KernMedical
Outpatient Health

AGENDA

KERN COUNTY HOSPITAL AUTHORITY
COMMUNITY HEALTH CENTER
BOARD OF DIRECTORS

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

Regular Meeting
Wednesday, October 22, 2025

11:30 A.M.

BOARD TO RECONVENE

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

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

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

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

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

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

ITEMS FOR CONSIDERATION

CA
3) Minutes for the Kern County Hospital Authority Community Health Center Board of Directors regular meetings on August 27, 2025, and September 24, 2025 –
APPROVE

CA
4) Proposed Resolution establishing regular meeting dates of the Kern County Hospital Authority Community Health Center Board of Directors for Calendar Year 2026 –
APPROVE; ADOPT RESOLUTION

CA
5) Proposed revised Finance Policy LAL-BC-01, Billing Protocols, changing the claims filing requirement from five days to 10 days –
APPROVE; AUTHORIZE CHAIRMAN TO SIGN

CA
6) Proposed Occurrence Reporting Policy for reporting events that may impact patient safety, staff well-being, or overall quality of care –
APPROVE; AUTHORIZE CHAIRMAN TO SIGN

CA
7) Proposed revised Kern County Hospital Authority Community Health Center Board of Directors Executive Director (CEO) Job Description –
RECEIVE AND FILE

CA
8) Proposed updated Health Resources and Services Administration Health Center Program Form 5A: Services Provided (Required Services) –
APPROVE

9) Report on Kern County Hospital Authority Community Health Center Health Center Service Utilization for September 2025 –
RECEIVE AND FILE

10) Report on Kern County Hospital Authority Community Health Center Quality Report for Calendar Year 2025 Third Quarter –
RECEIVE AND FILE

11) Report on Kern County Hospital Authority Community Health Center financials for August 2025 –
RECEIVE AND FILE

12) Report on Kern County Hospital Authority Community Health Center Board of Directors On-Site Visit Preparation –
RECEIVE AND FILE

13) Kern County Hospital Authority Community Health Center Executive Director report –
RECEIVE AND FILE

CA
14) Miscellaneous Correspondence as of October 15, 2025 –
RECEIVE AND FILE

ADJOURN TO WEDNESDAY, NOVEMBER 12, 2025 AT 11:30 A.M.

SUPPORTING DOCUMENTATION FOR AGENDA ITEMS

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

AMERICANS WITH DISABILITIES ACT
(Government Code Section 54953.2)

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

CA
14) MISCELLANEOUS CORRESPONDENCE RECEIVED AS OF SEPTEMBER 30, 2025 –

A) Correspondence dated October 15, 2025 received from Mona A. Allen, Board Coordinator, Kern County Hospital Authority Board of Governors, regarding approval of Amendment No. 1 to Co-Applicant Agreement 011-2025 with Kern County Hospital Authority Community Health Center Board of Directors, containing nonstandard terms and conditions, clarifying the responsibilities of Kern County Hospital Authority as the Section 330 public agency, effective October 15, 2025

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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, August 27, 2025

11:30 A.M.

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

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

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.

STAFF RECOMMENDATION SHOWN IN CAPS

NOTE: DIRECTOR MARTINEZ JOINED THE MEETING AFTER ROLL CALL AND THE VOTE ON THE CONSENT AGENDA

CONSENT AGENDA: As indicated below with a "CA" was reviewed, discussed, and approved as one motion – **Behill - Williams: 5 Present; 4 Absent - Kemp, Martinez, Sandoval, Valdez**

PUBLIC PRESENTATIONS

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

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

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

CA

3) Minutes for the Kern County Hospital Authority Community Health Center Board of Directors regular meeting on July 23, 2025 – Director Smith asked for approval or changes to the minutes. No changes requested. The Board voted to approve the minutes as written –
APPROVED
Behill - Williams: 5 Present; 4 Absent - Kemp, Martinez, Sandoval, Valdez

CA

4) Kern County Hospital Authority Community Health Center Organizational Chart effective August 27, 2025–
APPROVED
Behill - Williams: 5 Present; 4 Absent - Kemp, Martinez, Sandoval, Valdez

CA

5) Proposed revision to Signage attached to Agenda Item 12 of the March 26, 2025 Regular Meeting of the Kern County Hospital Authority Community Health Center Board of Directors –
APPROVED
Behill - Williams: 5 Present; 4 Absent - Kemp, Martinez, Sandoval, Valdez

6) Presentation regarding Kern County Hospital Authority Community Health Center Board of Directors Peer Review. Executive Director introduced Kern County Hospital Authority Community Health Center's interim Medical Director, Dr. Glenn Goldis who made presentation. Dr. Goldis reviewed the numbers of reviewed cases and which departments follow up concerns were directed for further review and education/updated policies and procedures. Director Martinez asked if all the reviewed cases were through referrals or if it was an ongoing practice to do case reviews? Dr. Goldis responded that cases are referred to peer review committee from multiple sources from risk, quality, nursing, and medical staff committees. Cases are preliminarily reviewed by the peer review committee chair and then are discussed at the peer review committee. Director Martinez asked if it was normal to go from 6 Peer Review Committee (PRC) cases reviewed to 12 PRC cases reviewed. Dr. Goldis explained that not all referred cases go to the full PRC but instead, after preliminary review are sent to a different administrator and/or committee such as nursing for further review.
HEARD PRESENTATION; RECEIVED AND FILED
Smith - Nichols: 6 Present; 3 Absent - Kemp, Sandoval, Valdez

7) Presentation regarding Kern County Hospital Authority Community Health Center Patient Experience for Quarter 2. Executive Director introduced Kern County Hospital Authority CHC Data Analytics Manager Kevin Jenson who made the presentation. Executive Director added that the extended hours available on Saturday and Sundays are only offered once a month at this time. In regards to the distance barriers that were introduced in the presentation, Director Williams pointed out that the main issue seemed to be transportation issues due to the distances in which clinics are located for those living in outlining areas. CHC Data Analytics Manager responded that as follow-up to the comments regarding distances, there are mobile clinics that go to those

outlining areas to offer services and staff is reviewing the data to see how to increase the frequency/location/etc. of these mobile services to best fit the community, and make the community aware once the review has been completed.
HEARD PRESENTATION; RECEIVED AND FILED
Lopez - Smith: 6 Present; 3 Absent - Kemp, Sandoval, Valdez

8) Presentation regarding Kern County Hospital Authority Community Health Center's community emergency department discharge follow-up process. Executive Director introduced Director of Performance Improvement Carmelita Magno, who made presentation on the proposed emergency department discharge follow-up process. The Health Resources Services Administration requires the CHC to create processes to improve the continuity of care for its patients. Director of Performance Improvement added that they expect the CHC emergency department discharge follow-up online form will go live on the PointClickCare platform in the next 2 to 4 weeks. Director Nichols asked if information is shared between emergency departments. The Director of Performance Improvement responded that information is shared between emergency departments to track recurring encounters by the same patients in order to refer those patients to a higher level of care so that they can be treated by a primary care physician versus using the emergency department as their primary care. Health center staff have access to these tracking resources and will use the information to help decrease unnecessary returns to the emergency departments.
HEARD PRESENTATION; APPROVED
Nichols - Smith: 6 Present; 3 Absent - Kemp, Sandoval, Valdez

9) Presentation regarding Kern County Hospital Authority Community Health Center Board of Directors Credentialing Process Overview. Executive Director made presentation which outlines the process of credentialing all patient focused staff at the CHC. Director Williams asked how long has the CHC been doing this process. Executive Director responded that Kern Medical has always done medical staff credentialing which includes physicians and advance practice providers (APPs), the Human Resources department has always tracked licensing for all licensed staff, and runs Office of the Inspector General exclusion lists monthly in regards to all staff. The CHC requires an expanded process including non-licensed staff to have more thorough process. This expanded CHC process has just started with the proposed process according to our policies and procedures. Director Martinez asked if there has been any pushback from the labor union. Executive Director responded that since all medical staff will need to either sign a statement or fill out a questionnaire every 2 years after their initial onboarding, a meeting with the labor union will be necessary to implement this requirement for CHC staff. This requirement will be addressed when KCHA meets and confers with the labor union(s).
HEARD PRESENTATION; APPROVED
Williams - Behill: 6 Present; 3 Absent - Kemp, Sandoval, Valdez

10) Kern County Hospital Authority Community Health Center Health Center Service Utilization Report on July 2025 data and associated follow-up actions addressing service utilization. Executive Director introduced Practice Administrator Anna Carrillo who made the presentation outlining the new data. Director Smith asked why are there more appointments on Tuesdays and Thursdays. Executive Director introduced Nursing Administrator Alicia Gaeta who responded that there are more providers available Tuesday through Thursday which allows more patients to be seen. Director Martinez said she noticed that July had a high number of no-shows. Executive Director responded that July tends to have a high volume of no-shows due to patients going on vacation during that month. Director Martinez also asked why there was decrease in no shows for evening appointments and the Executive Director answered that as follow-up to this issue, providers have been moved to these evening appointments which has led to an increase in

appointments being kept. Ms. Carrillo also followed up with the question regarding rescheduling of no-shows that data is still being gathered.
HEARD PRESENTATION; RECEIVED AND FILED
Behill - Smith: 6 Present; 3 Absent - Kemp, Sandoval, Valdez

11) Presentation regarding proposed approval of the Kern County Hospital Authority Community Health Center financials for June 2025. Executive Director introduced Finance Administrator Andrew Cantu who made presentation. Director Smith asked if once the Look-A-Like (LAL) application is approved, will there be a higher reimbursement amount. Finance Administrator responded that there will be higher reimbursements once the LAL application is approved because the rate per visit is anticipated to be $350 versus the current rate of $100 per visit. Once the LAL application is approved, the hospital contribution will be less and the actual and budgeted will be more accurate.
HEARD PRESENTATION; APPROVED
Williams - Nichols: 6 Present; 3 Absent - Kemp, Sandoval, Valdez

12) Presentation on Kern County Hospital Authority Community Health Center Long Term Planning outline to its Board of Directors. Executive Director made the presentation regarding the survey, the data from the responses, and the proposed actions. Director Behill asked if the survey questions were multiple choice questions. Executive Director responded that some questions were multiple choice and some were freeform text questions. Director Williams asked if the Behavioral Health data included psychiatry. Executive Director responded that it did. Executive Director added that currently Dr. Lu's patients are 50% pediatric and 50% adult psychiatry patients and Dr. Shenasan is available 20 hours a week and her patients are 100% Medi-Cal patients. She further added that there are also Medical Social Workers available as well as Marriage Family Therapists. Services offered include both therapy and pharmaceutical treatment. Director Williams asked what can be done for the need of automatic doors at the clinics. Executive Director responded that they are currently assessing which sites have the most need for automatic doors, such as the Columbus clinics, rank the sites in terms of volume/need, and then find funds to install the automatic doors Director Behill asked about the high demand for women's health services. Executive Director responded that since the CHC provides high-risk women's health services, other clinics and hospitals sends their high-risk patients to CHC. Also, there is an increased need for OB-GYN providers and the CHC is working on recruiting and cross-training providers.
HEARD PRESENTATION; APPROVED
Lopez - Smith: 6 Present; 3 Absent - Kemp, Sandoval, Valdez

13) Kern County Hospital Authority Community Health Center Executive Director report. Executive Director announced the resignations of Medical Director Dr. Srivastava and Director Anthony Valdez. Dr. Glenn Goldis will be stepping in as the interim Medical Director for the CHC. Applications for new Board members have been received and will be brought to the September CHC Board meeting for review. Executive Director announced that HRSA had responded to the application and has requested additional documentation and a few small changes to CHC's bylaws and co-applicant agreement. The requested changes and the suggested responses will be brought back to this Board in September.
RECEIVED AND FILED
Nichols - Williams: 6 Present; 3 Absent - Kemp, Sandoval, Valdez

ADJOURNED TO WEDNESDAY, SEPTEMBER 24, 2025 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

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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, September 24, 2025

11:30 A.M.

BOARD RECONVENED – Director Martinez convened the meeting of the Board at 11:46 A.M. and established a quorum was present.

Board Members: Avila, Behill, Kemp, Lopez, Martinez, Nichols, Sandoval, Smith, Williams
Roll Call: 7 Present; 2 Absent – Lopez, 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. ITEMS 3 AND 4 WERE REMOVED FROM THE CONSENT AGENDA AS STATED BELOW.

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 MARTINEZ ANNOUNCED THE APPOINTMENT BY THE KERN COUNTY HOSPITAL AUTHORITY BOARD OF GOVERNORS OF NEW COMMUNITY HEALTH CENTER BOARD OF DIRECTORS, DIRECTOR JUAN AVILA. DIRECTOR AVILA INTRODUCED HIMSELF TO THE BOARD AND PUBLIC PRESENT.

ITEMS FOR CONSIDERATION

CA
3) Minutes for the Kern County Hospital Authority Community Health Center Board of Directors regular meeting on August 27, 2025 –
THIS ITEM WAS PULLED FROM THE CONSENT AGENDA DUE TO THE ITEM NOT BEING INCLUDED IN THE POSTED AGENDA. DIRECTOR MARTINEZ ANNOUNCED THAT THE APPROVAL OF THE MINUTES WOULD BE CONTINUED TO THE NEXT REGULAR MEETING OF THE COMMUNITY HEALTH CENTER BOARD OF DIRECTORS SCHEDULED FOR OCTOBER 22, 2025; CONTINUED TO OCTOBER 22,2025
Smith - Nichols: 7 Ayes; 2 Absent – Lopez, Williams

CA
4) Proposed Amendment No. 1 to Co-Applicant Agreement 011-2025 with the Kern County Hospital Authority, clarifying the responsibilities of Kern County Hospital Authority as the Section 330 public agency, effective October 15, 2025 –
ITEM WAS PULLED FROM CONSENT AGENDA DUE TO THE BOARD MEMORANDUM NOT BEING INCLUDED IN THE POSTED AGENDA FOR THIS REGULAR MEETING. COPIES OF THE BOARD MEMORANDUM WERE DISTRIBUTED TO THE DIRECTORS AT THE MEETING AND COPIES WERE MADE AVAILABLE TO THE PUBLIC -
APPROVED; AUTHORIZED CHAIRMAN TO SIGN
Behill - Williams: 7 Ayes; 2 Absent – Lopez, Williams

CA
5) Proposed First Amended and Restated Bylaws of Kern County Hospital Authority Community Health Center Board of Directors –
APPROVED; AUTHORIZED CHAIRMAN TO SIGN
Behill - Williams: 7 Ayes; 2 Absent – Lopez, Williams

6) Presentation regarding Kern County Hospital Authority Community Health Center financials for July 2025 –
DIRECTOR MARTINEZ INTRODUCED FINANCE ADMINISTRATOR ANDREW CANTU WHO MADE THE PRESENTATION. MR. CANTU INTRODUCED HIMSELF TO THE NEW BOARD MEMBER AND EXPLAINED HOW THE KERN COUNTY HOSPITAL AUTHORITY SEPARATES THE FINANCES OF KERN MEDICAL CENTER AND THE COMMUNITY HEALTH CENTER AND HOW SERVICES ARE CHARGED AND ALLOCATED TO EACH DEPARTMENT. CANTU EXPLAINED THAT THE FINANCE TEAM IS WORKING ON CREATING MORE DETAILED LINE ITEMS IN ITS REPORTING INFORMATION PURSUANT TO GUIDELINES SET OUT BY THE HEALTH RESOURCES SERVICES ADMINISTRATION (HRSA). HE ALSO POINTED OUT THE INCREASE IN STAFF AS THE CHC DEVELOPS WILL INFLUENCE THE NUMBERS AS WELL. DIRECTOR MARTINEZ ASKED IF WHEN THE CHC TRANSITIONS FROM A HOSPITAL

CLINIC TO A FEDERALLY QUALIFIED HEALTH CENTER LOOK ALIKE, WILL THE ACTUAL AND BUDGETED BE MORE ACCURATE. THE FINANCE ADMINISTRATOR CONFIRMED THAT IT WOULD AND THAT THE RATES WOULD BE RETROACTIVELY ADJUSTED BACK TO JANUARY 2025 IF THE CLINICS RECEIVE THE FQHC LOOK ALIKE DESIGNATION. AT THE MOMENT, THE FINANCE TEAM IS BUDGETING AT $450 PER ENCOUNTER BUT THIS WILL NOT NECESSARILY BE THE REIMBURSEMENT RATE IF DESIGNATED.
HEARD PRESENTATION; RECEIVED AND FILED
Smith - Behill: 7 Ayes; 2 Absent – Lopez, Williams

7) Presentation regarding Kern County Hospital Authority Community Health Center Health Center Service Utilization Report on August 2025 data –
DIRECTOR MARTINEZ INTRODUCED PRACTICE ADMINISTRATOR ANNA CARRILLO WHO MADE THE PRESENTATION OUTLINING THE NEW PATIENT UTILIZATION DATA. THE PRACTICE ADMINISTRATOR EXPLAINED THE PURPOSE OF TRACKING PATIENT ZIP CODES AND APPOINTMENT DAY/TIMES IS TO CREATE TARGETED PLANS TO INCREASE PATIENT ACCESS. SHE POINTED OUT AN INCREASE IN EVENING APPOINTMENTS WHICH HELPS THE CLINICS SCHEDULE THEIR STAFF TO ALLOW FOR FURTHER INCREASES IN THE AVAILABLITY OF EVENING APPOINTMENTS. THE PRACTICE ADMINISTRATOR POINTED OUT THAT APPOINTMENT “NO-SHOWS” HAD DROPPED BY 19% FROM THE PREVIOUS MONTH. DIRECTOR SMITH SUGGESTED THE INCLUSION OF A GRAPH IN FUTURE UTILIZATION PRESENTATIONS TO DEPICT “NO-SHOW” IMPROVEMENT. DIRECTOR NICHOLS THEN ASKED IF THE MENTAL HEALTH NUMBERS SHOWED THE CLINIC’S CAPACITY FOR APPOINTMENTS OR ARE LESS PATIENTS REQUESTING MENTAL HEALTH SERVICES. THE PRACTICE ADMINISTRATOR RESPONDED THAT WHEN THE NEED FOR A PARTICULAR PATIENT SERVICE INCREASES, THE NUMBER OF SERVICES AND PROVIDERS INCREASE IN EQUAL MEASURE. SHE THEN ADDED THAT A CHALLENGE THAT THE MENTAL HEALTH CLINIC FACES IS HAVING PATIENTS ACCEPT OR REQUEST MENTAL HEALTH SERVICES FROM THEIR PRIMARY CARE PROVIDER OR OTHER REFERRAL. SHE FURTHER ADDED THAT MANY PATIENTS SIMPLY REFUSE TREATMENT. EXECUTIVE DIRECTOR VILLANUEVA ADDED THE CURRENT MENTAL HEALTH CLINICS HAVE THE CAPACITY TO MEET THE NEEDS OF THE COMMUNITY. DIRECTOR MARTINEZ THEN ASKED WHY THE NUMBER OF VISITS/APPOINTMENTS ARE DIFFERENT IN THE UTILIZATION REPORT AND THE FINANCIAL REPORT? THE EXECUTIVE DIRECTOR RESPONDED THAT THE CLINICS COUNT EACH PATIENT, WHILE FINANCE COUNTS BY DROPPED CHARGES, SO IF THE ENCOUNTER WITH THE PATIENT DOESN’T DROP A CHARGE, THEN THE VISIT ISN’T COUNTED BY FINANCE; HEARD PRESENTATION; RECEIVED AND FILED
Nichols - Smith: 7 Ayes; 2 Absent – Lopez, Williams

8) Presentation regarding Kern County Hospital Authority Community Health Center Clinical Quality Metrics Report –
DIRECTOR MARTINEZ INTRODUCED INTERIM MEDICAL DIRECTOR DR. GLENN GOLDIS TO GIVE THE PRESENTATION. THE INTERIM MEDICAL DIRECTOR THEN INTRODUCED DATA ANALYTICS MANAGER KEVIN JENSEN WHO MADE THE PRESENTATION REGARDING THE QUALITY METRICS BEING TRACKED AND WHERE THE CLINICS WERE IN COMPLETING THE METRICS. HE EXPLAINED THAT THE DENOMINATOR IS HOW MANY PATIENTS ARE IN THE METRIC’S POPULATION AND THE NUMERATOR IS HOW MANY PATIENTS IN THE METRIC’S POPULATION ACTUALLY RECEIVED THE SERVICES. DIRECTOR MARTINEZ ASKED, FOR CLARIFICATION, WHETHER OR NOT THE NUMERATOR CONTAINED NON UNIQUE PATIENT NUMBERS. DATA ANALYTICS MANAGER EXPLAINED THAT THE NUMERATOR NUMBER DEPENDS ON THE REASON

WHY THE PATIENTS WERE SEEN, SO DEPENDING ON THE MEASURE, THERE MAY BE MORE UNIQUE PATIENTS CAPTURED FOR THAT MEASURE VERSUS OTHER METRICS. DIRECTOR SMITH ASKED IF THE TARGET NUMBERS WERE SET FROM LAST YEAR'S NUMBERS OR IF HRSA SET THE TARGET NUMBERS. DIRECTOR MARTINEZ RECOGNIZED TYLER WHITEZELL, OPERATIONS ADMINISTRATOR, WHO EXPLAINED THAT THE TARGET NUMBERS ARE BASED ON PREVIOUS YEARS METRIC NUMBERS. THE METRICS ARE REVIEWED QUARTERLY BUT CAPTURED YEARLY. DIRECTOR AVILA ASKED WHAT HAPPENS IF THE TARGETS ARE NOT MET. THE DATA ANALYTICS MANAGER RESPONDED THAT THE EXACT NUMBERS WON'T BE KNOWN UNTIL MONTHS AFTER THE YEAR END BUT THE EXECUTIVE DIRECTOR EXPLAINED THAT IF THE NUMBERS IMPROVED FROM THE YEAR BEFORE, THE CLINIC HAD MET THEIR GOAL. HRSA FOCUSES ON TARGET IMPROVEMENT VERSUS A SPECIFIC NUMBER, WHICH CAN BE A BIT SUBJECTIVE BUT GIVES THE CLINICS THE ABILITY TO SUCCEED WITHOUT EVERYTHING DEPENDING ON ACTIONS NOT WITHIN THEIR CONTROL. CLINICAL QUALITY METRICS ARE REPORTED QUARTERLY TO THE BOARD FOR AWARENESS, ADVICE, AND GUIDENCE IN MEETING CHC'S GOALS, AND FOR THE BOARD TO UNDERESTAND WHAT FOLLOW-UP ACTIONS ARE BEING TAKEN TO IMPROVE PERFORMANCE;
HEARD PRESENTATION; APPROVED
Avila - Kemp: 7 Ayes; 2 Absent – Lopez, Williams

9) Kern County Hospital Authority Community Health Center Executive Director report –
EXECUTIVE DIRECTOR THANKED THOSE WHO ATTENDED THE RIBBON CUTTING CEREMONY FOR THE MOBILE MEDICAL CLINICS. EXECUTIVE DIRECTOR ANNOUNCED THAT THE ANNUAL PEDIATRICS CHRISTMAS PARTY THAT WILL BE HELD ON DECEMBER 12TH AT THE COLUMBUS LOCATION. SHE ADDED THAT THIS EVENT USUALLY HOSTS SEVERAL HUNDRED CHILDREN EVERY YEAR. THE CLINICS PARTNER WITH A LOCAL CAR CLUB, PROVIDE DRINKS AND SNACKS, HAVE A TOY DRIVE, AND HAVE SANTA FOR CHILDREN TO TAKE PHOTOS WITH. FURTHER DETAILS WILL BE PROVIDED AT THE NEXT MEETING. EXECUTIVE DIRECTOR THEN GAVE AN UPDATE ON THE LOOK ALIKE APPLICATION. EXECUTIVE DIRECTOR ANNOUNCED THAT THE APPLICATION HAS PASSED INITIAL FEDERAL DESKTOP REVIEW. SHE ADDED THAT THERE ARE ONLY A FEW ITEMS PENDING THAT WILL BE SENT TO HRSA AFTER THIS MEETING. SHE ADDED THAT OVER THE NEXT FEW MONTHS THE BOARD'S ON-SITE VISIT (OSV) PREP WILL BEGIN TO ASSIST THE DIRECTORS WITH THEIR ROLE IN THE OSV PROCESS. TENTATIVE DATES FOR THE OSV ARE NOW KNOWN AND IF A BOARD MEETING NEEDS TO BE MOVED, TO ACCOMMODATE THE OSV, A NOTICE WILL BE POSTED THAT A SPECIAL BOARD MEETING WILL BE HELD SINCE THE BOARD IS REQUIRED BY HRSA TO MEET 12 TIMES A YEAR. DIRECTOR MARTINEZ ASKED IF IT WILL BE A FULL-DAY EVENT OR HALF-DAY EVENTS. EXECUTIVE VILLANUEVA RESPONDED THAT HRSA WILL PROVIDE A SCHEDULE AND THAT WILL BE COMMUNICATED AS SOON AS POSSIBLE. DIRECTOR MARTINEZ THEN ASKED WHAT WERE THE EXPECTATIONS OF HRSA FOR THE DIRECTORS. THE EXECUTIVE DIRECTOR REPLIED THAT THIS INFORMATION WILL BE PROVIDED TO THE BOARD AS PART OF THE OSV PREPARATION AT THE NEXT MEETING. DIRECTOR SMITH ASKED WHEN THE BOARD'S MEETING SCHEDULE WOULD BE SENT FOR THE 2026 MEETINGS. KCHA VICE PRESIDENT AND GENERAL COUNSEL RESPONDED THAT UNDER THE BROWN ACT, THE DATES WILL BE PART OF A RESOLUTION FOR THE BOARD TO APPROVE, MOST LIKELY AT THE OCTOBER BOARD MEETING BUT COULD ALSO BE DONE AT THE NOVEMBER BOARD MEETING; HEARD PRESENTATION; APPROVED
Smith - Nichols: 7 Ayes; 2 Absent – Lopez, Williams

10) Miscellaneous Correspondence as of August 31, 2025 –
RECEIVED AND FILED
Smith - Behill: 7 Ayes; 2 Absent – Lopez, Williams

ADJOURNED TO CLOSED SESSION
Nichols-Avila

11) PUBLIC EMPLOYEE PERFORMANCE EVALUATION – Title: Community Health Center Executive Director (Government Code Section 54957) – SEE RESULTS BELOW

RECONVENED FROM CLOSED SESSION
Behill-Avila

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, October 22, 2025 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

KernMedical
Outpatient Health

BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

October 22, 2025

Subject: Proposed Resolution establishing regular meeting dates of the Kern County Hospital Authority Community Health Center Board of Directors for Calendar Year 2026

Recommended Action: Approve; Adopt Resolution

Summary:

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

Therefore, it is recommended that your Board establish its schedule of regular meetings for calendar year 2026 in compliance with the Brown Act by adopting the attached Resolution

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

In the matter of: Resolution No. 2025-___

ESTABLISHING THE REGULAR MEETING DATES OF KERN COUNTY HOSPITAL AUTHORITY COMMUNITY HEALTH CENTER BOARD OF DIRECTORS FOR CALENDAR YEAR 2026

I, Marisol Urcid, Clerk of the Board of Directors for the Kem County Hospital Authority Community Health Center, hereby certify that the following Resolution, on motion of Director _____, seconded by Director _____, was duly and regularly adopted by the Board of Directors of the Kem County Hospital Authority Community Health Center at an official meeting thereof on the 22nd day of October, 2025, by the following vote, and that a copy of the Resolution has been delivered to the Chairman of the Board of Directors.

AYES:

NOES:

ABSENT:

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

Marisol Urcid

RESOLUTION

Section 1. WHEREAS:

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

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

(c) The Board of Directors desires to establish its schedule of regular meetings for calendar year 2026 in compliance with the Brown Act.

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

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

2. Except as provided in paragraph 4 of this Resolution, the calendar year 2026 regular meetings of the Board of Directors shall be held as follows:

Wednesday, January 28, 2026	Regular Meeting
Wednesday, February 25, 2026	Regular Meeting
Wednesday, March 25, 2026	Regular Meeting
Wednesday, April 22, 2026	Regular Meeting
Wednesday, May 27, 2026	Regular Meeting
Wednesday, June 24, 2026	Regular Meeting
Wednesday, July 22, 2026	Regular Meeting
Wednesday, August 26, 2026	Regular Meeting
Wednesday, September 23, 2026	Regular Meeting
Wednesday, October 28, 2026	Regular Meeting
Wednesday, November 11, 2026	Regular Meeting
Wednesday, December 9, 2026	Regular Meeting

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

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

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

Members, Board of Directors, Community Health Center

Members, Board of Governors, Kern County Hospital Authority Community Health Center
Kem Medical Center Legal Services Department
County Administrative Office Clerk of the Board of Supervisors

2026

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

KernMedical
Outpatient Health

JANUARY

S	M	T	W	T	F	S
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FEBRUARY

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NOVEMBER

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DECEMBER

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Kern Medical Community Health Center – Admin Building
900 Truxtun Avenue, Suite 250

KernMedical
Outpatient Health

BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

October 22, 2025

Subject: Proposed revised Finance Policy LAL-BC-01, Billing Protocols, changing the claims filing requirement from five days to 10 days

Recommended Action: Approve; Authorize Chairman to Sign

Summary:

On April 23, 2025, your Board approved the Kern County Hospital Authority Community Health Center Billing Protocols policy (Policy# LAL-BCDP-01). Upon review, one of the protocols, section 3 of the Policy Guidelines, had an error in the first paragraph. The last sentence should state, "Claims are filed within ten days of services" instead of "Claims are filed within five days of service."

The language has now been corrected and staff recommends that your Board review the corrected language and approve the changes to the previously approved policy.

Kern County Hospital Authority Community Health Center

Department: Finance				
Policy No. LAL-BC-01	Effective Date October 2025	Review Date: October 2028	Page 1 of 4	KernMedical Outpatient Health
Title: Billing Protocols				

I. POLICY STATEMENT:

Kern Medical Outpatient Health is committed to ensuring a patient-center billing and collections process that seeks to minimize financial barriers patients may face in paying for services, while optimizing collections for amounts due. In accordance with Health Resources Services Administration (HRSA) requirements, it is the policy of Kern Medical Outpatient Health, along with the established policies of the Kern County Hospital Authority, to:

- Make every reasonable effort to secure payment for services from patients in accordance with health center fee schedules and the corresponding schedule of discounts.
- Make every reasonable effort to enter in contractual or other arrangements to collect reimbursement of its costs from the appropriate agencies with administer or supervise the administration of Medi-Cal, Medicare, other public benefit programs, and private health insurance and benefit programs.
- Collect appropriate reimbursement for its services on the basis of the full allowable amount when billing third-party payers.
- Efficiently process all claims in a timely manner and in compliance with payer and HRSA guidelines.
- Ensure all patient information is within the guidelines to process a clean claim before submission to each individual payer.

This policy applies to billers, the Billing Director and/or Manager, the Finance Administrator, billing personnel, and accounting personnel.

II. POLICY GUIDELINES:

1. **Fee Schedule**: All patients and third-party payers are charged in accordance with Kern Medical Outpatient Health's fee schedule which is inclusive of services typically billed for in the local healthcare market and is developed using data on locally prevailing rates and actual health center costs. Discounts may be applied to these charges as applied to patients in accordance with Kern Medical Outpatient Health's Sliding Fee Discount Program and Patient Fee Waiver Policy.

Annually, Kern Medical Outpatient Health leadership recommends adjustments to Kern Medical Outpatient Health's fee schedule to establish charges for any new and/or additional services and to ensure Kern Medical Outpatient Health's fee schedule represents current locally prevailing rates and Kern Medical Outpatient Health's actual costs of providing services to ensure the financial viability and sustainability of the Health Center. These recommendations are presented to the Board of Directors for approval prior to implementation. By regularly updating Kern Medical Outpatient Health's fee schedule, the health center is able to legally and ethically maximize reimbursement from third-party payers as costs of doing business increase.

2. **Coding and Billing:** Kern Medical Outpatient Health is committed to ensuring that coding and billing accurately reflects services performed and that documentation is in compliance with applicable contractual, state, and federal requirements and that staff are properly educated and trained on the requirements as they relate to compliance. It is a policy to ensure all claim information in within guidelines to process a clean claim before submission to third party payers and that records are properly maintained and that billers make every effort to ensure clean claims before submission to payers.

3. **Claims Processing:** Kern Medical Outpatient Health will file all third-party claims on behalf of patients who have signed the Assignment of Benefits Agreement. Claims are filed within ten days of services.

   Kern Medical Outpatient Health makes every reasonable effort to file claims with appropriate payers via electronic submissions. All claims should pass without error through electronic edits. Kern Medical Outpatient Health's billing team is responsible for errors detected during edits, and for reviewing all claims prior to submission for payment.

   In the event that Kern Medical Outpatient Health must process paper claims, these are processed once per week to ensure that all claims are submitted to third party payers within 10 business days of the date of service. The appointed staff member (see **Claims Processing Procedure**) will be responsible for ensuring the proper and efficient delivery of claims each week.

4. **Rejections and Denials Processing:** Should any claims submitted to third-party payers be rejected or denied due to accuracy, Kern Medical Outpatient Health corrects and resubmits these claims in a timely manner to maximize collections to the health center. Reasons for rejection and denial are reviewed regularly to ensure that common errors are resolved to avoid further rejections and denials.

5. **Patient Collections**: Kern Medical Outpatient Health collects fees for services in a timely manner in accordance with Kern Medical Outpatient Health's fee schedule and any corresponding discounts and applicable fee waivers. No patient is denied service based on inability to pay. Self-Pay patients are asked to pay at the time of service and are issued patient statements for non-payment and outstanding balances.

Kern Medical Outpatient Health educates patients on insurance and third-party coverage options available to them and, if applicable, assists patients in enrollment when possible.

If a patient with an outstanding or written off balance attempts to schedule a service, they will not be denied service. No patients will be limited to denied services for refusing to pay.

a. Kern Medical Outpatient Health attempts to collect balances owed by patients and maintains systems and processes for collecting owed charges, co-pays, nominal charges, and discounted fees.

b. It is the policy of Kern Medical Outpatient Health to send statements to patients with an outstanding balance for 120 days from date of service, issuing three statements monthly following the date of service.

c. Statements will include information on how to the patient can contact a Kern Medical Outpatient Health Financial Counselor in case the patient is interested in qualifying for a payment plan.

d. At 120 days after the date of service, any outstanding patient balances will be written off as Bad Debt.

e. No patient will be limited or denied services if they refuse to pay.

f. Receivables are aged monthly and reviewed by the Billing Manager and/or Finance Administrator.

6. **Billing Month End Process:** It is the policy of Kern Medical Outpatient Health to close each month and perform appropriate reconciliation no later than the 6th of the following month.

7. **Billing Reconciliation**: Kern Medical Outpatient Health Patient Accounting, Physician Enterprise and finance department accounting personnel reconcile all payments received against general ledger to ensure all payments have been posted to the correct funding source.

8. **Balance Adjustments and Write-Offs:** It is the policy of Kern Medical Outpatient Health to establish an efficient system when applying payments and adjustments to Kern Medical Outpatient Health accounts receivables balances. Kern Medical Outpatient Health is committed to ensuring a patient-center billing and collections process that seeks to minimize financial barriers patients may face in paying for services, while optimizing collections for amounts due. Receivables are aged monthly and reviewed by the Billing Manager and/or Finance Administrator. Accounts are subject to write-off when they are determined to be uncollectible as further details in the **Billing Protocols Procedure.**

9. **Refunds:** It is the policy of Kern Medical Outpatient Health to make an appropriate effort to return patient or other payer overpayments.

10. **Record Retention:** Medical records shall be retained for no less than 7 years and in accordance with local, state, and federal regulations. Medi-Cal patient records are retained for a minimum of 10 years.

III. EDUCATION:

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

B. Patient, Family:

IV. ADDENDUMS: N/A

V. REFERENCES:

- **Billing Protocols Procedure**
- **Sliding Fee Discount Policy and Procedure**
- **Patient Fee Waiver Policy and Procedure**
- **HRSA Health Center Program Compliance Manual, Chapter 16**

OWNERSHIP (Committee/Department/Team) ..... Finance ORIGINAL.....MAR 2025 REVIEWED, NO REVISIONS..... REVISED .....OCT 2025 APPROVED BY COMMITTEE.....OCT 2025 DISTRIBUTION..... REQUIRES REVIEW ..... OCT 2028	
Executive Director Signature of Approval Date	Signature of Approval Date

KernMedical
Outpatient Health

BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

October 22, 2025

Subject: Proposed Occurrence Reporting Policy for reporting events that may impact patient safety, staff well-being, or overall quality of care

Recommended Action: Approve; Authorize Chairman to Sign

Summary:

The Health Resources and Services Administration (HRSA) Health Center Program Compliance Manual provides guidance on operational procedures, including occurrence reporting. Occurrence reporting is a structured method for documenting and reviewing events that may impact patient safety, staff well-being, or the overall quality of care. These reports include adverse events, near misses, and safety concerns.

This process is essential to fostering a culture of safety and transparency, identifying systemic issues, ensuring compliance, and driving continuous quality improvement.

To support this initiative, the Community Health Center is utilizing MIDAS, an electronic platform designed to efficiently track and manage occurrence reports. The data collected through MIDAS will be analyzed and used to inform performance improvement strategies across our health center operations. The proposed policy outlines what information is tracked and how it is tracked.

Occurrence data collected through MIDAS will be included in the Patient Safety Report and presented to the CHC Board on a quarterly basis.

Kern Medical Outpatient Health

Department: Quality				
Policy No. LAL-QUAL-03	Effective Date October 2025	Review Date: October 2028	Page 1 of 2	KernMedical Outpatient Health
Title: Occurrence Reporting - Standard Operating Procedures (SOP)				

I. PURPOSE:

To outline the process for reporting and managing occurrences, incidents, and near misses using the MIDAS occurrence reporting system.

II. SCOPE:

This procedure applies to all employees at Kern Medical Outpatient Health (KMOH)

III. DEFINITIONS:

A. Occurrence: Any event inconsistent with routine operations or patient care.
B. Adverse Event: An unplanned or unusual deviation in the patient care process.
C. Near Miss: An event that did not cause harm, but for which a recurrence carries a significant chance of a serious adverse outcome.
D. Sentinel Events: An unexpected occurrence involving serious death or serious physical or psychological injury or risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or risk thereof” includes process variation for which a recurrence would carry a significant chance of a serious adverse outcome.
E. MIDAS: The Medical Information Data Analysis System is an digital application for incident and occurrence reporting.
F. EHR – Electronic Health Record

IV. POLICY STATEMENT:

It is the policy of KMOH to have an SOP for reporting and managing occurrence reports.

V. EQUIPMENT: N/A

VI. RESPONSIBILITIES

A. All Staff- Identify and report occurrences promptly and accurately
B. Clinic Directors/Designees – Investigate assigned occurrence report and document findings in MIDAS
C. Quality Officer/Designee – Ensure timely closures of cases, trend data, and provide quarterly reports to the KMOH Board

VII. PROCEDURE:

A. Identify the Occurrence
    1. Recognize any event that may compromise safety, quality, or compliance.
    2. Example include but not limited to:
        a) Patient falls
        b) Medication errors
        c) Equipment failures
        d) Behavioral incidents
        e) Breaches of confidentiality
        f) Staff or visitor injuries
B. Access the MIDAS Remote Data Entry

1. Select Occurrence Report
2. Select Facility location
3. Select Event Date
4. Select affected individual

C. Complete the Occurrence Report
    1. Enter the required information
        a) Date and time of incident
        b) Location of the incident
        c) Event Type
        d) Staff observation of event
        e) Individuals involved
        f) Immediate actions taken
        g) Witnesses (If applicable)

D. Submit the Report
    1. Review the report for accuracy and completeness

E. Review and Follow – Up
    1. Clinic Directors or Designee are responsible for:
        a) Investigating the occurrence report assigned to their clinic
        b) Document findings, contributing factors, and any corrective actions directly in MIDAS
    2. Quality Officer or Designee is responsible for:
        a) Ensuring all reports are reviewed and closed in a timely manner
        b) Monitoring and trending occurrence data across KMOH
        c) Preparing quarterly occurrence report summaries to the KMOH Board

VIII. SPECIAL CONSIDERATIONS: N/A

IX. EDUCATION:

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

X. DOCUMENTATION: N/A

XI. ADDENDUMS: N/A

XII. REFERENCES: N/A

OWNERSHIP (Committee/Department/Team).....	Quality
ORIGINAL	OCT 2025
REVIEWED, NO REVISIONS	
REVISED.....	
APPROVED BY COMMITTEE.....	OCT 2025
DISTRIBUTION	
REQUIRES REVIEW.....	OCT 2028

Executive Director Signature of Approval Date	Signature of Approval Date

KernMedical
Outpatient Health

BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

October 22, 2025

Subject: Proposed revised Kern County Hospital Authority Community Health Center Board of Directors Executive Director (CEO) Job Description

Recommended Action: Receive and File

Summary:

In preparation for the Health Resources Services Administration's (HRSA) On Site Visit, HRSA has asked for an updated Executive Director (CEO) Job Description indicating that the Executive Director (CEO) is employed directly by the Kern County Hospital Authority Community Health Center (KCHA CHC) Board of Directors. The public entity, Kern County Hospital Authority (KCHA) employs the individual who has been appointed by the KCHA CHC for the Executive Director (CEO) position. The role of the KCHA CHC Board of Directors regarding the Executive Director (CEO) has been clarified in this update.

Executive Director
(Chief Executive Officer)
Position Description

KernMedical Outpatient Health

Reports to: CHC Board of Directors
Position Code: Full-time, Exempt

Definition: The Community Health Center Executive Director is the key management personnel equivalent to the Chief Executive Officer, as specified in the Health Center Program Compliance Manua, directly employed by the health center and is responsible for overseeing the strategic direction, administration, and operations of the Community Health Center (CHC). The Executive Director reports to the CHC Board of Directors (BOD or CHC Board)). The Executive Director works closely with the Board of Directors, staff, healthcare providers, and community stakeholders to ensure the delivery of high-quality, accessible, and patient-centered care to underserved populations. At the direction of the CHC Board, the Executive Director will manage financial and operational performance, ensure regulatory compliance, and foster community relationships. The Executive Director is responsible for the oversight of other key management staff and the day-to-day activities of the health center program.

Distinguishing Characteristics: This key position requires extensive experience in working with and managing physicians and advanced practice providers, along with a deep understanding of health care delivery systems and their operations.

Essential Functions:

- Operational Leadership:
  - Develops and implements strategic plans in alignment with the CHC's mission and vision.
  - Provides strategic direction and operational oversight for the health center and outreach services, including off-site locations.
  - Ensures that the Infection Prevention and Employee Health programs are in alignment with the CHC mission and vision and in compliance with regulatory agencies.
- Physician and Provider Management:
  - Collaborates with physicians and advanced practice providers to ensure efficient and effective delivery of care, fostering a culture of collaboration, teamwork, and excellence.
- Regulatory Compliance and Quality Care Assurance:
  - Develops and implements policies, procedures, and protocols to ensure the delivery of high-quality care and patient safety standards across all health center and outreach services.
  - Ensures the health center complies with all appliable federal, state, and local laws and regulations, including those specific to the CHC.
  - Oversees quality improvement initiatives, ensuring high standards of care and patient satisfaction.
  - Ensures the health center meets or exceeds all performance metrics related to patient outcomes, operational efficiency, and community health goals.
- Fiscal Responsibility:
  - Develops and manages the annual budget in alignment with the CHC Board and oversees financial operations to ensure sustainability and growth.
  - Monitors and manages the financial performance of the health center and outreach services, implementing cost-effective strategies while maintaining quality outcomes.
  - Ensures compliance with all financial reporting requirements, including those specific to health center funding and grants, if any.
- Performance Improvement:
  - Leads performance improvement initiatives, identifying opportunities for enhancing operational efficiency, patient satisfaction, and clinical outcomes.
- Stakeholder Engagement Community Relations:
  - Serves as the primary liaison between the health center and the BOD, government agencies, funding agencies, and community partners.
  - Builds and maintains relationships with healthcare providers, community organizations, and government representatives.
  - Advocates for the needs of the underserved populations served by the health center, and identifies new opportunities for partnerships, funding, and outreach.
  - Represents the health center at community events, public meetings, and professional associations.
- Data Analysis and Reporting:
  - Utilizes data analytics to monitor key performance indicators, identifies trends, and generates actionable insights for improving operational efficiency and patient outcomes.
- Fundraising and Grant Management:
  - Identifies and pursues funding opportunities, including grants, private donations, and corporate sponsorships.
  - Manages relationships with funding organizations, ensuring adherence to the terms and conditions of grants, if any, and contracts.
  - Reports on program outcomes and financial results to funders and stakeholders.
- Professional Development:
  - Stays abreast of industry trends, best practices, and emerging technologies in ambulatory care and outreach services, fostering a culture of continuous learning and professional growth.

Employment Standards, Training, Experience and Qualifications:

- Minimum of 10 years of progressive leadership experience in a healthcare organization, with a focus on safety net populations, community health care and outreach services.
- Master's degree in healthcare administration, business administration, or a related field is strongly preferred.
- Demonstrated experience in managing a diverse team of physicians and advanced practice providers, promoting collaboration and fostering a culture of excellence.
- In-depth understanding of quality improvement methodologies, patient safety practices, and regulatory compliance in a CHC setting.
- Proven track record in financial management, budgeting, and resource allocation in a healthcare environment.
- Excellent communication and interpersonal skills, with the ability to build relationships and engage stakeholders at all levels.
- Analytical mindset with the ability to leverage data and metrics to drive operational improvements and decision-making.
- Ability to work collaboratively with diverse stakeholders, including government agencies, healthcare providers, and community organizations.
- A passion for serving underserved populations and a commitment to improving healthcare access and quality.

Knowledge of:

- Healthcare policies, regulations, and emerging trends impacting safety net healthcare providers.
- Healthcare operations, including physician practice management, advanced practice provider integration, and outpatient care delivery models.

Ability to:

- Think analytically; manage staff at all levels; communicate in a professional manner, both in writing and verbal; engage staff.

KernMedical
Outpatient Health

BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

October 22, 2025

Subject: Proposed updated Health Resources and Services Administration Health Center Program Form 5A: Services Provided (Required Services)

Recommended Action: Approve

Summary:

Pursuant to Section 330 of the Public Health Services (PHS) Act, the Community Health Center (CHC) must provide the required primary health services listed in Section 330(b)(1) and 330(h) of the PHS Act. CHC may provide additional (supplemental) health services that are appropriate to meet the health needs of the population served by the health center, subject to review and approval by the Health Resources and Services Administration (HRSA).

All required and applicable additional health services must be provided through one or more service delivery method(s): directly, or through written contracts and/or cooperative arrangements.

The attached Form 5A: Services updates which delivery service (direct or formal written agreement) will provide access to all services included in CHC's scope of project. Screenings were previously anticipated to be provided through all available options, but will no longer be provided through a "Formal Written Contract/ Agreement (Health Center pays)." The updated 5A form will be submitted to HRSA as part of the application process, and after the designation, for any change in the delivery of service which provides access to the applicable healthcare services.

Therefore, your Board should approve the edits to the Form 5A.

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	X
Diagnostic Radiology			X
Screenings	X	(To remove)	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		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	
Complementary and Alternative Medicine			
Additional Enabling/Supportive Services			

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**

complete the SF-424 may result in delayed HRSA Electronic Handbooks (EHBs) application access.

Changes in services require prior approval through a Change in Scope request submitted in EHBs. If the pre-populated data do not reflect recently approved changes, click the **Refresh from Scope** button in EHBs to display the latest scope of project. Refer to the Scope of Project documents and resources for details about defining and changing your scope.

KernMedical
Outpatient Health

BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

October 22, 2025

Subject: Report on Kern County Hospital Authority Community Health Center Health Center Service Utilization for September 2025

Recommended Action: Receive and File

Summary:

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

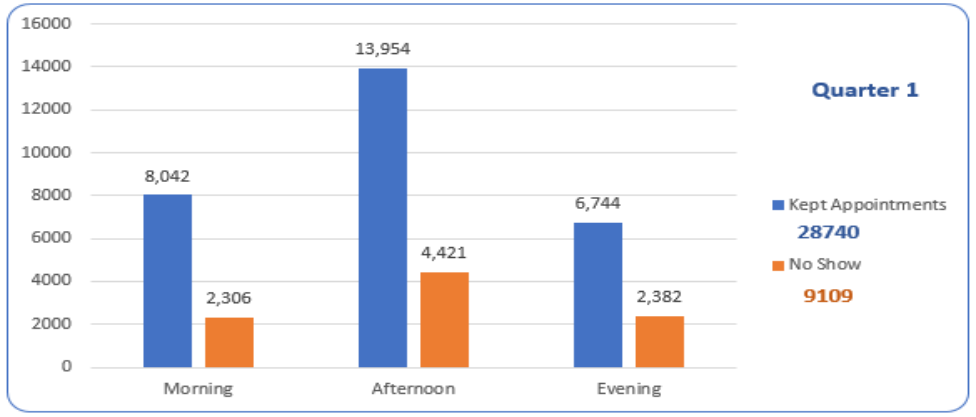
The Community Health Center produces data-based reports on: patient service utilization, trends and patterns in the patient population and overall health center performance, as necessary to inform and support internal decision-making and oversight by key management staff and governing board.

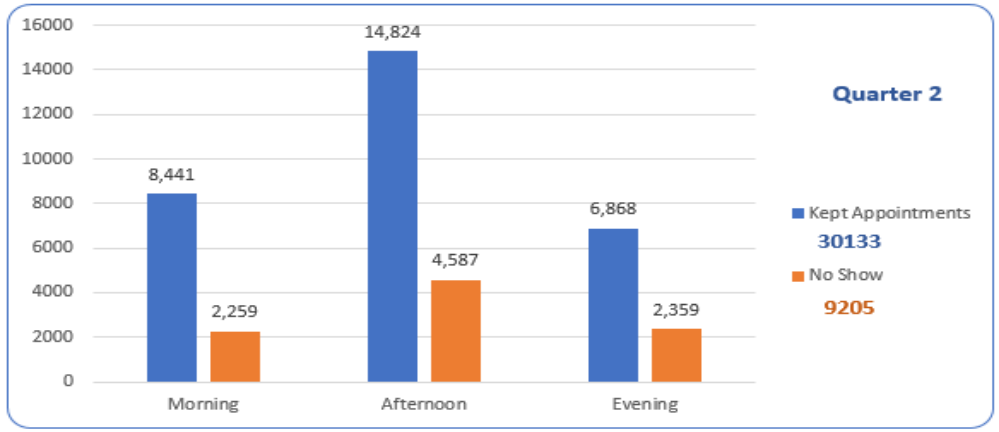
This presentation will be delivered on a monthly basis, as it contains critical information necessary for the CHC Board to effectively monitor progress and ensure alignment with its long-term strategic planning goals.

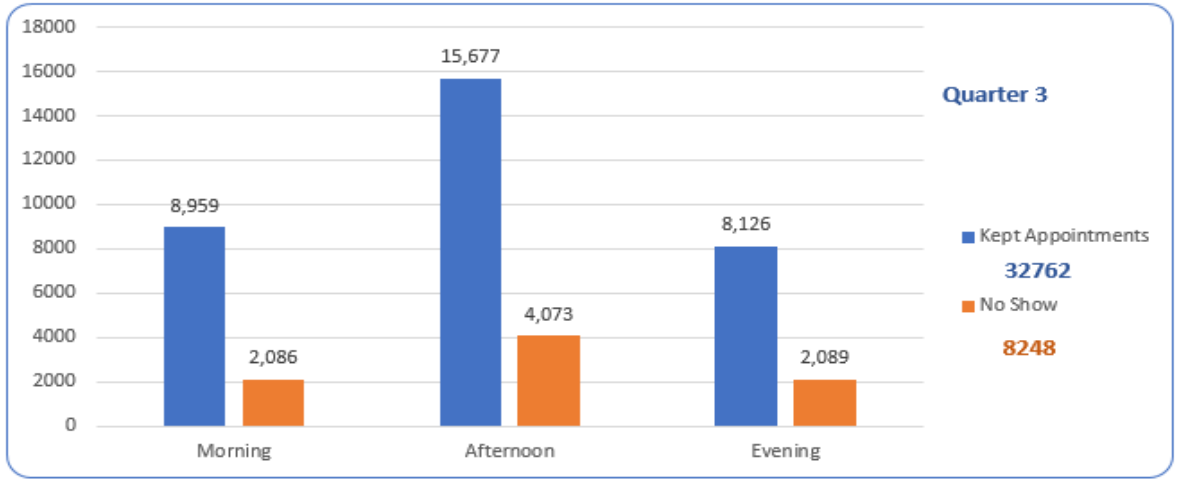
KernMedical
Outpatient Health

Kern County Hospital Authority
Community Health Center
Board of Directors' – September 2025
Health Center Service Utilization

Quarterly Visits CY 2025







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

KernMedical
Outpatient Health

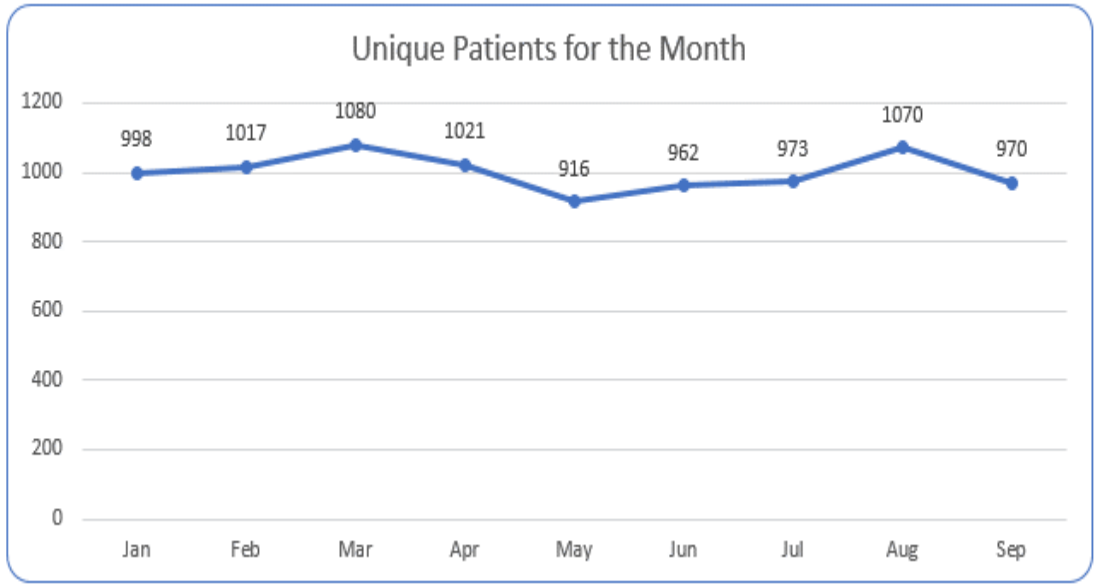
Quarterly Visits CY 2025

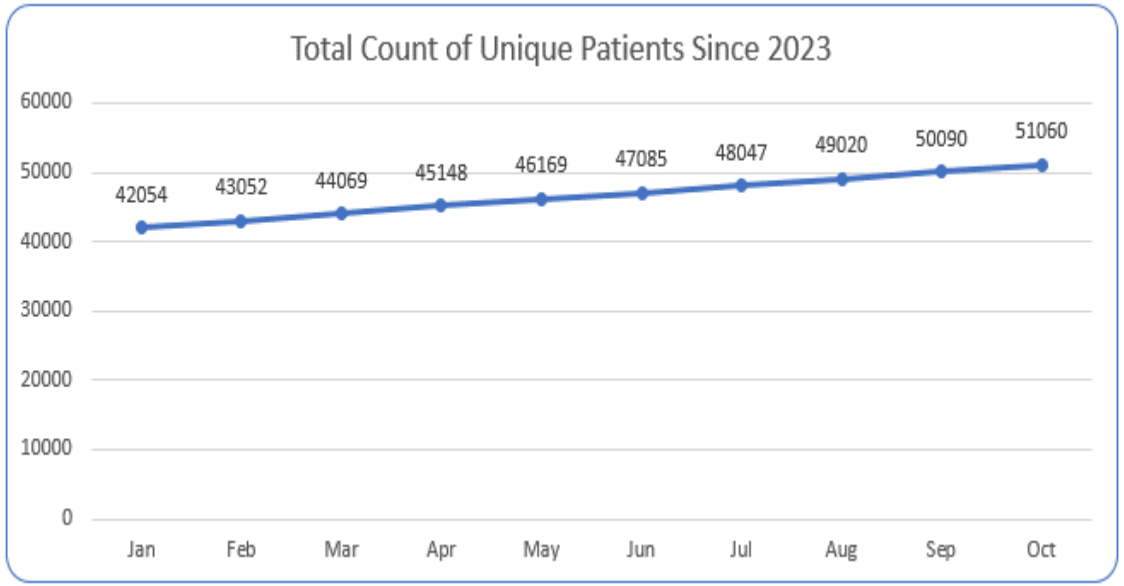
Kept Appointments Clinics	Qtr 1 2025	Qtr 2 2025	Qtr 3 2025	Grand Total	Percent
34ST Behavioral Health	199	215	165	579	1%
34ST GROW	1170	1701	1399	4270	5%
34ST REACH	1242	1604	1093	3939	4%
COL BH	507	597	736	1840	2%
COL FM	3686	3975	4250	11911	13%
COL IM	7318	7402	8127	22847	24%
COL NUT	109	118	120	347	0%
COL PEDS	5306	5098	5653	16057	17%
COL PHARM CO	736	808	911	2455	3%
COL WH	4991	5149	5871	16011	17%
STK FM	594	531	516	1641	2%
STK IM	515	463	553	1531	2%
STK PEDS	1508	1538	1378	4424	5%
STK WH	859	934	706	2499	3%
COL NST	1169	1259	1284	3712	4%
Grand Total	**29909**	**31392**	**32762**	**94063**	**100%**

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

KernMedical
Outpatient Health

New Patient Data
September 2025





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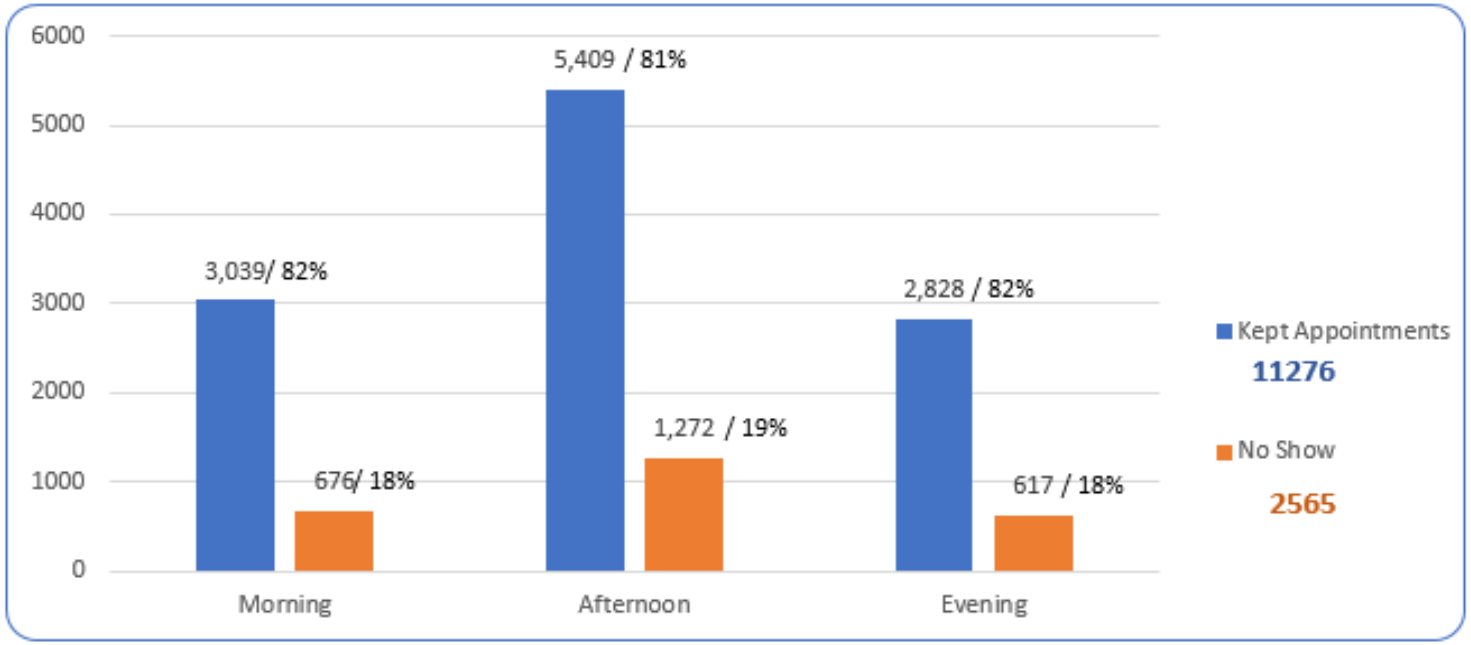
Visits -September 2025



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

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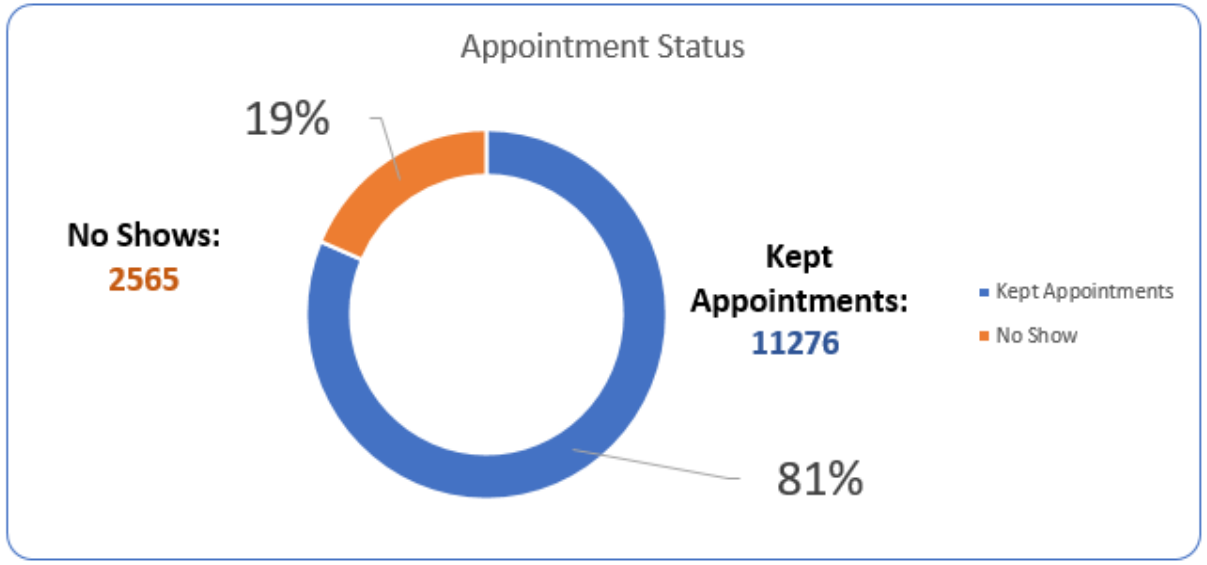
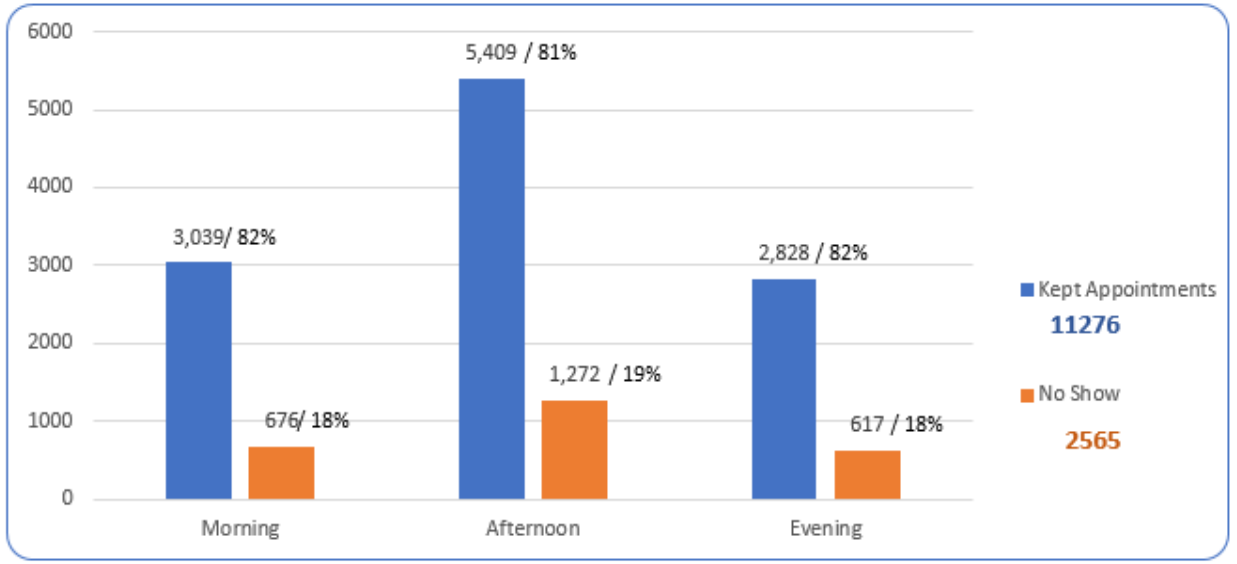
Kept Versus No Shows
September 2025





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

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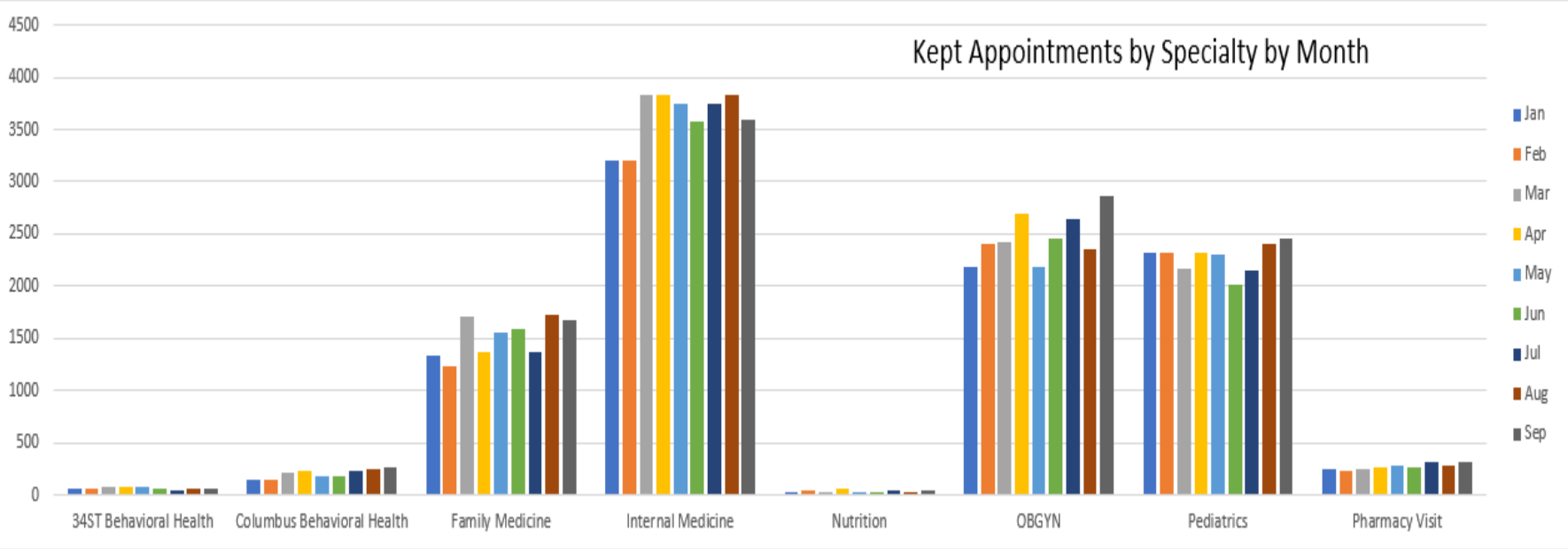
Visits by Month and Service Line



Service	Count of Service	Percent
34ST Behavioral Health	579	0%
Columbus Behavioral He	1840	2%
Family Medicine	13552	14%
Internal Medicine	32587	35%
Nutrition	347	0%
OBGYN	22222	24%
Pediatrics	20481	22%
Pharmacy Visit	2455	3%
Grand Total	**94063**	**100%**

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Outpatient Health

No Shows by Month and Service Line

No Show Clinic / Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Grand Total	Percent
34ST Behavioral Health	38	32	41	37	40	47	43	22	20	320	1.2%
34ST GROW	119	96	117	127	127	126	116	108	83	1019	3.7%
34ST REACH	94	90	108	97	145	123	81	82	105	925	3.4%
COL BH	45	43	57	78	58	82	112	67	66	608	2.2%
COL FM	407	346	613	398	425	398	379	376	366	3708	13.6%
COL IM	993	886	985	1001	999	945	938	735	623	8105	29.7%
COL NUT	50	46	53	65	27	15	42	37	42	377	1.4%
COL PEDS	620	613	565	660	546	445	600	482	504	5035	18.5%
COL PHARM CO	116	117	135	125	109	110	113	112	123	1060	3.9%
COL WH	380	363	378	471	296	383	386	328	360	3345	12.3%
STK FM	32	36	32	22	41	38	29	23	27	280	1.0%
STK IM	26	41	27	32	34	32	24	28	35	279	1.0%
STK PEDS	83	86	60	113	89	109	67	76	83	766	2.8%
STK WH	53	44	43	65	68	57	56	25	30	441	1.6%
COL NST	112	99	133	111	112	122	111	85	98	983	3.6%
Grand Total	**3168**	**2938**	**3347**	**3402**	**3116**	**3032**	**3097**	**2586**	**2565**	**27251**	**100.0%**

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Visits by Month and Location
January - September 2025

Kept Appointments Month Clinics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Grand Total	Percent
34ST Behavioral Health	59	65	75	79	71	65	44	58	63	579	0.6%
34ST GROW	299	309	562	608	526	567	549	474	376	4270	4.5%
34ST REACH	359	317	566	560	551	493	391	319	383	3939	4.2%
COL BH	145	153	209	225	188	184	232	248	256	1840	2.0%
COL FM	1130	1053	1503	1219	1363	1393	1192	1544	1514	11911	12.7%
COL IM	2404	2397	2517	2513	2518	2371	2663	2860	2604	22847	24.3%
COL NUT	35	39	35	57	33	28	43	29	48	347	0.4%
COL PEDS	1687	1791	1828	1801	1818	1479	1729	2021	1903	16057	17.1%
COL PHARM CO	251	230	255	263	273	272	318	281	312	2455	2.6%
COL WH	1538	1708	1745	1974	1471	1704	1937	1788	2146	16011	17.0%
STK FM	198	183	213	150	192	189	172	181	163	1641	1.7%
STK IM	139	187	189	155	156	152	149	172	232	1531	1.6%
STK PEDS	640	528	340	523	481	534	429	389	560	4424	4.7%
STK WH	286	323	250	336	315	283	277	135	294	2499	2.7%
COL NST	357	380	432	391	392	476	432	430	422	3712	3.9%
Grand Total	**9527**	**9663**	**10719**	**10854**	**10348**	**10190**	**10557**	**10929**	**11276**	**94063**	**100.0%**

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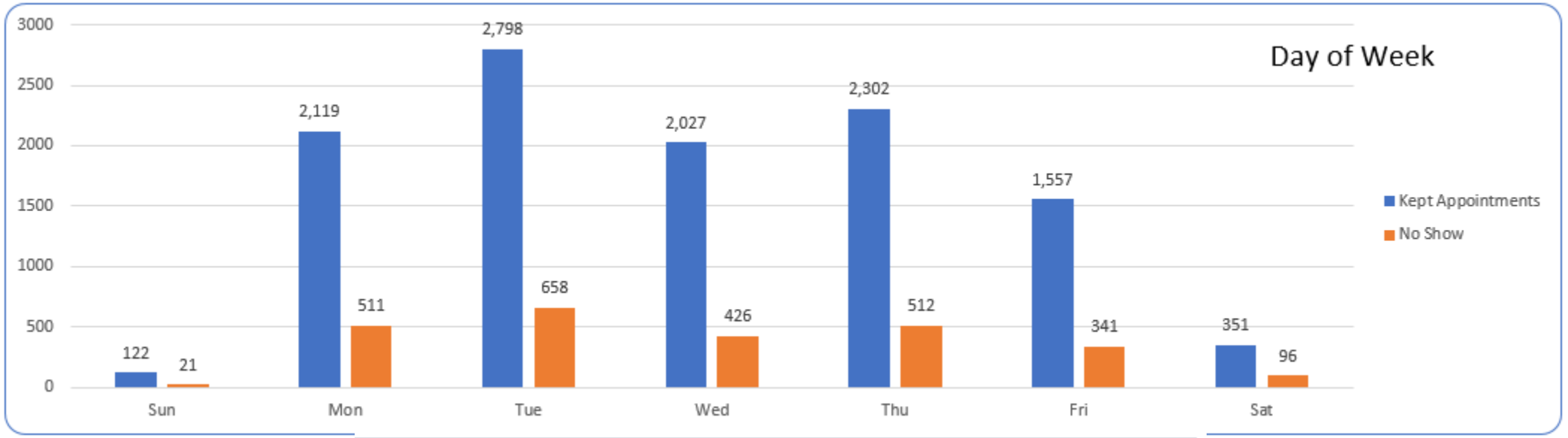
Appointments by Day of Week
September 2025



2025 YTD Day of Week

	Kept Appointments	No Show	Grand Total	Show Rate
Sun	1492	574	2066	72%
Mon	16161	4693	20854	77%
Tue	20984	6365	27349	77%
Wed	17525	5139	22664	77%
Thu	20847	5615	26462	79%
Fri	13962	3764	17726	79%
Sat	3092	1101	4193	74%
Grand Total	**94063**	**27251**	**121314**	**78%**

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Visits by Zip Code
September 2025

Row Labels	Count of Zip
⊟ Bakersfield Zip Codes	83586
⊞ Bakersfield	83586
⊞ Greater Kern County	10201
⊞ Other California	276
Grand Total	94063

Top 10 Zip Codes		
Zip Code	Count of Zip	Percent
93307	17475	19%
93306	14580	16%
93305	13560	15%
93304	7602	8%
93308	6982	8%
93309	6133	7%
93313	4202	5%
93311	3387	4%
93312	2780	3%
93301	2629	3%

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

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Health Center Data
CY 2025

Ethnicity

- Unknown - **0**
- Puerto Rican - **39**
- Unreported/Chose Not to Disclose Ethnicity - **349**
- Mexican – **15,447**
- Not Hispanic, Latino/A, Or Spanish Origin – **8,050**
- Another Hispanic, Latino/A, Or Spanish Origin – **4,661**

Race

- Other Single Race – **1,377**
- Unknown -**3**
- Black/African American – **2,025**
- White – **24,664**
- Unreported/Chose Not to Disclose Race - **464**
- Two Or More Races – **23**

Insurance Status

- No Coverage – **125**
- Has Coverage – **28,430**

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Questions

Thank you

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BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

October 22, 2025

Subject: Report on Kern County Hospital Authority Community Health Center Quality Report for Calendar Year 2025 Third Quarter

Recommended Action: Receive and File

Summary:

The Chief Medical Officer for the Community Health Center will provide your board with a Quality Update, focusing on Quarter Three (3) Fiscal Year 2025 Patient Complaints and Grievances.

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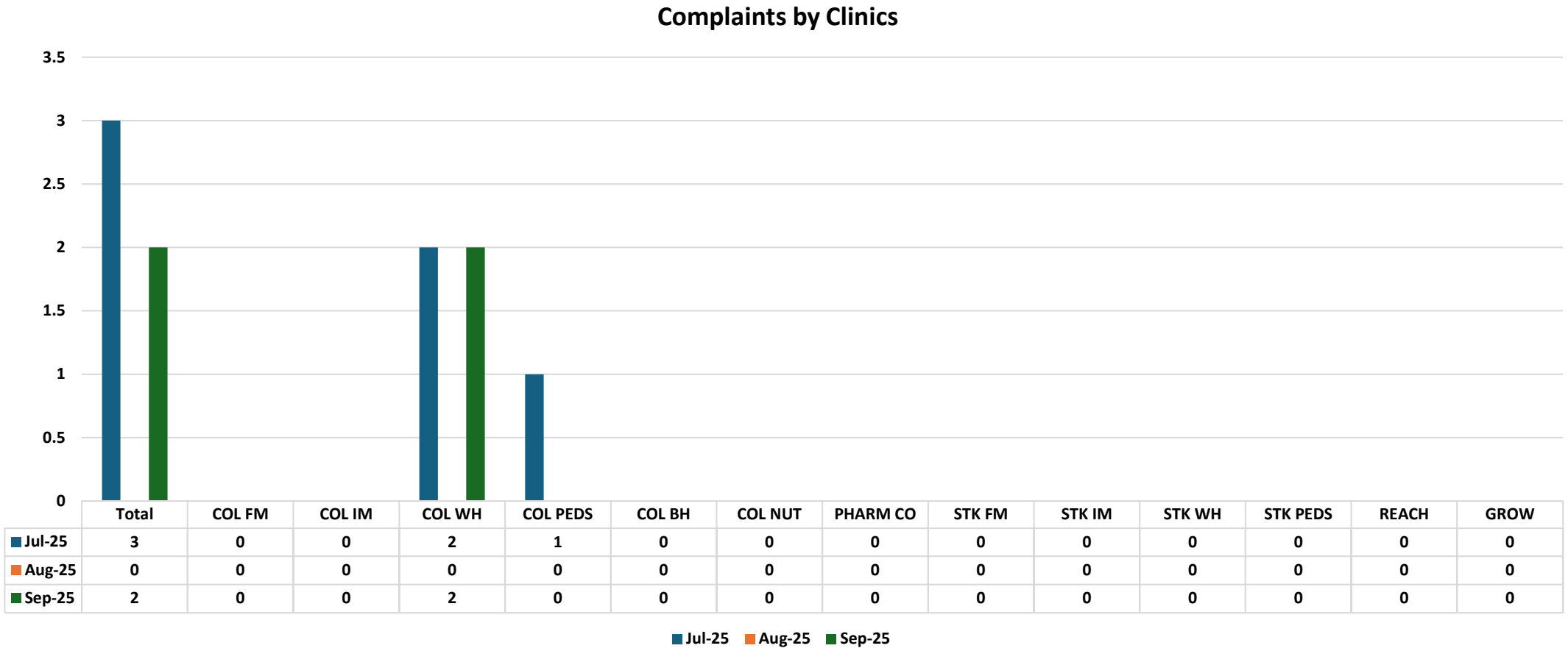
Quality:
Patient Complaint and Grievance Reports
Q3 2025

Community Health Center Board of Directors

Q3 2025 Complaints



	Total	COL FM	COL IM	COL WH	COL PEDS	COL BH	COL NUT	PHARM CO	STK FM	STK IM	STK WH	STK PEDS	REACH	GROW
Jul-25	3	0	0	2	1	0	0	0	0	0	0	0	0	0
Aug-25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sep-25	2	0	0	2	0	0	0	0	0	0	0	0	0	0

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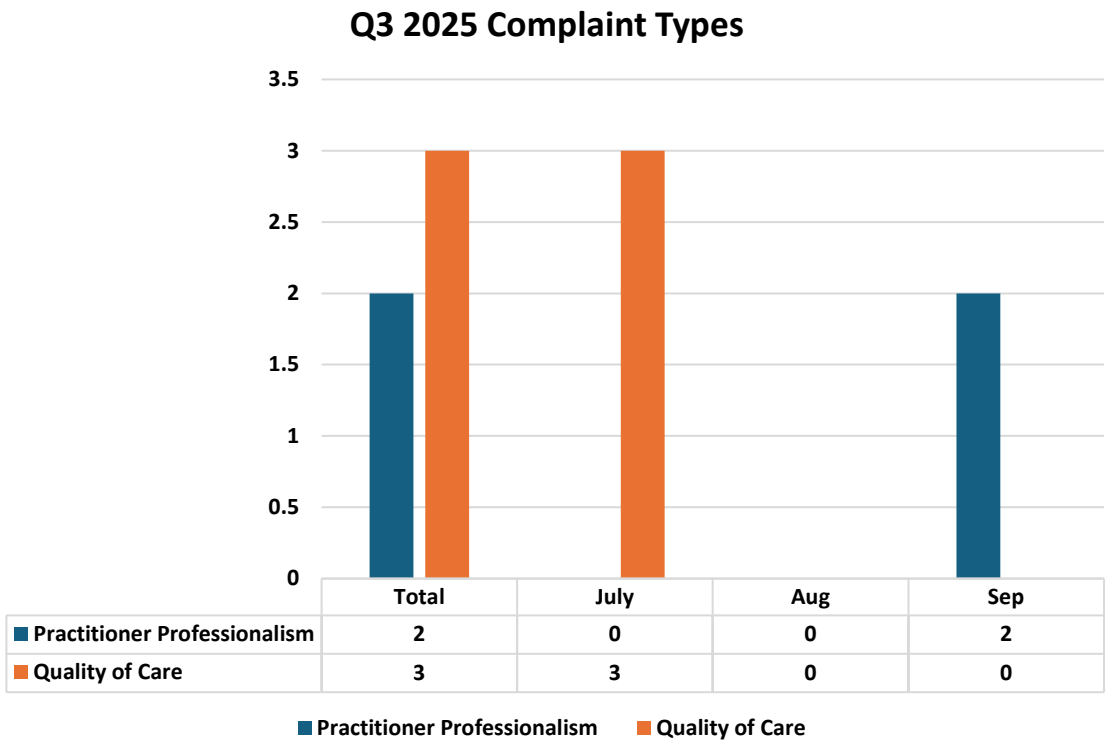
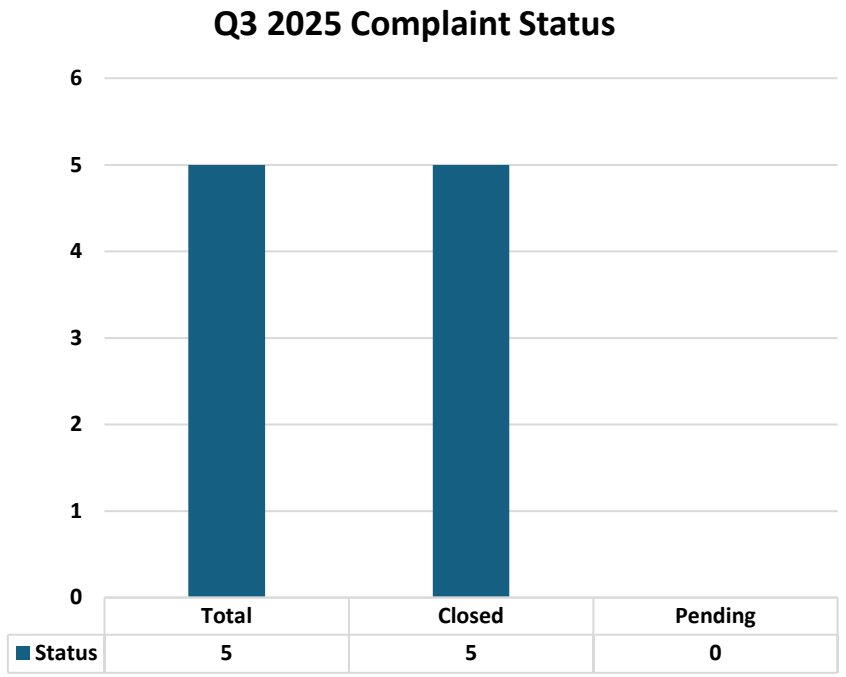
Q3 2025 Complaint Types and Status



	Total	July	Aug	Sep
Practitioner Professionalism	2	0	0	2
Quality of Care	3	3	0	0



	Total	Closed	Pending
Status	5	5	0

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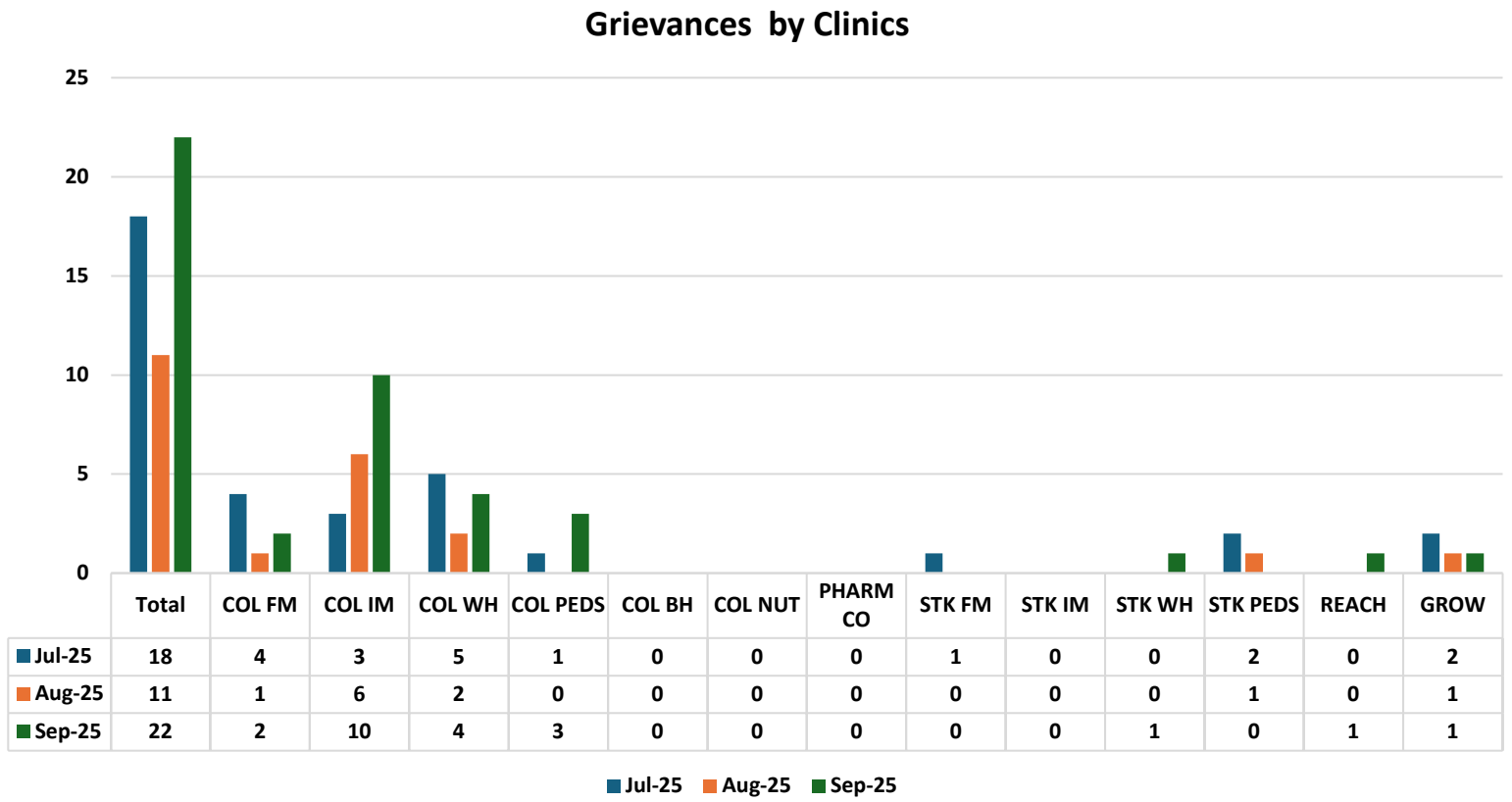
Q3 2025 Grievances



	Total	COL FM	COL IM	COL WH	COL PEDS	COL BH	COL NUT	PHARM CO	STK FM	STK IM	STK WH	STK PEDS	REACH	GROW
Jul-25	18	4	3	5	1	0	0	0	1	0	0	2	0	2
Aug-25	11	1	6	2	0	0	0	0	0	0	0	1	0	1
Sep-25	22	2	10	4	3	0	0	0	0	0	1	0	1	1

Number of Clinic Visits

Clinic	Q3 Total	Grievance Rate
COL FM	4250	0.16%
COL IM	8127	0.23%
COL WH	5871	0.19%
COL PEDS	5653	0.07%
COL BH	736	0.00%
COL NUT	120	0.00%
COL PHARM CO	911	0.00%
STK FM	516	0.19%
STK IM	553	0.00%
STK WH	706	0.14%
STK PEDS	1378	0.22%
34ST GROW	1399	0.07%
34ST REACH	1093	0.37%

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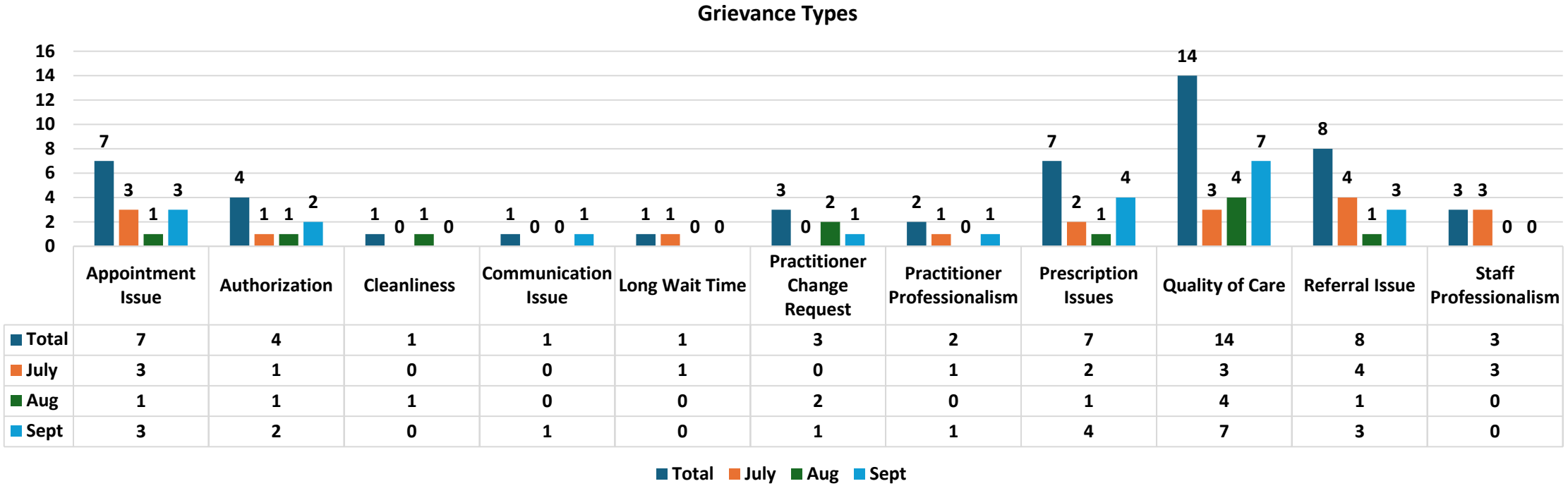
Q3 2025 Grievances



	Appointment Issue	Authorization	Cleanliness	Communication Issue	Long Wait Time	Practitioner Change Request	Practitioner Professionalism	Prescription Issues	Quality of Care	Referral Issue	Staff Professionalism
Total	7	4	1	1	1	3	2	7	14	8	3
July	3	1	0	0	1	0	1	2	3	4	3
Aug	1	1	1	0	0	2	0	1	4	1	0
Sept	3	2	0	1	0	1	1	4	7	3	0

Quality of Care			
Col FM	3		
Col IM	6		
Col WH	3		
STK FM	1		
STK WH	1		
Patients indicated that they were unhappy with the care provided			
No trend identified with a particular Provider			
Of the Quality of care concerns only 1 was substantiated.			

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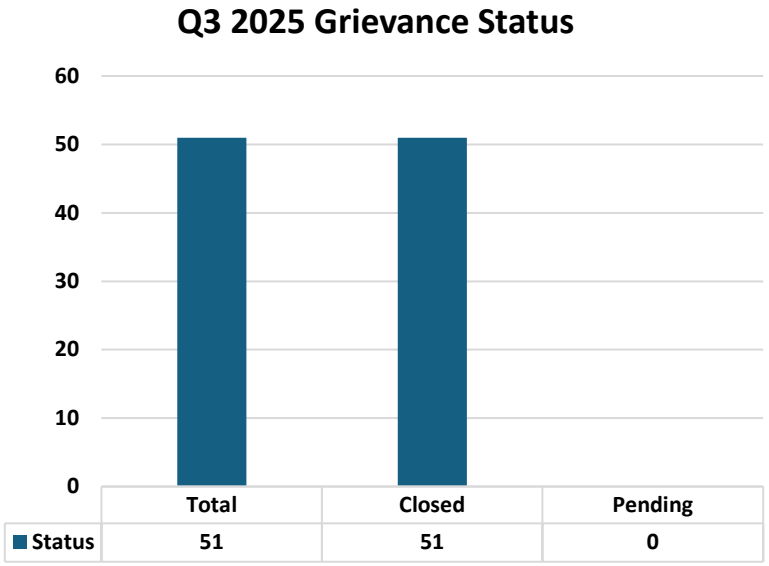
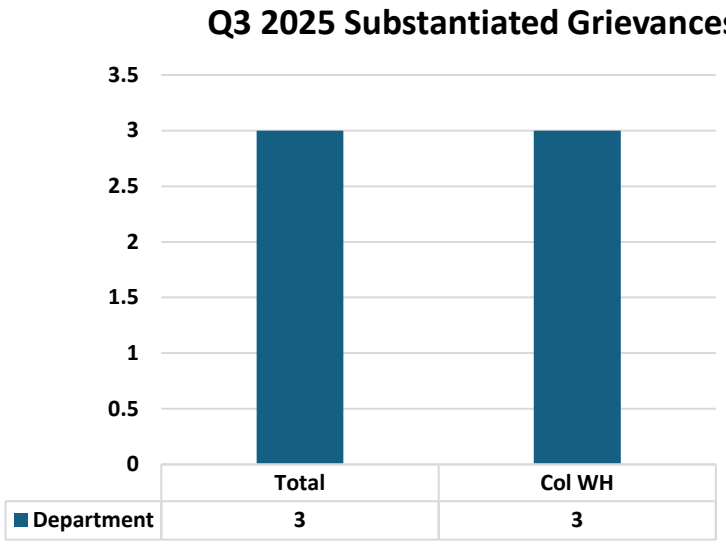
Q3 2025 Grievance Status





Of the 51 closed grievances, three cases from Col WH were substantiated, meaning the Health Plan determined in favor of the patient. 1 case involved multiple appointment rescheduling due to Provider availability. Another case was related to outdated contact information not updated in the EHR. This issue was resolved by IT, who permanently removed the incorrect phone number. The third case concerned cleanliness. In response, clinical staff and EVS have increased their rounding efforts.

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Outpatient Health

Questions ?

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BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

October 22, 2025

Subject: Report on Kern County Hospital Authority Community Health Center financials for August 2025

Recommended Action: Receive and File

Summary:

The KCHA CHC clinics provided 10,929 patient visits during the month of August. This total was 807 more than the budgeted number of visits, which was estimated at 10,122 for the month based on the data from previous years. KCHA CHC recognized $1.17 million of net patient revenue from these August visits.

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

Total Revenues:

Net Patient Revenue:

KCHA CHC recognized $1.17 million of net patient revenue for the month of August, $56,000 less than the $1.22 million budgeted for August. Budgeted patient revenue is based on the approximate number of total clinic visits expected and the per visit reimbursement rate.

Indigent Revenue:

Total revenues include $722,000 of contributions from Medi-Cal supplemental programs, $174,000 less than the $896,000 budgeted for August.

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 $3.17 million for the month of August, $551,000 less than the budget of $3.72 million. Staffing includes directly employed physicians, nurse practitioners, medical residents, and behavioral health providers.

Medical Fees:

Medical fees expense came in at $592,000 for the month of August, $93,000 more than the budget of $499,000. Medical fees expense is comprised of contracted physician fees.

Other Professional Fees:

Other professional fees expense came to $114,000 thousand for the month, $69,000 more than the budget of $45,000 for August. Other professional fees expense is comprised of legal expenses and other various consulting fees.

Supplies Expense:

Supplies expense came in at $150,000 for the month, $18,000 more than the $132,000 budgeted for August. Pharmaceuticals and various medical supplies account for a significant amount of total supply costs.

Purchased Services:

Purchased services expense came to $88,000 for the month of August, $8,000 more than the $80,000 budgeted for the month. 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 came to $345,000 for the month of August, $43,000 more than the budget of $302,000. Other expenses include recruiting fees, repairs and maintenance, rent, interest, and utilities.

Overhead Expenses:

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

KernMedical
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Kern County Hospital Authority
Community Health Center
Board of Directors' Report – October 2025

KERN MEDICAL OUTPATIENT HEALTH
KEY PERFORMANCE INDICATORS
JUNE 2025 - AUGUST 2025

	June Actual	July Actual	August Actual	August Budget	August Variance	August Variance %
Net Revenue Per Visit	$ 100	$ 106	$ 107	$ 121	$ (14)	(11.6%)
Operating Expense Per Visit						
Salaries and Benefits Per Visit	$ 284	$ 309	$ 290	$ 367	$ (77)	(20.8%)
Other Operating Expenses Per Visit						
Medical Fees	$ 42	$ 40	$ 54	$ 49	$ 5	9.9%
Other Professional Fees	$ 2	$ 4	$ 10	$ 4	$ 6	136.2%
Supplies	$ 14	$ 11	$ 14	$ 13	$ 1	5.3%
Purchased Services	$ 9	$ 9	$ 8	$ 8	$ 0	1.9%
Other Expenses	$ 24	$ 20	$ 32	$ 30	$ 2	5.9%
Total Expenses Per Visit	$ 375	$ 394	$ 408	$ 472	$ (64)	(13.6%)
Gross Days In A/R	70.35	79.60	79.77	50.00	29.77	59.5%
FTEs						
Productive FTEs	225	244	247	271	(24)	(8.8%)
Non-Productive FTEs	36	39	50	47	3	6.3%
Total FTEs	261	283	297	318	(21)	(6.6%)
Clinic Visits	12,512	11,680	10,929	10,122	807	8.0%

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KERN MEDICAL OUTPATIENT HEALTH
TRENDED INCOME STATEMENT
JUNE 2025 - AUGUST 2025

	June Actual	July Actual	August Actual	August Budget	August Variance	August Variance %
Total Gross Patient Revenue	7,361,280	7,281,548	6,854,615	7,195,423	(340,808)	(4.7%)
Patient Revenue Deductions	(6,109,862)	(6,043,684)	(5,689,330)	(5,974,273)	284,943	(4.8%)
Net Patient Revenue	$ 1,251,418	$ 1,237,863	$ 1,165,285	$ 1,221,150	$ (55,865)	(4.6%)
Total Indigent	668,185	668,185	721,949	895,728	(173,779)	(19.4%)
Other Income	2,774,317	2,691,283	2,570,874	2,659,688	(88,814)	(3.3%)
Total Operating Revenue	4,693,920	4,597,331	4,458,108	4,776,565	(318,458)	(6.7%)
OPERATING EXPENSES:						
Salaries	2,710,834	2,534,733	2,370,676	2,476,572	(105,896)	(4.3%)
Benefits	840,916	1,074,341	797,341	1,242,199	(444,858)	(35.8%)
Total Salaries and Benefits	3,551,750	3,609,074	3,168,017	3,718,771	(550,754)	(14.8%)
Physicians	481,669	466,740	570,636	478,339	92,297	19.3%
Therapists	21,716	(10,171)	10,055	10,200	(145)	(1.4%)
Other medical fees	71	71	70	70	0	0.0%
Travel expense	28,254	6,422	11,086	9,972	1,114	11.2%
Total Medical Fees	531,711	463,062	591,847	498,581	93,266	18.7%
Consulting	25,916	15,046	26,691	12,609	14,082	111.7%
Legal	-	2,774	3,629	2,193	1,436	65.5%
Other contracted services	-	33,096	83,985	30,020	53,965	179.8%
Total Other Professional Fees	25,916	50,916	114,306	44,822	69,484	108.4%
Computer software	67,229	35,701	34,120	32,762	1,358	4.1%
Food	4,544	4,445	5,099	4,273	826	19.3%
Office Supplies	11,130	6,821	7,473	7,122	351	4.9%
Minor Equipment	1,531	3,058	2,430	2,848	(418)	(14.7%)
Non-Medical Supplies	32,218	29,158	48,641	35,282	13,359	37.9%
Pharmaceuticals	59,123	50,389	49,958	47,007	2,951	6.3%
Surgery Supplies-General	1,755	2,725	2,529	2,850	(321)	(11.3%)
Total Supplies	177,531	132,296	150,250	132,144	18,106	5.5%
Conferences-Travel-Residents	4,161	155	1,879	2,209	(330)	(14.9%)
Licenses - Residents	465	1,234	3,660	4,417	(757)	(17.1%)
Laundry and Linen	2,072	2,255	3,816	4,400	(584)	(13.3%)
Medical Services	388	607	441	552	(111)	(20.1%)
PS & Other	65,450	79,325	52,759	36,829	15,930	43.3%
Security	8,996	6,517	6,117	7,730	(1,613)	(20.9%)
Support & maintenance-IT Software	25,368	12,471	19,797	24,295	(4,498)	(18.5%)
Total Purchased Services	106,900	102,565	88,470	80,432	8,038	(19.9%)
Advertising	7,541	3,543	3,152	2,996	156	5.2%
Catering	13,632	494	15,633	5,650	9,983	176.7%
Insurance	4,972	8,319	5,105	4,995	110	2.2%
Licenses Permits and Taxes	5,126	7,282	6,373	6,327	46	0.7%
Other Expense	25,821	(25,528)	68,422	26,670	41,752	156.5%
Repairs and Maintenance	22,849	19,680	20,329	20,311	18	0.1%
Utilities	11,678	17,135	17,711	16,649	1,062	6.4%
Rent	153,370	153,370	153,370	174,839	(21,469)	(12.3%)
Interest Expense	55,123	55,123	55,123	43,377	11,746	27.1%
Total Other Expenses	300,113	239,419	345,218	301,814	43,403	14.4%
Total Operating Expenses	4,693,920	4,597,331	4,458,107	4,776,565	(318,458)	(6.7%)
Net Income (Loss)	$ 0	$ 0	$ 0	$ 0	$ 0	0%

KernMedical Outpatient Health

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

	Year-to-Date Actual	Year-to-Date Budget	Year-to-Date Variance	Year-to-Date Variance %
Total Gross Patient Revenue	$ 14,136,162	$ 14,362,164	$ (226,001)	(1.6%)
Patient Revenue Deductions	(11,733,015)	(11,924,732)	191,717	(1.6%)
Net Patient Revenue	2,403,148	2,437,431	(34,284)	(1.4%)
Total Indigent	1,390,134	1,787,885	(397,750)	(22.2%)
Other Income	5,262,157	5,308,774	(46,617)	(0.9%)
Total Operating Revenue	9,055,439	9,534,090	(478,651)	(5.0%)
OPERATING EXPENSES:				
Salaries	4,905,409	4,943,272	(37,864)	(0.8%)
Benefits	1,871,682	2,479,447	(607,765)	(24.5%)
Total Salaries and Benefits	6,777,091	7,422,719	(645,628)	(8.7%)
Physicians	1,037,376	954,592	82,784	8.7%
Therapists	(116)	20,500	(20,616)	(100.6%)
Other medical fees	141	140	1	0.8%
Travel expense	17,508	19,944	(2,436)	(12.2%)
Total Medical Fees	1,054,909	995,176	59,733	6.0%
Consulting	41,737	25,229	16,508	65.4%
Legal	6,403	4,386	2,017	46.0%
Other contracted services	117,081	79,810	37,271	46.7%
Total Other Professional Fees	165,222	109,425	55,797	51.0%
Computer software	69,821	65,556	4,265	6.5%
Food	9,544	8,546	998	11.7%
Office Supplies	14,293	14,244	49	0.3%
Minor Equipment	5,487	5,696	(209)	(3.7%)
Non-Medical Supplies	77,800	70,564	7,236	10.3%
Pharmaceuticals	100,347	114,014	(13,667)	(12.0%)
Surgery Supplies-General	5,253	5,700	(447)	(7.8%)
Total Supplies	282,546	284,320	(1,774)	(0.6%)
Conferences-Travel-Residents	2,035	4,418	(2,383)	(53.9%)
Licenses - Residents	4,894	8,834	(3,940)	(44.6%)
Laundry and Linen	6,071	8,800	(2,729)	(31.0%)
Medical Services	1,048	1,104	(56)	(5.0%)
PS & Other	132,084	67,486	64,599	95.7%
Security	12,634	15,460	(2,826)	(18.3%)
Support & maintenance-IT Software	32,268	48,590	(16,322)	(33.6%)
Total Purchased Services	191,034	154,692	36,343	23.5%
Advertising	6,695	5,992	703	11.7%
Catering	16,127	11,300	4,827	42.7%
Insurance	13,424	9,990	3,434	34.4%
Licenses Permits and Taxes	13,655	12,654	1,001	7.9%
Other Expense	42,894	28,340	14,554	51.4%
Repairs and Maintenance	40,009	30,622	9,387	30.7%
Utilities	34,846	33,298	1,548	4.6%
Rent	306,740	348,981	(42,241)	(12.1%)
Interest Expense	110,247	86,581	23,665	27.3%
Total Other Expenses	584,638	567,758	16,879	3.0%
Total Operating Expenses	9,055,439	9,534,090	(478,651)	(5.0%)
Net Income (Loss)	$ 0	$ 0	$ 0	0%

KernMedical Outpatient Health

Questions ?

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BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

October 22, 2025

Subject: Report on Kern County Hospital Authority Community Health Center Board of Directors On-Site Visit Preparation

Recommended Action: Receive and File

Summary:
In preparation for the Health Resources Services Administration's (HRSA) on-site visit (OSV), currently scheduled for December 9-11 2025, Community Health Center (CHC) staff has prepared a HRSA OSV reference sheet to be reviewed by your Board. This reference sheet breaks down the topics and information that HRSA may ask the CHC Board of Directors questions about while they are completing their survey.

This reference sheet will start the preparation process for your Board and allow time for your Board to ask questions, provide direction to staff, and request any further information or clarification your Board deems necessary to prepare for the HRSA OSV.

Health Center
Board Member HRSA OSV Reference Sheet
OSV DATE

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

Table 1.

Health Center Profile: Based on YEAR Data	**Data Reported**
Total Patients Served	
Ethnicity	
Unknown	0
Puerto Rican	39
Unreported/Chose Not to Disclose Ethnicity	349
Mexican	15447
Not Hispanic, Latino/A, Or Spanish Origin	8050
Another Hispanic, Latino/A, Or Spanish Origin	4661
Race	
Other Single Race	1377
Unknown	3
Black/African American	2025
White	24664
Unreported/Chose Not To Disclose Race	464
Two Or More Races	23
Insurance Status	
No Coverage	126
Has Coverage	28430
Services	
Primary Care	91084
Behavioral Health	2979

Table 2.

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

Table 3.

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

Questions to consider that may be asked by auditors:

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

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BOARD OF DIRECTORS
COMMUNITY HEALTH CENTER
REGULAR MEETING

October 22, 2025

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.

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Outpatient Health

MISCELLANEOUS CORRESPONDENCE

KernMedical

October 15, 2025

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

Re: Proposed Amendment No. 1 to Co-Applicant Agreement 011-2025 with Kern County Hospital Authority Community Health Center Board of Directors, containing nonstandard terms and conditions, clarifying the responsibilities of Kern County Hospital Authority as the Section 330 public agency, effective October 15, 2025

A copy of the approved Amendment No. 1 to Co-Applicant Agreement 011-2025 with Kern County Hospital Authority Community Health Center Board of Directors is attached along with the Tracking Page.

Sincerely,

Mona A. Allen
Kern County Hospital Authority
Board Coordinator

AMENDMENT NO. 1
TO
CO-APPLICANT AGREEMENT

This Amendment No. 1 to the Co-Applicant Agreement is made and entered into this 15 day of October, 2025, between Kern County Hospital Authority, a public agency that is a local unit of government ("Authority"), and Kern County Hospital Authority Community Health Center Board of Directors ("CHC Board"), the co-applicant governing board.

RECITALS

(a) The Parties have heretofore entered into a Co-Applicant Agreement (Agt. #011-2025, dated January 15, 2025) (the "Agreement"), which defines with specificity their respective authority with respect to the governance and operation of the CHC consistent with Section 330 rules and regulations and the terms and conditions set forth in the HRSA Health Center Program Compliance Manual regarding co-applicants; and

(b) The Parties agree to amend the Agreement to clarity that the Authority retains only the authority to establish and approve policies that support financial management and accounting systems, and personnel policies; and

(c) The Agreement is amended effective October 15, 2025;

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, Authority Role, paragraph 2.1, Retained Authority, shall be deleted in its entirety and replaced with the following:

> "2.1 Retained Authority. The authority Board of Governors shall retain the authority to establish and approve policies that support financial management and accounting, and personnel policies."

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

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

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

[SIGNATURES FOLLOW ON NEXT PAGE]

IN WITNESS TO THE FOREGOING, the parties have executed this Amendment No. 1 as of the day and year first written above.

KERN COUNTY HOSPITAL AUTHORITY
COMMUNITY HEALTH CENTER BOARD

By_____
Chairman
Board of Directors

KERN COUNTY HOSPITAL AUTHORITY

By_____
Chairman
Board of Governors

REVIEWED ONLY
NOT APPROVED AS TO FORM:

By_____
Vice President & General Counsel
Kern County Hospital Authority

Kern County Hospital Authority
Board of Governors

TRACKING PAGE

11:30 A.M.
Wednesday, October 17, 2025

BOARD COORDINATOR

CA

6) Proposed Amendment No. 1 to Co-Applicant Agreement 011-2025 with Kern County Hospital Authority Community Health Center Board of Directors, containing nonstandard terms and conditions, clarifying the responsibilities of Kern County Hospital Authority as the Section 330 public agency, effective October 15, 2025 –
APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 114-2025
Merz-Pelz: 5 Ayes; 2 Absent – McLaughlin, Pollard