____

Elsa Martinez
Chairman, Board of Directors

APPROVED AS TO FORM:
Legal Services Department

By Shannon Hochstein
Kern County Hospital Authority

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BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

August 26, 2026

Subject: Report on the Kern County Hospital Authority Community Health Center Clinical Quality Metrics for Quarter 2

Recommended Action: Receive and File

Summary:

Dr. Thiagarahan Nandhogopal 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 Quarter 2 for Year 2026.

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Quality Metrics – Quarter 2 - 2026

Community Health Center Board of Directors

Dashboard

Measure Name	Numerator	Denominator	2025	2026 Q1			Total Q1 + Q2			Target
			%	NUM	DEN	%	NUM	DEN	%	
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	72.0%	3907	7337	53.3%	7101	13047	54.4%	73.0%
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	20.6%	101	520	19.4%	142	713	19.9%	21.3%
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	25.0%	949	2334	40.7%	767	3055	25.1%	24.9%
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	63.7%	3140	4872	64.4%	4475	7170	62.4%	63.7%
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	47.1%	2286	4330	52.8%	2876	5967	48.2%	47.4%
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	62.0%	1354	1955	69.3%	1610	2406	66.9%	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	96.9%	5626	6008	93.6%	11682	12198	95.8%	81.6%
	Pop 2: Patients who received tobacco cessation intervention		49.4%	79	157	50.3%	200	386	51.8%	49.3%
	Pop 3: Patients who were screened for tobacco use at least once AND who received tobacco cessation intervention		95.3%	5548	6008	92.3%	11496	12198	94.2%	79.5%

Red – not meeting target
Green – meeting target

Dashboard - continued

Measure Name	Numerator	Denominator	2025	2026 Q1			Total Q1 + Q2			Target
			%	NUM	DEN	%	NUM	DEN	%	
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	98.5%	2505	2536	98.8%	3323	3382	98.3%	91.2%
	Pop 2: Patients who had counseling for nutrition		66.5%	682	2536	26.9%	1032	3382	30.5%	65.2%
	Pop 3: Patients who had counseling for physical activity		64.9%	739	2536	29.1%	1097	3382	32.4%	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	23.8%	5472	10966	49.9%	7604	16341	46.5%	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	6.5%	3	124	2.4%	4	136	2.9%	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	91.6%	2634	3296	79.9%	3598	4379	82.2%	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	79.8%	1639	2726	60.1%	2367	3421	69.2%	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	76.5%	8337	10090	82.6%	11701	14726	79.5%	45.0%

Red – not meeting target
Green – meeting target

Key initiatives to improve quality metrics

- Hosted a "Party in the Parking Lot" to provide catch-up immunizations for children and adolescents.
- Offer pharmacist-led diabetes management, and nutrition consultations.
- Implementing cervical cancer self-swab testing to improve access to screening.
- Standardized documentation for counseling on tobacco cessation, nutrition, and physical activity.
- Behavioral health services now co-located at Columbus clinics and will travel to other clinics as needed for patients with elevated PHQ-9 scores. Telephone follow-up may also be provided for patients with high PHQ-9 scores.

Questions ?

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BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

August 26, 2026

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

Recommended Action: Receive and File

Summary:

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

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

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

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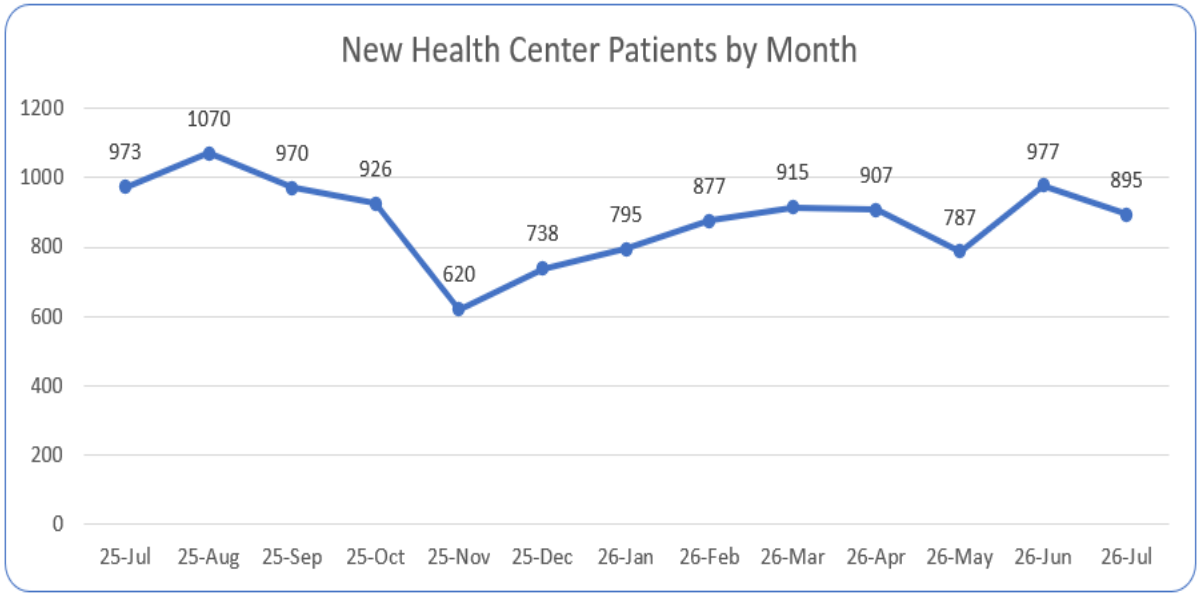
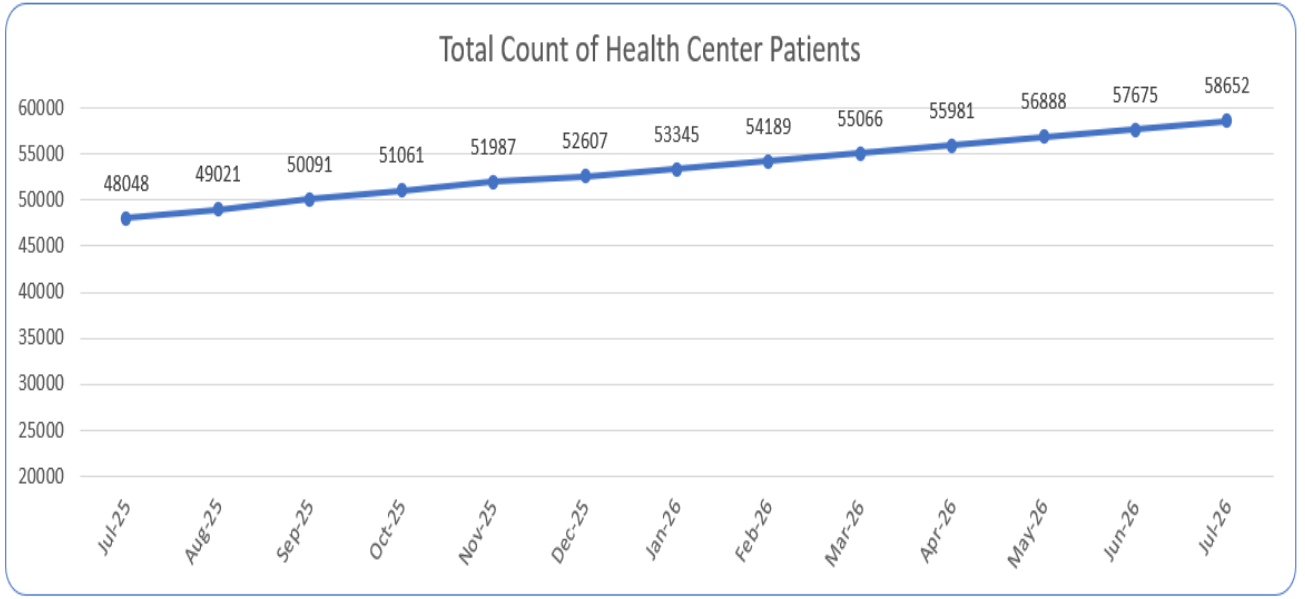
Kern County Hospital Authority
Community Health Center
Board of Directors – July 2026
Health Center Service Utilization

New Patient Data
July 2026





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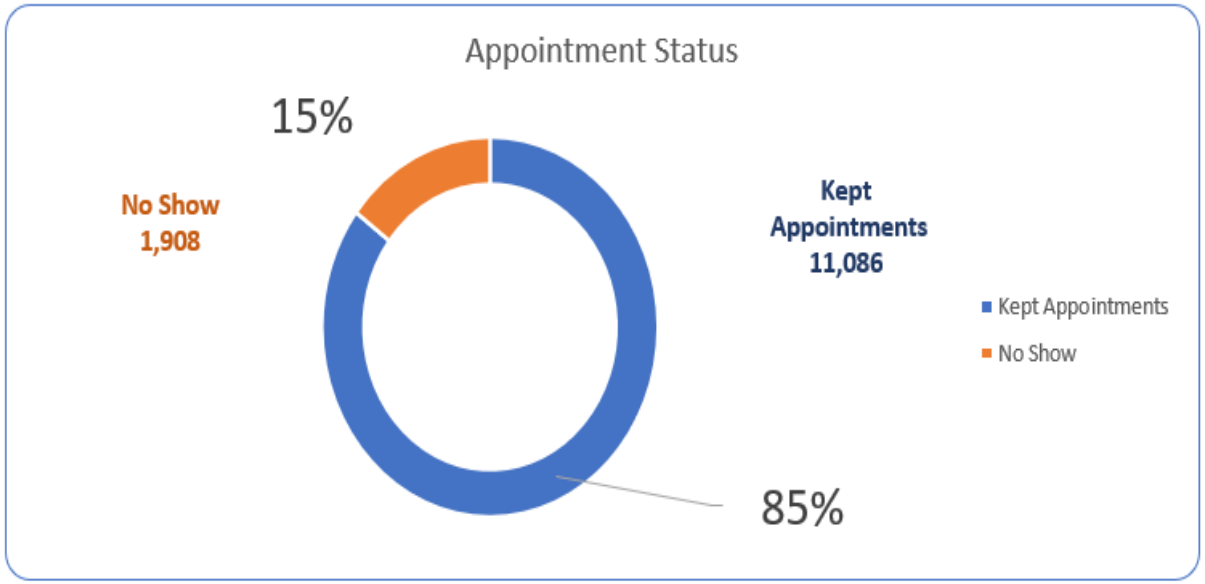
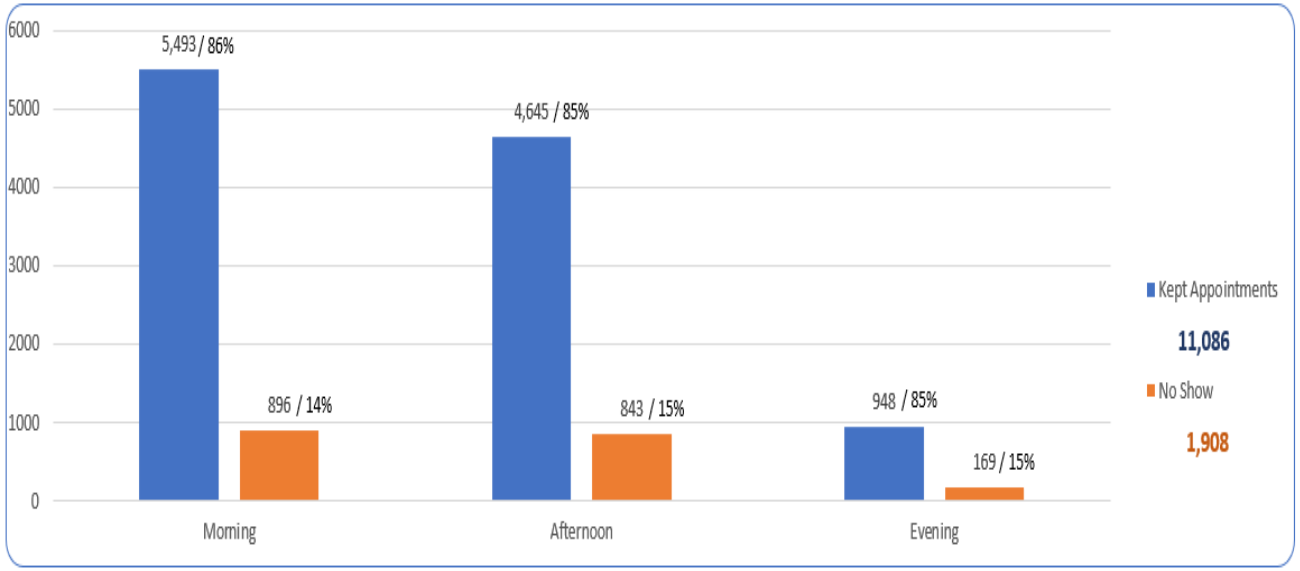
Kept Versus No Shows
July 2026





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

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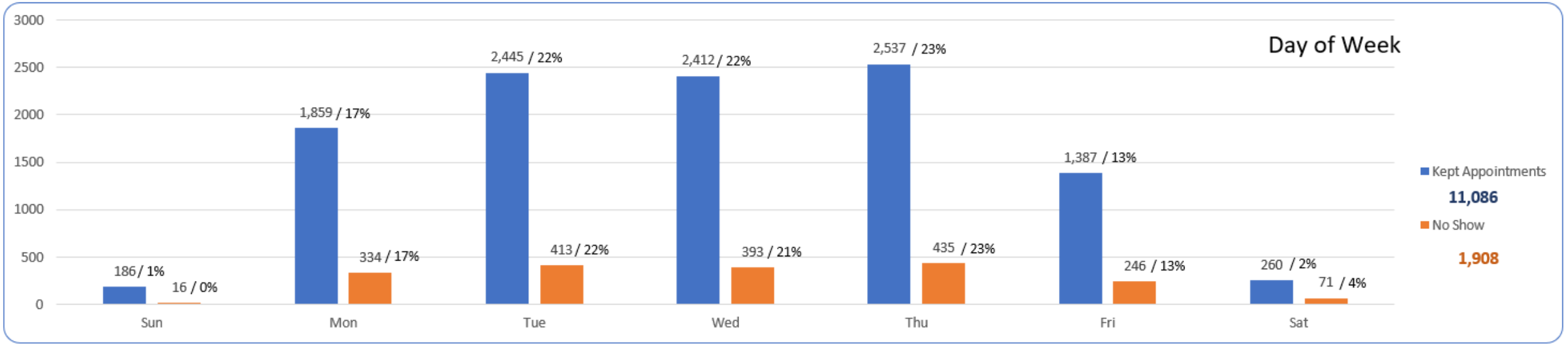
Appointments by Day of Week
July 2026



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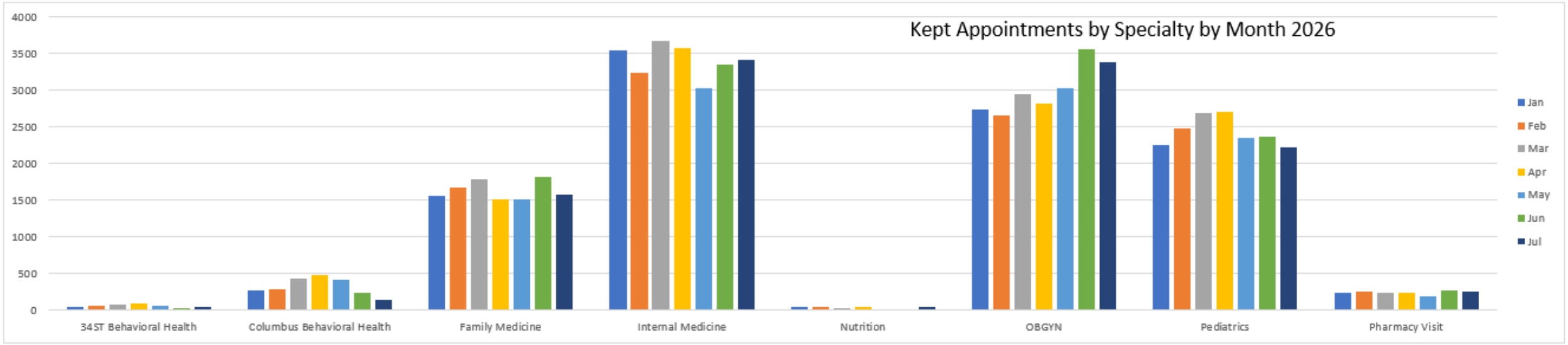
Visits by Month and Service Line



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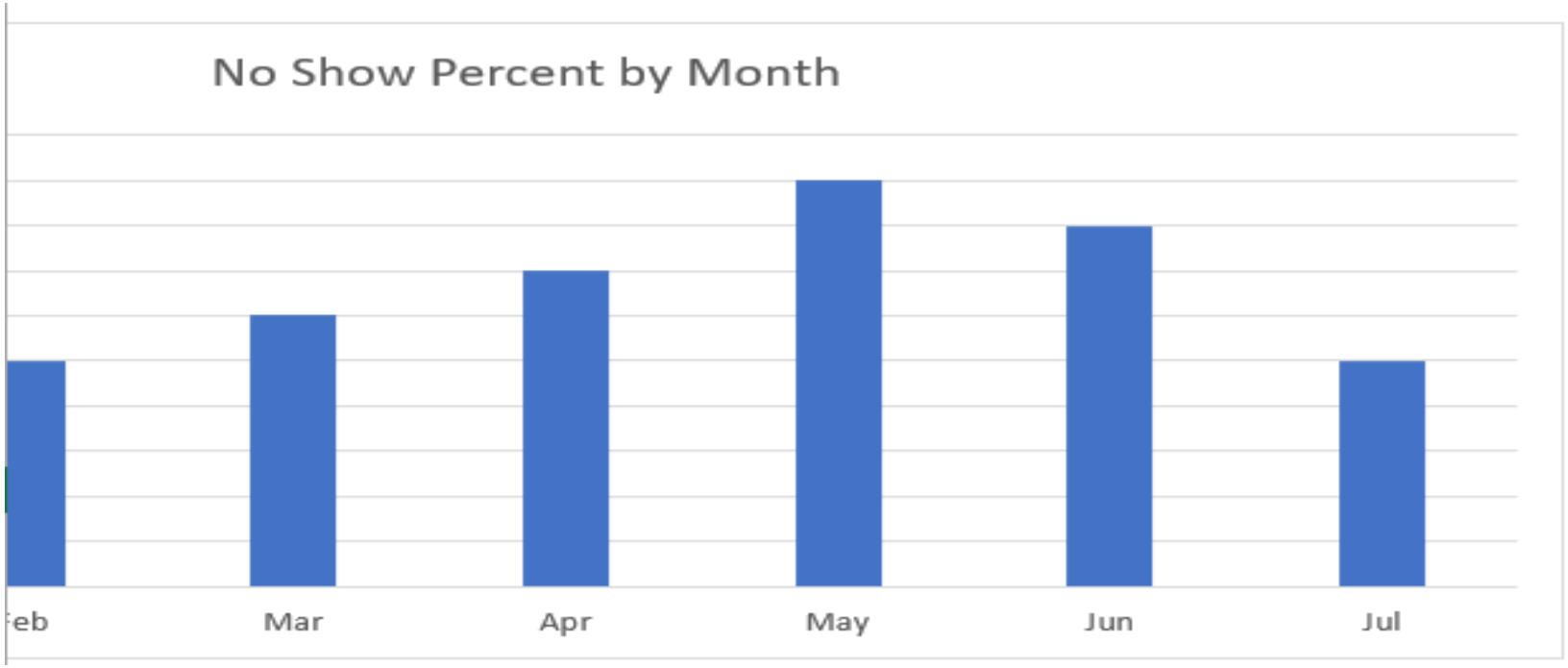
Percent of No Shows by Month
July 2026



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No Shows by Month and Location
July 2026

Count of No Shows								
Row Labels	Jan	Feb	Mar	Apr	May	Jun	Jul	Grand Total
34ST Behavioral Healt	25	24	20	30	31	15	35	180
COL NUT	16	15	16	29	3	13	6	98
COL PHARM CO	73	76	95	87	101	70	51	553
COL NST	99	86	117	132	145	126	201	906
KMOH COL PEDS	372	216	306	427	539	560	309	2729
KMOH COL IM	528	483	618	626	641	629	454	3979
KMOH COL FM	315	287	307	267	286	385	203	2050
KMOH COL WH	369	333	368	391	469	511	317	2758
KMOH 34ST IM	170	141	122	141	122	153	173	1022
KMOH COL BH	56	44	80	98	108	55	18	459
KMOH STK PEDS	73	48	59	61	46	47	66	400
KMOH STK WH	12	24	21	14	28	28	27	154
KMOH STK FM	30	24	26	29	22	26	37	194
KMOH STK IM	26	36	22	19	21	24	11	159
Grand Total	**2164**	**1837**	**2177**	**2351**	**2562**	**2642**	**1908**	**15641**

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Visits by Month and Location
July 2026

Count of Kept Appointments								
Row Labels	Jan	Feb	Mar	Apr	May	Jun	Jul	Grand Total
34ST Behavioral Health	52	63	84	101	70	34	51	455
COL NUT	40	40	33	42	22	20	47	244
COL PHARM CO	242	261	249	235	229	288	258	1762
COL NST	402	386	423	377	381	500	549	3018
KMOH COL PEDS	1715	1937	2077	2068	1898	1935	1663	13293
KMOH COL IM	2632	2377	2827	2672	2278	2470	2678	17934
KMOH COL FM	1364	1494	1573	1331	1329	1563	1306	9960
KMOH COL WH	2164	2094	2297	2278	2438	2745	2566	16582
KMOH 34ST IM	777	674	652	713	549	639	616	4620
KMOH COL BH	281	287	427	490	413	236	144	2278
KMOH STK PEDS	537	544	603	635	446	429	551	3745
KMOH STK WH	163	173	223	168	209	314	270	1520
KMOH STK FM	204	175	206	178	191	275	310	1539
KMOH STK IM	126	186	196	181	154	198	77	1118
Grand Total	**10699**	**10691**	**11870**	**11469**	**10607**	**11646**	**11086**	**78068**

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Visits by Zip Code
July 2026

Row Labels	Count of Zip
⊞ Bakersfield Zip Codes	69014
⊞ Greater Kern County	8758
⊞ Other California	275
Grand Total	78047

Top 10 Zip Codes		
Zip Code	Count of Zip	Percent
93307	15543	23%
93306	12061	17%
93305	11718	17%
93304	6548	9%
93308	5792	8%
93309	4844	7%
93313	3640	5%
93311	2954	4%
93312	2203	3%
93301	2028	3%

Zip Codes Included in Application:
93301, 93304, 93305, 93306, 93307, 93308, 93309, 93311, 93312, 93313, 93241

Uninsured Zip Codes YTD		
Zip Code	Count of Zip	City
93307	261	Bakersfield
93306	223	Bakersfield
93305	210	Bakersfield
93304	179	Bakersfield
93309	98	Bakersfield
93313	74	Bakersfield
93308	71	Bakersfield
93312	55	Bakersfield
93241	38	Lamont
93311	33	Bakersfield
93263	31	Shafter
93280	28	Wasco
93215	25	Delano
93314	23	Bakersfield
93203	18	Arvin
93268	18	Taft
93561	14	Tehachapi
93505	12	California City
93555	9	Ridgecrest
92395	8	Other California
93389	8	Bakersfield
93250	4	McFarland
93301	4	Bakersfield

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Health Center Data
CY 2026

Ethnicity

- Unknown - **0**
- Puerto Rican - **36**
- Unreported/Chose Not to Disclose Ethnicity - **319**
- Mexican –**13,832**
- Not Hispanic, Latino/A, Or Spanish Origin – **6,888**
- Another Hispanic, Latino/A, Or Spanish Origin – **3,947**

Race

- Other Single Race – **1,245**
- Unknown -**0**
- Black/African American – **1,782**
- White – **29,532**
- Unreported/Chose Not to Disclose Race - **447**
- Two Or More Races – **16**

Insurance Status

- No Coverage – **361** **1.46%**
- Has Coverage – **24,661**

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Questions

Thank you

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BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

August 26, 2026

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

Recommended Action: Receive and File

Summary:

The Kern County Hospital Authority Community Health Center (KCHA CHC) clinics provided 11,646 patient visits during the month of June, which was 1,883 more than the budgeted amount of 9,763 for the month. KCHA CHC recognized $750,000 of net patient revenue from these visits.

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

Total Revenues:

Net Patient Revenue:

KCHA CHC recognized $750,000 of net patient revenue for the month, $427,000 less than the $1.29 million budgeted for June. Year-to-date, net patient revenue totaled $14.59 million, $168,000 more than the budgeted amount of $14.42 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 $668,000 of contributions from Medi-Cal supplemental programs, $196,000 less than the $864,000 budgeted for June. Year-to-date, indigent revenues total $8.28 million, $2.3 million less than the $10.58 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 total $3.96 million for the month of June, $375,000 more than the budget of $3.59 million. Year-to-date, salaries and benefits expenses totaled $44.11 million, $203,000 less than the $43.91 million budgeted. Staffing includes directly employed physicians, nurse practitioners, medical residents, and behavioral health providers.

Medical Fees:

Medical fees expense totaled $399,000 for the month of June, $82,000 less than the budget of $481,000. Year-to-date, medical fees expense totaled $5.92 million, $34,000 more than the $5.89 million budgeted. Medical fees expense is comprised of contracted physician fees.

Other Professional Fees:

Other professional fees expense totaled $84,000 for the month, $31,000 more than the budget of $53,000 for June. Year-to-date, other professional fees expense totaled $890,000, $243,000 more than the $647,000 budgeted. Other professional fees expense is comprised of legal expenses and other various consulting fees.

Supplies Expense:

Supplies expense totaled $242,000 for the month, $105 more than the $137,000 budgeted for June. Year-to-date, supplies expense totaled $1.67 million, $10,000 less than the $1.68 million budgeted. Pharmaceuticals and various medical supplies account for a significant amount of total supply costs.

Purchased Services:

Purchased services expenses totaled $133,000 for the month of June, $27,000 more than the $106,000 budgeted for the month. Year-to-date, purchased services expenses totaled $1.14 million, $166,000 less than the $1.30 million budgeted. Purchased services costs are comprised of items such as computer maintenance fees, various purchased medical services, and laundry and linen services.

Other Expenses:

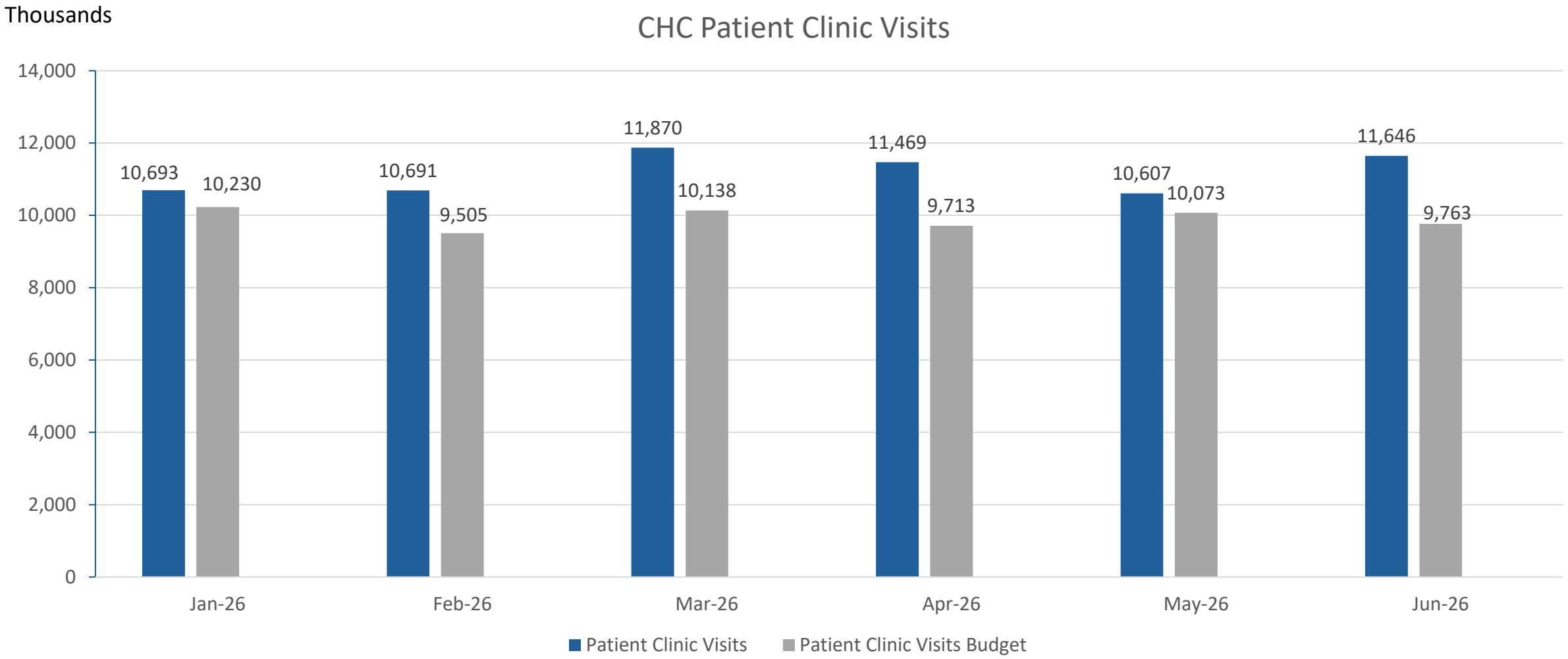
Other expenses totaled $452,000 for the month of June, $210,000 more than the $243,000 budgeted for the month. Year-to-date, other expenses totaled $3.7 million, $726,000 more than the $2.97 million budgeted. Other expenses include recruiting fees, repairs and maintenance, rent, interest, and utilities.

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.

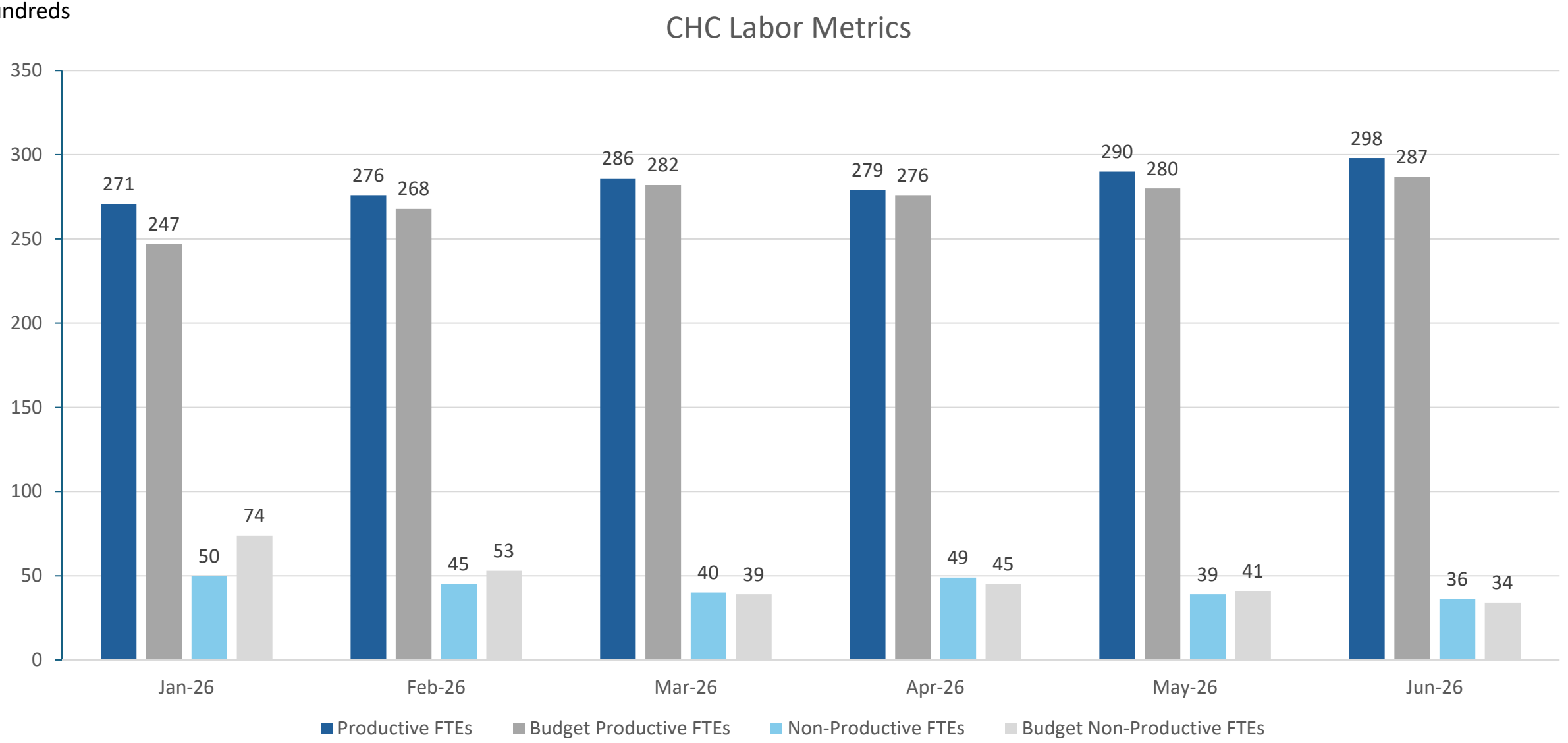
KernMedical
Outpatient Health

Kern County Hospital Authority
Community Health Center
Finance Report – August 2026



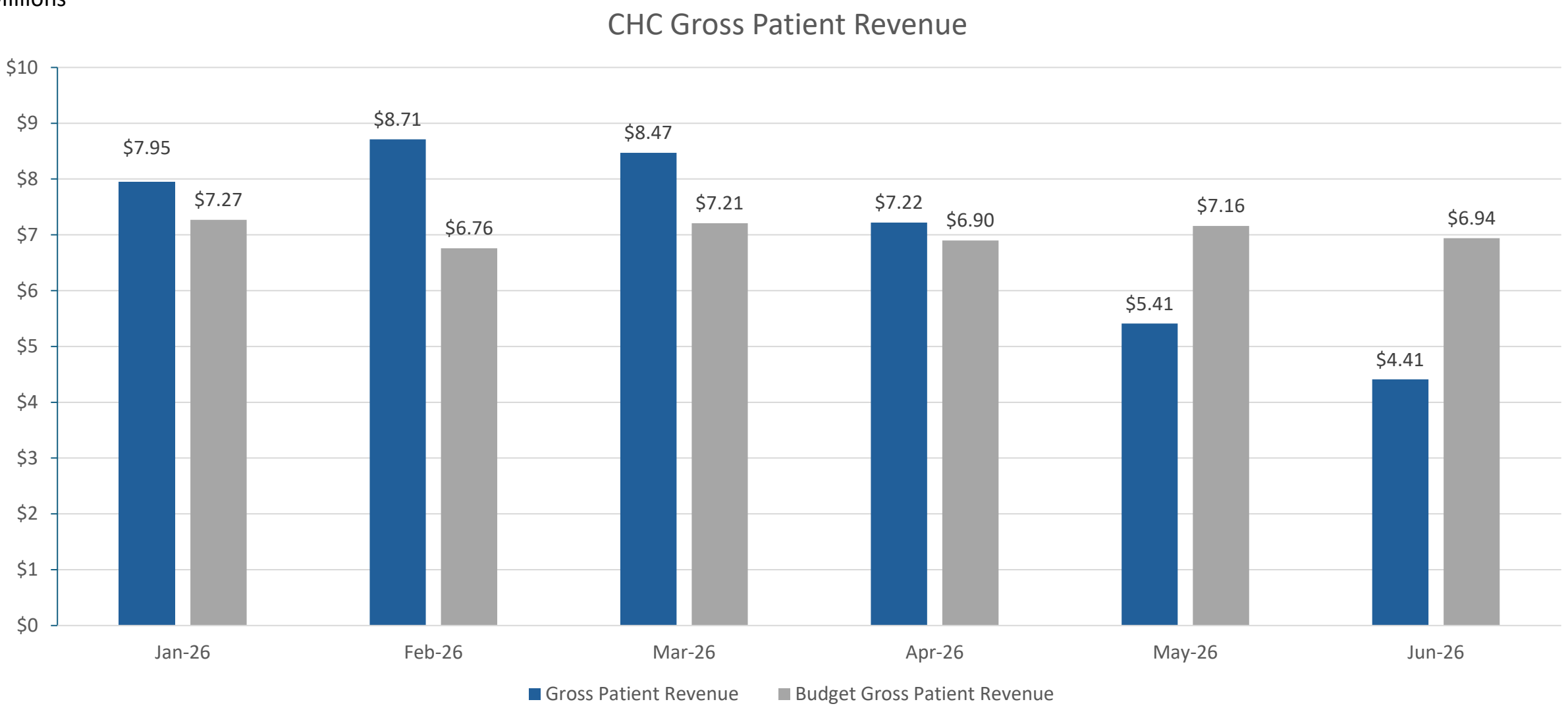
KernMedical
Outpatient Health

Hundreds

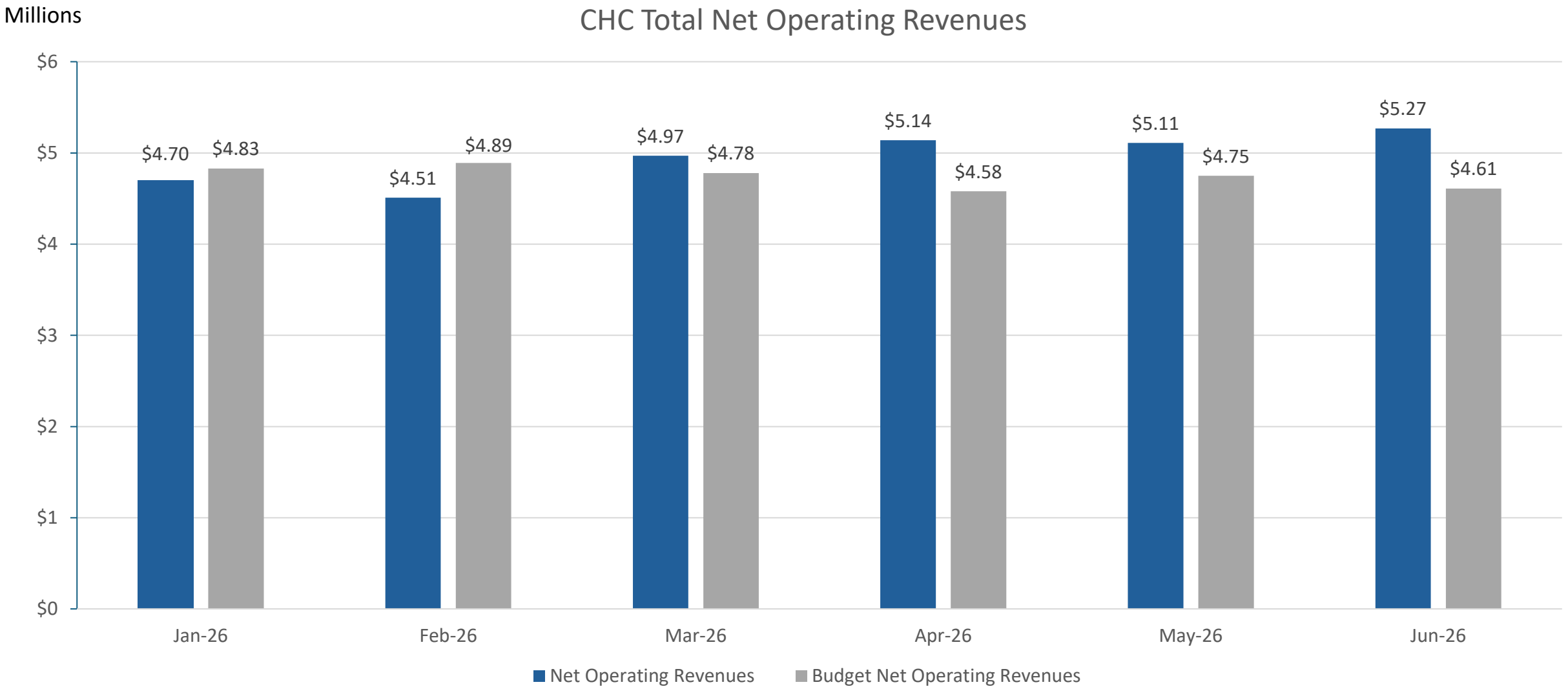


KernMedical
Outpatient Health

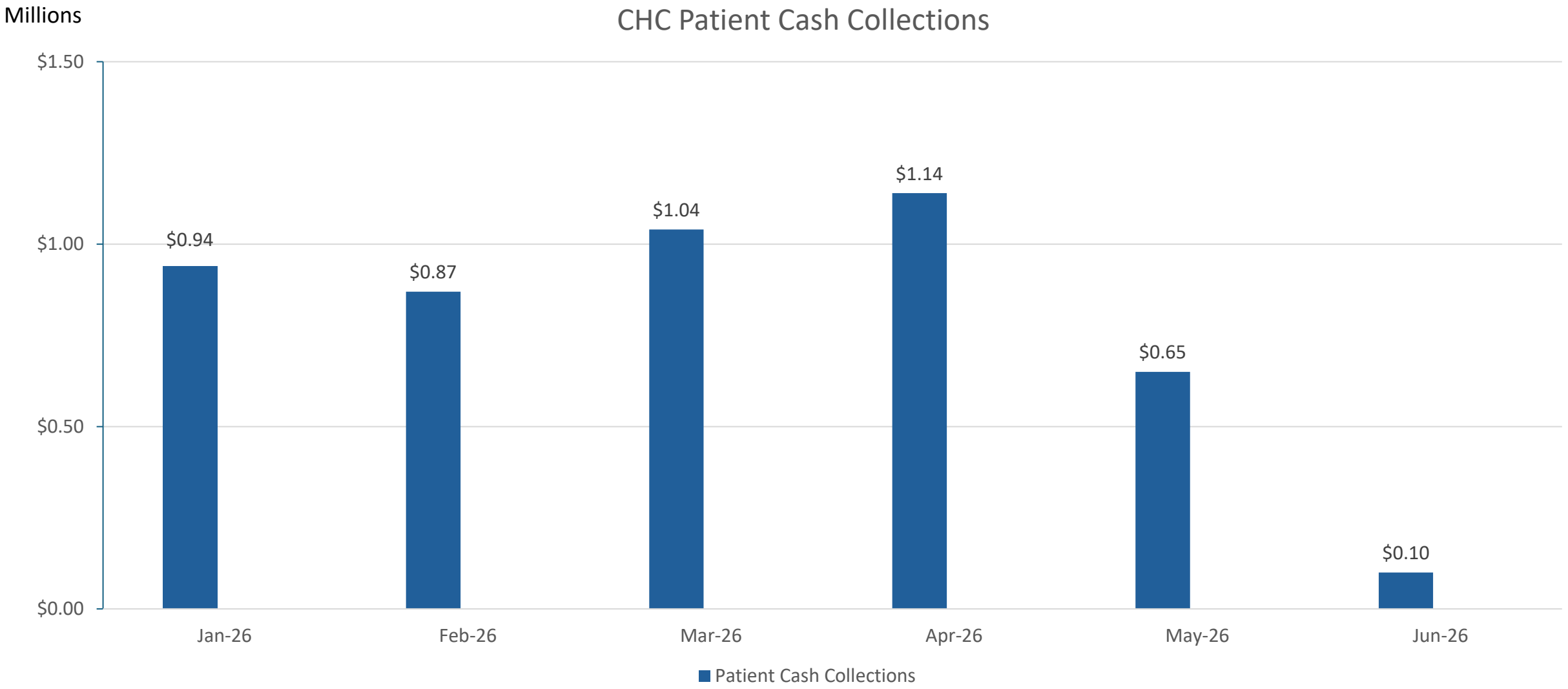
Millions



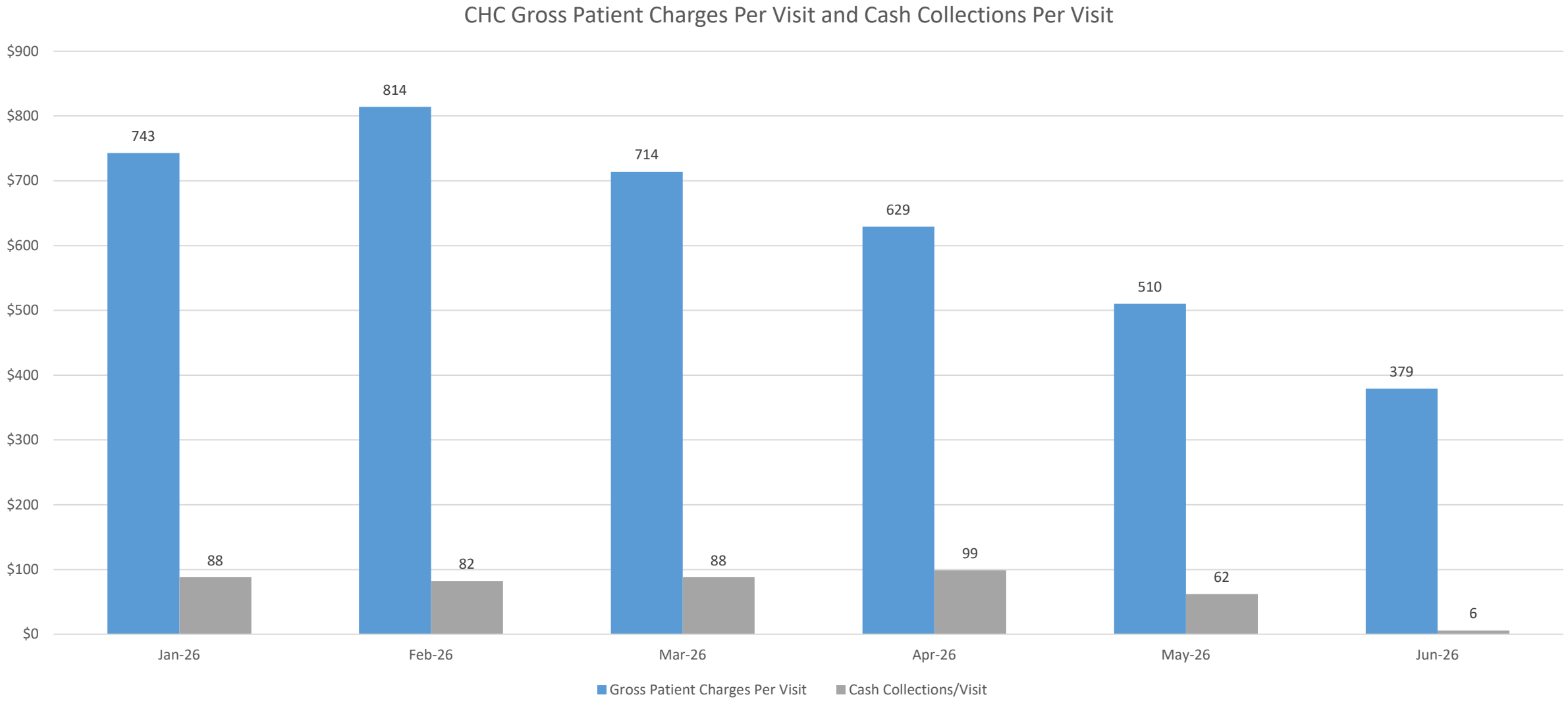
KernMedical
Outpatient Health



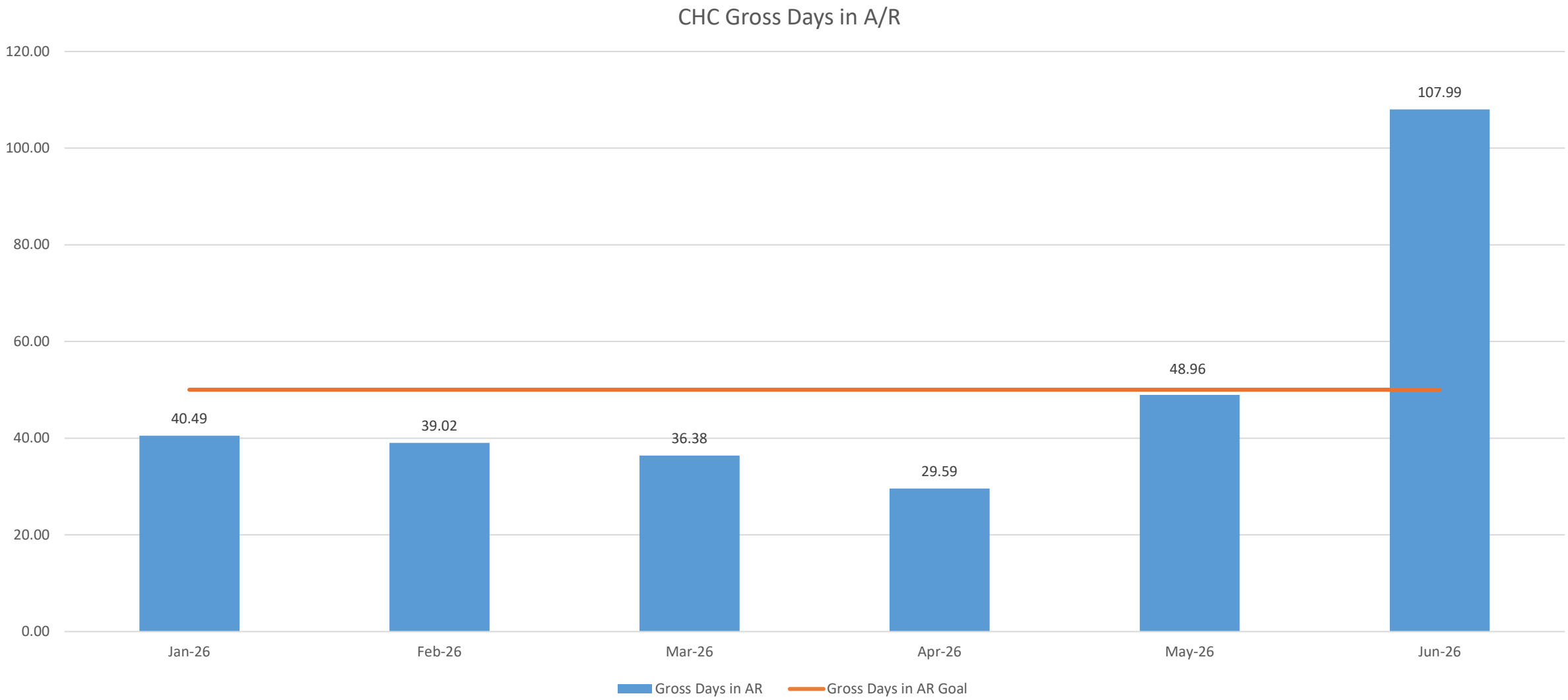
KernMedical Outpatient Health



KernMedical Outpatient Health



KernMedical Outpatient Health



KernMedical
Outpatient Health

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

	April Actual	May Actual	June Actual	June Budget	June Variance	June Variance %
Operating Revenues:						
Gross Patient Revenue						
Outpatient						
OP Self-Pay	$78,138	$33,308	$47,776	$34,972	$12,804	36.6%
OP Self-Pay Professional Fees	64,316	18,934	39,325	31,074	8,251	26.6%
OP Commercial Fee-for-Service (FFS)	12,198	11,986	7,458	20,302	(12,844)	(63.3%)
OP Commercial Fee-for-Service (FFS) Professional Fees	21,265	13,965	13,002	22,281	(9,280)	(41.6%)
OP Commercial Managed Care (HMO/PPO)	323,761	161,995	197,958	315,687	(117,729)	(37.3%)
OP Commercial Managed Care (HMO) Professional Fees	408,054	200,450	249,498	387,326	(137,829)	(35.6%)
OP Workers' Compensation Fee-for-Service (FFS)	3,441	12,775	2,104	1,690	414	24.5%
OP Workers' Compensation Fee-for-Service (FFS) Professional Fees	16,746	17,338	10,239	11,358	(1,118)	(9.8%)
OP Medicare Fee-for-Service (FFS)	157,167	104,798	96,097	222,452	(126,355)	(56.8%)
OP Medicare Fee-for-Service (FFS) Professional Fees	316,017	201,109	193,223	260,006	(66,783)	(25.7%)
OP Medicare Managed Care (HMO)	42,346	27,607	25,892	15,032	10,859	72.2%
OP Medicare Managed Care (HMO) Professional Fees	53,458	39,378	32,686	16,146	16,540	102.4%

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

	April Actual	May Actual	June Actual	June Budget	June Variance	June Variance %
Operating Revenues:						
Gross Patient Revenue						
Outpatient						
OP Medi-Cal Fee-for-Service (FFS)	152,190	85,649	93,054	152,713	(59,659)	(39.1%)
OP Medi-Cal Fee-for-Service (FFS) Professional Fees	135,862	52,167	83,070	115,725	(32,655)	(28.2%)
OP Medi-Cal Managed Care (HMO)	2,526,128	1,291,498	1,544,557	2,709,006	(1,164,449)	(43.0%)
OP Medi-Cal Managed Care (HMO) Professional Fees	2,263,503	929,912	1,383,979	1,925,855	(541,876)	(28.1%)
OP Other Government Fee-for-Service (FFS)	319,928	2,077,190	195,614	342,658	(147,043)	(42.9%)
OP Other Government Fee-for-Service (FFS) Professional Fees	322,851	131,722	197,401	354,858	(157,457)	(44.4%)
Total Outpatient	7,217,367	5,411,781	4,412,933	6,939,141	(2,526,208)	(36.4%)
Total Gross Patient Revenue	7,217,367	5,411,781	4,412,933	6,939,141	(2,526,208)	(36.4%)
Patient Revenue Deductions	(5,990,414)	(4,491,778)	(3,662,734)	(5,761,485)	2,098,751	(36.4%)
Net Patient Revenue	1,226,953	920,003	750,199	1,177,655	(427,457)	(36.3%)
Total Indigent	693,653	786,838	668,185	863,824	(195,639)	(22.6%)
Other Income	3,221,801	3,407,621	3,854,293	2,564,957	1,289,335	50.3%
Total Operating Revenues	$ 5,142,407	$ 5,114,462	$ 5,272,676	$ 4,606,437	$ 666,240	14.5%

KernMedical
Outpatient Health

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

	April Actual	May Actual	June Actual	June Budget	June Variance	June Variance %
Operating Expenses:						
Salaries	$ 3,010,694	$ 3,095,152	$ 3,043,969	$ 2,388,363	$ 655,606	27.4%
Benefits	1,028,976	936,332	917,211	1,197,955	(280,744)	(23.4%)
Total Salaries and Benefits	4,039,670	4,031,484	3,961,180	3,586,318	374,861	10.5%
Physicians	448,003	412,502	383,703	472,574	(88,871)	(18.8%)
Therapists	15,557	15,557	15,557	8,249	7,308	88.6%
Total Medical Fees	463,560	428,059	399,260	480,823	(81,564)	(17.0%)
Consulting	14,636	21,325	47,247	15,900	31,348	197.2%
Legal	6,067	5,403	11,683	1,837	9,846	536.0%
Other contracted services	42,424	83,191	24,964	35,132	(10,168)	(28.9%)
Total Other Professional Fees	63,127	109,919	83,895	52,869	31,026	58.7%

KernMedical
Outpatient Health

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

Operating Expenses:	April Actual	May Actual	June Actual	June Budget	June Variance	June Variance %
Computer software	55,035	20,272	116,629	37,621	79,008	210.0%
Food	4,560	4,430	10,781	5,380	5,401	100.4%
Office Supplies	4,425	21,344	13,019	9,942	3,077	31.0%
Minor Equipment	804	1,337	1,606	5,251	(3,645)	(69.4%)
Non-Medical Supplies	35,359	31,101	59,890	28,373	31,518	111.1%
Pharmaceuticals	48,964	61,441	35,332	46,912	(11,580)	(24.7%)
Surgery Supplies-General	1,519	1,745	5,148	3,893	1,255	32.2%
Total Supplies	150,666	141,669	242,405	137,370	105,035	76.5%
Conferences-Travel-Residents	13,828	7,770	11,820	3,510	8,310	236.8%
Licenses - Residents	4,786	1,880	8,849	2,305	6,545	283.9%
Laundry and Linen	2,023	2,813	5,298	2,840	2,457	86.5%
Medical Services	348	426	1,064	256	808	315.8%
Purchased Services	64,077	66,308	62,828	74,064	(11,236)	(15.2%)
Security	6,251	6,611	13,389	6,925	6,463	93.3%
Support & maintenance-IT Software	20,366	18,986	29,860	16,598	13,262	79.9%
Total Purchased Services	111,679	104,795	133,108	106,499	26,609	25.0%

KernMedical
Outpatient Health

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

Operating Expenses:	April Actual	May Actual	June Actual	June Budget	June Variance	June Variance %
Advertising	3,620	4,413	638	747	(109)	(14.6%)
Catering	1,554	323	3,294	3,183	110	3.5%
Insurance	5,975	5,994	9,524	2,132	7,391	346.6%
Licenses Permits and Taxes	6,863	4,889	20,206	2,248	17,958	798.8%
Repairs and Maintenance	33,339	32,003	41,844	7,107	34,737	488.8%
Utilities	3,581	4,502	30,193	5,250	24,944	475.1%
Dues and subscriptions	12,922	15,294	35,124	2,469	32,656	1322.7%
Outside and online training	12,900	9,957	39,912	3,219	36,694	1140.0%
Residents precept-rotations	10,906	1,972	8,692	1,546	7,146	462.2%
Recruiting	3,150	1,592	56,997	2,323	54,675	2353.9%
Bank fees	1,138	849	(6,299)	959	(7,258)	(756.9%)
Equipmet Rental	9,264	8,254	4,210	930	3,280	352.7%
Rent	153,370	153,370	153,370	168,612	(15,242)	(9.0%)
Interest Expense	55,123	55,123	55,123	41,832	13,291	31.8%
Total Other Expenses	313,705	298,537	452,828	242,556	210,272	86.7%
Total Operating Expenses	5,142,406	5,114,462	5,272,676	4,606,436	666,240	14.5%
Net Income (Loss)	$ 0	$ 0	$ 0	$ 0	$ 0	0%

KernMedical
Outpatient Health

KERN MEDICAL OUTPATIENT HEALTH
INCOME STATEMENT
FISCAL YEAR-TO-DATE
JULY 2025 - JUNE 2026

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance	Year-to-Date Variance %
Operating Revenues:				
Gross Patient Revenue				
Outpatient				
OP Self-Pay	$707,179	$428,152	$279,027	65.2%
OP Self-Pay Professional Fees	492,420	380,426	111,994	29.4%
OP Commercial Fee-for-Service (FFS)	222,278	248,552	(26,275)	(10.6%)
OP Commercial Fee-for-Service (FFS) Professional Fees	225,509	272,786	(47,277)	(17.3%)
OP Commercial Managed Care (HMO/PPO)	3,957,006	3,864,880	92,125	2.4%
OP Commercial Managed Care (HMO) Professional Fees	4,243,124	4,741,945	(498,820)	(10.5%)
OP Workers' Compensation Fee-for-Service (FFS)	82,820	20,696	62,124	300.2%
OP Workers' Compensation Fee-for-Service (FFS) Professional Fees	196,452	139,047	57,404	41.3%
OP Medicare Fee-for-Service (FFS)	2,640,353	2,723,425	(83,072)	(3.1%)
OP Medicare Fee-for-Service (FFS) Professional Fees	3,354,532	3,183,191	171,341	5.4%
OP Medicare Managed Care (HMO)	304,402	184,038	120,364	65.4%
OP Medicare Managed Care (HMO) Professional Fees	355,562	197,672	157,890	79.9%

KERN MEDICAL OUTPATIENT HEALTH
INCOME STATEMENT
FISCAL YEAR-TO-DATE
JULY 2025 - JUNE 2026

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance	Year-to-Date Variance %
Operating Revenues:				
Gross Patient Revenue				
Outpatient				
OP Medi-Cal Fee-for-Service (FFS)	1,668,004	1,869,626	(201,622)	(10.8%)
OP Medi-Cal Fee-for-Service (FFS) Professional Fees	1,179,028	1,416,794	(237,767)	(16.8%)
OP Medi-Cal Managed Care (HMO)	33,456,352	33,165,716	290,636	0.9%
OP Medi-Cal Managed Care (HMO) Professional Fees	23,313,575	23,577,782	(264,207)	(1.1%)
OP Other Government Fee-for-Service (FFS)	5,785,071	4,195,077	1,589,994	37.9%
OP Other Government Fee-for-Service (FFS) Professional Fees	3,616,137	4,344,445	(728,308)	(16.8%)
Total Outpatient	85,799,803	84,954,251	845,552	12.1%
Total Gross Patient Revenue	85,799,803	84,954,251	845,552	1.0%
Patient Revenue Deductions	(71,213,836)	(70,536,508)	(677,328)	1.0%
Net Patient Revenue	14,585,967	14,417,743	168,224	1.2%
Total Indigent	8,273,744	10,575,580	(2,301,836)	(21.8%)
Other Income	34,566,436	31,402,122	3,164,314	10.1%
Total Operating Revenues	$ 57,426,148	$ 56,395,445	$ 1,030,702	1.8%

KernMedical
Outpatient Health

KERN MEDICAL OUTPATIENT HEALTH
INCOME STATEMENT
FISCAL YEAR-TO-DATE
JULY 2025 - JUNE 2026

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance	Year-to-Date Variance %
Operating Expenses:				
Salaries	$ 33,622,027	$ 29,240,163	$ 4,381,864	15.0%
Benefits	10,487,662	14,666,281	(4,178,619)	(28.5%)
Total Salaries and Benefits	44,109,688	43,906,443	203,245	0.5%
Physicians	$ 5,764,930	5,785,612	(20,682)	(0.4%)
Therapists	155,406	100,993	54,412	53.9%
Total Medical Fees	5,920,336	5,886,605	33,731	0.6%
Consulting	274,500	194,657	79,843	41.0%
Legal	97,242	22,488	74,754	332.4%
Other contracted services	518,588	430,016	88,572	20.6%
Total Other Professional Fees	890,329	647,160	243,169	458.5%

KernMedical
Outpatient Health

KERN MEDICAL OUTPATIENT HEALTH
INCOME STATEMENT
FISCAL YEAR-TO-DATE
JULY 2025 - JUNE 2026

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance	Year-to-Date Variance %
Operating Expenses:				
Computer software	508,820	460,583	48,238	10.5%
Food	60,039	65,860	(5,821)	(8.8%)
Office Supplies	110,513	121,714	(11,200)	(9.2%)
Minor Equipment	71,487	64,281	7,206	11.2%
Non-Medical Supplies	383,522	347,361	36,161	10.4%
Pharmaceuticals	513,328	574,333	(61,004)	(10.6%)
Surgery Supplies-General	24,215	47,663	(23,448)	(49.2%)
Total Supplies	1,671,924	1,681,794	(9,869)	(0.6%)
Conferences-Travel-Residents	42,014	42,971	(957)	(2.2%)
Licenses - Residents	32,230	28,219	4,011	14.2%
Laundry and Linen	33,415	34,776	(1,360)	(3.9%)
Medical Services	5,219	3,132	2,087	66.6%
Purchase Services	718,552	906,751	(188,199)	(20.8%)
Security	82,340	84,783	(2,443)	(2.9%)
Support & maintenance-IT Software	224,412	203,208	21,204	9.4%
Total Purchased Services	1,138,183	1,303,839	(165,657)	(12.7%)

KERN MEDICAL OUTPATIENT HEALTH
INCOME STATEMENT
FISCAL YEAR-TO-DATE
JULY 2025 - JUNE 2026

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance	Year-to-Date Variance %
Operating Expenses:				
Advertising	15,598	9,140	6,458	70.7%
Catering	24,518	38,400	(13,882)	(36.2%)
Insurance	75,874	31,844	44,030	138.3%
Licenses Permits and Taxes	83,145	21,786	61,359	281.6%
Repairs and Maintenance	252,540	86,699	165,841	191.3%
Utilities	167,739	64,283	103,456	160.9%
Dues and subscriptions	116,262	30,340	85,922	283.2%
Outside and online training	138,849	39,559	99,290	251.0%
Residents precept-rotations	95,175	19,001	76,174	400.9%
Recruiting	128,976	28,548	100,428	351.8%
Bank fees	32,953	11,498	21,456	186.6%
Equipmet Rental	62,136	12,087	50,049	414.1%
Rent	1,840,440	2,064,274	(223,835)	(10.8%)
Interest Expense	661,479	512,144	149,335	29.2%
Total Other Expenses	3,695,683	2,969,601	726,082	24.5%
Total Operating Expenses	57,426,144	56,395,443	1,030,701	1.8%
Net Income (Loss)	$ 0	$ 0	$ 0	0.0%

KernMedical
Outpatient Health

Questions

Thank you

KernMedical
Outpatient Health

KernMedical
Outpatient Health

BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

August 26, 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.

KernMedical

July 15, 2026

Kern County Hospital Authority
Community Health Center
Attention: Marisol Urcid
Marisol.Urcid@kernmedical.com

Re: Request for Closed Session regarding peer review of health practitioners (Health and Safety Code Section 101855(j)(2)) –

A copy of the approved Credentialing and Compliance Attestations are attached along with the Tracking Page.

Sincerely,

Mona A. Allen

Mona A. Allen
Kern County Hospital Authority
Board Coordinator

	A	B	C	D	E	F	G	H	I
	Name	**Provider Billing Number (NPI)**	**Title/ Licensure/ Credential**	**Category (LIP, OLCP, OCS)**	**Specialty (if applicable)**	**Hire Date**	**Employee or Contractor**	**FTE**	**Languages**
1	Tracey Mee	1811624356	Nurse Practitioner	LIP	Internal Medicine	05.04.2026	Employee	1	English
2	Tanzila Chowdhury	1619723681	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Bangali
3	Maria Cortez	1952244287	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Spanish
4	Sonia Khatri	1194667907	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Gujarati, Hindi
5	Byron Lee	1407602618	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Cantonese
6	Justin Ma	1841132578	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English
7	Jee Woo Park	1275475014	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Korean
8	Roman Patungan	1013850205	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Tagalog
9	Arman Tahmazyan	1871436170	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Armenian
10	Skylynn Thangwaritorn	1508708397	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Thai
11	Jinzhou Tian	1730933094	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Mandarin
12	Sean Wong	1437091261	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Mandarin
13	Rachel Xie	1932043262	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Cantonese
14	Ana Alfaro	1457291403	ResidentPhys PostGrd-Yr 1	LIP	OB GYN	07.01.2026	Employee	1	English, Spanish
15	Vidushi Razdan	1497696512	ResidentPhys PostGrd-Yr 1	LIP	OB GYN	07.01.2026	Employee	1	English, Hindi
16	Kayce Singer	1093561946	ResidentPhys PostGrd-Yr 1	LIP	OB GYN	07.01.2026	Employee	1	English
17	Jessica Vu	1700726163	ResidentPhys PostGrd-Yr 1	LIP	OB GYN	07.01.2026	Employee	1	English
18	Nathan Bui	1720834906	ResidentPhys PostGrd-Yr 1	LIP	Family Medicine	07.01.2026	Employee	1	English
19	Cameron Carlisle	1215870621	ResidentPhys PostGrd-Yr 1	LIP	Family Medicine	07.01.2026	Employee	1	English
20	Francisco Fernandez Rodriguez	1528901824	ResidentPhys PostGrd-Yr 1	LIP	Family Medicine	07.01.2026	Employee	1	English, Spanish
21	Yen Granat	1073457339	ResidentPhys PostGrd-Yr 1	LIP	Family Medicine	07.01.2026	Employee	1	English
22	Ashna Kapur	1366369464	ResidentPhys PostGrd-Yr 1	LIP	Family Medicine	07.01.2026	Employee	1	English
24	Shahzeb Shaheen	1497690945	ResidentPhys PostGrd-Yr 1	LIP	Family Medicine	07.01.2026	Employee	1	English

	A	B	C	D	E	F	G	H	I
	Name	**Provider Billing Number (NPI)**	**Title/ Licensure/ Credential**	**Category (LIP, OLCP, OCS)**	**Specialty (if applicable)**	**Hire Date**	**Employee or Contractor**	**FTE**	**Languages**
1	Alejandra Hernandez		Hospital Staff Nurse	OLCP		06.15.2026	Employee	1	English, Spanish
2	Kristina Villa		Vocational Nurse	OLCP		06.29.2026	Employee	1	English
3									
4									
5									

	A	B	C	D	E	F	G	H	I
	Name	**Provider Billing Number (NPI)**	**Title/ Licensure/ Credential**	**Category (LIP, OLCP, OCS)**	**Specialty (if applicable)**	**Hire Date**	**Employee or Contractor**	**FTE**	**Languages**
1	Darling, Summer		Medical Assistant	OCS		06.29.2026	Employee	1	English
2									
3									
4									
5									

Kern County Hospital Authority
Board of Governors

TRACKING PAGE

11:30 A.M.
Wednesday, July 15, 2026

BOARD COORDINATOR

CLOSED SESSION

Item 29 concerning Request for Closed Session regarding peer review of health practitioners (Health and Safety Code Section 101855(j)(2)) – HEARD; BY UNANIMOUS VOTE OF THOSE DIRECTORS PRESENT (MOTION BY DIRECTOR PELZ, SECOND BY DIRECTOR BERJIS; 1 ABSENT - DIRECTOR POLLARD) THE BOARD APPROVED ALL CREDENTIALING RECOMMENDATIONS; NO OTHER REPORTABLE ACTION TAKEN

KernMedical
Outpatient Health

July 15, 2026

To: The Board of Governors
From: Erica Lawson, HR Manager
Subject: Licensed Independent Practitioner Credentialing and Compliance Attestation

Dear Members of the Board:

This letter serves as formal attestation that all Licensed Independent Practitioners listed on the attached roster for Kern Medical Outpatient Health have successfully completed and met all organizational credentialing and compliance requirements as outlined below.

1. Credentialing Verification
Each practitioner has undergone and met all credentialing standards as required by Kern Medical Outpatient Health, including verification of licensure, education, training, certifications, and work history.

2. Fitness for Duty
All practitioners have attested to being medically fit for duty, free from any health conditions or substance use disorders that would impair their ability to perform their professional duties safely and effectively.

3. Job Description Review
Each practitioner has reviewed and attested to their current job description, confirming their understanding of and ability to perform all essential job functions.

4. HIPAA Privacy & Confidentiality Compliance
All practitioners have read, understood, and agreed to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and organizational policies regarding the protection of Protected Health Information (PHI).

Based on the completion and verification of the above requirements, I hereby attest that all Licensed Independent Practitioners currently listed on the attached roster are:

- Credentialed and in good standing with Kern Medical Outpatient Health.
- Medically and professionally fit for duty.
- In compliance with organizational privacy and confidentiality standards.
- Acknowledged and attested to their respective job descriptions.

I further attest that documentation of all other licensed clinical staff completed attestations, fitness for duty, and HIPAA compliance forms are maintained in the personnel and credentialing files and are available for review upon request.

Respectfully Submitted,

Erica Lawson
Human Resources Manager
Date: 07.02.2026

Kern Medical Outpatient Health
Approval Signatures

Board of Governors Approval:

Signature: _____ Date: 7-15-2026

	A	B	C	D	E	F	G	H	I
	Name	**Provider Billing Number (NPI)**	**Title/ Licensure/ Credential**	**Category (LIP, OLCP, OCS)**	**Specialty (if applicable)**	**Hire Date**	**Employee or Contractor**	**FTE**	**Languages**
1	Tracey Mee	1811624356	Nurse Practitioner	LIP	Internal Medicine	05.04.2026	Employee	1	English
2	Tanzila Chowdhury	1619723681	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Bangali
3	Maria Cortez	1952244287	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Spanish
4	Sonia Khatri	1194667907	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Gujarati, Hindi
5	Byron Lee	1407602618	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Cantonese
6	Justin Ma	1841132578	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English
7	Jee Woo Park	1275475014	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Korean
8	Roman Patungan	1013850205	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Tagalog
9	Arman Tahmazyan	1871436170	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Armenian
10	Skylynn Thangwaritorn	1508708397	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Thai
11	Jinzhou Tian	1730933094	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Mandarin
12	Sean Wong	1437091261	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Mandarin
13	Rachel Xie	1932043262	ResidentPhys PostGrd-Yr 1	LIP	Internal Medicine	07.01.2026	Employee	1	English, Cantonese
14	Ana Alfaro	1457291403	ResidentPhys PostGrd-Yr 1	LIP	OB GYN	07.01.2026	Employee	1	English, Spanish
15	Vidushi Razdan	1497696512	ResidentPhys PostGrd-Yr 1	LIP	OB GYN	07.01.2026	Employee	1	English, Hindi
16	Kayce Singer	1093561946	ResidentPhys PostGrd-Yr 1	LIP	OB GYN	07.01.2026	Employee	1	English
17	Jessica Vu	1700726163	ResidentPhys PostGrd-Yr 1	LIP	OB GYN	07.01.2026	Employee	1	English
18	Nathan Bui	1720834906	ResidentPhys PostGrd-Yr 1	LIP	Family Medicine	07.01.2026	Employee	1	English
19	Cameron Carlisle	1215870621	ResidentPhys PostGrd-Yr 1	LIP	Family Medicine	07.01.2026	Employee	1	English
20	Francisco Fernandez Rodriguez	1528901824	ResidentPhys PostGrd-Yr 1	LIP	Family Medicine	07.01.2026	Employee	1	English, Spanish
21	Yen Granat	1073457339	ResidentPhys PostGrd-Yr 1	LIP	Family Medicine	07.01.2026	Employee	1	English
22	Ashna Kapur	1366369464	ResidentPhys PostGrd-Yr 1	LIP	Family Medicine	07.01.2026	Employee	1	English
24	Shahzeb Shaheen	1497690945	ResidentPhys PostGrd-Yr 1	LIP	Family Medicine	07.01.2026	Employee	1	English

KernMedical
Outpatient Health

July 15, 2026

To: The Board of Directors
From: Erica Lawson, HR Manager
Subject: Other Clinical Staff Credentialing and Compliance Attestation

Dear Board Members:

This letter serves as formal attestation that all other clinical staff listed on the attached roster for Kern Medical Outpatient Health have successfully completed and met all organizational credentialing and compliance requirements as outlined below.

1. Credentialing Verification
Each other clinical staff has undergone and met all credentialing standards as required by Kern Medical Outpatient Health, including verification of licensure, education, training, certifications, and work history.

2. Fitness for Duty
All other clinical staff have attested to being medically fit for duty, free from any health conditions or substance use disorders that would impair their ability to perform their professional duties safely and effectively.

3. Job Description Review
Each other clinical staff has reviewed and attested to their current job description, confirming their understanding of and ability to perform all essential job functions.

4. HIPAA Privacy & Confidentiality Compliance
All other clinical staff have read, understood, and agreed to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and organizational policies regarding the protection of Protected Health Information (PHI).

Based on the completion and verification of the above requirements, I hereby attest that all other clinical staff currently listed on the attached roster are:

- Credentialed and in good standing with Kern Medical Outpatient Health.
- Medically and professionally fit for duty.
- In compliance with organizational privacy and confidentiality standards.
- Acknowledged and attested to their respective job descriptions.

I further attest that documentation of all other licensed clinical staff completed attestations, fitness for duty, and HIPAA compliance forms are maintained in the personnel and credentialing files and are available for review upon request.

Respectfully Submitted,

Erica Lawson
Human Resources Manager
Date: 07.02.2026

Kern Medical Outpatient Health
Approval Signatures

Board of Governors Approval:

Signature: _____ Date: 7-15-2026

	A	B	C	D	E	F	G	H	I
	Name	**Provider Billing Number (NPI)**	**Title/ Licensure/ Credential**	**Category (LIP, OLCP, OCS)**	**Specialty (if applicable)**	**Hire Date**	**Employee or Contractor**	**FTE**	**Languages**
1	Darling, Summer		Medical Assistant	OCS		06.29.2026	Employee	1	English
2									
3									
4									
5									

KernMedical
Outpatient Health

July 15, 2026

To: The Board of Governors
From: Erica Lawson, HR Manager
Subject: Other Licensed and Certified Practitioner Credentialing and Compliance Attestation

Dear Members of the Board:

This letter serves as formal attestation that all Other Licensed and Certified Practitioners listed on the attached roster for Kern Medical Outpatient Health have successfully completed and met all organizational credentialing and compliance requirements as outlined below.

1. Credentialing Verification
Each practitioner has undergone and met all credentialing standards as required by Kern Medical Outpatient Health, including verification of licensure, education, training, certifications, and work history.

2. Fitness for Duty
All practitioners have attested to being medically fit for duty, free from any health conditions or substance use disorders that would impair their ability to perform their professional duties safely and effectively.

3. Job Description Review
Each practitioner has reviewed and attested to their current job description, confirming their understanding of and ability to perform all essential job functions.

4. HIPAA Privacy & Confidentiality Compliance
All practitioners have read, understood, and agreed to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and organizational policies regarding the protection of Protected Health Information (PHI).

Based on the completion and verification of the above requirements, I hereby attest that all Licensed Independent Practitioners currently listed on the attached roster are:

- Credentialed and in good standing with Kern Medical Outpatient Health.

- Medically and professionally fit for duty.
- In compliance with organizational privacy and confidentiality standards.
- Acknowledged and attested to their respective job descriptions.

I further attest that documentation of all other licensed clinical staff completed attestations, fitness for duty, and HIPAA compliance forms are maintained in the personnel and credentialing files and are available for review upon request.

Respectfully Submitted,

Erica Lawson
Human Resources Manager
Date: 07.02.2026

Kern Medical Outpatient Health
Approval Signatures

Board of Governors Approval:

Signature: _____ Date: 7-15-26

	A	B	C	D	E	F	G	H	I
	Name	**Provider Billing Number (NPI)**	**Title/ Licensure/ Credential**	**Category (LIP, OLCP, OCS)**	**Specialty (if applicable)**	**Hire Date**	**Employee or Contractor**	**FTE**	**Languages**
1	Alejandra Hernandez		Hospital Staff Nurse	OLCP		06.15.2026	Employee	1	English, Spanish
2	Kristina Villa		Vocational Nurse	OLCP		06.29.2026	Employee	1	English
3									
4									
5									

KernMedical

August 19, 2026

Kern County Hospital Authority
Community Health Center
Attention: Marisol Urcid
Marisol.Urcid@kernmedical.com

Re: Request for Closed Session regarding peer review of health practitioners (Health and Safety Code Section 101855(j)(2)) –

A copy of the approved Credentialing and Compliance Attestations are attached along with the Tracking Page.

Sincerely,

Mona A. Allen

Mona A. Allen
Kern County Hospital Authority
Board Coordinator

	A	B	C	D	E	F	G	H	I
	Name	**Provider Billing Number (NPI)**	**Title/ Licensure/ Credential**	**Category (LIP, OLCP, OCS)**	**Specialty (if applicable)**	**Hire Date**	**Employee or Contractor**	**FTE**	**Languages**
1	Snimer Kaur Sidhu M.D.	1730008707	ResidentPhys PostGrd-Yr 1	LIP	Family Medicine	07.27.2026	Employee	1	English, Hindi, Punjabi, Spanish
2	Mary Miranda	1174907612	Mental Health Therapist I	LIP	Behavioral Health	07.12.2026	Employee	1	English, Armenian

	A	B	C	D	E	F	G	H	I
	Name	**Provider Billing Number (NPI)**	**Title/ Licensure/ Credential**	**Category (LIP, OLCP, OCS)**	**Specialty (if applicable)**	**Hire Date**	**Employee or Contractor**	**FTE**	**Languages**
1	Lizbeth Fuentes		Vocational Nurse	OLCP	Family Medicine	06.15.2026	Employee	1	English, Spanish
2									
3									
4									
5									

Kern County Hospital Authority
Board of Governors

TRACKING PAGE

11:30 A.M.
Wednesday August 19, 2026

BOARD COORDINATOR

CLOSED SESSION

Item 33 concerning Request for Closed Session regarding peer review of health practitioners (Health and Safety Code Section 101855(j)(2)) – HEARD; BY UNANIMOUS VOTE OF THOSE DIRECTORS PRESENT (MOTION BY DIRECTOR BERJIS, SECOND BY DIRECTOR POLLARD) THE BOARD APPROVED ALL CREDENTIALING RECOMMENDATIONS; NO OTHER REPORTABLE ACTION TAKEN

KernMedical
Outpatient Health

August 19, 2026

To: The Board of Governors
From: Erica Lawson, HR Manager
Subject: Licensed Independent Practitioner Credentialing and Compliance Attestation

Dear Members of the Board:

This letter serves as formal attestation that all Licensed Independent Practitioners listed on the attached roster for Kern Medical Outpatient Health have successfully completed and met all organizational credentialing and compliance requirements as outlined below.

1. Credentialing Verification
Each practitioner has undergone and met all credentialing standards as required by Kern Medical Outpatient Health, including verification of licensure, education, training, certifications, and work history.

2. Fitness for Duty
All practitioners have attested to being medically fit for duty, free from any health conditions or substance use disorders that would impair their ability to perform their professional duties safely and effectively.

3. Job Description Review
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4. HIPAA Privacy & Confidentiality Compliance
All practitioners have read, understood, and agreed to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and organizational policies regarding the protection of Protected Health Information (PHI).

Based on the completion and verification of the above requirements, I hereby attest that all Licensed Independent Practitioners currently listed on the attached roster are:

- Credentialed and in good standing with Kern Medical Outpatient Health.
- Medically and professionally fit for duty.
- In compliance with organizational privacy and confidentiality standards.
- Acknowledged and attested to their respective job descriptions.

I further attest that documentation of all other licensed clinical staff completed attestations, fitness for duty, and HIPAA compliance forms are maintained in the personnel and credentialing files and are available for review upon request.

Respectfully Submitted,

Erica Lawson
Human Resources Manager
Date: 08.06.2026

Kern Medical Outpatient Health
Approval Signatures

Board of Governors Approval:

Signature: _____ Date: 8-19-2026

KernMedical
Outpatient Health

August 19, 2026

To: The Board of Governors
From: Erica Lawson, HR Manager
Subject: Other Licensed and Certified Practitioner Credentialing and Compliance Attestation

Dear Members of the Board:

This letter serves as formal attestation that all Other Licensed and Certified Practitioners listed on the attached roster for Kern Medical Outpatient Health have successfully completed and met all organizational credentialing and compliance requirements as outlined below.

1. Credentialing Verification
Each practitioner has undergone and met all credentialing standards as required by Kern Medical Outpatient Health, including verification of licensure, education, training, certifications, and work history.

2. Fitness for Duty
All practitioners have attested to being medically fit for duty, free from any health conditions or substance use disorders that would impair their ability to perform their professional duties safely and effectively.

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All practitioners have read, understood, and agreed to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and organizational policies regarding the protection of Protected Health Information (PHI).

Based on the completion and verification of the above requirements, I hereby attest that all Licensed Independent Practitioners currently listed on the attached roster are:

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- Medically and professionally fit for duty.
- In compliance with organizational privacy and confidentiality standards.
- Acknowledged and attested to their respective job descriptions.

I further attest that documentation of all other licensed clinical staff completed attestations, fitness for duty, and HIPAA compliance forms are maintained in the personnel and credentialing files and are available for review upon request.

Respectfully Submitted,

Erica Lawson
Human Resources Manager
Date: 08.06.2026

Kern Medical Outpatient Health
Approval Signatures

Board of Governors Approval:

Signature: _____ Date: _____