√ Included in the PDF posted on December 9, 2022

PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

MEETING AGENDA

Monday, December 12, 2022
OPEN SESSION: 5:30PM

Location: REMOTE VIA ZOOM

Open Session : Remote Via Zoom

Join Zoom Meeting
https://us02web.zoom.us/j/84882854386?pwd=aDRWRVBiODRyZ2lTWFB2Q1VvdVJtQT09

Meeting ID: 848 8285 4386
Passcode: 244223
One tap mobile
+16694449171,,84882854386#,,,,*244223# US
+16699006833,,84882854386#,,,,*244223# US (San Jose)

Dial by your location
+1 669 444 9171 US
+1 669 900 6833 US (San Jose)
Meeting ID: 848 8285 4386
Passcode: 244223
Find your local number: https://us02web.zoom.us/u/kcopSD7hYU

Office of the Clerk: 510-263-8223

Members of the public who wish to comment on agenda items will be given an opportunity before or during the consideration of each agenda item. Those wishing to comment must complete a speaker card indicating the agenda item that they wish to address and present to the District Clerk. This will ensure your opportunity to speak. Please make your comments clear and concise, limiting your remarks to no more than three (3) minutes.

I.	**Call to Order**	Gayle Codiga, Vice President
II.	**Roll Call**	Alixandria Williams
III.	**General Public Comments**	
IV.	√ **Brown Act Resolution** ENCLOSURE (pages 5-6)	Tom Driscoll
V.	**Adjourn into Executive Closed Session**	
VI.	**Closed Session Agenda**	

√ Included in the PDF posted on December 9, 2022

	A.	Call to Order	Gayle Codiga, VP
	B.	Report on Healthcare Trade Secrets	Health and Safety Code Sec. 32106
	C.	Litigation Issue	Govt code Section 54956.9
	D.	Annual Evaluation and Contract Review of Executive Director	Gov't Code Sec 54957

VII. Adjourn to Open Session

VIII. Reconvene to Public Session

IX. Announcements From Closed Session Gayle Codiga, Chair

X. REGULAR SESSION AGENDA

✔	A.	Recognition of Resigning Board Member - Tracy Jensen ENCLOSURE (Page. 7)	Gayle Codiga, VP
	B.	Administration of Oath of Office for District Board Director, David Sayen	Gayle Codiga, VP
	C.	Election of President for City of Alameda HealthCare District Board of Directors and Recommendation for Board Member with AHS Board of Trustees	Gayle Codiga, VP

B.	YTD AHS Reports		
	1)	Alameda Health System / Alameda Hospital Update	No Report Submitted
	2)	Patient Experience	No Report Submitted
✔	3)	Financial Update ENCLOSURE (pages.8- 26)	Written Presentation Only
	4)	Update on AHS Managed Care Contracts ENCLOSURE (pages. 26 - 35)	Sandra Wellington, Manager, Payor Relations
	5)	Alameda Hospital Medical Staff Update	Dr. Nikita Joshi

C.	District & Operational Updates **INFORMATIONAL**		
	1)	District Reports	
		a. President's Report 1. Update on Expiration of State Emergency Status	Gayle Codiga, VP

√ Included in the PDF posted on December 9, 2022

		b. Alameda Hospital Liaison Report	Robert Deutsch, MD
✔		c. Process for Appointment of New Board Members ENCLOSURE (pages.	Debi Stebbins
		d. Executive Director Verbal Report	Debi Stebbins
		e. Alameda Hospital Seismic Planning Committee Report	Gayle Codiga Robert Deutsch, MD

D.	Consent Agenda		
✔	1)	Acceptance of Minutes, October 10, 2022 ENCLOSURE (pages.	
✔	2)	Acceptance of September and October 2022 Financial Statements ENCLOSURE (pages.	

E.	Action Items		
✔	1)	Proposed Calendar Dates for District Board of Directors Meetings 2023 ENCLOSURE (page.	Debi Stebbins
✔	2)	Approval of New Contract for Advocacy Services with MJM Advocacy Group ENCLOSURE (page.	Debi Stebbins
✔	3)	Approval of FY 2021- 2022 Parcel Tax TrueUp transfer to Alameda Health System ENCLOSURE (page.	Debi Stebbins
	4)	Renewal of Contract with Executive Director	Gayle Codiga

F.	February 13, 2023 Agenda Preview	
	1)	Acceptance of December 12, 2022 Meeting Minutes
	2)	Update on District - AHS Joint Planning Committee
	3)	Election of New Officers and Liaisons
	4)	Installation of New Board Member

G.	Informational Items: YTD AHS Reporting (CAO Hospital, Quality, Financial, medical Staff)	
	1)	General Public Comments
	2)	Board Comments

XI. Adjournment

√ Included in the PDF posted on December 9, 2022

Next Scheduled Meeting Dates (2nd Monday, every other month or as scheduled) **February 13, 2023**	Open Session : 5:30 PM

City of Alameda
HEALTH CARE DISTRICT

CITY OF ALAMEDA HEALTH CARE DISTRICT

MEETING DATE: December 12, 2022

TO: City of Alameda Health Care District, Board of Directors

FROM: Deborah E. Stebbins, Executive Director

SUBJECT: Authorization to Continue the Use of Teleconferences

Whereas, on September 10, 2021, both houses of the California Legislature voted to approve AB 361 (Rivas), "Open Meetings: State and Local Agencies: Teleconferences." The Governor signed AB 361 and it took effect immediately as an urgency statute; and

Whereas, A.B. 361 amended Government Code section 54953 to provide more clarity on the Brown Act's rules and restrictions surrounding the use of teleconferencing to conduct meetings during a declared state of emergency as defined under the California Emergency Services Act. In addition, the District Board must determine that, as a result of the emergency, meeting in person presents imminent risks to the health or safety of attendees; and

Whereas, if those circumstances apply, then the amended Brown Act provides an exemption from certain of the Brown Act's existing requirements and creates alternate measures to protect the statutory and constitutional rights of the public to appear before local legislative bodies. When the District Board elects to hold a virtual or remote meeting because the emergency and public health and safety criteria are met, the following alternate set of requirements apply:

1. The District must provide adequate notice of the meeting and post an agenda as otherwise required by the Brown Act;

2. Where there is a disruption in the public broadcast of the call-in or internet-based meeting service, the District Board must take no further action on agenda items until public access is restored;

3. The District is prohibited from requiring public comments to be submitted in advance of the meeting and cannot close the comment period or opportunity to register online until the timed public comment period has elapsed; and

4. The District Board, acting under these teleconference exemptions, must make periodic findings about whether the circumstances explained above apply. Specifically:
    - The Board must find that it considered/reconsidered the circumstances of the state of emergency and that one of the following circumstances exist: (i) the emergency continues to directly impact the ability of members to safely meet in person, or (ii) state or local officials continue to impose or recommend measures to propose social distancing.
    - If the District Board cannot make these findings by majority vote, then it will no longer be exempt from the physical public access, quorum, and public comment opportunity rules applied to teleconference meetings under subsection 54953(b)(3) of the Brown Act.

CITY OF ALAMEDA HEALTH CARE DISTRICT

NOW THEREFORE, BE IT RESOLVED THAT:

1. This Board finds that, after due consideration of the current circumstances of the state of emergency caused by the pandemic, the emergency continues to directly impact the ability of members and the public to safely meet in person; and
2. Prior to conducting any business described on a posted agenda for a duly called future meeting, this Board shall find that it reconsidered the circumstances of the state of emergency and that one of the following circumstances exists at the time of such meeting: (i) the emergency continues to directly impact the ability of members to safely meet in person, or (ii) state or local officials continue to impose or recommend measures to propose social distancing.

City of Alameda
HEALTH CARE DISTRICT

Resolution 2022 - 5

RESOLUTION IN RECOGNITION AND APPRECIATION OF

DISTINGUISHED SERVICE BY TRACY JENSEN

WHEREAS, the City of Alameda Health Care District mission is:

- to ensure maintenance and operation of Alameda Hospital and other health care facilities in the City of Alameda in conjunction with Alameda Health System,
- to collect, disburse review and educate the community on the use of taxes collected under the authority of the District,
- to be a leader for the health and well-being of the residents and visitors to the District;

WHEREAS, Tracy Jensen has devoted her career to furthering policy development at a federal, state and local level and developing programs that address and improve the quality of life and health care of residents of the City of Alameda and Alameda County;

WHEREAS, Tracy Jensen has served as a member of the Board of Directors of the City of Alameda Health Care District and the liaison member of the District Board on the Alameda Health System Board of Trustees since 2014;

WHEREAS, during her service on the Board of Directors Tracy Jensen has provided invaluable insight, perspective and guidance to the Board of Directors to assist the organization in in fulfilling its mission;

WHEREAS, during her service on the District Board, Tracy Jensen has worked to ensure that Alamedans receive the highest quality of care and access to essential health care services through the maintenance of facilities and creation of innovative programs;

WHEREAS, in her dual roles on the Boards of the City of Alameda Health Care District and Alameda Health System, Tracy Jensen has played an essential role in ensuring effective collaboration between the two organizations, supporting the intent of the Joint Powers Agreement established in 2014;

WHEREAS, Tracy Jensen is moving on in the next stage of her career in community leadership to serve as an elected member of the City of Alameda City Council;

NOW, THEREFORE BE IT RESOLVED, that the City of Alameda Health Care District acknowledges and extends its gratitude to Tracy Jensen for her distinguished service to the Board of Directors and her lasting contributions to the communities of Alameda and Alameda County.

As adopted this 12th day of December, 2022 by the Alameda HealthCare District Board of Directors.

Gayle Codiga
First Vice President

ALAMEDA HEALTH SYSTEM

Alameda District Board Presentation 12/12/2022

Financial Report
AHD Key Facts

- Alameda District Hospital acute average daily census runs approximately 55% occupancy; mostly admissions coming through the ED. YTD census is 36.2.
  - Med surg and Tele (58 beds)
  - ICU census (8 Beds)
  - Clinics include Wound Care Clinic & Marina Wellness Center
- Skilled Nursing runs at approximately 86% capacity; mostly admissions from AHS hospitals.
  - Hospital (Subacute 35 beds)
  - Park Bridge (120 beds) and
  - South Shore (26 beds)

September Financial Report
Volume Highlights – Alameda Acute

	September	BUDGET	# VAR	% VAR	YTD	BUDGET	# VAR	% VAR	PYTD	# VAR	% Var
AHD											
Acute Care											
Patient Days	1,096	706	390	55.2 %	3,332	2,247	1,085	48.3 %	2,462	870	35.3 %
Discharges	222	181	41	22.7 %	666	541	125	23.1 %	550	116	21.1 %
Average Daily Census	*36.5*	*23.5*	13.0	55.2 %	*36.2*	*24.4*	11.8	48.3 %	*26.8*	9.5	35.3 %
Average Length of Stay	*4.9*	*3.9*	1.0	26.7 %	*5.0*	*4.2*	0.9	20.5 %	*4.5*	0.5	11.6 %
Occupancy	55%	36%	19.7 %		55%	37%	17.9 %		41%	*14.3 %*	
Observation Equiv Days	77	70	7	10.0 %	364	199	165	82.9 %	315	49	15.6 %
CMI	1.400	1.523	(0.123)	(8.1)%	1.414	1.523	(0.109)	(7.2)%	1.523	(0.109)	(7.2)%
AHD Medicare CMI	1.457	1.501	(0.044)	(2.9)%	1.538	1.522	0.016	1.1 %	1.522	0.016	1.1 %
AHD Medicare LOS	4.4	4.2	0.2	4.8 %	5.0	5.1	(0.1)	(2.0)%	5.1	(0.1)	(2.0)%
Surgeries	79	134	(55)	(41.0)%	335	414	(79)	(19.1)%	423	(88)	(20.8)%
IP Surgeries	18	34	(16)	(47.1)%	80	87	(7)	(8.0)%	83	(3)	(3.6)%
OP Surgeries	61	100	(39)	(39.0)%	255	327	(72)	(22.0)%	340	(85)	(25.0)%
Emergency Visits	1,350	1,144	206	18.0 %	4,163	3,633	530	14.6 %	3,650	513	14.1 %
Deliveries	-	-	-	0.0 %	-	-	-	0.0 %	-	-	0.0 %
Clinic Visits	1,083	1,055	28	2.6 %	3,243	3,101	142	4.6 %	3,084	159	5.2 %
										-	0.0 %
Paid FTEs	401	368	(33)	(9.0)%	394	366	(28)	(7.7)%	370	24	6.5 %
Prod FTEs	336	308	(28)	(9.1)%	338	301	(37)	(12.3)%	321	17	5.3 %
Paid FTE Per AOB	7.80	11.16	3.36	30.1 %	7.64	10.75	3.11	28.9 %	9.70	(2.06)	(21.2)%
Worked Hours per AD	188	208	20	9.6 %	187	210	23	11.0 %	215	(28)	(13.0)%
Worked Hours per APD	37.0	53.0	16.0	30.2 %	37.0	50.0	13.0	26.0 %	48.0	(11.0)	(22.9)%
Adjusted Discharges	313	254	59	23.3 %	948	754	194	25.8 %	784	164	20.9 %
Adjusted Patient Days	1,543	989	554	56.0 %	4,745	3,132	1,612	51.5 %	3,511	1,234	35.1 %

September Financial Report
Volume Highlights – Alameda Skilled Nursing

	September	BUDGET	# VAR	% VAR	YTD	BUDGET	# VAR	% VAR	PYTD	# VAR	% Var
SNF											
Patient Days	4,666	5,094	(428)	(8.4)%	14,389	15,559	(1,170)	(7.5)%	14,374	15	0.1 %
Bed Holds	39	47	(8)	(17.0)%	148	110	38	34.5 %	99	49	49.5 %
Discharges	10	14	(4)	(28.6)%	27	48	(21)	(43.8)%	50	(23)	(46.0)%
Average Daily Census	*155.5*	*169.8*	*(14.3)*	*(8.4)%*	*156.4*	*169.1*	*(12.7)*	*(7.5)%*	*156.2*	*0.2*	*0.1 %*
Average Length of Stay	*466.6*	*363.9*	*102.7*	*28.2 %*	*532.9*	*324.2*	*208.8*	*64.4 %*	*287.5*	*245.5*	*85.4 %*
Occupancy	*86%*	*94%*	*(7.9)%*		*86%*	*93%*	*(7.0)%*		*55%*	*31.4 %*	
Paid FTEs	214	198	*(16.0)*	*(8.1)%*	196	197	*1.0*	*0.5 %*	204	(8)	(3.9)%
Prod FTEs	173	171	*(2.0)*	*(1.2)%*	165	168	*3.0*	*1.8 %*	178	(13)	(7.3)%
Paid FTE Per AOB	0.98	0.83	*(0.15)*	*(18.1)%*	0.88	0.84	*(0.04)*	*(4.8)%*	0.92	(0.04)	(4.3)%
Worked Hours per AD	2,287	1,467	*(820.0)*	*(55.9)%*	2,250	1,345	*(905.0)*	*(67.3)%*	1,314	936	71.2 %
Worked Hours per APD	5.0	4.0	*(1.0)*	*(25.0)%*	4.0	4.0	-	*0.0 %*	5.0	(1.0)	(20.0)%
Adjusted Discharges	10	14	*(4.0)*	*(28.5)%*	27	48	*(21.0)*	*(43.7)%*	50	(23)	(46.0)%
Adjusted Patient Days	4,680	5,104	*(424.2)*	*(8.3)%*	14,432	15,590	*(1,158.0)*	*(7.4)%*	14,417	15	0.1 %
Payor Mix											
Insurance	9.06%	3.67%	5.4 %	146.7 %	7.55%	3.73%	3.8 %	102.5 %	7.33%	*0.2 %*	3.0 %
Medi-Cal	39.06%	40.38%	(1.3)%	(3.3)%	38.82%	40.27%	(1.5)%	(3.6)%	49.92%	*(11.1)%*	(22.2)%
Medi-Cal MC	19.09%	15.02%	4.1 %	27.0 %	18.20%	15.08%	3.1 %	20.7 %	15.91%	*2.3 %*	14.4 %
Medicare	24.08%	28.20%	(4.1)%	(14.6)%	25.14%	28.21%	(3.1)%	(10.9)%	22.22%	*2.9 %*	13.1 %
Medicare MC	7.00%	6.46%	0.5 %	8.4 %	6.64%	6.46%	0.2 %	2.7 %	5.45%	*1.2 %*	21.8 %
Other Govt	1.69%	3.71%	(2.0)%	(54.5)%	2.31%	3.69%	(1.4)%	(37.5)%	3.46%	*(1.2)%*	(33.4)%
Self Pay	0.02%	2.55%	(2.5)%	(99.1)%	1.36%	2.56%	(1.2)%	(47.0)%	-4.29%	*5.7 %*	(131.6)%

September 2022 Financial Report
Alameda District Hospital Financial Statement

In Thousands	MTD	YTD
Operating Revenue ----------		
Net Patient Revenue	$8,526	$25,787
Capitation Revenue	354	1,063
Other Government Programs	1,851	5,561
Other Revenues	437	1,287
Total Revenue - All Sources	**11,169**	**33,699**
Budget Revenue	*9,601*	*29,016*
Collection %	***15.7%***	***15.2%***
Budget Collection %	*14.3%*	*14.2%*
Operating Expenses ----------		
Salaries & Benefits	9,931	29,271
Purchased Services	1,239	3,353
Materials and Supplies	1,394	3,549
Facilities	418	1,262
Depreciation	275	828
General & Administration	113	184
Total Operating Expenses	**13,369**	**38,448**
Budget Expenses	***10,344***	*31,505*
Contribution Margin	**(2,200)**	**(4,749)**
Budget Contribution Margin	*(743)*	*(2,488)*

- Monthly Operating Reviews (MOR) with each entity leaders/managers underway and have identified opportunities for improvement. Implementing action plans.
  - Bridge plans to close financial gap in process
- Next Steps
  - Add entity Key Statistics
  - Allocate Performance Improvement Initiatives
  - Validate Revenue and understand collection ratios
  - Continue work to direct cost all feasible expenses
  - Physician expense/EBMG reporting moving forward
  - Develop service line financial statements for next year FY24
    - Examples: Cardiology, Post Acute, Behavioral Health

September Financial Report
AHD Acute Highlights

- Alameda District Hospital acute average daily census was 36.5 in September which is 55% occupancy. Census has increased over budget for the month with a YTD of 36.2.
- Acute Volume and Revenue Highlights:
  - CMI is at 1.4 is 8.1% below budget for the month and 7.2% below both budget YTD and PY, indicating an expected lower LOS.
  - LOS decreased in the month to 4.9; however, exceeding budget by 26.7%. YTD LOS is 5.0 and PY was 4.5.
    - Challenges with placement and delays with transportation are driving up LOS.
  - Observation days has increased to 77 and is above budget of 70.
  - Surgeries decreased to 79 in September below budget of 134 due to delay in dropping charges; surgery days were also decreased due to the holiday and the OR being closed 2 days due to heat and chiller not being in service. The majority of surgeries are in Ophthalmology & Gynecology.
    - OP Surgery is below budget by 39 and 39%; YTD below budget by 22%
    - IP Surgery is below budget by 66 and 47.1%; YTD below budget by 8%
- Expenses
  - Registry and Overtime are above budget due to staffing shortages and difficulty recruiting.
    - Plans to meet with the Union regarding adding 12 our work shifts
    - New grad nurse program and training programs for the ED and CCU
    - Advocating for earlier discharge times

September Financial Report
AHD Skilled Nursing Highlights

- Skilled Nursing
  - Park Bridge and AH Sub-Acute are in outbreak status and admissions hindered.
  - Discharges at 10 were below budget of 14 due to Covid positive status in the facilities.
  - South Shore sewer pipe issue – unable to admit. Moving patients to Fairmont H once license is approved.

Appendix

AHS Finance Committee Presentation

ALAMEDA HEALTH SYSTEM

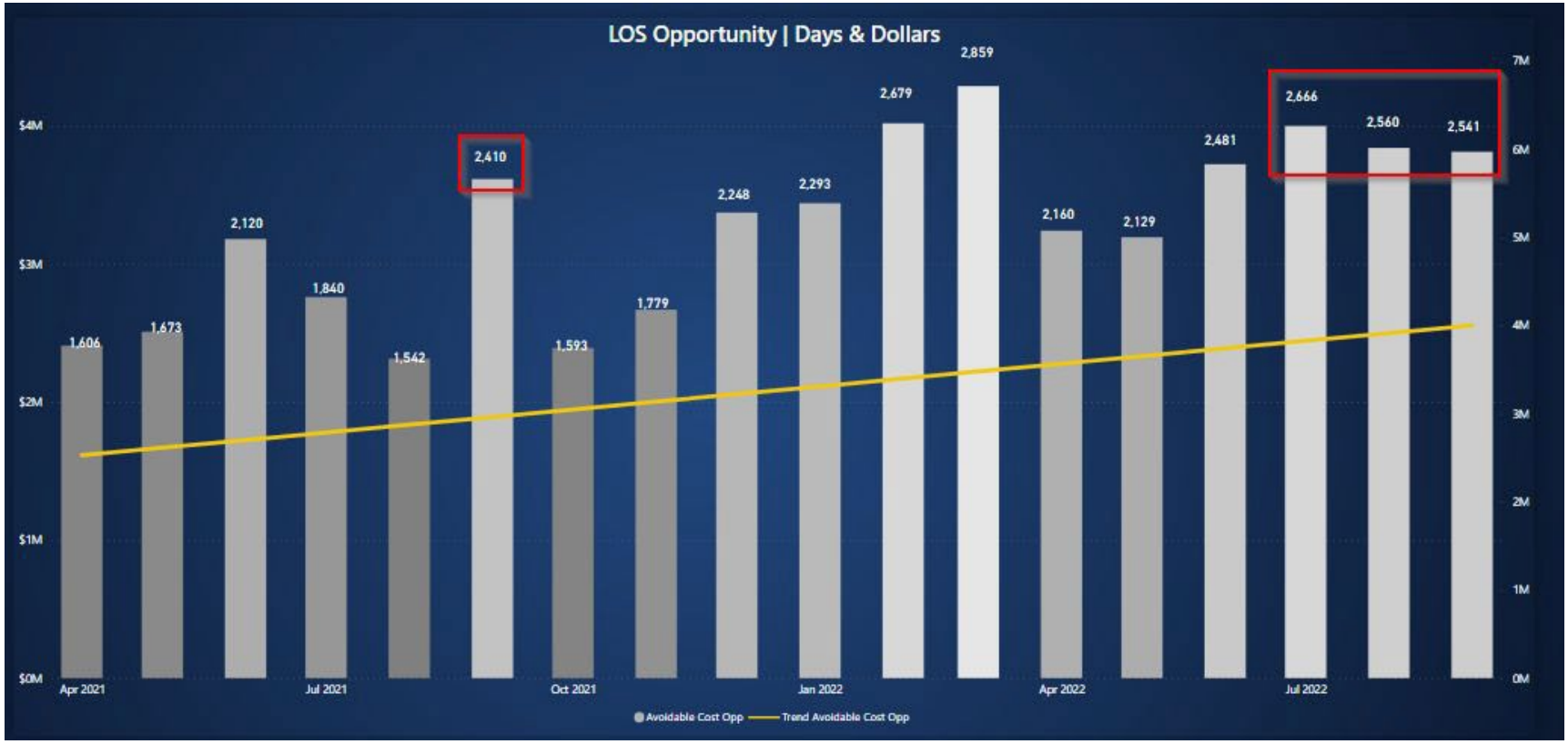
September 2022 Financials
Finance Committee 11/02/2022

September 2022 Financial Report
Volume Highlights

	September	BUDGET	#VAR	%VAR	YTD	BUDGET	#VAR	%VAR	PYTD	#VAR	%Var
ACUTE											
Acute Patient Days	9,603	8,264	1,339	16.2 %	28,987	25,634	3,353	13.1 %	25,898	3,089	11.9 %
Acute Discharges	1,475	1,571	(96)	(6.1)%	4,427	4,787	(360)	(7.5)%	4,684	(257)	(5.5)%
Average Daily Census	320.1	275.5	44.6	16.2 %	315.1	278.6	36.5	13.1 %	281.5	33.6	11.9 %
Average Length of Stay	6.5	5.3	1.2	22.6 %	6.6	5.4	1.2	22.2 %	5.5	1.1	20.0 %
Acute Adjusted Discharges	2,302	2,400	(98)	(4.1)%	6,818	7,300	(482)	(6.6)%	7,241	(423)	(5.8)%
Acute Adjusted Patient Days	14,990	12,627	2,363	18.7 %	44,640	39,092	5,548	14.2 %	40,038	4,602	11.5 %
CMI	1.537	1.517	0.020	1.3 %	1.541	1.528	0.013	0.9 %	1.528	0.013	0.9 %
ED Visits	7,799	7,858	(59)	(0.8)%	23,579	24,924	(1,345)	(5.4)%	24,132	(553)	(2.3)%
Trauma Cases	309	218	91	41.7 %	829	747	82	11.0 %	736	93	12.6 %
Observation Equiv Days	169	109	60	55.0 %	618	402	216	53.7 %	546	72	13.2 %
PES Equivalent Days	706	530	176	33.2 %	1,919	1,685	234	13.9 %	1,679	240	14.3 %
Surgeries	694	698	(4)	(0.6)%	2,164	2,085	79	3.8 %	2,011	153	7.6 %
IP Surgeries	340	392	(52)	(13.3)%	1,082	1,127	(45)	(4.0)%	1,067	15	1.4 %
OP Surgeries	354	306	48	15.7 %	1,082	958	124	12.9 %	944	138	14.6 %
Deliveries	134	138	(4)	(2.9)%	379	413	(34)	(8.2)%	395	(16)	(4.1)%
SNF											
SNF Patient Days	7,793	8,121	(328)	(4.0)%	23,902	25,134	(1,232)	(4.9)%	23,876	26	0.1 %
SNF Discharges	18	23	(5)	(21.7)%	47	94	(47)	(50.0)%	86	(39)	(45.3)%
Average Daily Census	259.8	270.7	(10.9)	(4.0)%	259.8	273.2	(13.4)	(4.9)%	259.5	0.3	0.1 %
Average Length of Stay	432.9	353.1	80	22.7 %	508.6	267.4	241	90.1 %	277.6	231.0	83.2 %
CLINIC VISITS	28,295	30,596	(2,301)	(7.5)%	86,004	91,204	(5,200)	(5.7)%	87,643	(1,639)	(1.9)%
Clinic Visits	24,227				73,481				68,443	5,038	7.4 %
Telehealth	4,068				12,523				19,200	(6,677)	(34.8)%
Physician wRVU	96,190	83,588	12,602	15.1 %	287,248	261,718	25,530	9.8 %	86,099	201,149	233.6 %
Total Adjusted Discharges	2,262	2,405	(143)	(5.9)%	6,698	7,342	(644)	(8.8)%	7,208	(510)	(7.1)%
Total Adjusted Patient Days	26,358	24,722	1,636	6.6 %	79,185	76,360	2,825	3.7 %	75,218	3,967	5.3 %

September 2022 Financial Report
Length of Stay – Variance Opportunity

Acute Care Hospitals: HGH, SLH (excludes Rehab), AH



- LOS Variance Days: The total # of actual days in a bed in excess of the allowed # of days from national and State regulatory acuity models. September: 2,541 days
- LOS Variance Dollars: The AHS estimated additional cost of resources due to the variance days (calculated at $1,500/day). September: $3.8M. Does not include the opportunity cost of the bed being available to another patient (weighted average per diem reimbursement $3,500).

September 2022 Financial Report
Length of Stay – Outlier > 20 day variance

Root Cause Trend | > 20 Day Variance by Organization

Graph Filters

Fiscal Year | Fiscal Quarter Ye | Fiscal Month Yea | Org Name | Hospital Service | Hospital Service

of Cases | > 20 LOS Variance

Year	2021									2022								
Org Name	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September
Alameda Hospital Parent	1	1	1	2	1	1	4		2	3	8	8	3	3	3	3	3	3
Highland Hospital Parent	13	8	13	15	8	15	4	9	13	17	14	15	7	8	22	20	24	19
John George Psychiatric Hospit...	3	7	12	4	8	12	10	12	2	9	6	9	13	14	13	11	11	11
San Leandro Hospital Parent		1	1	1		4			2	1	4	2		4	1	2	1	5
Total	**17**	**17**	**27**	**22**	**17**	**32**	**18**	**21**	**19**	**30**	**32**	**34**	**23**	**29**	**39**	**36**	**39**	**38**

Days Variance | > 20 LOS Variance

Year	2021									2022								
Org Name	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September
Alameda Hospital Parent	60	30	164	52	43	36	120		45	79	338	380	282	97	91	306	74	130
Highland Hospital Parent	372	413	551	449	303	772	109	270	429	545	479	534	326	233	732	664	842	698
John George Psychiatric Hospit...	120	212	629	141	258	533	366	398	118	310	546	281	355	618	506	317	373	374
San Leandro Hospital Parent		54	31	24		151			76	24	256	106		220	26	77	36	159
Total	**552**	**709**	**1,374**	**666**	**605**	**1,491**	**594**	**669**	**668**	**959**	**1,618**	**1,301**	**962**	**1,168**	**1,355**	**1,363**	**1,326**	**1,360**

- Reflects ONLY cases that stay at least 20 or more days beyond the expected LOS from regulatory models. Outlier cases made up 41.4% of the total opportunity days in September; outlier days have increased significantly since January.
  - HGH decreased in the number of cases and days with > 20 LOS outlier variance cases over last month.
  - SLH increased in the number of cases and days with > 20 LOS outlier variance cases over last month.

September 2022 Financial Report
Length of Stay – Discharge Disposition

Discharge Disposition as a Root Cause

Home ranks #1 consistently

LOS Variance | Disposition Mo to Mo

Fiscal Month Year	Jan 2022			Feb 2022			Mar 2022			Apr 2022			May 2022			Jun 2022			Jul 2022			Aug 2022			Sep 2022		
Patient Discharge Dispstn	Rank	Excess Days	% Change	Rank	Excess Days	% Change	Rank	Excess Days	% Change	Rank	Excess Days	% Change	Rank	Excess Days	% Change	Rank	Excess Days	% Change	Rank	Excess Days	% Change	Rank	Excess Days	% Change	Rank	Excess Days	% Change
Home/Assisted Living/Group Home/Board and Care	1	223	168%	4	213	-5%	3	123	-42%	1	185	50%	1	251	35%	1	244	-3%	1	386	58%	1	341	-12%	1	380	11%
Skilled Nursing Facility (SNF)	2	189	-7%	3	226	19%	1	471	109%	9	21	-96%	11	22	4%	1	226	953%	2	273	20%	4	139	-49%	2	252	81%
Psych Hospital	7	57		2	243	330%	2	126	-48%	5	122	-3%	5	91	-25%	3	215	135%	4	108	-50%	3	204	90%	13		-100%
Another Acute Care Inpatient Hospital	4	104	34%	12		-100%	8	51		4	139	174%	1	236	71%	3	199	-16%	3	181	-9%	2	297	65%	7	84	-72%
Home with Home Health	3	145		1	249	72%	11	33	-87%	6	120	263%	3	189	57%	9	51	-73%	5	103	100%	12		-100%	6	85	
Health Care Institution not defined elsewhere	11		-100%	9	84		4	108	29%	7	48	-55%	4	158	229%	5	82	-48%	9	46	-44%	6	88	90%	3	186	111%
Expired	11		-100%	5	150		7	62	-59%	2	148	139%	7	53	-64%	8	69	30%	8	51	-26%	5	105	108%	4	143	36%
Long Term Care (LTCH)	11		-100%	8	110		9	49	-55%	3	146	196%	13		-100%	12	23		13		-100%	11			5	89	
Still a patient	6	68	83%	10	28	-59%	6	91	229%	11		-100%	6	89		6	82	-8%	13		-100%	11			12		
Inpatient Rehab	8	50		7	145	191%	15		-100%	10			12			11	27		13		-100%	8	47		8	54	16%
Jail/Court/Law Enforcement	5	97		12		-100%	10	35		11		-100%	12			7	76		7	61	-20%	7	50	-18%	13		-100%
	10			3	170		12	22	-87%	11		-100%	8	30		15		-100%	10	34		12		-100%	11	21	
Hospice-Medical Facility	10			11			5	108		8	34	-68%	13		-100%	13	23		13		-100%	10	23		13		-100%
Hospice-Home	9	26		12		-100%	14			10			9	28		15		-100%	6	100		9	32	-69%	9	39	22%
Against Medical Advice/AMA	11		-100%	11			13	21		11		-100%	10	23		10	37	64%	11	21	-43%	12		-100%	10	28	

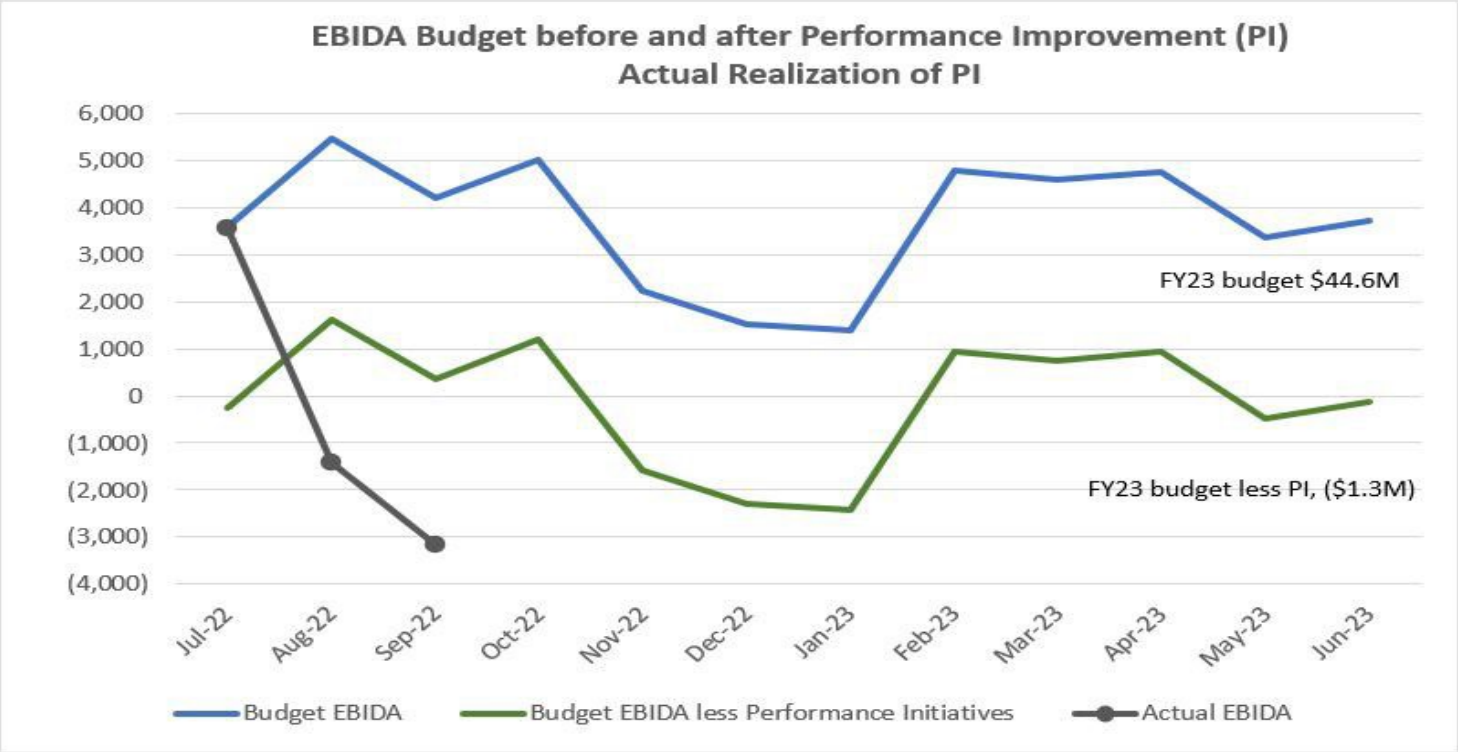
- Discharge Disposition HOME - ranks as the #1 Barrier for the last 7 of 9 months (Home/Assisted Living/Group Home/Board & Care)
- Discharge Disposition SNF - ranks as the #2 barrier for the last 5 of 9 months (Skilled Nursing Facility)

September 2022 Financial Report Highlights

- Operating Revenue is favorable $9.1M and 9.1%. YTD is favorable $20.9M and 6.9%.
- Operating Expense is unfavorable $16.4M and 17.2%. YTD is unfavorable by $35.2M and 12.1%.
- Net Loss is $3.2M and unfavorable to budget by $7.5M. YTD Net Income is $1.1M and unfavorable by $14.5M.
- EBIDA is a negative $3.2M resulting in a negative EBIDA Margin of 2.9%; below budget by $7.3M. YTD is a negative $1.0M with a negative EBIDA Margin of 0.3%; below budget by $14.2M.

	September 2022				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	$ 108,971	$ 99,912	$ 9,059	9.1%	$ 324,303	$ 303,391	$ 20,912	6.9%	$ 278,575	16.4%
Operating expense	112,064	95,631	(16,433)	(17.2)%	325,065	289,892	(35,173)	(12.1)%	276,444	(17.6)%
Operating income (loss)	**(3,093)**	**4,281**	**(7,374)**	**(172.2)%**	**(762)**	**13,499**	**(14,261)**	**(105.6)%**	**2,131**	**(135.8)%**
Other non-operating activity	(101)	(25)	(76)	(304.0)%	(296)	(75)	(221)	(294.7)%	(246)	(20.5)%
Net Income (loss)	**$ (3,194)**	**$ 4,256**	**$ (7,450)**	**(175.0)%**	**$ (1,058)**	**$ 13,424**	**$ (14,482)**	**(107.9)%**	**$ 1,885**	**(156.1)%**
EBIDA adjustments	42	(71)	113		45	(214)	259		2,273	
EBIDA	**$ (3,152)**	**$ 4,185**	**$ (7,337)**		**$ (1,013)**	**$ 13,210**	**$ (14,223)**		**$ 4,159**	
Operating Margin	(2.8)%	4.3%	(7.1)%		(0.2)%	4.4%	(4.6)%		0.8%	
EBIDA Margin	(2.9)%	4.2%	(7.1)%		(0.3)%	4.4%	(4.7)%		1.5%	

September 2022 Financial Report
Performance Improvement Status



Best Initiatives net of fees ($23.4 million)
- Care Optimization, $12.4 million
- Revenue Cycle, $6.8 million
- Supply Chain, $2.9 million
- Pharmacy, $1.3 million

Internal Initiatives ($22.5 million)
- Registry utilization and rates, $11.0 million
- Payor Contracting, $3.9 million
- Highland FQHC Clinics, $3.7 million
- Overtime Reduction, $2.6 million
- Other (net of strategy) $1.3 million

September 2022 Financial Report
Net Patient Services Revenue Highlights

- Gross patient service revenue is favorable to budget by $22.9M and 7.4% due to patient days exceeding budget by 16.2% and trauma cases exceeding budget by 91 cases in the month. The average length of stay is 6.5 and unfavorable 1.2 days and 22.6%. YTD is 6.6 and above PYTD of 5.5 and 20.0%.
  - CMI is above budget for the month by 1.3% which partially supports the higher LOS. YTD is above budget by 0.9% and higher than prior year by 0.9%
- NPSR Collection ratio was 19.6% and higher than budget by 1.4%. YTD was 19.0% and 0.8% higher than budget. Trauma volume and Commercial payer mix were above budget for the month and year.
  - Finance will need to monitor accounts with longer length of stay as collections may not be realized consistent with trend represented in the Zero Balance Analysis used to value AR.

	September 2022				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	$ 201,682	$ 188,378	$ 13,303	7.1%	$ 615,383	$ 579,230	$ 36,153	6.2%	$ 552,792	11.3%
Outpatient service revenue	103,915	95,851	8,064	8.4%	305,977	291,989	13,989	4.8%	282,573	8.3%
Professional service revenue	29,067	27,509	1,557	5.7%	86,461	85,809	652	0.8%	82,292	5.1%
Gross patient service revenue	334,663	311,739	22,924	7.4%	1,007,822	957,028	50,794	5.3%	917,657	9.8%
Deductions from revenue	(269,209)	(254,942)	(14,267)	(5.6)%	(816,499)	(782,984)	(33,516)	(4.3)%	(765,479)	6.7%
Net patient service revenue	**65,454**	**56,796**	**8,657**	**15.2%**	**191,322**	**174,044**	**17,278**	**9.9%**	**152,179**	**(25.7)%**
Collection % - NPSR	19.6%	18.2%	1.4%		19.0%	18.2%	0.8%		16.6%	
Capitation and HPAC	3,919	3,835	83	2.2%	11,736	11,506	229	2.0%	11,519	1.9%
Other government programs	36,057	35,846	212	0.6%	110,826	107,537	3,289	3.1%	104,874	5.7%
Other operating revenue	3,541	3,435	106	3.1%	10,420	10,304	116	1.1%	10,003	4.2%
Total operating revenue	**$ 108,970**	**$ 99,912**	**$ 9,058**	**9.1%**	**$ 324,304**	**$ 303,391**	**$ 20,912**	**6.9%**	**$ 278,575**	**16.4%**

23

September 2022 Financial Report
Governmental and Other Revenue Highlights

- Other government programs was favorable for the month by $0.2M, driven by offsetting adjustments.
  - Additional revenue for GPP CY22 Q3 ($2.9M) based on DHCS letter.
  - Moved GME FY21 settlement ($3.0M) back to FY22 as part of the audit adjustments.

  YTD over budget by $3.3M driven by GPP CY22 a ($3.0M) based on letter from DHCS.

- Other operating revenue was favorable for the month $0.1M, driven by higher retail pharmacy ($0.5M) offset by timing of Grant Revenue ($0.3M).
  - The 340b regulations effective 1/01/22 limit the benefit of accessing lower cost drugs as Medi-Cal scripts are now reimbursed at cost plus a flat fee.
  - YTD over budget $0.1M, driven by higher retail pharmacy ($1.1M), lower parking revenue ($0.2M) and timing of grant revenue ($0.8M).

	September 2022				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Net patient service revenue	65,454	56,796	8,657	15.2%	191,322	174,044	17,278	9.9%	152,179	(25.7)%
Capitation and HPAC	3,919	3,835	83	2.2%	11,736	11,506	229	2.0%	11,519	1.9%
Medi-Cal Waiver	11,090	8,208	2,882	35.1%	27,507	24,625	2,882	11.7%	21,677	26.9%
Measure A and parcel tax	10,734	10,734	0	0.0%	32,203	32,203	0	0.0%	32,203	0.0%
Supplemental Programs	14,233	16,903	(2,670)	(15.8)%	51,116	50,709	407	0.8%	50,991	0.2%
Other government programs	**36,057**	**35,846**	**212**	**0.6%**	**110,826**	**107,537**	**3,289**	**3.1%**	**104,874**	**5.7%**
Grant Revenue	1,126	1,388	(263)	(18.9)%	3,384	4,164	(781)	(18.7)%	2,819	20.1%
Other Operating Revenue	2,416	2,046	369	18.0%	7,036	6,139	896	14.6%	7,184	(2.1)%
Other operating revenue	**3,541**	**3,435**	**106**	**3.1%**	**10,419**	**10,304**	**116**	**1.1%**	**10,003**	**4.2%**
Total operating revenue	**$ 108,971**	**$ 99,912**	**$ 9,059**	**9.1%**	**$ 324,303**	**$ 303,391**	**$ 20,912**	**6.9%**	**$ 278,575**	**16.4%**

September 2022 Financial Report
Expense Highlights

- Operating Expense is $112.1M and unfavorable to budget by $16.4M and 17.2% . YTD unfavorable $35.2M and 12.1%
  - The Labor costs are discussed on next slide.
- Purchased Services is unfavorable $3.5M and 41.7% driven by Huron contingency fee ($2.4M), billing/collection fees ($0.3M), Covid related activity ($0.3M), RART grant ($0.2M) and remaining variance is across multiple areas. YTD, unfavorable $2.5M and 9.9%, driven by Huron contingency fee ($2.4M), Covid related activity ($0.4M), and HIM transcription services ($0.4M) offset by lower management consultants/services ($0.4M) and software licenses/hosting fees ($0.5M).
  - Audit adjustment will be reflected in October to push Huron contingency fees to period earned (FY22)
- Material and Supplies are unfavorable $2.2M and 26.0% driven by higher patient volumes for pharmaceuticals ($0.9M), surgical supplies ($0.4M), non-surgical medical supplies/PPE ($0.4M), and IT equipment ($0.2M). YTD, unfavorable $3.9M and 15.4%, driven by higher pharmaceuticals ($1.8M), non-surgical medical supplies ($1.2M), and surgical supplies ($0.9M).
- Other items are consistent with budget.

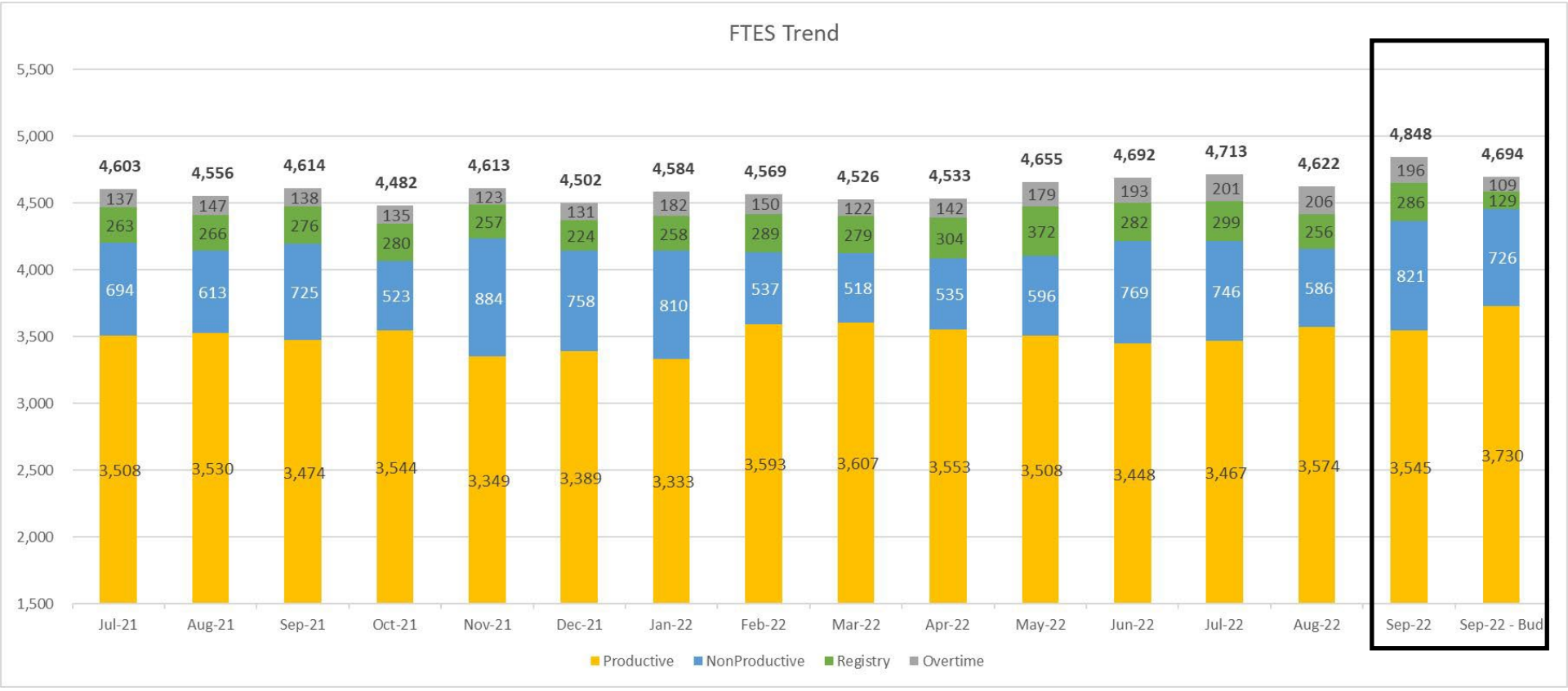
	September 2022				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	$ 77,828	$ 67,323	$ (10,505)	(15.6)%	$ 234,742	$ 205,159	$ (29,583)	(14.4)%	$ 201,540	(16.5)%
Physician contract services	3,369	3,284	(85)	(2.6)%	9,921	9,853	(68)	(0.7)%	9,011	(10.1)%
Purchased services	11,775	8,308	(3,467)	(41.7)%	27,404	24,934	(2,470)	(9.9)%	18,924	(44.8)%
Materials and supplies	10,803	8,572	(2,231)	(26.0)%	29,432	25,514	(3,918)	(15.4)%	25,166	(17.0)%
Facilities	3,541	3,243	(298)	(9.2)%	9,633	9,730	97	1.0%	8,612	(11.9)%
Depreciation	2,713	2,675	(38)	(1.4)%	8,066	8,024	(42)	(0.5)%	7,687	(4.9)%
General and administrative	2,035	2,226	191	8.6%	5,867	6,678	811	12.1%	5,505	(6.6)%
Total operating expense	**$ 112,064**	**$ 95,631**	**$ (16,433)**	**(17.2)%**	**$ 325,065**	**$ 289,892**	**$ (35,173)**	**(12.1)%**	**$ 276,444**	**(17.6)%**

September 2022 Financial Report
Expense Highlights

- Total Labor costs are unfavorable for the month $10.5M and 15.6%; Paid FTEs are unfavorable 154. YTD Labor costs are exceeding budget by $29.6M and 14.4%. YTD Paid FTE are unfavorable 61.
  - Salaries and registry combined are unfavorable to budget by $12.0M for the month and $28.8M for the year; increased volume of patient days (16.2% above budget), labor shortage, COVID leave coverage has created a greater need for registry at significantly higher rates and overtime is required.
    - Staff variances are overtime utilization ($1.7M/mo, $5.0M/yr), premium pay to encourage staff to accept extra shifts ($0.7M/mo, $1.8M/yr), Retention/bonus ($0.4M/mo, $1.3M/yr), budget miss ($0.6/mo and $1.6M/yr) and unrealized "BEST" savings ($1.4M/mo, $4.1M/yr).
    - Higher registry usage (157 FTE and $4.5M for month and 151 FTE and $12.2M for year) at higher rates ($1.6M and $4.0M) continues.
  - Physician wages are favorable for the month and YTD, reflecting recruitment dollars available in the PSA.
  - Employee Benefits are favorable $0.7M and 6.1% driven by lower FICA ($0.4M) and SUI quarterly adjustment ($0.3M). YTD unfavorable $1.4M and 4.3% driven by higher self-funded health expenditures ($2.0M) and workers compensation ($0.3M) offset by lower FICA ($0.8M).
  - Retirement approximate budget for the month. YTD reflects ACERA contribution for incentive/bonus payments.

	September 2022				Year-To-Date				FY 2022	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages	$ 49,184	$ 43,222	$ (5,962)	(13.8)%	$ 144,691	$ 132,082	$ (12,609)	(9.5)%	$ 130,570	(10.8)%
Salaries and wages (physicians)	6,702	7,279	577	7.9%	21,161	22,259	1,098	4.9%	18,185	(16.4)%
Registry	8,149	2,086	(6,063)	(290.7)%	22,625	6,391	(16,234)	(254.0)%	9,786	(131.2)%
Employee benefits (taxes, insurance)	10,566	11,254	688	6.1%	35,208	33,771	(1,437)	(4.3)%	30,822	(14.2)%
Retirement	6,012	6,267	255	4.1%	19,412	19,011	(401)	(2.1)%	17,877	(8.6)%
Retirement (deferred)	(2,785)	(2,785)	-	0.0%	(8,355)	(8,355)	-	0.0%	(5,700)	46.6%
Total labor costs	**$ 77,828**	**$ 67,323**	**$ (10,505)**	**(15.6)%**	**$ 234,742**	**$ 205,159**	**$ (29,583)**	**(14.4)%**	**$ 201,540**	**(16.5)%**
Compensation ratio	71.4%	67.4%	-4.0%		72.4%	67.6%	-4.8%		72.3%	
Paid FTEs	4,848	4,694	(154)	(3.3)%	4,726	4,665	(61)	(1.3)%	4,591	2.9%

September 2022 Financial Report
Analysis of Labor Expense



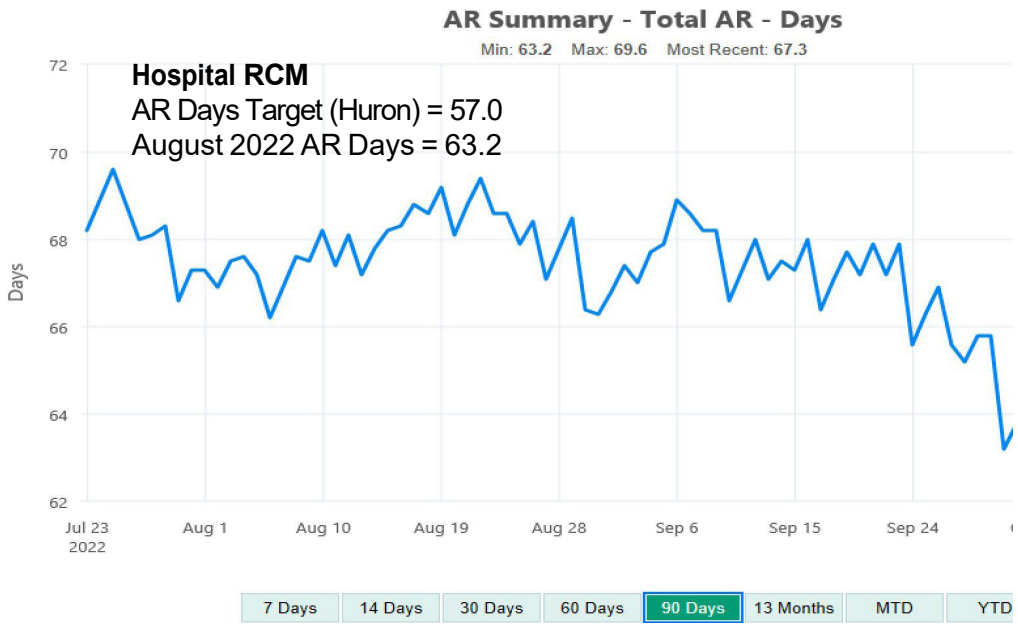
- September 2022 shows a negative variance of 154 Paid FTEs, due to overtime and registry FTEs is over budget due to increase in patient days. YTD variance is -61 FTEs.

September 2022 Financial Report
Balance Sheet Key Metrics

- Days in Cash is consistent and typically are below 5.0 days.
- Gross AR Days decreased 3.1 days and Net AR Days decreased 3.8 days. See next slide for additional detail.
- Days in Accounts Payable decreased due to timing of the check run and large invoices. The target is 30 days.
- Net Position is negative $58.7M and reflects the current month loss of $3.2M offset by year-end audit entries for FY22. The FY22 audited financial report will be shared with Audit Committee in November.
- Net Negative Balance is $4.6M and consistent with prior month. NNB consists of the loan of $30.2M plus the restricted cash of $25.6; and is below the June 30, 2023 ceiling of $110.0M.

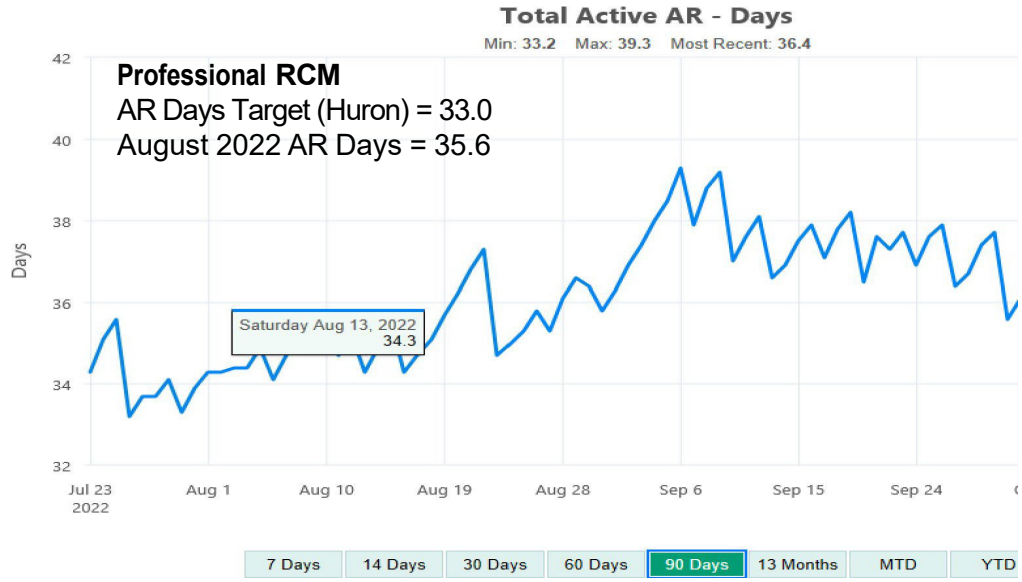
	Sep-22	Aug-22	FY 2022
Days in Cash	0.8	6.2	2.5
Gross Days in Patient Receivable	59.5	62.6	64.6
Net Days in Patient Receivable	38.3	42.1	43.8
Net Reimbursement Receivable/(Payable)	98,038	60,954	17,772
Net County Receivable/(Payable)	32,354	59,133	65,149
Days in Accounts Payable	31.8	37.1	36.9
% of AP Over 60 days	2.1%	1.3%	0.3%
Current Ratio	1.4	1.4	1.2
Net Position - Fund Balance/(Deficit)	$ (58,743)	$ (55,548)	$ (54,722)
Net Negative Balance - due from/(due to)	$ (4,571)	$ (3,937)	$ 51,226

September 2022 Financial Report
AR Trending



Hospital Revenue Cycle Key Indicators

- HB AR Days decreased by 3.6 days compared to prior month.
- HB payments posted (collections) were $60.1M for the month and the YTD trend is $55.6M.
- ParaRev AR (outsourced project) was $91.5M at 9/30/22; decreasing $9.5M from 7/30/22.
- Candidate for Billing continued to improve month over month. Target is <4 days - June CFB days was 7.9, September was 5.3 days.
- Continuous process improvement is underway in denial prevention.
  - DNFB Task Force
  - High risk and high dollar review
  - Clinical appeals. Nurse is trained and working on $30.0M in payer denials related to medical necessity.



Professional Revenue Cycle Key Indicators

- PB AR Days were decreased 0.2 compared to prior month.
- PB payments posted (collections) were $8.0M for the month and the YTD trend is $7.7M.
- Continuous process improvement is underway in denial prevention.
  - Denial trending by visit and procedure
  - Department Denial Task Force for prevention

September 2022 Financial Report
Patient Collections

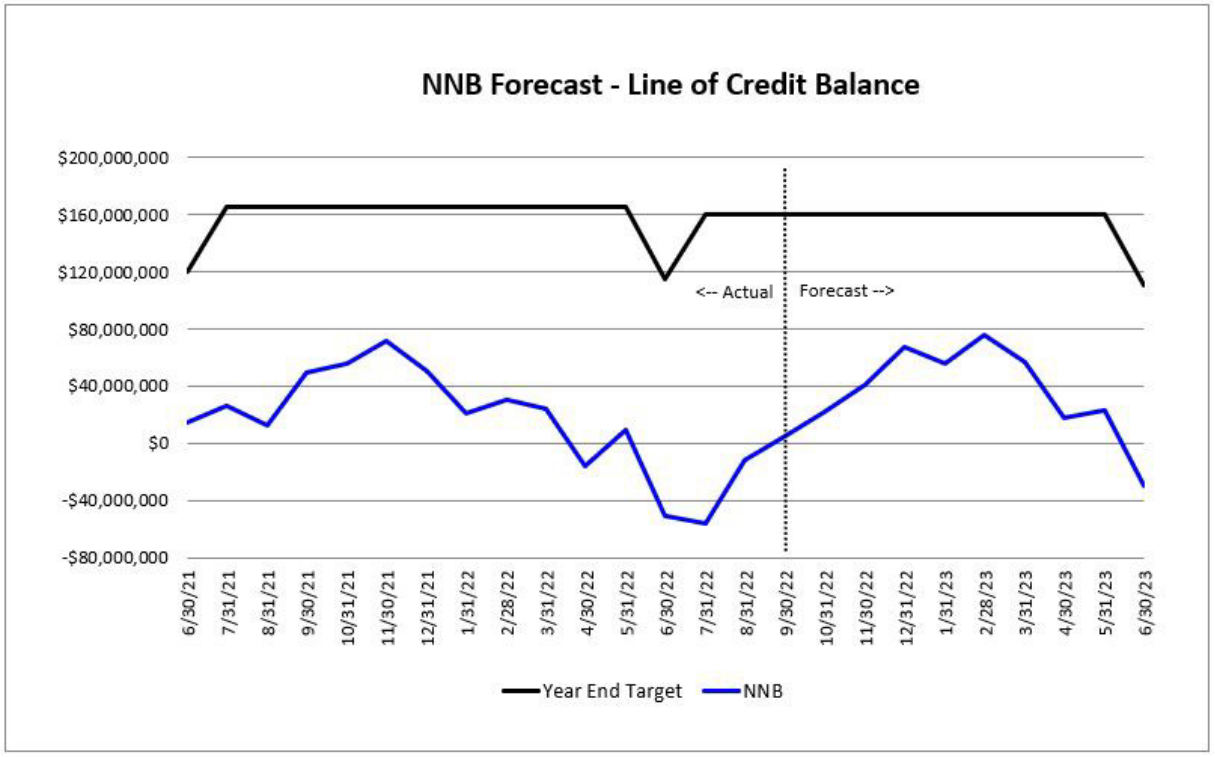
- FY22 collections were $705.6M exceeding FY21 and FY20 collections. The transition to Epic occurred in FY20 on September 29, 2019.
- FY23 Patient collections are running approximately 16.7% higher than the same time period in FY22.
  - **Cash collections in EPIC hit a record level in September at $68.1 million.**

PATIENT COLLECTIONS
(in thousands)

	Legacy	Behavioral Health	Epic	Total FY 2023	FY 2022	FY 2021	FY 2020
Jul	9	11,070	63,180	74,259	59,732	41,373	48,828
Aug	1	-	58,589	58,590	57,374	53,893	42,989
Sep	71	7,924	68,067	76,062	61,968	64,484	40,138
Oct	-	-	-	-	49,923	51,514	57,632
Nov	-	-	-	-	52,057	49,499	32,906
Dec	-	-	-	-	68,121	53,274	42,428
Jan	-	-	-	-	62,292	34,443	52,418
Feb	-	-	-	-	52,269	49,157	53,205
Mar	-	-	-	-	62,888	58,922	71,292
Apr	-	-	-	-	56,235	55,646	41,450
May	-	-	-	-	69,591	44,005	44,065
Jun	-	-	-	-	53,187	43,889	46,112
Total	**81**	**18,994**	**189,836**	**208,911**	**705,637**	**600,099**	**573,463**
		% change between fiscal years		16.7%	17.6%	4.6%	

September 2022 Financial Report
Line of Credit (NNB) Forecast

- FY23 Cash Flow from Operations Forecast is expected to be below NNB limit (blue line) and improved from prior month's forecast by $24.8M.
  - Anticipated cash flow based on FY23 proposed budget, including performance initiatives of $45.9M.
  - Accounts payable and payroll draws increased $21.7M and were offset by higher patient receipts $5.7M and AB85 Realignment $40.8M. It was determined that all previous funding for FY20 AB85 Realignment will be retained by AHS.
  - Capital budget cash flow at $31.8M; YTD capital was $4.4M.



31

September 2022 Financial Report
Table of Material Items Impacting NNB Forecast

- Changes in the table from last month are as follows:
  - GPP CY2020 3rd quarter funding increased from $24.6M to $27.3M based on information from DHCS. Additional revenue was recorded in September 2022 ($2.7M).
  - Capital Designation Funds (due from County) increased from $21.0M to $28.0M as $7.0M in June 2023 was advanced to October 2022. Alameda County Board of Supervisors approved funding request on 10/04/2022.
- AHS and County executed an amendment on 10/25/22 whereby Capital Designation funds would be released, and the Capital Cost Funds would be transferred to the County. These items have been included in the table for planning, pending the amendment.
- Prior year activity for the old Waiver, Medi-Cal FQHC and Physician SPA settlements are reflected in a separate table as the final settlement amounts and timing are unknown.

Material Items Included in NNB Forecast
(in thousands)

	Oct-22	Jan-23	Apr-23	Jun-23
HPAC amendment and AB85 realignment	$ -	$ 40,000	$ -	$ -
EPP (semi-annual)	21,500		21,500	
QIP (annual)				64,500
GPP (quarterly)	27,303		49,200	
Medi-Cal Managed Care Rate Range (annual)			36,000	
Capital Cost Fund (to County)	(33,952)			
Capital Designation Funds (from County)	28,000			
	$ 42,851	$ 40,000	$ 106,700	$ 64,500

Prior Year Reimbursement Settlements

Waiver recoupment (fy10, fy11, fy14, fy15)	$(16,190)
Medi-Cal FQHC recoupment (fy08 - fy13)	$(40,000)
Physician SPA (fy08 - fy13)	$(30,000)

ALAMEDA HEALTH SYSTEM

Managed Care Update

December 2022

Agenda

1. Managed care strategy and goals

2. AHS System wide Negotiations

3. Next steps

ALAMEDA HEALTH SYSTEM

Managed Care Strategy and Goals

- Improve patient and physician satisfaction by becoming an in-network hospital system. Currently, the System receives numerous patient and physician complaints as a non contracted provider.

- Contract with all commercial payors with the goal of reducing administrative burden, reduce deductibles and copayments for patients.

- Comply with the no surprises Act as the result of being an in network provider.

- Negotiate market competitive reasonable rates for hospital agreements. Target rate is 150% of cost coverage for new and current health plan agreements.

- Establish market-based contracts for AHS physicians and benchmark to be approximately 150% of Medicare.

ALAMEDA HEALTH SYSTEM

35

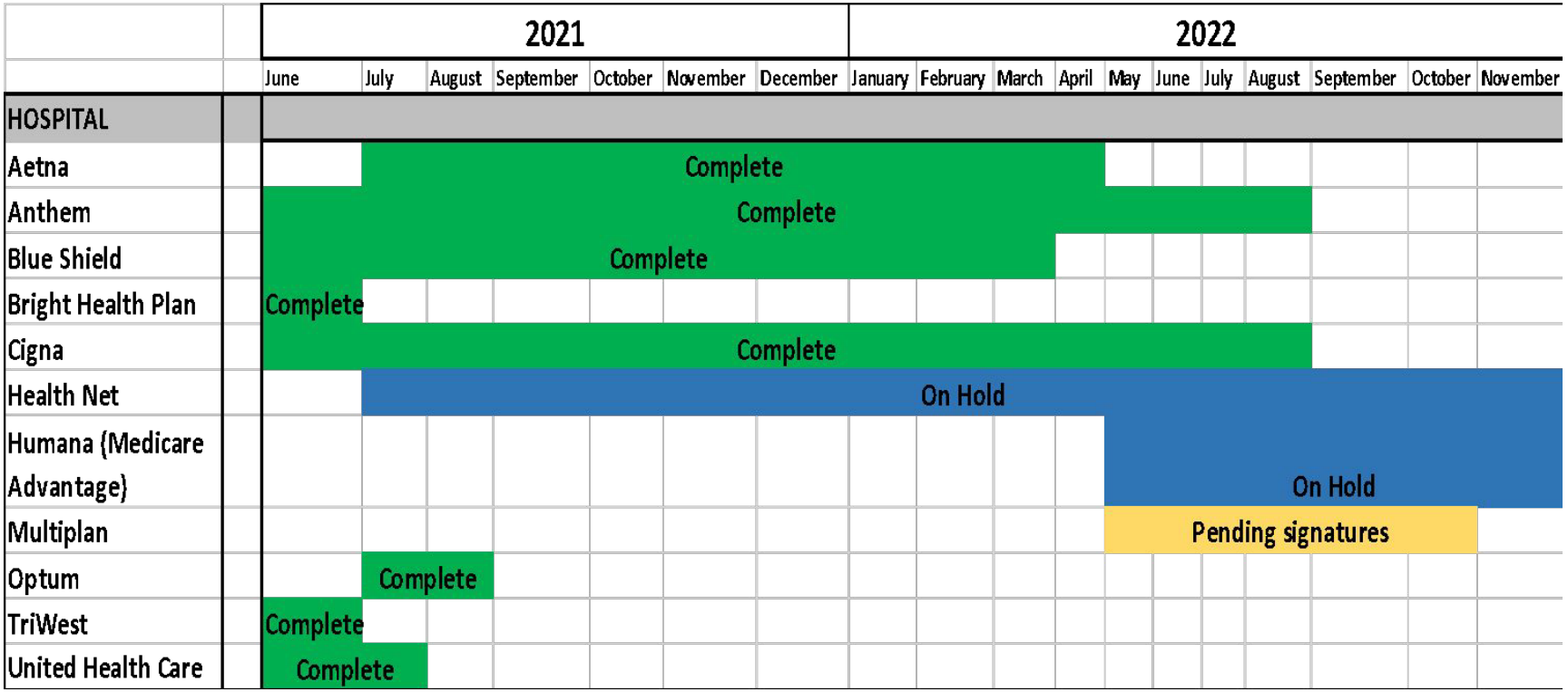
Hospital Negotiations

- **Trauma rates for Highland Hospital range from 87%-95% of billed charges for all health plans in year 3! Cost coverage exceeds 150%**
- **Hospital Negotiations:**

Complete	In Process
▪Aetna ▪Anthem ▪Blue Shield ▪Bright ▪Cigna ▪Multiplan* ▪Optum ▪TriWest ▪United	▪HealthNet ▪Psych – John George ▪Humana (on hold)

**Pending signatures on agreement*

Market Strategy Contract Negotiation - Hospital Projected Timeline



Professional Negotiations

Complete	In process
▪Aetna	▪HealthNet
▪Anthem*	▪Brown & Toland
▪Blue Shield	▪Multiplan
▪Bright	▪Optum
▪Cigna	▪Humana – on hold for a year
▪TRIWEST	
▪United	

**Pending signatures on agreement*

38

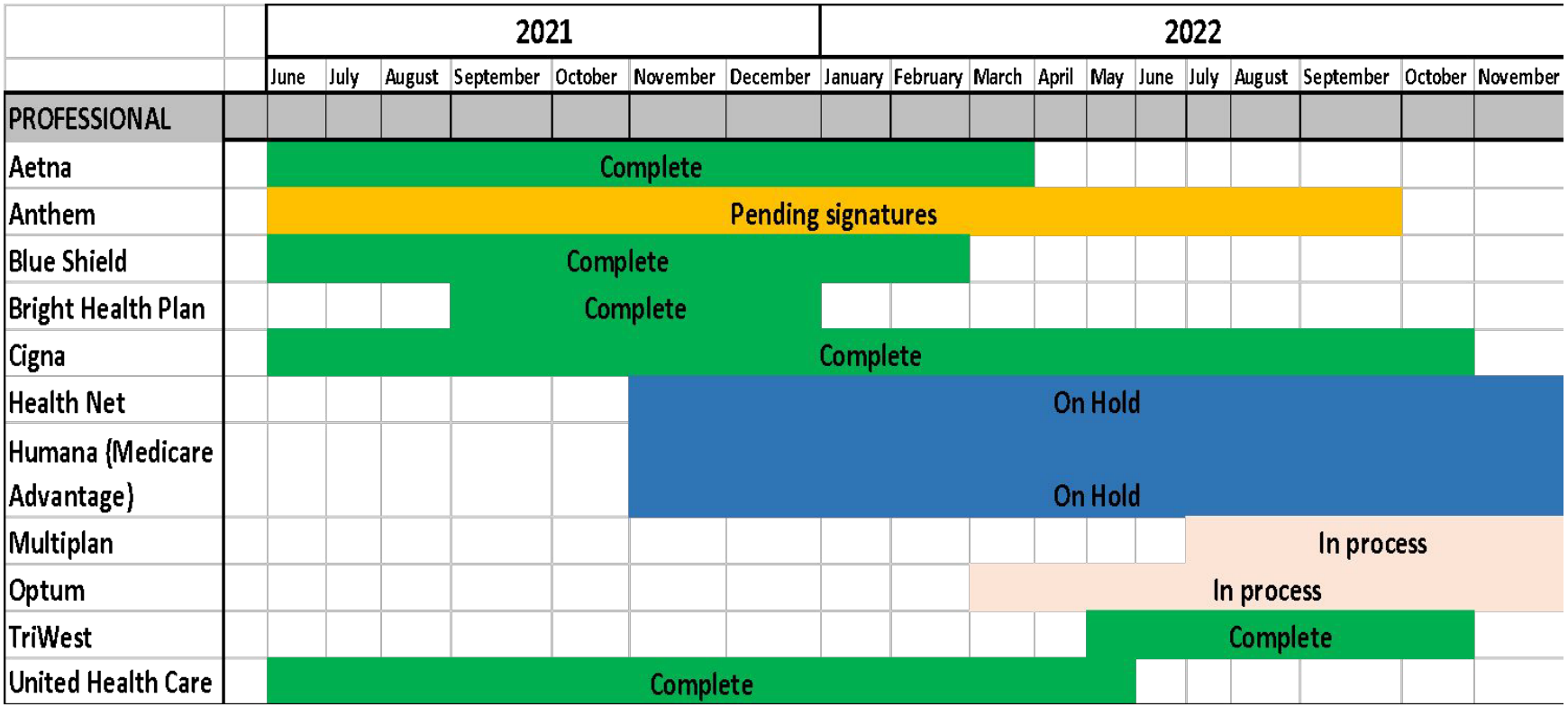
ALAMEDA HEALTH SYSTEM

AHS Professional Agreements rate negotiation comparison by payor

AHS professional agreements rate negotiations comparison by payor			
Payor	**Year 1**	**Year 2**	**Year 3**
Payor 1	151% of Medicare	155% of Medicare	160% of Medicare
Payor 2	113% of Medicare	117% of Medicare	126% of Medicare
Payor 3	148% of Medicare	153% of Medicare	157% of Medicare
Payor 4	165% of Medicare for all services except 250% of Medicare for Trauma	N/A - 1-year hard term	N/A - 1-year hard term
Payor 5	125% of Medicare	125% of Medicare	125% of Medicare
Payor 6	214% of Medicare	214% of Medicare	214% of Medicare
Payor 7	155% of Medicare	158% Medicare	160% of Medicare

Target is 150% of Medicare

Market Strategy Contract Negotiation - Professional Projected Timeline




CELEBRATE

City of Alameda
HEALTH CARE DISTRICT

December 12, 2022

Memorandum to: Board of Directors
City of Alameda Health Care District

From: Debi Stebbins
Executive Director

RE: Appointment of New Board Member

As you are aware, Mike Williams submitted his resignation from the District Board effective immediately on December 2, 2022. He had just been re-elected to the Board as of the general election in November 2022. He and the other two members re-elected did not appear on the ballot since the election was non contested.

Attached is the statutory provision for appointment/election of open vacancies to public boards. Since the next election for board members will be the General Election of November, 2024, the Board may appoint a Board member to fill out what would have been the balance of Mr. Williams' term, i.e. November 2024. This will require our posting the open position and appointment process in at least three places within the District and advertisement of the same in local publications. We will request applications be submitted by applicants by a date to be determined followed by a public interview process. The Board will make a decision on the appointment at the conclusion of the interview meeting.

I will be presenting a tentative schedule for these deadlines at the December Board meeting. Meanwhile, Board members should consider any recommendations they have for qualified candidates and reach out to them to discuss the responsibilities of District Board members. We should however not discuss any Board member candidates at our December Board meeting to maintain a transparent and unbiased process.

California Code, Government Code §1780

(a) Notwithstanding any other provision of law, a vacancy in any elective office on the governing board of a special district, other than those specified in Section 1781, shall be filled pursuant to this section.

(b) The district shall notify the county elections official of the vacancy no later than 15 days after either the date on which the district board is notified of the vacancy or the effective date of the vacancy, whichever is later.

(c) The remaining members of the district board may fill the vacancy either by appointment pursuant to subdivision (d) or by calling an election pursuant to subdivision (e).

(d)(1) The remaining members of the district board shall make the appointment pursuant to this subdivision within 60 days after either the date on which the district board is notified of the vacancy or the effective date of the vacancy, whichever is later. The district shall post a notice of the vacancy in three or more conspicuous places in the district at least 15 days before the district board makes the appointment. The district shall notify the county elections official of the appointment no later than 15 days after the appointment.

(2) If the vacancy occurs in the first half of a term of office and at least 130 days prior to the next general district election, the person appointed to fill the vacancy shall hold office until the next general district election that is scheduled 130 or more days after the date the district board is notified of the vacancy, and thereafter until the person who is elected at that election to fill the vacancy has been qualified. The person elected to fill the vacancy shall hold office for the unexpired balance of the term of office.

(3) If the vacancy occurs in the first half of a term of office, but less than 130 days prior to the next general district election, or if the vacancy occurs in the second half of a term of office, the person appointed to fill the vacancy shall fill the balance of the unexpired term of office.

(e)(1) In lieu of making an appointment the remaining members of the board may within 60 days of the date the district board is notified of the vacancy or the effective date of the vacancy, whichever is later, call an election to fill the vacancy.

(2) The election called pursuant to this subdivision shall be held on the next established election date provided in Chapter 1 (commencing with Section 1000) of Division 1 of the Elections Code that is 130 or more days after the date the district board calls the election.

(f)(1) If the vacancy is not filled by the district board by appointment, or if the district board has not called for an election within 60 days of the date the district board is notified of the vacancy or the effective date of the vacancy, whichever is later, then the city council of the city in which the district is wholly located, or if the district is not wholly located within a city, the board of supervisors of the county representing the larger portion of the district area in which the election to fill the vacancy will be held, may appoint a person to fill the vacancy within 90 days of the date the district board is notified of the vacancy or the effective date of the vacancy, whichever is later, or the city council or board of supervisors may order the district to call an election to fill the vacancy.

(2) The election called pursuant to this subdivision shall be held on the next established election date provided in Chapter 1 (commencing with Section 1000) of Division 1 of the Elections Code that is 130 or more days after the date the city council or board of supervisors calls the election.

(g)(1) If within 90 days of the date the district board is notified of the vacancy or the effective date of the vacancy, whichever is later, the remaining members of the district board or the appropriate board of supervisors or city council have not filled the vacancy and no election has been called for, then the district board shall call an election to fill the vacancy.

(2) The election called pursuant to this subdivision shall be held on the next established election date provided in Chapter 1 (commencing with Section 1000) of Division 1 of the Elections Code that is 130 or more days after the date the district board calls the election.

(h)(1) Notwithstanding any other provision of this section, if the number of remaining members of the district board falls below a quorum, then at the request of the district secretary or a remaining member of the district board, the appropriate board of supervisors or the city council shall promptly appoint a person to fill the vacancy, or may call an election to fill the vacancy.

(2) The board of supervisors or the city council shall only fill enough vacancies by appointment or by election to provide the district board with a quorum.

(3) If the vacancy occurs in the first half of a term of office and at least 130 days prior to the next general district election, the person appointed to fill the vacancy shall hold the office until the next general district election that is scheduled 130 or more days after the date the district board is notified of the vacancy, and thereafter until the person who is elected at that election to fill the vacancy has been qualified. The person elected to fill the vacancy shall hold office for the unexpired balance of the term of office.

(4) If the vacancy occurs in the first half of a term of office, but less than 130 days prior to the next general district election, or if the vacancy occurs in the second half of a term of office, the person appointed to fill the vacancy shall fill the balance of the unexpired term of office.

(5) The election called pursuant to this subdivision shall be held on the next established election date provided in Chapter 1 (commencing with Section 1000) of Division 1 of the Elections Code that is held 130 or more days after the date the city council or board of supervisors calls the election.

City of Alameda
HEALTH CARE DISTRICT

December 12, 2022

Memorandum to: City of Alameda Health Care District
Board of Directors

From Debi Stebbins
Executive Director

RE: Executive Director Report – December 2022

1. Change in Meeting Rules for Public Entities

Effective February 28, 2023, the Governor has suspended the Emergency status for the State of California that enabled public organizations to hold meetings in a virtual format due to the COVID 19 public health crisis. Therefore, beginning at the April 2023 Board meeting we will ne2nd ed to hold our Board and any relevant committee meetings in person under the pre-COVID format. I will be attempting to confirm our reservations for the 2nd Floor Conference Room at Alameda Hospital (Open Session) and the 2nd Floor Administrative Conference Room (Closed Session).

2. Formation of the Joint Planning Committee

As discussed at the last District Board meeting, we have agreed with the leadership of AHS that we should resume meetings of a District-AHS Joint Planning Committee to discuss program and renovation planning for Alameda Hospital to ensure that the Hospital continues to meet the needs of Alamedans and maximize its contribution to the AHS system. In addition, the Committee will continue to review the planning work the District has conducted over the last couple of years with Ratcliff Architects.

Dr. Deutsch as a member of the Seismic Planning committee of the District, Katy Ford of Ratcliff, and I met with James Jackson, Mark Fratzke, Jeanette Dong (New Chief Strategy Officer of AHS) as well as two Administrative Fellows at AHS to bring them up to date on all the architectural planning to date including estimates of costs. AHS agreed to reconstitute the committee. The members recommended by the District included: Dr. Robert Deutsch, Gayle Codiga, Debi Stebbins (staff), Dr. Nikita Joshi, Dr. Nick Pirnia. AHS has recommended that Mark Fratzke (staff), Jeanette Dong, and two administrative fellows serve on the Committee. I have drafted an invitation memo for the participants, but it has yet to be sent since AHS has yet to appoint their two Trustees to Committee. I have continued to request these appointments so the Committee can begin its deliberations in early January 2023.

3. Gayle Codiga and I met with two representatives of Bank of Marin in late October to discuss terms of renewal of our loan with the bank secured by the Jaber properties. The loan, which was over 25 years but matured in 10 years (October 2022) has a balance of about $850,000 is currently charged 5.51& interest. We have provided a great deal of information to the Bank to initiate renewal of that loan, which will undoubtedly be at a higher interest upon renewal. Last week we finally received news that the bank has extended that loan at a rate of 7.73% until we have discussed terms and agreed upon a new loan. During this extension period, the bank has agreed to continue our monthly payments under the original note at the same level.

   Director Codiga and I have been disappointed in the communication delays we have experienced the bank, so we have been having some conversations with alternative lenders. The alternative lenders have also indicated there will be a significant increase in our interest rate.

4. Under a separate agenda item on the December Board agenda, I have outlined the process for the appointment by the Board to of a new Director to replace Mike Williams following his resignation on December 2, 2022 (effective immediately due to his relocation out of the District. I will present some dates for the Board to interview candidates for the Board and a selection for a replacement before the February 13 Board meeting.

City of Alameda HEALTH CARE DISTRICT	**Minutes of the City of Alameda Health Care District Board of Directors - Held via ZOOM** Open Session Monday, October 10, 2022, Meeting

Board Members Present	**Legal Counsel Present**	**Also Present**	**Absent**
Tracy Jensen, Robert Deutsch MD, Gayle Codiga, Stewart Chen DC	Tom Driscoll	Debi Stebbins	

Minutes submitted by: Debi Stebbins, Executive Director

Agenda Item/Topic	Presentation and Discussion Notes	Action/Follow-Up
I. Call to Order	The meeting was called to order at 5:35 PM by 1st Vice President, Gayle Codiga. Ms. Codiga reported that there were no action items to report out from the Closed Session.	
II. Roll Call	Roll had been called prior to the start of the closed session. A quorum of Directors was present.	
III. General Public Comments	No public comments.	

IV. Extension of Contract for Executive Director	Pending a complete review performance evaluation of the Executive Director at the December 12, 2022, there was a proposal to extend the current contract of the Executive Director for the period from July 1, 2022, to December 31, 2022.	The Board moved to approve the contract extension. The motion was seconded and unanimously approved.

V. YTD AHS Reports	A. Chief Administrative Officer Report: Mario Harding gave an update on operations at Alameda Hospital. He recapped the strategic pillars recently approved by the AHS Board. A replacement of the cooling tower atop the Hospital is underway. The old tower had to be replaced since the infrastructure had been compromised as a result of extreme heat over the summer. Currently the cooling tower is operating at about 50% efficiency which will continue until the new tower is installed in late October. Mr. Harding reviewed the results of Leapfrog survey, for which Alameda Hospital earned a B grade, a significant improvement over prior years. He also presented Ronica Shelton's report on Patient Experience results. A copy of the full 3-year TJC accreditation letter recently received by Alameda Hospital was included in his report. A major operational improvement effort is underway to improve the efficiency of transfers both to and from Alameda Hospital. Current barriers to transfer have resulted in a significant variance in length of stay, exceeds budget by one day. Mr. Harding has been given responsibility for support services across the AHS system in addition to his CAO role and Alameda and San Leandro Hospitals. He gave an overview of recent community outreach including a recent tour of the hospital by City elected officials and participation in the FACES program at Alameda Hospital. B. Finance Report – August 2022 CFO Kimberly Miranda gave an overview of the statistics and financial results for AHS and specifically for Alameda Hospital, the latter being the first time the system is presenting financial performance results by each facility, which includes allocated expenses from the AHS system. The average acute census at Alameda Hospital was 38.5, 42% higher than budgeted census. The average long term care census the same month was 154.2, 8.6 % below budget due to COVID 19 restrictions on SNF admissions during the month. While Patient Service Revenue exceeded the budget for the month, expenses also significantly, expenses also significantly exceeded budget due to the high usage and cost of temporary and registry	

	nurses. The Alameda Hospital contribution margin was $(1,767K) for the month and $ (2.557K) YTD, both in excess of budget. After allocated expenses, EBIDA was $(2.933K) for the month and $(4.199K) YTD. At the system level, the net position is (55.5M) reflecting an August loss of $(1.4M) offset by audit entries for FY 2022. The110. system Net Negative Balance is $3.9M and is well below the NNB ceiling of $110M.	
	C. Medical Staff Report Dr. Nikita Joshi, President of the Alameda Hospital Staff gave an update on the priority issues facing the medical staff. She emphasized that she and other members of the Medical Staff that the services provided at Alameda Hospital, including the Emergency Department and acute/LtC services were important resources for the Alameda community and hopeful that the services would be preserved in future plans for the Hospital	
REGULAR AGENDA		
District & Operational Updates		
	A. 1) Tracy Jensen – AHS Trustee Liaison Mentioned that due to her current campaign for the Alameda City Council, she chose not to run for the District Board in November 2022 and will be required to leave the AHS Board, which she is on based on her role as a Director on the District Board. Luisa Blue, another AHS Trustee, will also be leaving the AHS Board.	

	The AHS Board will be having two upcoming retreats, the first of which will be on October 14, 2022	

	A. 2) Gayle Codiga/ Dr. Robert Deutsch – District Seismic Planning Committee Ms. Codiga and Dr. Deutsch updated the Board on the recent planning meeting of the seismic committee. The architects and consulting engineers have developed and provided estimates for several options for responding to the 2030 standards. There have been discussions with AHS leadership about resurrecting the Joint AHS District Planning Committee that suspended meetings after the change in leadership at AHS to review these options and develop other options as appropriate. Since planning is likely to have impact on both acute and long-term care services, the District has requested that Richard Espinoza be included in the planning committee.	
	A. 3) Debi Stebbins - Executive Director Report Ms. Stebbins reported that the veto of AB 2904 by the Governor two days before the deadline for his signature on bills had come as a surprise since the bill had passed both houses of the legislature with no opposition, including from organized labor. Our consultants had speculated that his decision had to do with a philosophical objection to "one off" bills and the hope that the efforts to introduce a new bill by the California Hospital Association held out hope that the industry might develop a statewide approach to the seismic challenges. Ms. Stebbins reported that the District, in concert with the Association of California Health Care Districts is working with select legislators to develop new legislation which could provide sizable financing for the seismic retrofit challenges facing District hospitals. There was an update on the three candidates running for open seats on the District Board. While Tracy Jensen has decided not to run for the District Board again as she is a candidate for the City Council, Dr. Stewart Chen is also running for another office. If he is successful in his campaign, the District Board will need to initiate an appointment process to fill his remaining term on the District Board. She also reported that the 10-year loan on the Jaber properties (approximate balance: $837,000) will mature on October 22, 2022. There will be an action item later on the agenda to appoint a Board	

	member to work with Ms. Stebbins on negotiating terms of a renewal of the loan with Bank of Marin.	

Consent Agenda		
	A. Acceptance of Minutes of August 11, 2022, Board Meeting **B. Acceptance of Minutes of August 30, 2022, Board Meeting** **C. Acceptance of Financial Statements, July 2022** **D. Acceptance of Financial Statements, July 2022**	A motion was made, seconded and unanimously carried to accept the four items on the consent agenda.
Action Items		
	A. Presentation of FY 2022 Audit Debi Stebbins introduced Rick Jackson, principal with JWT Accountants to present the results of his firm's audit of the FY 2022 District financials. The audit found the financials accurately reflected the financial position and results of the District accurately. Mr. Jackson described some new GASB rules relating to rental properties which are reflected in the audit report and had no material impact on the financials for the District.	A motion was made, seconded and unanimously carried to accept the FY 2022 audit report.
	B. Authorization for Board member and Executive Director to negotiate renewal terms on loan with the Bank of Marin secured by the Jaber properties.	A motion was made, seconded and unanimously carried to authorize Director Codiga and Debi Stebbins to negotiate the terms of loan renewal on the Jaber

		properties prior to the December 12, 2022, Board meeting

December 12, 2022, Agenda Preview		
E. 1)	Acceptance of October 10, 2022, Minutes	
E. 2)	Acceptance of the September and October 2022 Financial Statements	
E. 3)	Approval of True Up Parcel Tax Distribution to AHS	
E. 4)	Swearing in of New District Board member/Board Member Appointment Process (if necessary)	
E. 5)	Election of Board Officers and Liaison Positions	
F. 1)	YTD AHS Reporting (CAO/Hospital, Quality, Financial, Medical Staff Reports)	
Final Closing Remarks		
V. General Public Comments	No public comments.	
VI. Board Comments.	No comments from the board.	
VII. Adjournment	There being no further business, the meeting was adjourned at 8:00pm.	

Approved: _____

CITY OF ALAMEDA
HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD

(September 1-30, 2022)

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT	As of 6/30/2022	As of 9/30/2022
Assets		
Current assets:		
Cash and cash equivalents	$ 2,505,423	$ 743,408
Grant and other receivables	335,062	1,509,246
Prepaid expenses and deposits	108,828	79,456
Total current assets	2,949,313	2,332,110
Assets limited as to use	709,693	745,516
Capital Assets, net of accumulated depreciation	2,278,048	2,235,949
	5,937,054	5,313,575
Other Assets	747	187
Deferred outflows of resources	203,217	203,217
Total assets	$ 6,141,018	$ 5,516,979
Liabilities and Net Position		
Current liabilities:		
Current maturities of debt borrowings	$ 36,784	$ 38,714
Accounts payable and accrued expenses	66,681	49,974
Total current liabilities	103,465	88,687
Deferred revenue	203,217	203,217
Debt borrowings net of current maturities	806,121	795,452
Total liabilities	1,112,803	1,087,356
Net position:		
Total net position (deficit)	5,028,215	4,429,622
Total liabilities and net position	$ 6,141,018	$ 5,516,979

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 9/30/2022	Budget YTD 6/30/2023	Variance	
Revenues and other support					
District Tax Revenues	$ 5,938,514	$ 1,475,000	$ 1,475,000	-	0%
Rents	186,828	56,152	52,500	3,652	158%
Other revenues	-	-	-	-	
Total revenues	6,125,343	1,531,152	1,527,500	3,652	
Expenses					
Professional fees - executive director	173,083	28,333	43,250	14,917	34%
Professional fees - Assistant	53,957	8,983	14,000	5,018	36%
Professional fees	184,049	172,127	102,200	(69,927)	-68%
Supplies	5,300	264	1,000	736	74%
Purchased services	3,500	-	2,500	2,500	100%
Repairs and maintenance	8,264	8,356	8,500	144	2%
Rents	19,269	5,255	5,355	100	2%
Utilities	12,256	3,220	2,750	(470)	-17%
Insurance	99,309	30,832	33,292	2,460	7%
Depreciation and amortization	170,640	42,660	47,600	4,940	
Interest	48,140	11,829	12,500	671	5%
Travel, meeting and conferences	6,298	7,105	2,500	(4,605)	-184%
Other expenses	29,089	7,091	65,000	57,909	89%
Community projects and programs	250,000	3,690	68,393	64,703	95%
Total expenses	1,063,155	329,745	408,839	79,095	
Operating gains	5,062,188	1,201,407	1,118,661	82,746	7%
Transfers	(3,546,494)	(1,800,000)	-		
Increase(Decrease) in net position	1,515,694	(598,593)	1,118,661		
Net position at *beginning of the year*	3,512,521	5,028,215	-		
Net position at the *end of the period*	$ 5,028,215	$ 4,429,622	$ 1,118,661		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 9/30/2022
Increase(Decrease) in net position	$ 1,515,694	$ (598,593)
Add Non Cash items		
Depreciation	170,640	42,660
Changes in operating assets and liabilities		
Grant and other receivables	(25,923)	(1,174,184)
Prepaid expenses and deposits	(22,557)	29,373
Deferred outflows of resources	(203,217)	-
Accounts payable and accrued expenses	50,954	(16,708)
Deferred revenues	203,217	-
Net Cash provided(used) by operating activities	1,688,808	(1,717,452)
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	0	(0)
Changes in assets limited to use	(31,097)	(35,823)
Net Cash used in investing activities	(31,097)	(35,824)
Cash flows from financing activities		
Principal payments on debt borrowings	(34,132)	(8,739)
Net cash used by financing activities	(34,132)	(8,739)
Net change in cash and cash equivalents	1,623,579	(1,762,015)
Cash at the beginning of the year	881,844	2,505,423
Cash at the end of the period	$ 2,505,423	$ 743,408

CITY OF ALAMEDA HEALTHCARE DISTRICT	District 6/30/2022	Jaber 6/30/2022	As of 6/30/2022	District 9/30/2022	Jaber 9/30/2022	As of 9/30/2022
Assets						
Current assets:						
Cash and cash equivalents	$ 2,505,423	$ -	$ 2,505,423	$ 743,408	$ -	$ 743,408
Grant and other receivables	335,062	0	335,062	1,509,246	0	1,509,246
Prepaid expenses and deposits	108,829	(0)	108,828	79,456	(0)	79,456
Total current assets	2,949,313	(0)	2,949,313	2,332,110	(0)	2,332,110
Due To Due From	14,925	(14,925)	0	14,925	(14,925)	0
Assets limited as to use	0	709,693	709,693	0	745,516	745,516
Capital Assets, net of accumulated depreciation	1,424,948	853,100	2,278,048	1,392,199	843,750	2,235,949
	4,389,185	1,547,869	5,937,054	3,739,233	1,574,341	5,313,575
Other Assets	747	0	747	187	0	187
Deferred outflows of resources	203,217		203,217	203,217		203,217
Total assets	4,593,149	1,547,869	6,141,018	3,942,638	1,574,341	5,516,979
Liabilities and Net Position						
Current liabilities:						
Current maturities of debt borrowings	36,784	0	36,784	38,714	0	38,714
Accounts payable and accrued expenses	66,681	0	66,681	49,974	0	49,974
Total current liabilities	103,465	0	103,465	88,687	0	88,687
Deferred revenue	203,217	0	203,217	203,217	0	203,217
Debt borrowings net of current maturities	806,121	0	806,121	795,452	0	795,452
Total liabilities	1,112,803	0	1,112,803	1,087,356	0	1,087,356
Net position:						
Invested in capital assets, net of related debt	2,278,048	0	2,278,048	2,278,048	0	2,278,048
Restricted, by contributors	0	1,547,869	1,547,869	0	1,574,342	1,574,342
Unrestricted (deficit)	1,202,298	0	1,202,298	577,233	0	577,233
Total net position (deficit)	3,480,346	1,547,869	5,028,215	2,855,281	1,574,342	4,429,622
Total liabilities and net position	$4,593,149	$1,547,869	$6,141,018	$3,942,637	$1,574,342	$5,516,979

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2022	Jaber 6/30/2022	Actual YTD 6/30/2022	District 9/30/2022	Jaber 9/30/2022	Actual YTD 9/30/2022
Revenues and other support						
District Tax Revenues	5,938,514	0	5,938,514	1,475,000	0	1,475,000
Rents	0	186,828	186,828	0	56,152	56,152
Other revenues	0	0	0	0	0	0
Total revenues	5,938,514	186,828	6,125,343	1,475,000	56,152	1,531,152
Expenses						
Professional fees - executive director	173,083	0	173,083	28,333	0	28,333
Professional fees - Assistant	53,957	0	53,957	8,983	0	8,983
Professional fees	174,851	9,198	184,049	169,680	2,447	172,127
Supplies	5,300	0	5,300	264	0	264
Purchased services	3,500	0	3,500	0	0	0
Repairs and maintenance	1,584	6,680	8,264	39	8,317	8,356
Rents	19,269	0	19,269	5,255	0	5,255
Utilities	1,070	11,185	12,256	518	2,702	3,220
Insurance	99,309	0	99,309	30,832	0	30,832
Depreciation and amortization	133,240	37,400	170,640	33,310	9,350	42,660
Interest	48,140	0	48,140	11,829	0	11,829
Travel, meeting and conferences	6,298	0	6,298	7,105	0	7,105
Other expenses	32,044	(2,955)	29,088	228	6,863	7,091
Community projects and programs	250,000	0	250,000	3,690	0	3,690
Total expenses	1,001,646	61,508	1,063,154	300,066	29,679	329,745
Operating gains	4,936,869	125,320	5,062,189	1,174,934	26,473	1,201,407
Transfers	(3,414,871)	(131,623)	(3,546,494)	(1,800,000)	0	(1,800,000)
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	(625,066)	26,473	(598,593)
Net position at *beginning of the year*	1,958,348	1,554,172	3,512,521	3,480,346	1,547,869	5,028,216
Net position at the *end of the period*	3,480,346	1,547,869	5,028,216	2,855,281	1,574,342	4,429,623

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2022	Jaber 6/30/2022	Actual YTD 6/30/2022	District 9/30/2022	Jaber 9/30/2022	Actual YTD 9/30/2022
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	(625,066)	26,473	(598,593)
Add Non Cash items						
Depreciation	133,240	37,400	170,640	33,310	9,350	42,660
Changes in operating assets and liabilities						
Grant and other receivables	(25,923)	0	(25,923)	(1,174,184)	0	(1,174,184)
Prepaid expenses and deposits	(22,557)	0	(22,557)	29,373	0	29,373
Deferred outflows of resources	(203,217)	0	(203,217)			
Due To Due From	0	0	0	0	0	0
Accounts payable and accrued expenses	50,954	0	50,954	(16,707)	0	(16,707)
Deferred revenues	203,217	0	203,217			
Net Cash provided(used) by operating activities	1,657,711	31,097	1,688,809	(1,753,274)	35,823	(1,717,452)
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	0	0	0	(0)	0	(0)
Changes in assets limited to use	0	(31,097)	(31,097)	0	(35,823)	(35,823)
Net Cash used in investing activities	0	(31,097)	(31,097)	(0)	(35,823)	(35,823)
Cash flows from financing activities						
Principal payments on debt borrowings	(34,132)	0	(34,132)	(8,741)	0	(8,741)
Net cash used by financing activities	(34,132)	0	(34,132)	(8,741)	0	(8,741)
Net change in cash and cash equivalents	1,623,580	(0)	1,623,580	(1,762,016)	0	(1,762,016)
Cash at the beginning of the year	881,844	(0)	881,844	2,505,424	(0)	2,505,423
Cash at the end of the period	2,505,424	(0)	2,505,424	743,408	(0)	743,408

CITY OF ALAMEDA
HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD

(October 1-31, 2022)

Balance Sheets

CITY OF ALAMEDA HEALTHCARE DISTRICT	As of 6/30/2022	As of 10/31/2022
Assets		
Current assets:		
Cash and cash equivalents	$ 2,505,423	$ 666,398
Grant and other receivables	335,062	2,000,913
Prepaid expenses and deposits	108,828	85,430
Total current assets	2,949,313	2,752,740
Assets limited as to use	709,693	763,588
Capital Assets, net of accumulated depreciation	2,278,048	2,221,915
	5,937,054	5,738,244
Other Assets	747	(0)
Deferred outflows of resources	203,217	203,217
Total assets	$ 6,141,018	$ 5,941,461
Liabilities and Net Position		
Current liabilities:		
Current maturities of debt borrowings	$ 36,784	$ 38,714
Accounts payable and accrued expenses	66,681	51,274
Total current liabilities	103,465	89,987
Deferred revenue	203,217	203,217
Debt borrowings net of current maturities	806,121	792,553
Total liabilities	1,112,803	1,085,758
Net position:		
Total net position (deficit)	5,028,215	4,855,703
Total liabilities and net position	$ 6,141,018	$ 5,941,461

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 10/31/2022	Budget YTD 6/30/2023	Variance	
Revenues and other support					
District Tax Revenues	$ 5,938,514	$ 1,966,667	$ 1,966,667	-	0%
Rents	186,828	68,559	70,000	(1,441)	194%
Other revenues	-	-	-	-	
Total revenues	6,125,343	2,035,226	2,036,667	(1,441)	
Expenses					
Professional fees - executive director	173,083	42,500	57,667	15,167	26%
Professional fees - Assistant	53,957	11,208	18,667	7,458	40%
Professional fees	184,049	200,863	136,267	(64,596)	-47%
Supplies	5,300	264	1,333	1,069	80%
Purchased services	3,500	-	3,333	3,333	100%
Repairs and maintenance	8,264	9,048	11,333	2,286	20%
Rents	19,269	7,007	7,140	133	2%
Utilities	12,256	5,225	3,667	(1,558)	-43%
Insurance	99,309	44,035	44,389	353	1%
Depreciation and amortization	170,640	56,880	63,467	6,587	
Interest	48,140	15,787	16,667	880	5%
Travel, meeting and conferences	6,298	7,105	3,333	(3,772)	-113%
Other expenses	29,089	4,126	86,667	82,541	95%
Community projects and programs	250,000	3,690	91,190	87,500	96%
Total expenses	1,063,155	407,739	545,119	137,380	
Operating gains	5,062,188	1,627,487	1,491,548	135,940	9%
Transfers	(3,546,494)	(1,800,000)	-		
Increase(Decrease) in net position	1,515,694	(172,513)	1,491,548		
Net position at *beginning of the year*	3,512,521	5,028,215	-		
Net position at the *end of the period*	$ 5,028,215	$ 4,855,702	$ 1,491,548		

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2022	Actual YTD 10/31/2022
Increase(Decrease) in net position	$ 1,515,694	$ (172,513)
Add Non Cash items		
Depreciation	170,640	56,880
Changes in operating assets and liabilities		
Grant and other receivables	(25,923)	(1,665,851)
Prepaid expenses and deposits	(22,557)	23,399
Deferred outflows of resources	(203,217)	-
Accounts payable and accrued expenses	50,954	(15,408)
Deferred revenues	203,217	-
Net Cash provided(used) by operating activities	1,688,808	(1,773,492)
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	0	(0)
Changes in assets limited to use	(31,097)	(53,895)
Net Cash used in investing activities	(31,097)	(53,896)
Cash flows from financing activities		
Principal payments on debt borrowings	(34,132)	(11,637)
Net cash used by financing activities	(34,132)	(11,637)
Net change in cash and cash equivalents	1,623,579	(1,839,025)
Cash at the beginning of the year	881,844	2,505,423
Cash at the end of the period	$ 2,505,423	$ 666,398

CITY OF ALAMEDA HEALTHCARE DISTRICT	District 6/30/2022	Jaber 6/30/2022	As of 6/30/2022	District 10/31/2022	Jaber 10/31/2022	As of 10/31/2022
Assets						
Current assets:						
Cash and cash equivalents	$ 2,505,423	$ -	$ 2,505,423	$ 666,398	$ -	$ 666,398
Grant and other receivables	335,062	0	335,062	2,000,913	0	2,000,913
Prepaid expenses and deposits	108,829	(0)	108,828	85,430	(0)	85,430
Total current assets	2,949,313	(0)	2,949,313	2,752,741	(0)	2,752,740
Due To Due From	14,925	(14,925)	0	20,129	(20,129)	0
Assets limited as to use	0	709,693	709,693	0	763,588	763,588
Capital Assets, net of accumulated depreciation	1,424,948	853,100	2,278,048	1,381,282	840,633	2,221,915
	4,389,185	1,547,869	5,937,054	4,154,151	1,584,093	5,738,244
Other Assets	747	0	747	(0)	0	(0)
Deferred outflows of resources	203,217		203,217	203,217		203,217
Total assets	4,593,149	1,547,869	6,141,018	4,357,368	1,584,093	5,941,461
Liabilities and Net Position						
Current liabilities:						
Current maturities of debt borrowings	36,784	0	36,784	38,714	0	38,714
Accounts payable and accrued expenses	66,681	0	66,681	51,274	0	51,274
Total current liabilities	103,465	0	103,465	89,987	0	89,987
Deferred revenue	203,217	0	203,217	203,217	0	203,217
Debt borrowings net of current maturities	806,121	0	806,121	792,553	0	792,553
Total liabilities	1,112,803	0	1,112,803	1,085,758	0	1,085,758
Net position:						
Total net position (deficit)	3,480,346	1,547,869	5,028,215	3,271,610	1,584,093	4,855,703
Total liabilities and net position	$4,593,149	$1,547,869	$6,141,018	$4,357,368	$1,584,093	$5,941,461

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2022	Jaber 6/30/2022	Actual YTD 6/30/2022	District 10/31/2022	Jaber 10/31/2022	Actual YTD 10/31/2022
Revenues and other support						
District Tax Revenues	5,938,514	0	5,938,514	1,966,667	0	1,966,667
Rents	0	186,828	186,828	0	68,559	68,559
Other revenues	0	0	0	0	0	0
Total revenues	5,938,514	186,828	6,125,343	1,966,667	68,559	2,035,226
Expenses						
Professional fees - executive director	173,083	0	173,083	42,500	0	42,500
Professional fees - Assistant	53,957	0	53,957	11,208	0	11,208
Professional fees	174,851	9,198	184,049	197,585	3,279	200,863
Supplies	5,300	0	5,300	264	0	264
Purchased services	3,500	0	3,500	0	0	0
Repairs and maintenance	1,584	6,680	8,264	249	8,799	9,048
Rents	19,269	0	19,269	7,007	0	7,007
Utilities	1,070	11,185	12,256	702	4,523	5,225
Insurance	99,309	0	99,309	44,035	0	44,035
Depreciation and amortization	133,240	37,400	170,640	44,413	12,467	56,880
Interest	48,140	0	48,140	15,787	0	15,787
Travel, meeting and conferences	6,298	0	6,298	7,105	0	7,105
Other expenses	32,044	(2,955)	29,088	858	3,268	4,126
Community projects and programs	250,000	0	250,000	3,690	0	3,690
Total expenses	1,001,646	61,508	1,063,154	375,403	32,335	407,739
Operating gains	4,936,869	125,320	5,062,189	1,591,263	36,224	1,627,487
Transfers	(3,414,871)	(131,623)	(3,546,494)	(1,800,000)	0	(1,800,000)
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	(208,737)	36,224	(172,513)
Net position at *beginning of the year*	1,958,348	1,554,172	3,512,521	3,480,346	1,547,869	5,028,216
Net position at the *end of the period*	3,480,346	1,547,869	5,028,216	3,271,610	1,584,093	4,855,703

Statements of Cash Flows

CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2022	Jaber 6/30/2022	Actual YTD 6/30/2022	District 10/31/2022	Jaber 10/31/2022	Actual YTD 10/31/2022
Increase(Decrease) in net position	1,521,998	(6,303)	1,515,695	(208,737)	36,224	(172,513)
Add Non Cash items						
Depreciation	133,240	37,400	170,640	44,413	12,467	56,880
Changes in operating assets and liabilities						
Grant and other receivables	(25,923)	0	(25,923)	(1,665,851)	0	(1,665,851)
Prepaid expenses and deposits	(22,557)	0	(22,557)	23,399	0	23,399
Deferred outflows of resources	(203,217)	0	(203,217)			
Due To Due From	0	0	0	(5,204)	5,204	0
Accounts payable and accrued expenses	50,954	0	50,954	(15,407)	0	(15,407)
Deferred revenues	203,217	0	203,217			
Net Cash provided(used) by operating activities	1,657,711	31,097	1,688,809	(1,827,386)	53,895	(1,773,492)
Cash flows from investing activities						
Acquisition of Property Plant and Equipment	0	0	0	0	(0)	0
Changes in assets limited to use	0	(31,097)	(31,097)	0	(53,895)	(53,895)
Net Cash used in investing activities	0	(31,097)	(31,097)	0	(53,895)	(53,895)
Cash flows from financing activities						
Principal payments on debt borrowings	(34,132)	0	(34,132)	(11,639)	0	(11,639)
Net cash used by financing activities	(34,132)	0	(34,132)	(11,639)	0	(11,639)
Net change in cash and cash equivalents	1,623,580	(0)	1,623,580	(1,839,025)	(0)	(1,839,025)
Cash at the beginning of the year	881,844	(0)	881,844	2,505,423	(0)	2,505,423
Cash at the end of the period	2,505,424	(0)	2,505,424	666,398	(0)	666,398

CITY OF ALAMEDA HEALTH CARE DISTRICT

December 12, 2022

Memorandum to:	City of Alameda Health Care District Board of Directors
From:	Debi Stebbins Executive Director
RE:	Proposed Board Meeting Schedule 2023 Major Action Items

2023

Monday, February 13	December Tax Installment to AHS Distribution from Jaber Funds to AHS
Monday, April 10	Review and Approval District FY 23-24 Budget Review Annual Audit Engagement
Monday, June 12	Adoption of Parcel Tax Levy Resolution Review and Approval of 2023-2024 Parcel Tax Budget
Monday, August 7	Mutual Certification and Indemnification with County Review of FY 2023-2024 Insurance Renewals Executive Director Evaluation and Contract Review
Monday, October 9	Review and Acceptance of FY 2022-2023 Audit Review of CY 2021-2022 Meeting Calendar Election of Officers and Appointments to Liaison Positions
Monday, December 11	Recommendation to Approve True-Up Tax Distribution to AHS

City of Alameda
HEALTH CARE DISTRICT

Memorandum to: City of Alameda Health Care District
Board of Directors

From: Debi Stebbins
Executive Director

RE: Proposal to Engage MJM Advocacy

Recommendation:

I am recommending that the District re-engage the services of political consultants, MJM Advocacy (Matt Moretti and Jonathan Arambel), to provide advice on strategy specific to the need for financing of seismic retrofit requirements for 2030. The cost of services will be $15,000 per month for an estimated engagement of one year; however, the contract for services may be cancelled by either party with 30 days' notice.

Background:

Late 2021 at the recommendation of Lloyd Bookman and Mark Reagan of the law firm of Hooper Lundy Bookman, the District engaged the services of MJM Advocacy for almost a year during the last legislative session of the California legislature. MJM Advocacy guided us through the development of AB 2904 authored by Assemblymember Mia Bonta which provided for a two-year extension for compliance by the District with the 2030 seismic requirements. This not only involved their assistance with the wording of the legislation but also strategy for what was ultimately a unanimous passage of the legislation in both the Assembly and the Senate. They also helped us manage passage of the bill without opposition by organized labor. Unfortunately, the Governor ultimately vetoed the bill two days prior to the deadline for his signing presumably due to his opposition to a "one off" exception for an individual organization. His veto may also have been influenced by a last-minute initiative from California Hospital Association (CHA) in concert with SEIU which was strongly opposed by other unions.

This year the Association of California Hospital Districts (ACHD) has made seismic funding for the 2030 projects its single biggest legislative priority. I have been actively involved on behalf of the District in advocacy for funding for Districts for seismic retrofit based on the fact that Districts are really legal entities falling within the State government and due to the limited sources of funding available to Districts. There are a

great many Districts who are faced with closure due to financial challenges and lack of capital.

ACHD is currently working with the offices of Assemblymen Wood and Garcia on initiatives to provide seismic funding for District hospitals. However, some of these discussions are directed more specifically on rural district hospitals. For this reason, I feel it is prudent to have our own advocates focus on the funding needs specifically for Alameda Hospital. MJM Advocacy will also include discussions with organized labor as a part of our strategy. They will also, given our experience with the Governor's veto last session, include parallel communication with the executive branch along with legislative efforts.

Discussion:

Jonathan Arambel of Third House, LLC and Matt Moretti of MJM Advocacy are independent firms but regularly work collaboratively on advocacy efforts. They are very experienced in addressing the California seismic requirements and have worked on behalf of CHA in the past. While they are not working with CHA currently on this issue, they do not see a conflict of interest in advocating on behalf of the District. They will also coordinate very closely with the advocacy efforts of ACHD,

MJM ADVOCACY CONSULTING AGREEMENT

December 1, 2022

This Agreement ("Advocacy Services Agreement," or "Agreement") will serve to confirm the engagement of MJM Advocacy ("Consultant") as a consultant to Alameda Health Care District, for itself and its affiliates and subsidiaries ("Client" or "AHCD") to provide lobbying and related services to the Client, and other such matters as the Client may refer to the Consultant from time to time.

Scope of Services:

The following activities will be carried out for the client:

Work closely with authors and their legislation seeking state funding to assist hospitals with state established seismic requirements to assure AHCD is included, and assist in the passage of the legislation with key stakeholders.

Provide guidance and support to help the Client achieve success.

Participate in ongoing coordination calls and meetings with Client.

Provide support and resources to coalition partners focused on similar priorities.

Compensation:

The Client agrees to provide to the Consultant a fee of $15,000 USO per month in return for the services in the Scope of Services above.

The Consultant will submit an invoice to the Client each month for the total amount due.

Other Expenses:

Client will not reimburse expenses in excess of $500 unless Consultant has received Client's written approval prior to incurring such additional expenses. Consultant must adhere to all Client expense policies. Consultant must submit expenses within thirty (30) days of incurring them and must include receipts for amounts greater than USD$25.00. Client will not reimburse any expenses incurred outside of these policies. Consultant shall not give, promise or offer any gift or hospitality to government officials or private parties in connection with this agreement.

Duration:

The services to be rendered by the Consultant under this Agreement, for which a fee shall be paid, commences December 1, 2022 and ends October 31, 2023.

Mutual Indemnification:

Notwithstanding any provision of this Agreement to the contrary, neither party shall be liable to the other for indirect, incidental or consequential damages. In the event any damage, liability, loss, expense or cost, including attorneys' fees, is the result of gross negligent act, error, or omission of a party to this Agreement or any person employed by it, and arises out of the performance of this Agreement, the negligent party shall indemnify, defend and hold the other party harmless.

Lobbying Registration/Reporting:

Client understands and acknowledges that Consultant will be conducting activities on its behalf which constitute "attempting to influence legislative or administrative action" within the meaning of the Political Reform Act of 1974, as amended (Government Code section 81000, et seq.) and the regulations of the Fair Political Practices Commission.

Accordingly, with Client's authorization Consultant will amend its lobbying firm registration statement with the Secretary of State to include Client, and both Client and Consultant will be required to comply with the lobbying reporting requirements and related laws during the term of this contract. In the event Client has no reporting requirements independent of the services provided by Consultant, and at Client's request, Consultant agrees to prepare and file all required lobbying disclosure reports on behalf of Client during the term of this Agreement.

Confidentiality:

The Consultant agrees to protect confidential information against unauthorized disclosure. The Consultant will protect such information using a reasonable degree of care as is used to protect its own confidential information of a like nature. The Consultant agrees to protect confidential information disclosed under this agreement in both a) a tangible form, clearly labeled confidential at time of disclosure, and b) in non-tangible form, pertaining to matters disclosed in writing or orally which protect or enhance the competitive

position of the Client. This Agreement covers confidential information the Consultant has obtained to date and will obtain in the future. The Consultant's obligations regarding confidential information received under this Agreement shall survive any termination or expiration of the Agreement.

Code of Ethics:

In respect to the performance of its Scope of Services, the Consultant specifically represents, warrants and agrees that, in respect of its involvement with the Client, no payment or offer of payment has been made or shall be approved or made by the Consultant with the intention or understanding that any part of such payment is to be used to influence or attempt to influence, corruptly or unlawfully, any decision or judgment of any official of any government or of any subdivision, agency, or instrument thereof or any political party in connection with the Client. The obligations in this paragraph shall survive the termination of this Agreement.

Independent Contractor Status:

By execution of this agreement, the Consultant acknowledges that it is an independent contractor and neither it nor its employees are employees of the Client for any purpose whatsoever. The Consultant has no right or authority to assume or create any obligation or responsibility, express or implied, on behalf of the Client, except as expressly authorized in writing by the Client.

Governing Law:

This Agreement will be governed by, and construed and enforced in accordance with, the laws of the State of California.

Termination:

Either party may terminate the Agreement for cause (a) if a material breach remains uncured after ten (10) days written notice or (b) if the other party (i) becomes the subject of a proceeding relating to insolvency, receivership, liquidation or assignment for the benefit of credits to the extent permitted by applicable law; (ii) goes out of business (iii) ceases its operations (iv) violates applicable law; (v) engages in an activity that significantly impairs the non-terminating party's ability to provide Services hereunder; or (vi) engages in an activity that may materially damage the terminating party's reputation. AHCD may terminate this Agreement at any time by providing thirty (30) days prior written notice to Consultant without any penalty.

Amendment:

This Agreement may be amended only by a written and signed agreement of both the Consultant and the Client.

ACCEPTED & AGREED:

Alameda Health Care District

By:_____

Date:_____

MJM Advocacy

By:_____

Matt Moretti

Date: _____

Contact Information:

Please provide your relevant contact information below:

Contact Name:	
E-mail:	
Office Phone:	
Fax:	
Mobile Phone:	
Address:	

MJM Advocacy
1020 12th Street, Suite 200
Sacramento CA, 95814

ROADMAP

PHASE 1

Timeline: December 2022 - January 2023

Coalition Building

Building a coalition of District Hospitals, local and state elected officials, labor groups, cities, and other stakeholders will be critical to effective advocacy and messaging.

Engaging Association of California Healthcare Districts (ACHD)

Engaging ACHD to request they prioritize and support district hospital funding in the 2023 budget and legislation for an appeals process for hospitals with buildings unable to meet certain seismic requirements.

Advocacy with the Governor's office

Meet and advocate with the Governor's office to attempt to be put in the Governor's Budget Proposal that is released in January. This is unlikely, but it begins the conversations with the Governor's staff that will be necessary to be successful in any budget request.

Develop Communications Strategy

Many people, including legislators, aren't aware of the challenges district hospitals are facing when it comes to meeting 2030 seismic safety requirements. We should work to identify specific district hospitals with similar financial challenges as Alameda Hospital and begin an education/awareness campaign to highlight these issues through social media, op-eds, earned media, etc.

PHASE2

Timeline: February 2023 - October 2023

Advocacy with the Legislature

Similar to AB 2904 (Bonta) of this year, both of the proposals will need to be shepherded through the legislative process with committees, consultants, etc.

BRINGING A BILL THROUGH THE LEGISLATIVE PROCESS (AB)

INTRODUCTION

The bill will have to be introduced and put across the desk by February 17th.

Co-Author Requests

Co-authors may be added upon introduction to signal strategic or generally strong initial support for the proposal. We will work with the Author's office to identify and secure co-authors.

Any additional co-authors will have to be added at the time of an amendment to the bill.

POLICY COMMITTEE

Overview

Once a bill is introduced, it goes to the respective Rules Committee where it is assigned to a policy committee.

What needs to be done before a bill is heard in policy committee?

Gathering Support (First Policy Hearing):

During the 30 days before a bill can be heard in its first policy committee, staff/sponsor should be contacting individuals/organizations to gather support letters for the measure and submit them through the committee's online portal. Create a sample support letter that other organizations can easily re-print on their letterhead.

Scheduling:

The committee will inform the Author's office when a bill is set for hearing. Most committees will try to work with the Author's office to schedule the bill on a convenient day for their own personal calendar, or a day that works for expert witnesses.

Background Sheet:

Every time a bill goes through a policy committee, the committee will send you a background sheet that must be completed ASAP (usually "due" five days after receipt). Some offices will request the sponsor complete the sheet; other offices will do it themselves. Background sheets give the Author/sponsor the opportunity to present their best arguments to the committee consultant, which may end up in their analysis of the bill.

Contact Committee Consultant:

Immediately after a bill has been assigned to a committee, call the committee and find out which consultant is working on the bill. Each consultant will have a different workstyle. Having a good relationship with the consultant will make them more likely to work with you regarding concerns.

Contact Minority Staff:

Make a point of working with the minority staff before a bill is heard in order to anticipate concerns Members may raise during the hearing. Minority staff draft their own analysis and may have completely different concerns with the bill than the committee consultant.

Pre-committee Author Amendments:

There is an opportunity to make amendments to the bill prior to the hearing, to address organizational opposition or committee concerns. Each committee will have their own deadline for submitting amendments, generally one week to 10 days prior to the hearing date. Submitted amendments must be in Legislative Counsel form to be put across the desk, which also take time to draft - thus, any plans for amendments must be finalized around 2 weeks prior to the bill hearing.

Witnesses:

Consult with the Author's office to decide who would be good strategic witnesses to testify on behalf of the bill. The best witnesses have a personal connection to the policy problem/solution and know how to read the room. Ask for written testimony in advance or make sure you know exactly what the witness plans to say so the hearing will flow logically and smoothly. Additionally, it is a good idea to contact organizations in support of the measure to let them know when the hearing is, so that they are aware of the hearing and can plan to offer a "me too" in support.

Letters of Opposition:

In most situations - should you receive a letter of opposition you should contact the opposition and see if you can work with them to come to a resolution. In some cases, the opposition can be fixed with a simple amendment that is agreeable by both sides. In any case, having a conversation is helpful so you can hear (and formulate responses to) the arguments they will present to other offices.

Read the Analysis:

Analyses are released the day before the committee hearing. Review the analysis and amend Author/witness presentation statements in order to respond to issues raised in the analysis.

Draft a question and answer document which answers all the questions that were discussed in the analysis and any other outstanding issues.

Prepare for the Hearing:

Look in the Daily File for the order in which bills are scheduled to be heard. Find out if the meeting will be run in file order or in order of appearance by sign-in. Coordinate with the Author's office to understand the Member's schedule and when they will likely arrive in committee to present.

The Author's office will prepare a folder for the Member to take to the hearing. Some offices may request help with this, or help briefing the Member prior to the hearing. The folder will likely include: a copy of the analysis, vote count, the most recent version of the bill, statement, questions and answers, a list of support and opposition. The statement will indicate whether the Author is accepting amendments requested by the committee. It is considered bad form for the Author to offer their own amendments during the hearing without the knowledge/consent of the committee.

Contact committee member's staff to confirm attendance, get a vote count and address any concerns. Some committee members may need direct contact from the Author or additional lobbying from specific stakeholders.

Be prepared to answer private questions from the Author or staff during the hearing, or public questions from committee members.

If you do not have enough votes or a quorum, the bill goes on call. Be ready to round up members.

FISCAL COMMITTEE

A. Overview

If the bill has a fiscal impact or a state cost, it will be heard by the Appropriations Committee.

B. What needs to be done before a bill is heard in the fiscal committee?

Scheduling:

The committee will assign a hearing date. Due to the high volume of bills, unlike policy committee, Appropriations generally will not work with the Author to re-set a bill. If the author cannot present on the given date, another Member or staff may be granted permission to present on the Author's behalf.

Contact Committee Consultant:

Appropriations consultants have even less time to talk about individual bills than policy consultants, so it is especially important to be mindful of the specific consultant's workstyle. Generally, the best approach is to make contact via email so the consultant knows who to contact if they have questions. Do not try to force an unnecessary meeting.

Contact Administration/Department of Finance:

Identify the impacted state agencies and ask them/DOF for implementation suggestions and discuss any questions they may have. It is good to know what they are planning to say. Generally, the DOF analysis will oppose any fiscal bill, except those which address the Governor's priorities.

Make contact early on, but understand that most agencies can provide technical assistance, but not more detailed amendments, until they have sign-off from the Horseshoe. This generally does not happen until a bill is in the second house when the field of bills has narrowed and the Budget is settled.

Amendments:

The Assembly and Senate committees have different policies regarding amendments, but there is generally not time to offer Author amendments before a bill is set in Appropriations. Additionally, each consultant will have their own policy for accepting amendments.

Prepare for the Hearing:

Author/witness statements should be very short and only speak to the fiscal aspects of the bill

Should a bill be tagged a suspense candidate, the Author can either present the bill or waive presentation. Regardless of presentation, the bill will be sent to the Suspense File.

Suspense Procedures:
Bills with an appropriation of more than $150,000 are put on the Assembly Suspense File; $50,000 for the Senate Suspense File. The Suspense File is dispensed with at a separate hearing near the fiscal bill deadline.

Prepare for the Suspense Hearing:

Suspense hearings move very quickly and the Members do not have an opportunity to present their bills. The Chair will simply read out the action for each bill - Do Pass, Do Pass with Amendments, Hold or 2-Year bill.

Talk with the consultant and impacted state agencies to try to identify amendments that will bring down the cost of the bill. Each consultant will have their own deadline for submitting amendments.

The Author will submit a letter of their priorities for bills on suspense. These letters carry great weight. Often, held bills are low priorities for the Author, so it is important to have an Author that will prioritize the bill.

The Speaker's office also has an input on which bills move, check-in with appropriate policy unit staff.

ASSEMBLY FLOOR

B. What needs to be done before a bill is heard on the Assembly Floor?

Counting votes:

Which Democrats will we lose if labor opposes? Which Republicans will swing on an issue?

Preparing for the Floor:

Program with the Author's office to determine when the bill should be taken up for a vote. Be present if it is necessary to pull Members off the floor to lobby for votes. If the bill is a "problem" bill, make sure other Members are lined up to talk on behalf of the bill in support.

If the bill goes on call, staff can get the roll call print out from Member Portfolio or physically from the kiosk at the back of Chambers (or through Sergeants). Strategize with the Author to secure those votes when the call is lifted.

D. Misc. Actions on the Floor

Amendments on Floor:

At the third reading, bills may be amended by a motion on the floor after presentation by the Author. Amendments must be in Counsel form and brought to the desk. The policy committee will receive a copy and submit a Proposed Amendment analysis for Members - thus, always check with the policy consultant first to make sure they do not have concerns. If the motion carries by a majority vote, then the bill is sent out for reprint before returning to second reading.

SENATE

A. Overview

Once a bill has passed the Assembly Floor it moves to the Senate and is sent to the Senate Rules committee to await referral to the appropriate policy committee. The same protocol discussed above for Assembly policy and fiscal committees should be followed for the Senate policy and fiscal committees.

B. *What needs to be done before a bill is heard on the Senate Floor?*

Senate Floor Managers:

Who should carry the bill? Identify a Member and staff who will put in the work, if needed. Try to have the bill taken up as early as possible, before inter-house drama begins and bills are delayed.

Amendments on Floor:

Amendments do not need to be presented in the Senate, they are adopted procedurally once submitted to the desk.

C. *What needs to be done the day of the Floor vote?*

Work the Senate Floor:

The Author's staff should be present on the Senate floor to monitor the proceedings, and the Author should be available to personally whip votes or plead with leadership for the bill to be taken up, if needed.

CONCURRENCE IN ASSEMBLY

If the bill has been amended in the Senate, all amendments must be concurred upon in the Assembly before the bill is sent to enrollment.

GOVERNOR

The Governor has 12 days to sign, approve without signing, or veto a bill. If the bill is signed or approved without signature, it goes to the Secretary of State to be chaptered. If the Governor vetoes a bill, a two-thirds vote in each house is needed to override the veto. The Governor's office may release veto messages which explain the veto. Any bill passed by the Legislature before September 1 of the second calendar year of the biennium of the legislative session and in the possession of the Governor on or after September 1 that is not returned on or before September 30 of that year becomes statute.

Getting a signature:

Agencies write enrollment memos for the Governor.

Author's letter:

Author will submit a letter to be sent to the Governor's office, which should detail the purpose of the bill etc. Supporters should also send letters and utilize press/social media to highlight the importance of the issue.

Contact Governor's Office:

Before the bill reaches the Governor's desk, contact Horseshoe staff to try to get a sense of any concerns that can be fixed via amendments. Once the bill has arrived, articulate how their concerns were addressed or continue to justify the merits of the bill in print.

MEETING DATE: December 12, 2022

TO: City of Alameda Health Care District, Board of Directors

FROM: Deborah E. Stebbins, Executive Director

SUBJECT: Approval of FY 2021-2022 Parcel Tax True-Up Transfer to Alameda Health System

---

Action

Recommendation to transfer the **$ 835,976** for Fiscal Year 2021-2022 as the parcel tax true-up transfer to Alameda Health System.

Background

The attached document outlines an analysis of the fiscal period July 1, 2021, to June 30, 2022. As a reminder, the true-up transfer is recommended after the end of the fiscal year and after the annual audit is complete.

Total parcel tax revenue collected for the period was **$ 5,938,214** was a slight increase compared to taxes collected in the prior year. This number is reduced by the total District expenses for FY 2022, adjusted for depreciation (a non-cash item) and adding back the principal payment on the loan maintained by the District for a net available for transfer to AHS of **$5,035,976** a decrease from the prior year distribution due to higher expenses (mainly consulting advocacy and architectural fees) in FYU 2022. Earlier transfers to AHS for the FY 2022 year totaled $**4,200,000**.

The recommendation is to transfer **$835,976** immediately after receipt of the District tax revenue in mid-December, 2021.

City of Alameda Health Care District
Analysis of Asset Transfer
For the period July 1, 2014 through June 30, 2022

Purpose: To evaluate the past fiscal period July to June and true up the amounts transferred to the Alameda Hospital System based on terms of the agreements.

		6/30/2022	6/30/2021
Actual Property Taxes Received for the period 7/1 to 6/30:			
11/30/2021	22,290	22,290	
12/16/2021	2,950,259	2,950,259	
4/14/2022	2,650,217	2,650,217	
5/1/2022	13,082	13,082	
6/1/2022	1,550	1,550	
7/1/2022	2,414	2,414	
8/25/2022	298,402	298,402	
		5,938,214	5,898,222
Interest income and other		300	7,481
Non-Cash Equity adjustments related to capital assets		-	-
Total District Revenue		5,938,514	5,905,703
Less Non Cash Items		-	-
Adjusted Revenue		5,938,514	5,905,703
Non-labor cash expenses of the district		1,001,646	610,173
Less depreciation and amortization		(133,240)	(149,624)
Adjusted Expenses		868,406	460,549
Capital Outlays of the District		-	-
Principal Payment on Mortgage		34,133	32,282
Subtotal Adjusted Outlays		902,539	492,831
Sub total Funds Available to Transfer (Revenues less Expenses)		5,035,976	5,412,871
Debt payment			
Actual Transfers for the period			
6/16/2021	(3,000,000)		(3,000,000)
6/17/2021	(1,398,000)		(1,398,000)
12/20/2021	(1,014,871)		(1,014,871)
2/16/2022	(2,400,000)	(2,400,000)	
8/15/2022	(1,800,000)	(1,800,000)	
		(4,200,000)	(5,412,871)
Sub total outlays and transfers		(4,200,000)	(5,412,871)
Residual balance due AHS(from AHS)		835,976	0