Kaweah Delta Health Care District
Board of Directors Meeting

***Health** is our Passion. **Excellence** is our Focus. **Compassion** is our Promise.*

Kaweah Health
MORE THAN MEDICINE. LIFE.

DATE POSTED: November 12, 2026

NOTICE

Date: Wednesday, November 18, 2026
Location: Support Services Building, Granite Conference Room
Address: 520 West Mineral King Avenue, Visalia, California

Please join my meeting from your computer, tablet or smartphone.
https://meet.goto.com/KelsieD/kaweahdeltahealthcaredistrictboardofdirectorsmeeti
You can also dial in using your phone.
Access Code: 460-561-181
United States: +1 (646) 749-3122

SCHEDULE:

- **8:00 AM** – Open Session
- **Immediately following the open session** – Closed Session
  Pursuant to:
  - Government Code §54956.9(d)(2) (Anticipated Litigation – Significant Exposure)

AMERICANS WITH DISABILITIES ACT (ADA) NOTICE:
In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Board Clerk at (559) 624-2330. Notification at least 48 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to the meeting.

POSTING NOTICE:
All Kaweah Delta Health Care District regular Board and committee meeting notices and agendas are posted at least **72 hours** prior to the meeting (and **24 hours** prior to special meetings) in the Kaweah Health Medical Center, Mineral King Wing, near the Mineral King entrance, in accordance with Government Code §54954.2(a)(1).

PUBLIC RECORDS:
Disclosable public records related to this agenda are available for public inspection at:
Kaweah Health Medical Center – Acequia Wing, Executive Offices (1st Floor)

Mike Olmos • Zone 1	Jonna Schengel • Zone 2	Dean Levitan, MD • Zone 3	David Francis • Zone 4	Armando Murrieta • Zone 5
Board Member	Board Member	Secretary/Treasurer	President	Vice President

400 West Mineral King Avenue, Visalia, CA 93291
You may also request records by contacting the Board Clerk at (559) 624-2330 or **kedavis@kaweahhealth.org**, or by visiting the District's website at **www.kaweahhealth.org**.

KAWEAH DELTA HEALTH CARE DISTRICT
David Francis, Secretary/Treasurer

Prepared by:

Kelsie K. Davis
Board Clerk / Executive Assistant to the CEO

DISTRIBUTION:
Governing Board, Legal Counsel, Executive Team, Chief of Staff, **www.kaweahhealth.org**

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Board of Directors Meeting

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This agenda is posted in compliance with the Ralph M. Brown Act, including amendments enacted under Senate Bill 707.

AUDIT AND COMPLIANCE COMMITTEE MEETING

Support Services Building – Granite Conference Room
520 West Mineral King Avenue, Visalia, CA

Wednesday, November 18, 2026 {Committee Meeting}

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OPEN SESSION – 8:00 AM

1. **CALL TO ORDER**
2. **PUBLIC / MEDICAL STAFF PARTICIPATION –** Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time.
3. **MINUTES**
   3.1. Review of August 13, 2026 open minutes
   3.2. Review of October 28, 2026 open minutes
   Requesting Committee Recommendation
4. **COMPLIANCE PROGRAM ACTIVITY REPORT** – Committee review and discussion of the Compliance Program Activity Report – *Ben Cripps*
5. **2027 COMPLIANCE PROGRAM WORK PLAN** – Committee review and discussion of the 2027 Compliance Program Work Plan – *Ben Cripps*
   Requesting Committee Recommendation
6. **ADJOURN TO CLOSED SESSION**

Mike Olmos • Zone 1 Board Member
Jonna Schengel • Zone 2 Board Member
Dean Levitan, MD • Zone 3 Secretary/Treasurer
David Francis • Zone 4 President
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CLOSED SESSION – Immediately following the open meeting

1. **CALL TO ORDER**
2. **MINUTES**
   2.1 Review of August 13, 2026 closed minutes
   2.2 Review of October 28, 2026 closed minutes
   Requesting Committee Recommendation
3. **CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION –** Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) (4 cases) – *Ben Cripps and Rachele Berglund (Legal Counsel)*
4. **ADJOURN CLOSED SESSION**

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Agenda Posting and Public Records
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Kaweah Delta Health Care District
Board of Directors Committee Meeting

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AUDIT AND COMPLIANCE COMMITTEE

Meeting Held: Thursday, August 13, 2026 • Support Services Building, Granite Conference Room

Attending: Board Members: Dean Levitan, M.D.– Committee Chair, Michael Olmos; Marc Martz, Chief Executive Officer; Stephen Forney, Chief Financial Officer; Rachele Berglund, Legal Counsel; Ben Cripps, Chief Compliance & Risk Officer; Cynthia Gomez, Manager of Compliance; and Michelle Adams, Executive Assistant – Recording.

Dean Levitan, M.D. called to order at 3:00pm.

Public Participation: None

Minutes – Review of the May 22, 2026 open meeting minutes.
Recommendation for approval: Michael Olmos made a motion to recommend approval of the May 22, 2026 Open Meeting minutes to the Board of Directors as presented. Dean Levitan, M.D. seconded the motion. Motion carried, 2-0.

Compliance Program Activity Report – Ben Cripps provided the Committee with a high-level overview noting:

- Continue to see RAC activity for outpatient areas. One challenge is identifying medical necessity for community based physicians because those physicians do not use Kaweah's medical record system requiring our team to contact the physician's office staff to get visit summary notes to substantiate the need for procedures.
- The Committee noted there appears to be a lot of activity and questioned if this quarter was a "normal" quarter in terms of activity. Mr. Cripps explained the RACs work on a contingency bases hired by Medicare. The Committee discussed how RACs decide what they are going to audit, indicating an article is published and the Compliance Department reviews what the RACs are auditing to identify what they are looking at. Mr. Cripps indicated Kaweah is being audited on the probe side with a bundling issue related to lab tests and described the challenges for the Committee. The Committee discussed situations in which Kaweah Health is responsible for making paybacks to Medicare and all payors. The Committee discussed the manner in which medical necessity is substantiated and preauthorization. Mike Olmos asked if Kaweah ever decides to accept the penalty and not fight an audit, but rather write it off. Mr. Cripps explained there have been situations in which codes do not match and Kaweah has instructed the RAC to

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recoup the money. The Committee discussed where the funds are accounted for when the RAC recoups them, indicating they have already cleared out of the accounts receivables by that time. Stephen Forney indicated by the time the RAC gets to the claims they are brought back in and then written off as a denial code. Mr. Cripps indicated each organization must decide if they will recoup at the front end or work through the appeals process, noting most entities wait out to see if they are going to win. The Committee discussed the process in which RACs are received for Kaweah Health and who manages and oversees them. The Committee discussed the significant difference between the billed amount of dollars and the recouped about. Mr. Forney indicated the organization collects about 20 cents on the dollar.

Privacy Policy – Ben Cripps provided the Committee with an overview of the changes made to AP49 No Information, No Presence in Facility Patient Status noting:

- A No Information Status is automatically applied in some instances, for example when a patient is a victim of a crime, when a patient arrives without identification, or in custody patients. A new senate bill passed requiring hospitals at time of admission to notify patients of the right to elect of a no info status and remove themselves from the hospital directory. Rachele Berglund indicated the no information status was also enacted to protect victims of domestic violence. Mr. Cripps noted a process must also be in place in the event a patient chooses to have visitors.
- The Committee discussed how the registrar handles situations in which visitors come in asking to see a no info patient. Mr. Cripps shared a possible script with the Committee.

Recommendation for approval: Michael Olmos made a motion to recommend approval to the Board of Directors the Code of Conduct. Dean Levitan, M.D. seconded the motion. Motion carried, 2-0.

Audit & Compliance Program Charter –The Committee reviewed the charter.

- Mr. Cripps suggested the removal of item number six indicating the Executive Fair Market Value Committee no longer needs to report to this Committee.
- Mr. Cripps suggested editing item four by removing the words “Office of Inspector General’s” and replacing with “Compliance Work Plan”. Mr. Cripps indicated the Compliance Department will bring the work plan in November to the Committee.

Recommendation for approval: Michael Olmos made a motion to recommend approval to the Board of Directors the Code of Conduct as revised. Dean Levitan, M.D. seconded the motion. Motion carried, 2-0.

Kaweah Delta Health Care District
Board of Directors Committee Meeting

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Annual Board Committee Evaluation –Dean Levitan, M.D. led the Committee through the evaluation.

Dean Levitan, M.D. adjourned the open meeting at 4:00pm.

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Board Member

VACANT• Zone 2
Board Member

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Kaweah Delta Health Care District
Board of Directors Committee Meeting

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AUDIT AND COMPLIANCE COMMITTEE

Meeting Held: Wednesday, October 28, 2026 • 2Tower Conference Room

Attending: Board Members: Dean Levitan, M.D., Committee Chair; Mike Olmos; Marc Mertz, Chief Executive Officer; Rachele Berglund, Legal Counsel; Ben Cripps, Chief Compliance & Risk Officer; Lisa Wass, Compliance Operations Coordinator – Recording; and Michelle Adams, Executive Assistant.

Guests: Brian Conner, Baker Tilly; Laura Kennedy, Baker Tilly; Jennifer Stockton, Director of Finance; Kari MacDonald, Finance Accounting & Reimbursement Manager

Dean Levitan called to order at 10:34am.

No public participation noted.

Brian Conner and Laura Kennedy provided the Committee with a high-level overview of the annual consolidated financial statement audit for the year ended, June 30, 2026, noting:

- Baker Tilly reviewed the auditor responsibility and auditing standards, planned scope and timing of the audit, qualitative aspects of the accounting practices and significant accounting estimates, and significant financial statement disclosures. Baker Tilly performs non-attest services for the District, including assisting management with drafting the consolidated financial statements as of and for the year ended June 30, 2026.
- Mr. Conner reviewed the significant risks, noting no risks were identified for Kaweah Health but shared industry risks for discussion. Valuation of Patient Accounts Receivable and Patient Services Revenue, and Management Override of Controls were discussed. The Committee posed the question if it was safe to say that these are not problems here. Mr. Conner restated that no issues at Kaweah Health were identified, these are simply audit areas that are more sensitive.
- Ms. Kennedy noted that the AU-C Section 260 The Auditor's Communication with those charged with Governance letter will be received with the Auditor Communication after the audit has concluded.
- Baker Tilly noted there were no disagreements, no fraud, no noncompliance, no corrected or uncorrected misstatements were identified.
- Jennifer Stockton updated the Committee on an issue identified just as the audit closed. The Disproportionate Share Hospital (DSH) payment, payments that are offset from the financial losses and uncompensated care costs that hospitals face when treating patients who cannot pay or have government-subsidized insurance, was estimated incorrectly. Kaweah Health must estimate the payback of the DSH payment amount through a calculation from 2023-2026. Kaweah estimated a full repayment of 3 million dollars; however, Medi-Cal estimates a repayment of 15 million dollars. There

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are many variables due to supplemental payments, physician contracts and other factors that formulate this. Kari MacDonald is working to determine the final repayment amount. This will not affect this financial statement audit but wanted to bring it forward to disclosure as it may cause an audit adjustment in 2027. A Committee discussion was held regarding DSH analysis.

- The Committee reviewed the lookback analysis in dollars. Mr. Conner indicated if the percent of accounts receivable collected after 14 months is in the 89-90% range it is consistent and an appropriate number for collections. A Committee discussion of how receivables are stated and evaluated was held.
- Baker Tilly discussed the leverage ratios have gone down and GASBI interest income is outside of the operating margin.

Approval of closed meeting agenda - Dr. Dean Levitan made a motion to approve the Closed meeting agenda and approve the Financial Statement Audit, Michael Olmos seconded the motion. Motion carried, 2-0.

Dean Levitan adjourned the open meeting at 11:15am.

Compliance Program Activity Report – Open Session

July 2026 through September 2026



Ben Cripps, Chief Compliance & Risk Officer

Education

Live Presentations

- Compliance and Patient Privacy – New Hire Orientation
- Compliance and Patient Privacy – Management Orientation
- PolicyTech System – Various Policy Reviewers, Approvers, and Owners
- Preventive Compliance Process – Various Department Leaders
- Annual Compliance Training – Sequoia Surgery Center

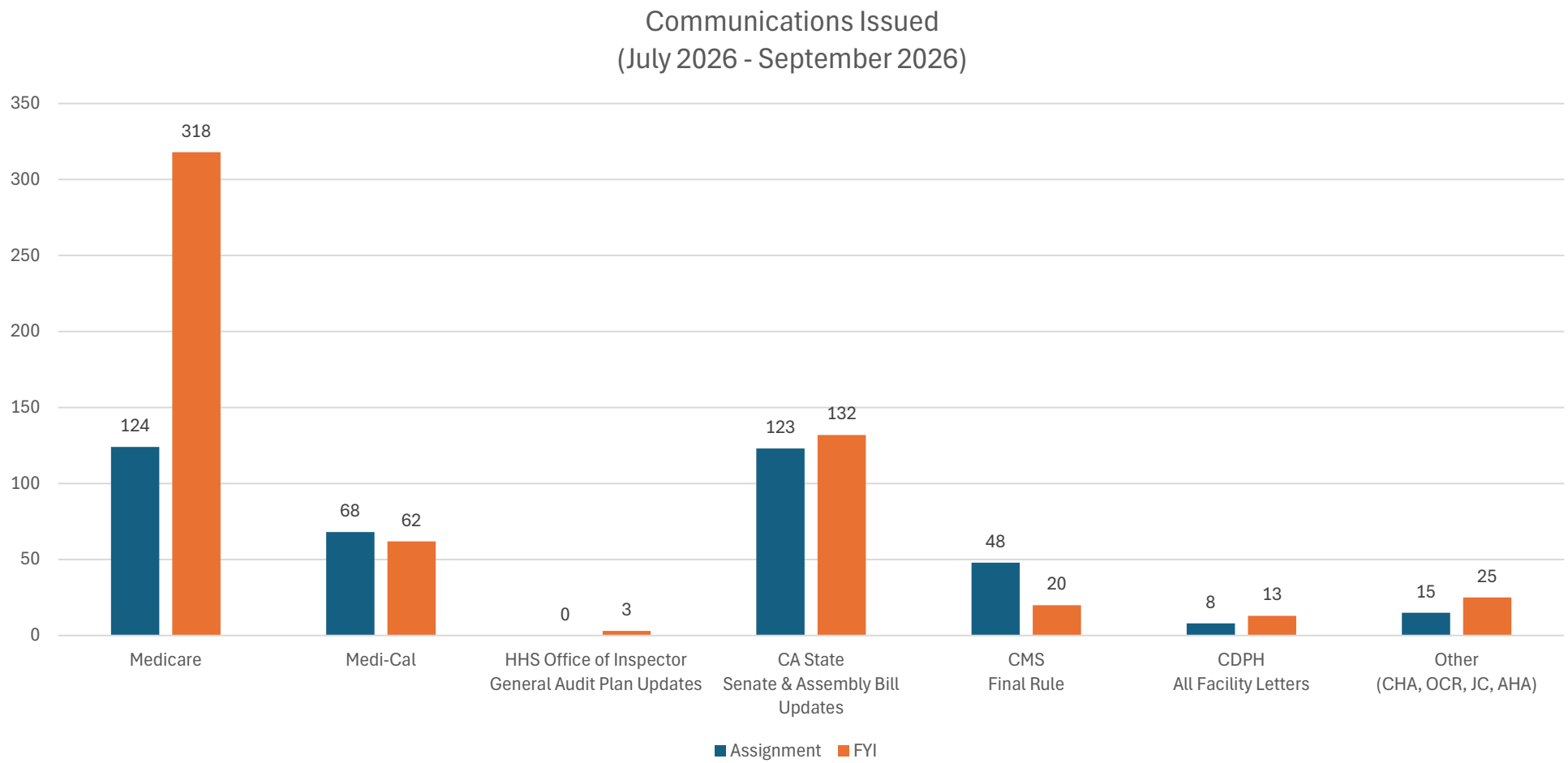
Written Communications – Bulletin Board / Area Compliance Experts (ACE) / All Staff

- Compliance Matters – FairWarning
- Compliance Matters – Think Before You Act

Prevention & Detection

- Review, Track, and Distribute Relevant Information on Regulatory Updates to Stakeholders Across the District
  - Medicare Monthly Bulletins and Communications
  - Medi-Cal Monthly Bulletins and Communications
  - US HHS Office of Inspector General (OIG) Audit Plan Updates and Communications
  - California State Senate and Assembly Bill Updates
  - California Department of Public Health (CDPH) All Facility Letters (AFL)
  - US HHS Office of Civil Rights Activities and Focus Areas
  - California Hospital Association Communications
  - American Hospital Association Communications
  - Joint Commission Communications
  - Program for Evaluating Payment Patterns Electronic Report (PEPPER)

Prevention & Detection - Issuance



Total Issued: 962
Assignments: 387
FYIs: 575

Oversight

- Fair Market Value (FMV) Oversight – Ongoing oversight and administration of physician payment rate setting and contracting activities including Physician Recruitment, Medical Directors, Call Contracts, and Exclusive and Non-Exclusive Provider Contracts.

- Electronic Medical Record (EMR) User Access Privacy Audits – Monitoring of EMR user access through the use of FairWarning electronic monitoring technology which analyzes user and patient data to detect potential privacy violations.
  - An average of one hundred and one-hundred forty (140) daily alerts were received between July 1, 2026 – September 30, 2026.
    - 90% were automatically closed by FairWarning analysis tools.
    - 10% required further review/investigation by Compliance Department staff.
  - Types of Alerts Received:
    - Same Last Name: 76.42%
    - Co-Worker: 21.94%
    - VIP: 1.44%
    - Self-Access: 0.08%
    - Same Household: 0.12%

Recovery Audit Contractor Activity

- Medicare Recovery Audit Contractor (RAC) Activity – Requests reviewed, records prepared and submitted, appeal timelines tracked, and results reported. The following RAC Audit Activity took place between July 2026 – September 2026:
  - New RAC Requests:
    - Two-hundred fifty (250) new RAC record requests were received.
  - Open/Ongoing RAC Requests:
    - Sixty-seven (67) were reviewed and closed by the RAC with no recovery after submission of documentation.
      - (1) won on discussion by Case Management.
    - Thirteen (13) were denied by the RAC and closed, no further appeal will be made.
      - Eight (8) unbundling cases for outpatient therapy and SNF.
      - Eighteen (18) are pending Level 1 decisions after appeal by Case Management.
      - Six (6) are pending discussion period response.
      - Thirty-nine (39) are pending demand letters and are pending review for appeals.
        - Coding – a variety of Ambulatory Payment Classification Coding Validations ex: bone marrow biopsy, Epidural Steroid Injection, insertion of tunneled central venous device, & DRG.
        - Case Management – Percutaneous Vertebral Augmentation, Kyphoplasty.
        - Skilled Nursing.
    - Two-hundred twenty-seven (227) are still pending documentation review and decision by the RAC.
  - Dollar amount involved in quarterly activity:
    - Billed amount $6,415,743.
    - Payment Amount $1,729,600.
    - Recouped Amount $850.

Auditing and Monitoring

- Office of Inspector General (OIG) Exclusion Report Verification – Quarterly monitoring of OIG exclusion reports and attestations.
  - Medical Staff and Advanced Practice Providers – Review of reports and certification by Medical Staff Office of screening completion and no Excluded Individuals or Entities were identified between July 2026 – September 2026.
  - Suppliers – Review of reports and certification by Finance Department of screening completion and no Excluded Individuals or Entities were identified between July 2026 – September 2026.
  - Medicare Opt-Out List:
    - Ten (10) non-credentialed providers were identified on the Medicare Opt-Out list between July 2026 – September 2026. Findings were tracked and logged into the system. No additional action was required as providers were only referring and not treating.

Licensing and Facility Enrollment

- Licensing Applications -- Forms preparation and submission of licensing applications to the California Department of Public Health (CDPH):
  - Eight (8) applications related to facility licensure were submitted.

- Medicare/Medi-Cal Facility Enrollment – Forms preparation and submission of facility enrollment applications for Medicare and Medi-Cal. Ongoing communications and follow-up regarding status of pending applications. Research and guidance provided to:
  - Three (3) applications for government payor enrollment and/or information changes were submitted.

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Kaweah Health
Compliance Program Work Plan
Calendar Year 2027

Tasks and Activities	Comments
Compliance Oversight and Management	
Investigation protocol process: Standardization and Education	
Compliance Program team competency: assessments and opportunities	
Compliance policy changes: communication process	
Compliance reporting processes	
Operational Compliance Committee Charter	
Compliance Program Budget/Resources: Review for alignment with high-risk initiatives	
Audit & Compliance Committee: Member executive reports	
Partnership with HR - Compliance and the HR exit interview process	
Partnership with HR - Disciplinary Action Review and Standardization	
Partnership with HR - Evaluation of effective and adequate exclusion screening process	
Partnership with HR - Evaluation of effective and adequate background screening process	
Partnership with HR: Incorporate compliance metrics in job descriptions & performance evaluations. Partnership with HR	
Compliance policy utilization review	
Metric Benchmarking Preparation: Develop benchmarks for Compliance Program	
Non-Retaliation process review	
Policy and Procedure Committee	
Organization Wide Policy Gap Assessment	
STARK and Anti-Kickback Oversight:	
Physican Contracts Billing and Collection Audits (external)	
Physician Contracts Compliance Audits	
Physician payment process efficiencies	
Agreement Acknowledgement Form - Physician Contracts	
Attestation process for physician recruitment agreements	
Physician contract templates	
Reviews and Audits:	
Audit Benchmarking Process	
Random Audit Subject Matter (per Effectiveness Tool suggestion)	
Patient Status (changing inpatient to OBS to get reimbursement MC Medi-Cal or Commercial Plans)	
Code 44 (Inpatient to observation prior to discharge)	
Sign Audits	
Wound Center: Coding and Billing Review	
Trauma Audit	
High Cost Procedure: TBD	
Hospice Care- Extended Length of Stay: Medical Necessity and Documentation Requirements (RAC Cotiviti)	
Dermatology Procedures at Outpatient Clinic (external or internal)	
Pulmonary Clinic Procedures (external or internal)	
HIM: Release of Information and Accounting of Disclosures Review Processes including Outlying clinics, Radiology	
Record Retention Policies for Areas: CHA Manual (example: Grants, Grievances,Employee Records, Contracted Services,Meaninful Use Attestations, OSPHD Reports, Workplace Violence Records etc.)	
SB1150 Cancer Data Notification	
Post Acute Admissions: Home Health, Hospice, SNF, Rehab: Medication Reconcilliation DC Acute from Post Discrepancies, Incomplete History, Untimely Admission within 24 hrs, Evaluate orders	
Key Performance Indicator Audits (KPI Audits) Risks for: number of failed log ins, percentage of claims suspended due to payer, disciplinary action taken due to the Code of Conduct, trainings completed what is the percentage, HIPAA disclosures-increase for system access requests,	"measures compliance risk is it working"
Vendor Mate Intake Education and Process	
Quality and Patient Safety Audits: Examples: Surgical Safety Checklist before Anesthesia, Infection Control Logs in the ICU, Sterile Processing Clean Procedure, Time Out Procedures, Credentialing active physician have unexpired privileges,corrective action plans are being audited	
Physician Gift Non-Monetary Compensation	
Freedom of Choice Review	
Patient Directory Opt-Out	
Homeless Patient Log Audit and coding for homelessness Z59.0 (Discharge Planning and Homeless Patients)	
Test the No Information Status Policy on Staff AP49 No Information No Presense in Facility Patient Status	

Kaweah Health Compliance Program Work Plan Calendar Year 2027	
Tasks and Activities	**Comments**
AFL 25-34 AB849 Medical Chaperones Audit verbal, electronic, paper	
Resuscitation Videotaping Policy	
Final Rule: Hospice Election Statement Addendum to All Medicare Patients	
Auto-appended modifiers: system is set up to see the rule it auto appends. Review if the rule still applies	
Medical Staff Peer Review or Onboarding	
AY Modifier: Item or services furnished to an ESRD patient that is not for treatment of ESRD (may be low risk unsure)	
CA Modifier: Procedure payable only in inpatient setting when performed emergently an outpatient who expires prior to admission	
KX Modifier used to indicate the therapy is medical necessary after the max therapy is reached	
SB 862 Health (2025) Allows hospitals to give patients charity care notices in hard copy or electronically, however, emergency department patients must be given a hard copy notice.	
External Audits	
Urgent Care Professional Fee Procedural Coding	
E&M New Services Lines (Pulmonary, Dermotology)	
E & M Outpatient Clinics (45) IP Rehab (5)	
High Cost Inpatient: Coding audit	
Hip & Knee Replacements	
HCPCS Code C9600 Angioplasty Stent Procedures (RACs pulling)	
New Radiation Oncology Coding Changes: CPT Code 77387 deletion of 77014 to report IGRT technical component is bundled into treatment codes 77402, 77407 &77412. Physician component 77387-26 or 77387 with modifier 26 with or without it.	Compliance Today July 2026 article
Undetermined: Risk Assessment	
Undetermined: Risk Assessment	
Patient Privacy:	
Patient Privacy Walk Thru-Monthly	
HIPAA Front Desk Checklist: HIPAA Security, verify if caller identity disclosing PHI by phone, calling out full names and conditions, sign in sheets, observations, verify identity)	
HIPAA Privacy Rule Security Assessment	
Education:	
Risk-based Compliance education development	
Compliance education for vendors and volunteers	
Area Specific Education	
Health Information Management (HIM)	
Hospice Education	
Patient Accounting & Revenue Integrity	
Patient Access	
Case Management	
Sequoia Surgery Center	
Radiology	
Lindsay RHC	
Exeter RHC	
Woodlake RHC	
Dinuba RHC	
Tulare RHC	
Charge Nurse Curriculum Compliance	
Sequoia Regional Cancer Center Medical Oncology Compliance & Privacy	
Willow Clinics & Akers	
Urgent Care Clinics	
Quarterly Physician Office Staff Meeting	
Prevention and Monitoring:	
Organization-Wide Risk Assessment Process	
Fomalized Partnership with legal/compliance focused process	
Third-Party Review of Compliance Program	

Agenda item intentionally omitted