

# PUBLIC NOTICE

## CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

### MEETING AGENDA

**Monday, February 22, 2021**

**OPEN SESSION: 5:30 PM**

Location: Remote via ZOOM

Closed Session Via ZOOM	Open Session Via ZOOM
<p align="center"><b>Join Zoom Meeting – Open Session- February 22, 2021</b></p> <p align="center">Time: 5:30 PM Pacific Time (US and Canada)</p> <p align="center">Join Zoom Meeting</p> <p align="center"><a href="https://us02web.zoom.us/j/82662522275?pwd=UzV3c1NSMGRGazdHRHJkWEI3djlrUT09">https://us02web.zoom.us/j/82662522275?pwd=UzV3c1NSMGRGazdHRHJkWEI3djlrUT09</a></p> <p align="center">Meeting ID: 826 6252 2275</p> <p align="center">Passcode: 645687</p> <p align="center">One tap mobile</p> <p align="center">+16699006833,,82662522275# US (San Jose)</p> <p align="center">Access via zoom phone app, zoom desktop application or zoom website. You will be directed to download the ZOOM app if you have not used previously</p>	

Office of the Clerk: 747-208-9632

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** Mike Williams
- II. **Roll Call** Leta Hillman
- III. **General Public Comments**
- IV. **Adjourn into Executive Closed Session**
- V. **Closed Session Agenda**

	A.	Call to Order	Mike Williams
	B.	Potential Litigation	Gayle Codiga Health and Safety Code Sec 54957.6
	C.	Report on Health Care District Trade Secrets	Health and Safety Code Sec. 32106
	D.	Adjourn to Open Session	

**VI. Reconvene to Public Session**

A.	Announcements from Closed Session	Mike Williams
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**VII. General Public Comments**

**VIII. Regular Agenda**

B.	YTD AHS Reporting <b>INFORMATIONAL</b>		
	1)	Alameda Health System / Alameda Hospital Update / Status of 2020 Alameda Hospital Seismic Project	Mark Fratzke, Interim COO
	✓ 2)	AHS Financials and Budget Update <b>ENCLOSURE (pages 4-22)</b>	Kimberly Miranda, CFO
	3)	Alameda Hospital Medical Staff Update	Catherine Pyun, DO

C.	District & Operational Updates <b>INFORMATIONAL</b>		
	1)	District Reports	
		a. President's Report	Michael Williams
	✓	b. Alameda Health System Board Liaison Report <b>ENCLOSURE (page 23-24)</b> Board Leadership Committee Chairs, EMBG Chair, C-Suite Departures, Vaccination Success, COVID Cases at AH and PBC	Tracy Jensen
		c. Alameda Hospital Liaison Report	Robert Deutsch, MD
	✓	d. Executive Director Report and Board Updates <b>ENCLOSURE (pages 25-27)</b>	Debi Stebbins

D.	Consent Agenda		
	✓ 1)	Acceptance of Minutes December 14, 2020 <b>ENCLOSURE (pages 28-32)</b>	
	✓ 2)	Acceptance of November and December 2020 Financial Statements <b>ENCLOSURE (pages 33-46)</b>	

E.	Action Items		
	✓ 1)	Alameda Community Paramedicine Program <b>ENCLOSURE (pages 47-48)</b>	Debi Stebbins

F.	April 12, 2021 Agenda Preview		
	1)	Acceptance of February 22, 2021 Minutes	
	2)	Approval of Recommendation on Distribution of Jaber Funds to Support AHS Capital Equipment Expenditures	

G.	Informational Items:		
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		YTD AHS Reporting (CAO/Hospital, Quality, Financial, Medical Staff Reports)	
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**IX. General Public Comments**

**X. Board Comments**

**XI. Adjournment**

Next Scheduled Meeting Dates (2 <sup>nd</sup> Monday, every other month or as scheduled) <b>April 12, 2021</b>	Open Session 5:30 PM Remote via ZOOM
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# Alameda District Board 2/22/2021

	December	BUDGET	# VAR	% VAR	YTD	BUDGET	# VAR	% VAR	PYTD	% Var
<b>AHS SUMMARY</b>										
<b>ACUTE</b>										
Acute Patient Days	8,448	9,847	(1,399)	(14.2)%	49,681	56,967	(7,286)	(12.8)%	53,789	(7.6)%
Acute Discharges	1,523	1,686	(163)	(9.7)%	8,953	10,019	(1,066)	(10.6)%	9,579	(6.5)%
<i>Average Daily Census</i>	272.5	317.6	(45.1)	(14.2)%	270.0	309.6	(39.6)	(12.8)%	292.3	(7.6)%
<i>Average Length of Stay</i>	5.6	5.8	(0.2)	(3.4)%	5.6	5.7	(0.1)	(1.8)%	5.6	0.0 %
Acute Adjusted Discharges	2,210	2,556	(346)	(13.5)%	13,313	15,269	(1,956)	(12.8)%	14,608	(8.9)%
Acute Adjusted Patient Days	12,258	14,928	(2,670)	(17.9)%	73,876	86,818	(12,942)	(14.9)%	82,028	(9.9)%
CMI	1.542	1.418	0.124	9 %	1.481	1.357	0.124	9.1 %	1.357	9.1 %
ED Visits	6,666	8,615	(1,949)	(22.6)%	40,856	52,116	(11,260)	(21.6)%	51,732	(21.0)%
Trauma Cases	237	258	(21)	(8.1)%	1,404	1,625	(221)	(13.6)%	1,531	(8.3)%
Observation Equiv Days	(265)	135	(400)	(296.3)%	644	745	(101)	(13.6)%	697	(7.6)%
PES Equivalent Days	623	1,381	(758)	(54.9)%	3,704	8,343	(4,639)	(55.6)%	4,558	(18.7)%
Surgeries	576	704	(128)	(18.2)%	3,261	4,466	(1,205)	(27.0)%	4,546	(28.3)%
IP Surgeries	291	342	(51)	(14.9)%	1,864	2,088	(224)	(10.7)%	2,139	(12.9)%
OP Surgeries	285	362	(77)	(21.3)%	1,397	2,378	(981)	(41.3)%	2,407	(42.0)%
Deliveries	104	108	(4)	(3.7)%	628	637	(9)	(1.4)%	653	(3.8)%
<b>SNF</b>										
Patient Days	8,337	8,419	(82)	(1.0)%	48,288	50,326	(2,038)	(4.0)%	50,555	(4.5)%
Discharges	47	22	25	113.6 %	166	164	2	1.2 %	174	(4.6)%
Daily Census	268.9	271.6	(2.7)	(1.0)%	262.4	273.5	(11.1)	(4.1)%	274.8	(4.5)%
<i>Average Length of Stay</i>	177.4	382.7	(205)	(53.6)%	290.9	306.9	(16)	(5.2)%	290.5	0.1 %
<b>TOTAL CLINIC VISITS</b>										
TOTAL CLINIC VISITS	27,352	27,866	(514)	(1.8)%	168,338	165,594	2,744	1.7 %	161,468	4.3 %
Clinic Visits	16,823				94,475				161,468	
Telehealth	10,529				73,863				-	
Physician wRVU	77,952	82,061	(4,109)	(5.0)%	444,178	474,721	(30,543)	(6.4)%	474,032	(6.3)%
Total Adjusted Discharges	2,229	2,597	(368)	(14.2)%	13,197	15,585	(2,388)	(15.3)%	14,792	(10.8)%
Total Adjusted Patient Days	23,830	27,773	(3,943)	(14.2)%	141,781	164,212	(22,431)	(13.7)%	158,259	(10.4)%

- Operating Revenue is unfavorable \$13.9M and 13.5%; YTD unfavorable by \$43.2M and 7.8%
- Operating Expense is unfavorable \$2.8M and 3.1%; YTD favorable \$2.1M and 0.4%
- Net Loss is \$3.9M and below budget by \$16.6M; YTD loss is \$34.3M and below budget by \$40.5M
- EBIDA is negative \$2.5M resulting in a negative EBIDA Margin of 2.8%; below budget by \$16.7M.
- YTD EBIDA is negative \$25.7M resulting in a negative Margin of 5.0%; below budget by \$50.5M.

	December 2020				Year-To-Date				FY 2020	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	\$ 88,789	\$ 102,640	\$ (13,851)	(13.5)%	\$ 512,017	\$ 555,222	\$ (43,204)	(7.8)%	\$ 514,442	(0.5)%
Operating expense	92,499	89,684	(2,815)	(3.1)%	545,172	547,232	2,060	0.4%	538,905	(1.2)%
<b>Operating income (loss)</b>	<b>(3,710)</b>	<b>12,956</b>	<b>(16,666)</b>	<b>(128.6)%</b>	<b>(33,155)</b>	<b>7,989</b>	<b>(41,144)</b>	<b>(515.0)%</b>	<b>(24,463)</b>	<b>(35.5)%</b>
Other non-operating activity	(198)	(306)	108	35.3%	(1,170)	(1,787)	617	34.5%	(1,360)	14.0%
<b>Net Income (loss)</b>	<b>\$ (3,909)</b>	<b>\$ 12,649</b>	<b>\$ (16,558)</b>	<b>(130.9)%</b>	<b>\$ (34,325)</b>	<b>\$ 6,202</b>	<b>\$ (40,527)</b>	<b>(653.4)%</b>	<b>\$ (25,824)</b>	<b>(32.9)%</b>
EBIDA adjustments	1,395	1,533	(138)		8,592	18,606	(10,014)		29,312	
<b>EBIDA</b>	<b>\$ (2,514)</b>	<b>\$ 14,182</b>	<b>\$ (16,696)</b>		<b>\$ (25,733)</b>	<b>\$ 24,808</b>	<b>\$ (50,541)</b>		<b>\$ 3,489</b>	
Operating Margin	(4.2)%	12.6%	(16.8)%		(6.5)%	1.4%	(7.9)%		(4.8)%	
EBIDA Margin	(2.8)%	13.8%	(16.6)%		(5.0)%	4.5%	(9.5)%		0.7%	



- Gross patient service revenue is unfavorable to budget by \$30.8M and 9.9% due to lower patient volumes and change of mix of services caused by the Shelter in Place Order effective on March 17, 2020. COVID 19 impact was not included in the FY21 Budget.
- NPSR Collection ratio was 16.7%, favorable to budget of 16.3% and approximates YTD budget of 16.8%. Budget rate increases are evenly applied in the budget model and realization is not expected until later in the year.
  - FY13 Medi-Cal favorable Cost Report settlement - \$1.0M
  - NPSR collection ratio is 16.4% for the month and slightly improved over YTD prior to cost report activity.
- Other government programs are unfavorable to budget by \$10.5M due to the timing of FY20 County settlement for JGP. The Budget assumed revenue of \$11.7M would be recognized in December. Funding of \$12.9M was received and accrued as part of the FY20 audit and will be a permanent budget variance for the FY21. The total amount included in the FY21 budget for the prior year settlement was estimated at \$15.6M to achieve the contract maximum of \$43.9M. The YTD variance is offset by CARES Act funding of \$8.4M received in July and subsequently moved to FY21 as part of the FY20 annual audit.
- FY20 Alameda Hospital Parcel Tax revenue of \$1.2M was approved by City of Alameda Health District to be distributed to AHS.

	December 2020				Year-To-Date				FY 2020	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	\$ 177,904	\$ 182,009	\$ (4,105)	(2.3)%	\$ 1,001,474	\$ 1,054,547	\$ (53,073)	(5.0)%	\$ 1,005,924	(0.4)%
Outpatient service revenue	73,888	94,429	(20,541)	(21.8)%	440,468	557,643	(117,175)	(21.0)%	517,074	(14.8)%
Professional service revenue	27,715	33,842	(6,127)	(18.1)%	155,874	182,271	(26,397)	(14.5)%	160,862	(3.1)%
Gross patient service revenue	279,507	310,281	(30,774)	(9.9)%	1,597,816	1,794,461	(196,645)	(11.0)%	1,683,861	(5.1)%
Deductions from revenue	(232,930)	(259,690)	26,760	10.3%	(1,335,173)	(1,493,543)	158,370	10.6%	(1,413,315)	(5.5)%
<b>Net patient service revenue</b>	<b>46,577</b>	<b>50,591</b>	<b>(4,014)</b>	<b>(7.9)%</b>	<b>262,643</b>	<b>300,918</b>	<b>(38,276)</b>	<b>(12.7)%</b>	<b>270,546</b>	<b>2.9%</b>
Collection % - NPSR	16.7%	16.3%	0.4%		16.4%	16.8%	(0.3)%		16.1%	
<b>Capitation and HPAC</b>	<b>3,948</b>	<b>3,811</b>	<b>137</b>	<b>3.6%</b>	<b>22,157</b>	<b>21,982</b>	<b>175</b>	<b>0.8%</b>	<b>20,436</b>	<b>8.4%</b>
Medi-Cal Waiver	5,541	5,541	0	0.0%	33,246	33,245	1	0.0%	58,299	(43.0)%
Measure A and parcel tax	11,474	10,223	1,251	12.2%	62,592	61,341	1,251	2.0%	61,341	2.0%
Supplemental Programs	17,562	29,309	(11,747)	(40.1)%	112,922	119,855	(6,932)	(5.8)%	87,700	28.8%
<b>Other government programs</b>	<b>34,578</b>	<b>45,073</b>	<b>(10,496)</b>	<b>(23.3)%</b>	<b>208,760</b>	<b>214,440</b>	<b>(5,680)</b>	<b>(2.6)%</b>	<b>207,340</b>	<b>0.7%</b>
Grants & Research Protocol	1,031	1,260	(229)	(18.2)%	5,350	7,012	(1,662)	(23.7)%	5,032	6.3%
Other Operating Revenue	2,655	1,905	750	39.4%	13,107	10,869	2,238	20.6%	11,089	18.2%
<b>Other operating revenue</b>	<b>3,686</b>	<b>3,165</b>	<b>521</b>	<b>16.5%</b>	<b>18,457</b>	<b>17,881</b>	<b>576</b>	<b>3.2%</b>	<b>16,121</b>	<b>14.5%</b>
<b>Operating revenue</b>	<b>\$ 88,789</b>	<b>\$ 102,640</b>	<b>\$ (13,851)</b>	<b>(13.5)%</b>	<b>\$ 512,017</b>	<b>\$ 555,222</b>	<b>\$ (43,204)</b>	<b>(7.8)%</b>	<b>\$ 514,442</b>	<b>(0.5)%</b>

- Operating Expense was \$92.5M and unfavorable by \$2.8M and 3.1%; YTD favorable \$2.1M and 0.4%.
  - The largest variance is Labor (Next Slide)
- Purchased Services are favorable \$0.2M and 3.3%. YTD is favorable by \$3.4M and 8.4% representing positive variances across many departments. Two significant variances include lower Emergency Food and Shelter costs (\$600k) which are partially offset by increases in laundry costs (\$365k).
- Material and Supplies are unfavorable \$0.6M which is proportionally more than the YTD variance due to the budget timing of rebate (\$175k). YTD continues to run negative primarily due to COVID 19 treatment cost for anti-viral drugs, cleaning supplies and lab reagents offset by surgery supply items.
- Facilities are favorable \$0.4M for the month driven timing of facility repairs; YTD facility repairs (\$334k) Rental Equipment (\$323k) and Utilities (\$249k) are below Budget.
- Depreciation is slightly favorable for the month and unfavorable YTD caused by EPIC estimate and budget spread.
- General and Administrative are being managed; timing differences.
  - Management fee, Housing and Travel for Registry staff coverage during the strike (\$1M)
  - YTD reflects dividend payment from BETA for \$0.8M.

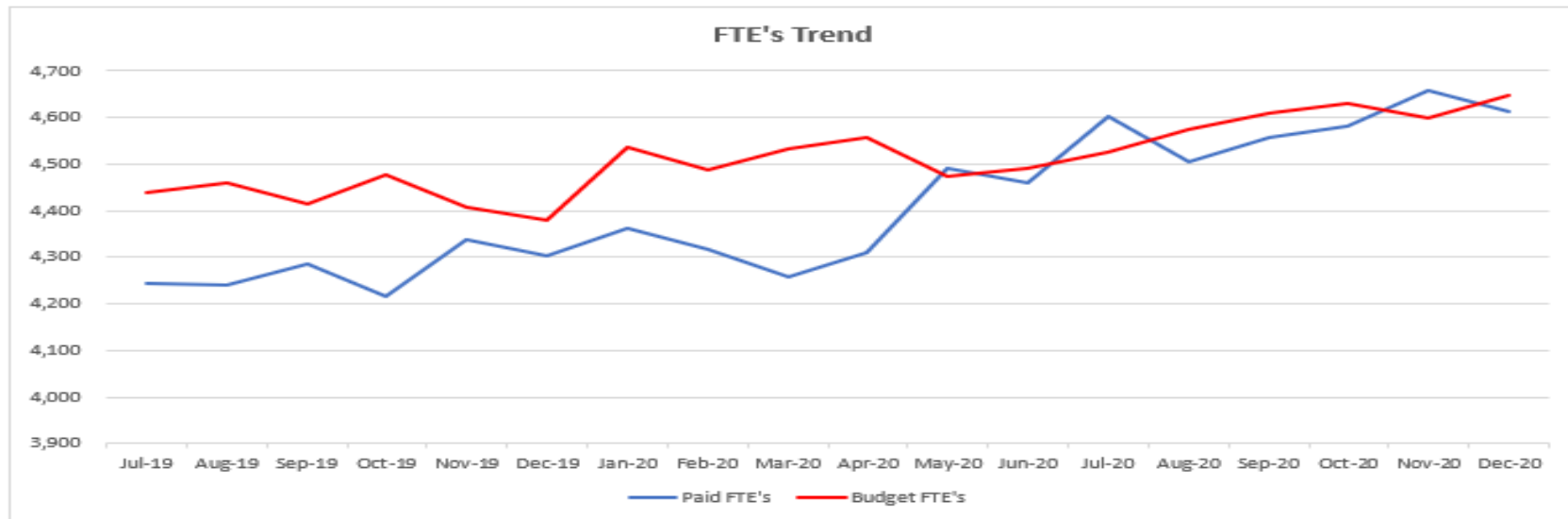
	December 2020				Year-To-Date				FY 2020	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 66,707	\$ 64,851	\$ (1,856)	(2.9)%	\$ 399,181	\$ 398,574	\$ (607)	(0.2)%	\$ 382,265	(4.4)%
Physician contract services	3,256	3,042	(214)	(7.0)%	18,951	18,693	(259)	(1.4)%	44,008	56.9%
Purchased services	6,405	6,624	219	3.3%	36,919	40,288	3,369	8.4%	38,424	3.9%
Materials and supplies	8,312	7,740	(571)	(7.4)%	46,798	45,671	(1,128)	(2.5)%	41,916	(11.6)%
Facilities	2,492	2,915	422	14.5%	17,091	17,956	866	4.8%	15,922	(7.3)%
Depreciation	2,637	2,707	70	2.6%	16,062	15,172	(890)	(5.9)%	7,500	(114.2)%
General and administrative	2,690	1,805	(885)	(49.0)%	10,170	10,878	708	6.5%	8,870	(14.7)%
<b>Total operating expense</b>	<b>\$ 92,499</b>	<b>\$ 89,684</b>	<b>\$ (2,815)</b>	<b>(3.1)%</b>	<b>\$ 545,172</b>	<b>\$ 547,232</b>	<b>\$ 2,060</b>	<b>0.4%</b>	<b>\$ 538,905</b>	<b>(1.2)%</b>



- Total Labor costs are \$66.7M and unfavorable for the month \$1.9M and 2.9%.
  - Salaries and Registry combined are unfavorable (\$1.4M); registry high to cover LOAs at higher rates.
  - COVID related LOAs codes from payroll were \$1.6M.
- Employee Benefits approximate budget for the month with an unfavorable 0.5% variance. YTD is favorable \$2.3M and 3.8% from timing difference versus budget for FICA.
- Retirement variances are driven by the FY20 Actuarial reports (ACERA). Higher investment returns at the measurement date, 12/31/2019, are reducing long term funding requirements creating a credit as the liability on the Balance Sheet is reduced. In September, The Board approved an adjustment to the final budget.
- Compensation ratio (Labor costs divided by Operating Revenue) higher in current month due to higher labor expense. PY driven by higher retirement costs.

	December 2020				Year-To-Date				FY 2020	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages	\$ 42,657	\$ 43,126	\$ 470	1.1%	\$ 248,419	\$ 254,900	\$ 6,482	2.5%	\$ 238,292	(4.2)%
Salaries and wages (physicians)	6,091	5,592	(499)	(8.9)%	33,940	32,878	(1,062)	(3.2)%	15,549	(118.3)%
Registry	3,754	1,885	(1,869)	(99.2)%	33,069	11,777	(21,292)	(180.8)%	18,783	(76.1)%
Employee benefits (taxes, insurance)	10,064	10,017	(47)	(0.5)%	59,870	62,203	2,333	3.8%	55,725	(7.4)%
Retirement	5,596	5,725	129	2.3%	32,613	35,308	2,695	7.6%	33,603	2.9%
Retirement (GASB-68, GASB-75)	(1,455)	(1,495)	(40)	(2.7)%	(8,729)	1,508	10,238	678.7%	20,313	143.0%
<b>Total labor costs</b>	<b>\$ 66,707</b>	<b>\$ 64,851</b>	<b>\$ (1,856)</b>	<b>(2.9)%</b>	<b>\$ 399,181</b>	<b>\$ 398,574</b>	<b>\$ (607)</b>	<b>(0.2)%</b>	<b>\$ 382,265</b>	<b>(4.4)%</b>
Compensation ratio	75.1%	63.2%	-11.9%		78.0%	71.8%	-6.2%		74.3%	
Paid FTEs	4,614	4,646	32	0.7%	4,587	4,596	9	0.2%	4,272	7.4%

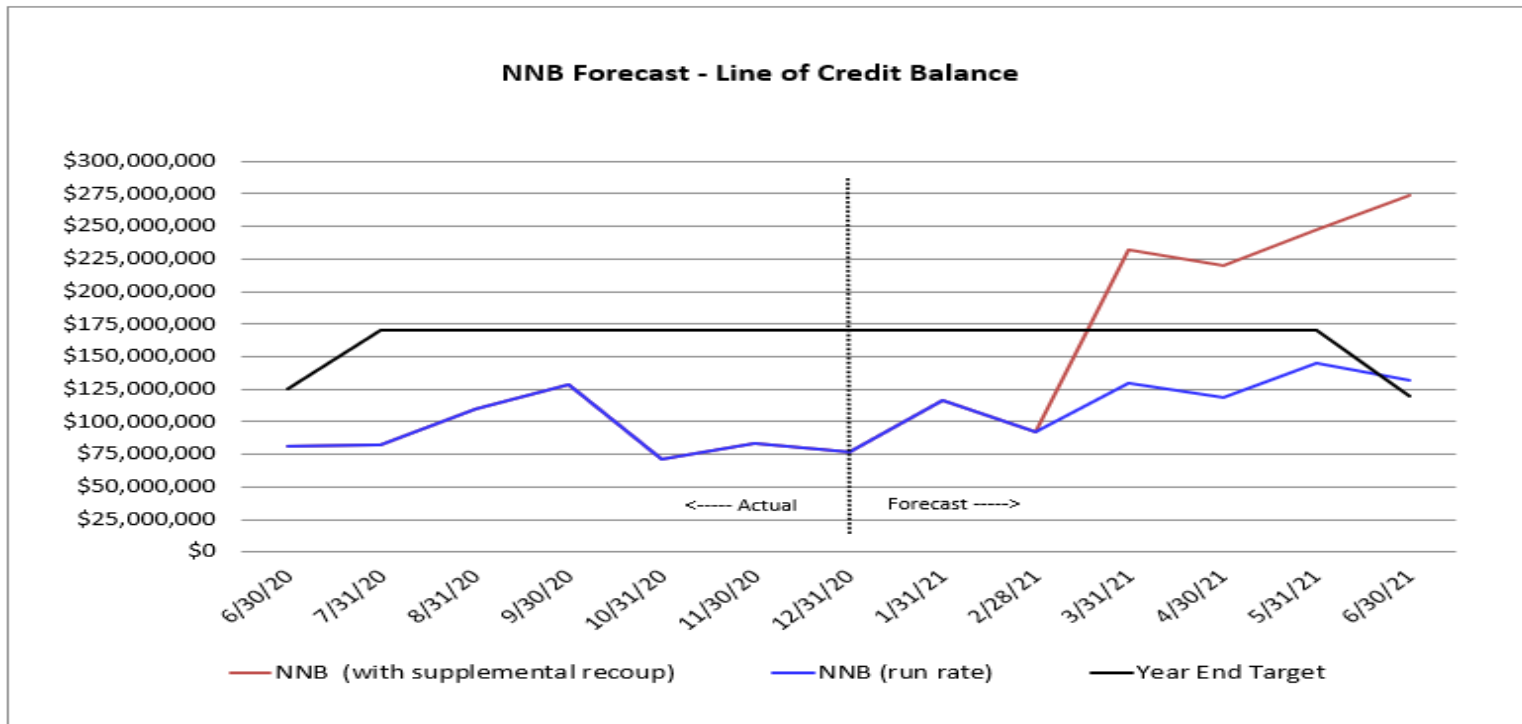
- FTEs are higher in the December budget reflecting traditional flex up to meet higher volumes in the winter months that has not occurred.
- COVID LOAs are 192.8 FTE in December which is 56.0 FTEs higher than prior month. New COVID leave benefits terminate this month.
- FTE trend includes Registry and backfill for staff on COVID related LOAs. Historical vacancy represented by the space between the lines is gone.
- Strike final reconciliation of Registry invoicing pending, accrued additional costs this month of \$1M. Total strike estimated cost \$11.3M and 464.7 FTEs for 5 days beginning 10/7/20. Salary saving from striking employees \$3.3M (excluding retirement, taxes and accrued PTO).



- Days Cash is timing variance caused by month end and the difference between draws and pay dates.
- AR Days decreased 1.1 days; Revenue Cycle update to be included in the Finance Report.
- Days in Accounts Payable decreased due to timing and available funding. Percent AP Over 60 days at 1.8% is consistent with prior month.
- Net Position deteriorated \$34.0M from June 30, 2020, driven by YTD Loss of \$34.3M.
- NNB or the balance on the Line of Credit (LOC) with the County is \$78.5M. Since all the cash activity is swept against the long-term LOC facility, the Current Ratio can be misleading.

	<u>Dec-20</u>	<u>Nov-20</u>	<u>FY 2020</u>
Days in Cash	12.9	12.2	3.1
Gross Days in AR	68.2	69.3	66.7
Days in Accounts Payable	22.0	23.3	33.8
% of AP Over 60 days	1.8%	1.7%	1.1%
Current Ratio	1.0	1.1	1.2
Net Position (Fund Balance)	\$ (311,812)	\$ (307,903)	\$ (277,787)
Net Negative Balance (LOC)	\$ 78,460	\$ 78,125	\$ 83,005

- Advances in FY20 helped AHS meet the terms of the permanent agreement with the County and positively impacted the NNB balance at 6/30/20 (SNCP - \$15.1M, HPAC - \$16.2M, County Grants - \$0.3M, approval of GME - \$9.5M).
- FY21 Cash Flow Forecast is expected to hover around the current NNB limit (blue line).
  - The forecast is based current run rate of receipts and expenditures from operations.
  - Supplemental revenue is forecasted based on the latest information available.
- PY Recoupments are reflected in the red line and far exceed the NNB Limit.
  - With no new information, the FY10-FY13 Waiver recoupments and Medi-Cal cost report pushed out on the forecast to end of first quarter, March 2021.
- The NNB Forecast has been consistent for many months and improved slightly in December due to delay in implementing DSH rate cut resulting in an addition \$8.3M in GPP funding.



- New table provides more detail on material cash items included in the forecast (County staff request).
  - HPAC amendment for AB85 realignment was moved from December to February.
- NNB forecast for the current fiscal year has improved by \$10.5M from November. Significant events are offsetting each other having minimal impact thus far in the current fiscal year NNB forecast.
  - FY09 Waiver Payment -\$7.0M,
  - YTD EBIDA loss - \$25.7M; including strike coverage costs.
  - Patient Cash and Measure A higher than projected
  - COVID Relief received in July and August - \$11.7M. Revenue recognized in FY21 is \$8.8M from CARES Act.
  - Reduced CAPEX spending (\$10.5M spend to date; FY21 Capital Budget cashflow - \$60.8M)

	Jan-21	Feb-21	Mar-21	Apr-21	Jun-21
Estimated Waiver recoupment (fy11 - fy15)			(71,602)		
Estimated Medi-Cal FQHC recoupment (fy08 - fy13)					(40,000)
Estimated Medi-Cal P14 cost report (fy11 - fy18)			(30,300)		
HPAC base contract (contract signing, patient data)					
HPAC amendment for AB85 realignment		41,350			
PRIME fy20 (annual report)					
AB915					13,500
GPP fy21 (quarterly)	12,568			16,600	
Medi-Cal Managed Care Rate Range (Jul-19 to Dec-20)					45,000
EPP fy19 (Jan-Jun 2019)				22,000	
	<u>12,568</u>	<u>41,350</u>	<u>(101,902)</u>	<u>38,600</u>	<u>18,500</u>



## CMS Price Transparency Background

- In November 2019, CMS issued a new set of regulatory requirements for Price Transparency that Hospitals must comply with by 1/1/2021 and held an informational session in December 2019 along with the following presentation to explain the requirements:  
<https://www.cms.gov/files/document/2019-12-03-hospital-presentation.pdf>
- The New CMS Price Transparency Regulation requires Hospitals to disclose the following information:
  - 1. Machine-Readable File of “Standard Charges”**
    - Make public a machine-readable file
    - Includes all “standard charges”, including gross charges and payer-specific negotiated rates, for all hospital “items and services”
  - 2. Consumer-Friendly Disclosure of Common “Shoppable Services”**
    - Provide an Internet-based price estimator tool for common shoppable services
      - OR
    - Make public a consumer-friendly disclosure of “standard charges” for at least 300 “shoppable services ”
  - 3. For EACH File, the Following Required Columns were Included::**
    - **Description** of each item or service provided by the hospital
    - **Gross charge** for each item or service
    - **Payor-specific negotiated charge** for each item or service, clearly associated with the name of the payer and plan
    - **De-identified minimum and maximum negotiated charge** for each item or Service
    - **Discounted cash price** for each item or service based on Patient Financial Policy discount terms
    - **Any code used by the hospital to bill** or account for the item or service, including CPT codes, HCPCS, DRG’s, NDC’s, or other common payer identifiers

## CMS Price Transparency Background AHS Solution

- **AHS Solution**

- Jointly Decided Upon by Compliance, Revenue Cycle, Revenue Integrity, & Reimbursement Leadership and captured in an SBAR
  - [SBAR - CMS Price TransparencyvFINAL090120.docx](#)
- Copy of Final Files posted on AHS Interment Site
- Website Changes made 12/31/2020 for 1/1/2021 Compliance

<http://www.alamedahealthsystem.org/patients-visitors/>

- Removal of current Verbiage & Files that do not meet or are not required for 1/1/2021 Price Transparency Compliance
- Verbiage & Files updated/replaced to meet 1/1/2021 Price Transparency Compliance requirements
- AHS Compliance has information from Revenue Integrity, Reimbursement, & Revenue Cycle related to methodology for file development as needed for future audits

# AHS Website View

<a href="#">VISITOR INFORMATION</a>	<a href="#">INFORMATION SHARING REQUEST</a>	<a href="#">HEALTH ADVOCATES</a>	<a href="#">HEALTH PLANS</a>	<a href="#">DAISY AWARDS</a>	<a href="#">PRICING TRANSPARENCY</a>
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## Pricing Transparency

Alameda Health System (AHS) recognizes the importance of patients' access to information. Alameda Health System Hospital's (Highland Hospital, Fairmont Hospital, John George Psychiatric Hospital, Alameda Hospital and San Leandro Hospital) complies with the Centers for Medicare and Medicaid (CMS) established guidance for hospitals to make available both a list of standard charges for all services as well as estimated total costs for many of the services provided by each hospital (also known as shoppable services).

Hospital charges can help patients understand what the costs might be for certain health care services; however, it is not a personalized estimate, nor does it represent what your actual bill will be.

The estimated charges provided are intended to provide an estimate of the total costs charged for commonly provided services. The estimate will not provide the amount you may incur as out-of-pocket expenses, as this amount is determined by your benefits as defined by your Insurance plan. Additionally, services you may receive can and will vary from person to person, depending upon your provider's treatment choices and your particular health care needs, such as orders for diagnostic pathology and radiology tests, specialized procedures and medication needs. Total cost estimates are for services provided by Alameda Health System and do not include services from outside providers.

- [Price Transparency – Machine Readable \(.xlsx\)](#)
- [Price Transparency – Shoppable Services \(.xlsx\)](#)

### Contact Us

Please contact one of our Financial Counselors for any questions you may have at:

510-437-6419  
M-F 8:00 – 4:30

# CMS Price Transparency Compliance Comparative Research

Click chart/link below for comparison data

CMS Price Transparency Compliance 1/1/2021  
Comparative Research

Organization	Machine Readable File	Shoppable Services	Patient Liability Estimates	Other Comments	Complying?	Link to Website
Sutter Health	YES - (1) a comprehensive machine-readable file of all services, including standard charges, the discounted cash price and the commercial and Medicare Advantage/Medi-Cal Managed Care negotiated rates.	YES - (2) a display of 300 common, or 'shoppable', services in a consumer-friendly format and the associated average charge, discounted cash price and negotiated rates with commercial and Medicare Advantage / Medi-Cal Managed Care payers. Please note this data does not reflect out-of-pocket costs for insured patients. The data also does not reflect all of the discounts for which uninsured patients may be eligible.	YES - "We provide access to a <a href="#">cost estimator tool</a> , for more than 200 frequently used medical services provided by Sutter physician organizations."	"We encourage consumers with health insurance to communicate with their insurance provider to better understand potential out-of-pocket costs when making care decisions."  Several Other Disclaimers on website	YES - Appears to Comply with All Aspects	<a href="https://www.sutterhealth.org/for-patients/healthcare-cost-transparency">https://www.sutterhealth.org/for-patients/healthcare-cost-transparency</a>
Stanford Health	NO - CDM with Gross Charges Only.  "To view Stanford Hospital's list of charges (CDM), reference the <a href="#">attached document</a> . Prices are effective as of September 1, 2020 and are subject to change."	NO - Nothing found on Price Transparency or related webpages	YES - Cost Estimator on separate webpage from Price Transparency page  Better manage your health care with the Cost Estimator tool. The online tool offers an intuitive way to estimate your out-of-pocket cost of care for common exams, procedures, tests, and services, empowering you to make informed financial		Partial- Estimator Tool exists, unclear if it contains the 300 shoppable. Not displaying Payor Contracted Rates with CDM (aka Machine Readable)	<a href="https://stanfordhealthcare.org/for-patients/visitors/price-transparency.html">https://stanfordhealthcare.org/for-patients/visitors/price-transparency.html</a>  <a href="https://stanfordhealthcare.org/for-patients/visitors/cost-estimator.html">https://stanfordhealthcare.org/for-patients/visitors/cost-estimator.html</a>

### Summary:

Comparative research was done looking at 7 Organizations both locally and in California reviewing their compliance with the CMS Price Transparency Rule effective 1/1/21. My assessment of that review showed only 2 of the 7 Organizations did comply with the regulation. Most Organizations did have a Price Estimator Tool, however you are still required to publish the Machine Readable CDM file that includes the negotiated contract rates.

Included in this research was: Sutter, Stanford, UCSF, UC San Diego, Scripps, Santa Clara Valley Medical Center and Zuckerberg.

# Appendix

## COVID Related Funding Update and Direct Expenses



- **CARES Act**

- New \$20M received on 1/26/2021 for Safety Net Targeted Distribution. Revenue to be recorded in January.
- Pending receipt estimated \$5-6M, a Phase II guarantee payment of 2% of net revenue based on FY19 audited financial statement.
- Submitted Phase III application to demonstrate loss revenue. Congress has made no commitment on additional payments.

- **Others**

- Pending applications on FEMA claims and others.

Program	Description	Amount
CARES Act Part 1	\$30B nationwide distribution based on Medicare FFS revenue	Received \$10M on 4/10/2020
CARES Act Part 2	Additional \$20B nationwide distribution based on net patient revenue	Received \$4M on 4/24/2020
CARES Act Part 3	\$10B high impact for hospitals with 100+ admission between January 1 to April 10.	Did not qualify: Alameda 1 admission, Highland/San Leandro 18 admissions
CARES Act Part 4	\$200M available via Federal Communications Commission (FCC) for telehealth. Up to \$1M per applicant.	Submitted application for cost of telehealth equipment on 4/17/2020. Notified by America's Essential Hospitals on 7/21/2020 that AHS was not awarded this grant
CARES Act Part 5	\$100M to be used for increased medical supplies, testing and telehealth needs and additional \$1.32B for the prevention, diagnosis, and treatment of COVID-19, plus additional \$583M to expand testing. FQHC clinics were auto awarded based on annual UDS report. Such County wide UDS report includes significant portion of AHS' data.	County awarded \$64K on 3/24/2020, \$751K on 4/8/2020 and \$261K on 5/7/2020. AHS and County partnered to provide COVID testing to the Homeless. Agreement was signed on Sep 30 to reimburse costs up to \$150K.
CARES Act Part 6	\$150B Relief Fund for necessary expenditures incurred due to the public health emergency for local government based on population.	County allocated \$291.63M. Agreement signed 12/17/2020 for County to reimburse AHS for Fairmont SNF Quarantine start-up cost up to \$318K.
CARES Act Part 7	Relief fund for SNFs. SNF will receive a fixed distribution of \$50,000, plus \$2,500 per bed	Received \$825,000 on 5/22/2020
CARES Act Part 8	\$4B relief fund for Safety Net hospitals	Pending payment from HHS
CARES Act Part 9	Reconciled payment for providers not filing a Medicare cost report	AHP received \$1M on 6/15/2020
CARES Act Part 10	\$10B high impact for hospitals with 161+ admissions between January 1 to June 10	Received \$8.35M on 7/20/2020
CARES Act Part 11	General Distribution Phase II reconciliation payment to equal 2% of net revenue from patient care	Application submitted 8/20/2020. Received \$43K 12/9/2020
CARES Act Part 12	Relief fund for SNFs. SNF will receive a fixed distribution of \$10,000, plus \$1,450 per bed	Received \$440,500 on 8/27/2020
Subtotal	CARES Act	Received \$24.6M

Program	Description	Amount
Assistant Secretary for Preparedness Response	First round: \$50M nationwide distribution. California Hospital Association (CHA) submitted application for California share of \$4M. Second round: \$100M nationwide distribution. CHA applied for California share of \$10.7M	Received payment for \$25K in May & 77K in Sep.
CDPH	Grant for outreach and telemedicine for low English proficiency immigrant population	\$20K grant approved. Received payment in June
United Way of Bay Area	\$1M grant available	Submitted application focused on IT labor cost on May 4.
IRS	Employer payroll tax credit for employees on leave due to COVID	AHS does not qualify due to being a public employer
FEMA	Federal government will reimburse 75% of cost	AHS is actively looking into apply either separately or together with the County. CAPH has contracted with Ernst & Young to offer group training. AHS has participated in training.
Increased FMAP	For Pre-ACA population. 6.2% FMAP increase applied to fiscal quarters impacted	Received from the State \$382K for January to April service months for Medi-Cal FFS inpatient population. Expect to receive \$432K for May & June month of service.
SNF Rate Increase	SNF/Sub-Acute 10% rate increase effective March 1 for Medi-Cal FFS	Received \$1.5M for March to June service months on August 17. July month of service is paid on the claim.
Medi-Cal Plans	Alameda Alliance announced \$16.6M Health Safety-Net Sustainability Fund	AHS submitted application on May 22. Awarded \$1.85M or 37% in May cycle, payment received in July. Awarded \$1.05M for June cycle. Program closed.
Subtotal	Non-CARES Act	Received \$5.3M
Total COVID Funding	All programs	Received \$29.9M

**COVID-19 expenses from 3/01/20 to 12/31/20**  
(in thousands)

	FY 2020	FY 2021	Total	
	Mar-Jun 2020	Jul-Dec 2020		
<u>Directly charged to COVID-19</u>				
Labor costs	\$ 810	\$ 2,697	\$ 3,507	
Purchased Services	234	674	908	Cleaning and conceige parking services; Work area redesign
Supplies	894	2,023	2,917	PPE and other supplies purchased through non-GPO vendors
Non-medical minor equipment	40	285	325	HEPA air scrubber units
	<u>\$ 1,978</u>	<u>\$ 5,679</u>	<u>\$ 7,657</u>	
<u>Other expenses embedded in dept</u>				
Payroll	\$ 8,007	\$ 8,319	\$ 16,326	COVID-19 specific pay codes
Cleaning Supplies (all campuses)	820	868	1,688	amount over prior run rate of \$132k
Linen & Laundry	167	298	465	amount over prior run rate of \$287k
IT Services	330	-	330	assistance with remote access and Epic
IT Equipment	137	-	137	laptops, ipads, and licenses
	<u>\$ 9,461</u>	<u>\$ 9,485</u>	<u>\$ 18,946</u>	
Capital Expenditures	\$ 223	\$ 187	\$ 410	disinfection technology, hiflow respiratory equipment
<b>Total expenditures</b>	<u><u>\$ 11,662</u></u>	<u><u>\$ 15,351</u></u>	<u><u>\$ 27,013</u></u>	



## CITY OF ALAMEDA HEALTH CARE DISTRICT

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DATE: 2/22/21  
TO: AHCD Board of Directors  
FROM: Tracy Jensen

### Board of Trustees Update

The new Board of Trustees has been seated and as I shared in December I was elected as the Vice Chair. My committee assignments for 2021 are the Quality and Professional Services Committee, and either Human Resources or Audit and Compliance committee. There are currently eight appointed trustees, with one vacancy remaining to be filled by Supervisor Carson.

With support from the Board of Supervisors trustees have established a governance committee under the leadership of trustee Jeanette Dong. The governance committee is working with the supervisors' consultant Health Management Associates to identify how the AHS organization can evolve to meet the changing healthcare needs of Alameda County residents.

AHS CEO Delvecchio Finley resigned the organization in late January, and Trustees approved an interim contract with former Administrator James Jackson. Since returning to AHS James has met with members of the board of supervisors, hired several key managers including Mark Fratzke as the CAO, and addressed stalled contract negotiations.

### SYSTEM UPDATES

Before dissolving, the prior AHS board approved a \$5.354 million contract with Bogard Construction for Park Bridge Centre roof replacement. The project is expected to be completed by October 31, 2021.

The Joint Commission conducted a site visit re-survey the week of November 6, 2020. All of the prior findings that resulted in *immediate jeopardy* to the Medicare licensure were addressed and resolved.

Park Bridge Centre and all Alameda Health System sites saw a significant post-holiday COVID-19 surge beginning in early January. Alameda Hospital admissions went from 3 patients on December 8, to 23 patients on January 6 to a high of 37 COVID19-positive in-patients on January 23. Park Bridge Centre showed a similar spike with cases increasing to 53 in early January. Like the rest of the County and the State, COVID19 admissions are down



throughout the system – as of yesterday there were 2 positive patients at Alameda Hospital and none at Park Bridge. Although there is much good news related to COVID19 admissions, Highland Emergency Department is now experiencing *red* surge levels which had not happened for many months during the pandemic. Surge Level Red means that there are no beds available and ER patients cannot be admitted until patients are discharged or transferred.

AHS has focused on vaccinating all staff and to date 7,141 doses of vaccine have been administered. Since late January vaccines have been available to patients in post-acute sites, and patient vaccination clinics opened at Eastmont and Hayward Wellness clinics in early February. Community members who are not AHS patients may also be able to access the vaccine at the Clinic sites by going online to the Alameda County COVID19 vaccination website. Alameda resident Dr. Mini Swift, AHS Vice President for Population Health, was invited to join Mayor Ashcraft's vaccine task force which is working to establish a public vaccination site in Alameda. Despite Alameda's aging population and lack of public transit, the County does not view Alameda as underserved and is not supporting a public site on the Island.

The formal organizational transition of physicians that support most of the practices at Highland and San Leandro hospitals has been completed. The new East Bay Medical Group includes all of the physicians of the Oak Care medical group, along with the doctors who were part of the Alameda Health Partners.



February 22, 2021

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

From: Deborah E. Stebbins  
Executive Director

SUBJECT: EXECUTIVE DIRECTOR REPORT

### **1. Outreach to New Leadership at Alameda Health System.**

As I believe you all know, James Jackson has been appointed as the Interim CEO at AHS by the new AHS Board of Trustees. He appointed Mark Fratzke as the interim COO for AHS. Both James and Mark have significant prior experience with AHS and Alameda Hospital. Prior to returning to AHS, Mark was the CEO at Seton Medical Center in Daly City and James was COO, reporting to Mark. James was the Chief Administrative Office (CAO) at Alameda and San Leandro Hospitals prior to moving to Seton so he has good familiarity with the Alameda Hospital community. Mark was the COO at Alameda Health System, mostly under Wright Lassiter and moved to a leadership role at Kaiser prior to assuming the CEO role at Seton. So, Mark also has prior experience with AHS. I reported to Mark for 6 months in 2014 after the Alameda Hospital affiliation when I served as Interim CAO at Alameda Hospital.

Mark and I had a productive call last week in which I was able to bring him up to date on various issues facing AHS and the District, including the current construction project addressing the 2020 seismic issues. I brought him up to speed on the past work of the Joint AHS District Seismic Planning Committee. While the work of the Committee came to a halt during the transition to the newly appointed AHS Board, he and I are in agreement that the work of the committee remains very important. We will work to get the Committee reconstituted with the addition of new AHS representatives and schedule a meeting very soon.

### **2. Establishment of COVID Vaccine Clinic in Alameda**



At the urging of several folks, I have been working on the issue of establishing a COVID vaccine clinic in Alameda. Most recently, Dr. Deutsch and I had a zoom call with Dr. Ghassan Jamaledine, CMO at AHS, and Dr. Mini Swift, a member of Dr. Jamaledine's staff and coincidentally a resident of Alameda.

We were originally calling to explore the opening of a vaccination site in Alameda either at the Hospital or the Ortho clinic in the business park. Until recently AHS offered vaccines in several of their other ambulatory clinics or at Highland, mainly for staff or primary care patients seen in AHS clinics. Their current plan is to close these sites.

Overall the main barrier appears to be availability of vaccine in Alameda County. The vaccines distributed by the County to health care institutions are based on allocations from the State. In addition, State guidelines dictate how these vaccines can be distributed to individual cities with priority given to those areas where the incidence of COVID is not high, which is the case in Alameda. AHS reported that they essentially have no vaccine distribution. The vaccine availability has been exacerbated by the current weather problems throughout the country.

The situation is complicated also by the fact that even systems like Kaiser and Sutter must limit administration to those areas of high incidence. For example, Kaiser members who live in Alameda must go to Oakland Kaiser for their vaccine. It is noteworthy that system that cover multiple counties like Kaiser, Sutter and Stanford have improved access to vaccine over single County providers like AHS. In addition, Blue Shield has recently been awarded the contract to administer vaccine distribution by the State in lieu of the Counties.

On a parallel basis, the Federal government is distributing vaccine through sites like the Coliseum and retail pharmacies like CVS and Walgreen's. Unfortunately, the Coliseum only allow access to cars (not easy for the elderly or disabled to access). The retail pharmacies at the moment do not seem to booking any appointments. As a test, I tried to schedule a vaccine at CVS in several northern California locations and appointments were not available anywhere.

In the area of locations for setting up a clinic in Alameda, there are several options that would work if vaccines were available – the Mastick clinic, fire stations, etc. I had a promising discussion with the owner of the Hampton Inn in Alameda about space he had available. Volunteers for administering the vaccine are also available. All this is for naught if there is no vaccine.



I will continue to work on this issue. It is ironic to me that I was able to schedule my first vaccine last Friday as a resident of Contra Costa County and of a “certain age” with only a week’s notice. The vaccine facility was located in a county health clinic in Concord. The experience was very efficient with ample staff and space and no wait. What is Contra Costa County doing right? As I say, stay tuned for continued information.

City of Alameda Health Care District			<b>Minutes of the City of Alameda Health Care District Board of Directors- Held via ZOOM</b> Open Session Monday, December 14, 2020 Regular Meeting
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Board Members Present:	Legal Counsel Present	Also Present
Tracy Jensen, Robert Deutsch MD, Mike Williams Stewart Chen DC, Gayle Codiga	Tom Driscoll	Debi Stebbins, Selina Gunsauls

Submitted by: Leta Hillman, Executive Assistant

Topic	Discussion	Action / Follow-Up
I. Call to Order	The meeting was called to order at 5:35pm by President Michael Williams	
II. Roll Call	Roll had been called prior to the start of the closed session. A quorum of Directors was present.	
III. Report from Closed Session	Oath of Office for District Board of Directors: Stewart Chen and Michael Williams took the Oath of Office administered by Phong La, Alameda County Assessor	
IV. General Public Comments	Several guests offered congratulations to Dr. Chen on his appointment to the Board	
V. Regular Agenda		
A. YTD AHS Reporting		
1)	The board congratulated Director Williams and Director Chen	
2)	Mr. Luis Fonseca began the presentation with an AHS Leadership update. Several prior board members remain, others have left following a decision by the Alameda Board of Supervisors. There	No action taken.

are 8 Trustee seats, 1 seat remains to be filled. Luis provided the names of the new Board members, with updates to be provided. An orientation for new board members was held on Dec. 1<sup>st</sup>. An emergency AHS board meeting held in mid-December: to schedule meeting calendar dates for 2021 and to identify new officers for CY 2021. Will provide an update on the approved budget, an update on the management of COVID-19 and an update on labor relations.

CEO Delvecchio Findlay submitted his resignation and his last day will be January 22, 2021. AHS is coordinating with the county on vaccine distribution. Freezers (for vaccine storage) have been ordered. There is one large freezer at Highland. AHS is expecting 2500 doses and is coordinating with Alameda County. Director Chen asked if quality of care has been affected due to the strike or leadership changes: Luis answered that there has not been any negative impact.

Several members asked questions:

1. How is the new AHS board selected- selection is by district  
Making good progress towards goals and implementing patient experience boot camps for leaders (in nursing and other departments).

-Seismic Update: Framing and drywall are being installed. COVID-19 safety protocols are being reviewed bi-weekly. AB2190 Quarterly report has been submitted and accepted on October 1, 2020. The next big component is the removal of the connector bridge in the Administration wing. Kitchen equipment has been ordered.

-Community Events: Alameda Hospital and The Red Cross coordinated a blood drive on December 18, 2020. The Alameda Hospital Foundation approved the funding of two LUCAS 3/1 chest compression devices.

Patient Experience Data, as of September 2020: Ronica Shelton presented. Making good progress towards goals and implementing patient experience boot camps for leaders (in nursing and other departments). Metrics and goals are being met with the exception of these categories: call button and rate the hospital.

- These follow-up actions are ongoing:

1. Standards
2. Build organizational knowledge
3. Daily work

There is an increase in COVID-19 patients. In mid-November, there were 10 patients; in mid-December there were 39 patients. COVID patients admitted to Highland Hospital had been steadily increasing. The ICU at San Leandro Hospital was at capacity in mid-December. The biggest challenge is staffing due to a 25% staff cut due to COVID-19, and other leaves.

Robert Deutsch, MD discussed current PPE and ensuring adequate amounts are maintained.

Kim Miranda, CFO presented the September 2020 AHS Financial Report and updates.

- CARES funding so far has covered COVID-19 related losses, additional funding may be added.
- ED visits are down 21% and elective surgeries up 48%. There were 39,000 Telehealth visits.
- Elective surgeries at AHS are lagging behind other hospitals in our peer group (safety net hospitals)

		<p>that use EPIC). A committee is in place to review when it will be safe to bring back elective surgeries. Labor costs and benefits are favorable to budget. Since February, there has been substantial improvement in the collection of billed accounts. Forecasting projects the NNB limit of \$120 million by \$30 million due to unfavorable factors.</p> <p>YTD loss of \$18.1 million EBIDA loss of \$21 million</p> <ul style="list-style-type: none"> <li>- Labor costs have been negatively impacted by COVID leaves.</li> <li>- Retirement: Actual reports for ASERA: lower funding due to positive investment results</li> <li>- Balance Sheets: There are changes in how AR days are calculated. EPIC calculates separately the hospital based and physician revenue; AHS combines the two.</li> <li>- Revenue Cycle: Now stabilizes (65.8) days, just above EPIC's top performer.</li> </ul> <p>Rick Zombeck, Acting Chief, City of Alameda Fire Department provided an update on the Alameda Paramedicine Program: Policies and procedures were created in July 2015 as a six year project. Alameda Fire Dept. and the city of Alameda partnered with Alameda County. Six paramedics were trained. The program was developed over six months. It launched in 2016 and was geared to support residents and homeless population without home help. Staff worked with Alameda Hospital as Discharge Planners. Alameda County funded the program for the 1<sup>st</sup> two years and was extended a third year. The fifth and sixth year were funded by the city of Alameda. The program also connected in-need residents to various county health services. Paramedics did welfare checks, home visits and provided social support. The program has evolved into a more community- based service. It is now less engaged with Alameda Hospital in post hospitalization services. The program is funded through February 2021. Without additional funding, the program would shut down (or be placed on hold). The Community Paramedicine program has been authorized by the state.</p>	
<p>B. Alameda Hospital Medical Staff Update</p>			
	<p>1)</p>	<p>Catherine Pyun, DO provided a Medical Staff update on Alameda Hospital after introducing herself. Tele-neurology is being implemented. (no on-site neurologist) while ensuring quality remains high.</p> <p>Using Highland cardiologists during the weekends. Brought in Dr. Bhuket and a team of gastroenterologists. There are improvements in the transfer of patients between facilities, through better staffing and communication.</p>	<p>Catherine Pyun, DO provided update</p>
<p>C. District &amp; Operational Updates</p>			
	<p>1)</p>	<p>District Liaison Reports</p>	
		<p>a. Michael Williams: Michael Williams and Debi Stebbins attended the December meeting of the Alameda Rotary Club.</p>	<p>Michael Williams No action taken</p>



		b. Alameda Health System Board Liaison Report: Will provide updates and access to her Facebook page (tracy.jensen.com) where COVID-19 case updates will be posted.	Tracy Jensen No action taken.
		c. Alameda Hospital Liaison Report COVID-19 testing will be widened. Neurology and cardiology services are being planned.	Robert Deutsch, MD No action taken
		d. Executive Director Report Debi Stebbins will be engaged in legislation regarding the extension of 2030 Seismic regulations. Organized labor is the main objector and it may be worthwhile to engage with labor.	Deborah Stebbins No action taken
		e. Joint Seismic Planning Committee At this time there is no one available on the AHS Board to join the committee. It was recommended that the committee continue with the current members.	Gayle Codiga and Tracy Jensen
	D	Consent Agenda	
	1)	Acceptance of Minutes of October 19, 2020 District Board Meeting	A motion was made, seconded and carried, with 1 abstention to approve the minutes of the board meeting of October 19, 2020
	2)	Acceptance of Financial Statements for September and October 2020	A motion was made, seconded with 1 abstention and carried to accept the financial statements
	E	Action Items	
	1)	Recommendation to Approve True-Up Tax Distribution to AHS Expenses were down from 2019. It is recommended to transfer \$1,250,000 in December.	A motion was made, seconded and carried.
	2)	Recommendation to Engage Consulting Services of Kaufman Hall	This item will be tabled until further notice

	3)	Election of Director to Serve in Community Liaison Roll Director Chen offered to assume this roll.	A motion was made, seconded and carried unanimously
	4)	Second Review of 2021 District Board Meeting Schedule	A motion was made, seconded and carried unanimously
	5)	Recommendation to Lease District Office Space at 1402 Park Street, Alameda	A motion was made, seconded and carried unanimously
F	February 22, 2021 Agenda Preview		
	1)	Acceptance of December 14, 2020 Minutes	
	2)	Approval of Recommendation on Distribution of Jaber Funds to Support AHS Capital Equipment Expenditures	
	Information Items:		
	1)	YTD AHS Reporting (CAO/Hospital, Quality, Financial, Medical Staff Reports)	
<b>VI. General Public Comments</b>			None
<b>VII. Board Comments</b>			None
<b>VIII. Adjournment</b>			There being no further business, the meeting was adjourned at 7:45pm

Approved: \_\_\_\_\_

# CITY OF ALAMEDA HEALTH CARE DISTRICT

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## UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD  
November 1-30, 2020

## Balance Sheets

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2020	As of 11/30/2020
<b>Assets</b>		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 1,212,789	\$ 1,283,643
Grant and other receivables	298,418	2,446,039
Prepaid expenses and deposits	6,627	50,624
Total current assets	<u>1,517,834</u>	<u>3,780,305</u>
Assets limited as to use	646,751	709,255
Capital Assets, net of accumulated depreciation	2,623,684	2,545,305
	<u>4,788,269</u>	<u>7,034,865</u>
Other Assets	5,229	4,295
Total assets	<u>\$ 4,793,498</u>	<u>\$ 7,039,160</u>
 <b>Liabilities and Net Position</b>		
<u>Current liabilities:</u>		
Current maturities of debt borrowings	\$ 34,421	\$ 34,421
Accounts payable and accrued expenses	10,090	6,500
Total current liabilities	<u>44,510</u>	<u>40,921</u>
Debt borrowings net of current maturities	877,568	864,462
Total liabilities	<u>922,078</u>	<u>905,382</u>
 <b>Net position:</b>		
Total net position (deficit)	<u>3,871,419</u>	<u>6,133,778</u>
<b>Total liabilities and net position</b>	<u>\$ 4,793,498</u>	<u>\$ 7,039,160</u>

## Statements of Revenues, Expenses and Changes in Net Position

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2020	Actual YTD 11/30/2020	Budget YTD 6/30/2021	Variance	
<b>Revenues and other support</b>					
District Tax Revenues	\$ 5,887,501	\$ 2,447,558	\$ 2,461,378	(13,820)	-1%
Rents	196,841	74,969	86,425	(11,456)	-13%
Other revenues	15,136	-	208	(208)	
Total revenues	6,099,478	2,522,528	2,548,011	(25,483)	
<b>Expenses</b>					
Professional fees - executive director	130,166	44,666	55,092	10,425	19%
Professional fees	124,198	39,994	241,578	201,584	83%
Supplies	5,399	673	3,792	3,118	82%
Purchased services	6,350	250	6,031	5,781	96%
Repairs and maintenance	23,008	5,316	9,689	4,374	45%
Rents	31,880	9,700	11,860	2,160	18%
Utilities	10,811	3,436	5,855	2,419	41%
Insurance	59,728	34,978	24,375	(10,603)	-44%
Depreciation and amortization	190,351	79,313	152,927	73,614	
Interest	52,015	21,174	21,667	493	2%
Travel, meeting and conferences	9,368	8	6,250	6,242	100%
Other expenses	59,214	20,660	120,678	100,018	83%
Total expenses	702,488	260,169	659,793	399,624	
Operating gains	5,396,991	2,262,359	1,888,218	374,141	20%
Transfers	(7,304,490)	-	(1,659,335)		
Increase(Decrease) in net position	(1,907,499)	2,262,359	228,884		
Net position at <i>beginning of the year</i>	5,778,919	3,871,419	3,871,419		
Net position at the <i>end of the period</i>	\$ 3,871,419	\$ 6,133,778	\$ 4,100,303		

## Statements of Cash Flows

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2020	Actual YTD 11/30/2020
Increase(Decrease) in net position	\$ (1,907,499)	\$ 2,262,359
Add Non Cash items		
Depreciation	190,351	79,313
<b>Changes in operating assets and liabilities</b>		
Grant and other receivables	223	(2,147,621)
Prepaid expenses and deposits	8,649	(43,997)
Accounts payable and accrued expenses	(27,948)	(3,590)
Accrued payroll and related liabilities	-	-
Net Cash provided(used) by operating activities	(1,736,224)	146,465
<b>Cash flows from investing activities</b>		
Changes in assets limited to use	78,558	(62,505)
Net Cash used in investing activities	78,558	(62,505)
<b>Cash flows from financing activities</b>		
Principal payments on debt borrowings	(30,257)	(13,106)
Net cash used by financing activities	(30,257)	(13,106)
<b>Net change in cash and cash equivalents</b>	(1,687,923)	70,853
Cash at the beginning of the year	2,900,713	1,212,789
Cash at the end of the period	\$ 1,212,789	\$ 1,283,643

## Balance Sheets

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2020	Jaber 6/30/2020	As of 6/30/2020	District 11/30/2020	Jaber 11/30/2020	As of 11/30/2020
<b>Assets</b>						
<u>Current assets:</u>						
Cash and cash equivalents	\$ 1,212,789	\$ -	\$ 1,212,789	\$ 1,283,643	\$ -	\$ 1,283,643
Grant and other receivables	298,418	0	298,418	2,446,039	0	2,446,039
Prepaid expenses and deposits	6,628	(0)	6,627	50,624	(0)	50,624
Total current assets	1,517,834	(0)	1,517,834	3,780,305	(0)	3,780,305
Due To Due From	14,926	(14,926)	0	14,925	(14,925)	0
Assets limited as to use	0	646,751	646,751	0	709,255	709,255
Capital Assets, net of accumulated depreciation	1,695,784	927,900	2,623,684	1,632,989	912,316	2,545,305
	3,228,544	1,559,726	4,788,269	5,428,219	1,606,646	7,034,865
Other Assets	5,229	0	5,229	4,295	0	4,295
Total assets	3,233,772	1,559,726	4,793,498	5,432,514	1,606,646	7,039,160
<b>Liabilities and Net Position</b>						
<u>Current liabilities:</u>						
Current maturities of debt borrowings	34,421	0	34,421	34,421	0	34,421
Accounts payable and accrued expenses	10,090	0	10,090	6,500	0	6,500
Total current liabilities	44,511	0	44,511	40,921	0	40,921
Debt borrowings net of current maturities	877,568	0	877,568	864,462	0	864,462
Total liabilities	922,079	0	922,079	905,382	0	905,382
<b>Net position:</b>						
Total net position (deficit)	2,311,693	1,559,726	3,871,419	4,527,131	1,606,646	6,133,778
<b>Total liabilities and net position</b>	<b>\$3,233,772</b>	<b>\$1,559,726</b>	<b>\$4,793,498</b>	<b>\$5,432,514</b>	<b>\$1,606,646</b>	<b>\$7,039,160</b>



## Statements of Revenues, Expenses and Changes in Net Position

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2020	Jaber 6/30/2020	Actual YTD 6/30/2020	District 11/30/2020	Jaber 11/30/2020	Actual YTD 11/30/2020
<b>Revenues and other support</b>						
District Tax Revenues	5,887,501	0	5,887,501	2,447,558	0	2,447,558
Rents	0	196,841	196,841	0	74,969	74,969
Other revenues	15,136	0	15,136	0	0	0
Total revenues	5,902,637	196,841	6,099,478.27	2,447,558	74,969	2,522,528
<b>Expenses</b>						
Professional fees - executive director	130,166	0	130,166	44,666	0	44,666
Professional fees	115,022	9,176	124,198	36,135	3,860	39,994
Supplies	5,399	0	5,399	673	0	673
Purchased services	6,350	0	6,350	250	0	250
Repairs and maintenance	379	22,629	23,008	0	5,316	5,316
Rents	31,880	0	31,880	9,700	0	9,700
Utilities	918	9,892	10,811	90	3,346	3,436
Insurance	55,804	3,924	59,728	34,978	0	34,978
Depreciation and amortization	152,951	37,400	190,351	63,730	15,583	79,313
Interest	52,015	0	52,015	21,174	0	21,174
Travel, meeting and conferences	9,368	0	9,368	8	0	8
Other expenses	55,288	3,926	59,215	20,716	(56)	20,661
Total expenses	615,541	86,947	702,488	232,120	28,049	260,170
Operating gains	5,287,096	109,894	5,396,990	2,215,438	46,920	2,262,358
Transfers	(7,074,714)	(229,776)	(7,304,490)	0	0	0
Increase(Decrease) in net position	(1,787,618)	(119,882)	(1,907,500)	2,215,438	46,920	2,262,358
Net position at <i>beginning of the year</i>	4,099,311	1,679,608	5,778,919	2,311,693	1,559,726	3,871,419
Net position at the <i>end of the period</i>	2,311,693	1,559,726	3,871,419	4,527,131	1,606,646	6,133,777

## Statements of Cash Flows

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2020	Jaber 6/30/2020	Actual YTD 6/30/2020	District 11/30/2020	Jaber 11/30/2020	Actual YTD 11/30/2020
Increase(Decrease) in net position	(1,787,618)	(119,882)	(1,907,500)	2,215,438	46,920	2,262,358
Add Non Cash items						
Depreciation	152,951	37,400	190,351	63,730	15,583	79,313
<b>Changes in operating assets and liabilities</b>						
Grant and other receivables	223	0	223	(2,147,620)	0	(2,147,620)
Prepaid expenses and deposits	4,724	3,924	8,648	(43,997)	0	(43,997)
Due To Due From	0	(0)	(0)	0	0	0
Accounts payable and accrued expenses	(27,947)	0	(27,947)	(3,590)	0	(3,590)
Net Cash provided(used) by operating activities	(1,657,666)	(78,559)	(1,736,225)	83,961	62,504	146,464
<b>Cash flows from investing activities</b>						
Acquisition of Property Plant and Equipment	0	0	0	(0)	0	(0)
Changes in assets limited to use	0	78,558	78,558	0	(62,504)	(62,504)
Net Cash used in investing activities	0	78,558	78,559	(0)	(62,504)	(62,504)
<b>Cash flows from financing activities</b>						
Principal payments on debt borrowings	(30,257)	0	(30,257)	(13,106)	0	(13,106)
Net cash used by financing activities	(30,257)	0	(30,257)	(13,106)	0	(13,106)
<b>Net change in cash and cash equivalents</b>	(1,687,923)	(0)	(1,687,923)	70,854	0	70,854
Cash at the beginning of the year	2,900,713	(0)	2,900,713	1,212,789	(0)	1,212,789
Cash at the end of the period	1,212,789	(0)	1,212,789	1,283,643	(0)	1,283,643

# CITY OF ALAMEDA HEALTH CARE DISTRICT

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## UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD  
December 1-31, 2020

## Balance Sheets

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	As of 6/30/2020	As of 12/31/2020
<b>Assets</b>		
<u>Current assets:</u>		
Cash and cash equivalents	\$ 1,212,789	\$ 2,907,611
Grant and other receivables	298,418	(1,816)
Prepaid expenses and deposits	6,627	43,607
Total current assets	<u>1,517,834</u>	<u>2,949,402</u>
Assets limited as to use	646,751	720,292
Capital Assets, net of accumulated depreciation	<u>2,623,684</u>	<u>2,529,629</u>
	4,788,269	6,199,323
Other Assets	5,229	4,108
Total assets	<u>\$ 4,793,498</u>	<u>\$ 6,203,432</u>
 <b>Liabilities and Net Position</b>		
<u>Current liabilities:</u>		
Current maturities of debt borrowings	\$ 34,421	\$ 34,421
Accounts payable and accrued expenses	10,090	2,600
Total current liabilities	<u>44,510</u>	<u>37,021</u>
Debt borrowings net of current maturities	<u>877,568</u>	<u>861,858</u>
Total liabilities	922,078	898,878
 <b>Net position:</b>		
Total net position (deficit)	<u>3,871,419</u>	<u>5,304,553</u>
<b>Total liabilities and net position</b>	<u>\$ 4,793,498</u>	<u>\$ 6,203,432</u>

## Statements of Revenues, Expenses and Changes in Net Position

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2020	Actual YTD 12/31/2020	Budget YTD 6/30/2021	Variance	
<b>Revenues and other support</b>					
District Tax Revenues	\$ 5,887,501	\$ 2,937,070	\$ 2,953,654	(16,584)	-1%
Rents	196,841	94,059	103,710	(9,651)	-9%
Other revenues	15,136	-	250	(250)	
Total revenues	6,099,478	3,031,129	3,057,614	(26,485)	
<b>Expenses</b>					
Professional fees - executive director	130,166	66,833	66,110	(723)	-1%
Professional fees	124,198	52,120	289,894	237,774	82%
Supplies	5,399	673	4,550	3,877	85%
Purchased services	6,350	250	7,238	6,988	97%
Repairs and maintenance	23,008	7,309	11,627	4,318	37%
Rents	31,880	18,256	14,232	(4,024)	-28%
Utilities	10,811	4,320	7,026	2,706	39%
Insurance	59,728	41,996	29,250	(12,746)	-44%
Depreciation and amortization	190,351	95,175	183,512	88,337	
Interest	52,015	25,426	26,000	574	2%
Travel, meeting and conferences	9,368	8	7,500	7,492	100%
Other expenses	59,214	34,754	144,813	110,059	76%
Total expenses	702,488	347,121	791,752	444,631	
Operating gains	5,396,991	2,684,008	2,265,862	418,146	18%
Transfers	(7,304,490)	(1,250,874)	(1,991,202)		
Increase(Decrease) in net position	(1,907,499)	1,433,134	274,661		
Net position at <i>beginning of the year</i>	5,778,919	3,871,419	3,871,419		
Net position at the <i>end of the period</i>	\$ 3,871,419	\$ 5,304,553	\$ 4,146,080		

## Statements of Cash Flows

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	Actual YTD 6/30/2020	Actual YTD 12/31/2020
Increase(Decrease) in net position	\$ (1,907,499)	\$ 1,433,134
Add Non Cash items		
Depreciation	190,351	95,175
<b>Changes in operating assets and liabilities</b>		
Grant and other receivables	223	300,233
Prepaid expenses and deposits	8,649	(36,979)
Accounts payable and accrued expenses	(27,948)	(7,490)
Accrued payroll and related liabilities	-	-
Net Cash provided(used) by operating activities	(1,736,224)	1,784,073
<b>Cash flows from investing activities</b>		
Changes in assets limited to use	78,558	(73,542)
Net Cash used in investing activities	78,558	(73,542)
<b>Cash flows from financing activities</b>		
Principal payments on debt borrowings	(30,257)	(15,710)
Net cash used by financing activities	(30,257)	(15,710)
<b>Net change in cash and cash equivalents</b>	(1,687,923)	1,694,821
Cash at the beginning of the year	2,900,713	1,212,789
Cash at the end of the period	<u>\$ 1,212,789</u>	<u>\$ 2,907,611</u>

## Balance Sheets

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2020	Jaber 6/30/2020	As of 6/30/2020	District 12/31/2020	Jaber 12/31/2020	As of 12/31/2020
<b>Assets</b>						
<u>Current assets:</u>						
Cash and cash equivalents	\$ 1,212,789	\$ -	\$ 1,212,789	\$ 2,907,611	\$ -	\$ 2,907,611
Grant and other receivables	298,418	0	298,418	(1,816)	0	(1,816)
Prepaid expenses and deposits	6,628	(0)	6,627	43,607	(0)	43,607
Total current assets	1,517,834	(0)	1,517,834	2,949,403	(0)	2,949,402
Due To Due From	14,926	(14,926)	0	14,925	(14,925)	0
Assets limited as to use	0	646,751	646,751	0	720,292	720,292
Capital Assets, net of accumulated depreciation	1,695,784	927,900	2,623,684	1,620,429	909,200	2,529,629
	3,228,544	1,559,726	4,788,269	4,584,756	1,614,567	6,199,323
Other Assets	5,229	0	5,229	4,108	0	4,108
Total assets	3,233,772	1,559,726	4,793,498	4,588,865	1,614,567	6,203,432
<b>Liabilities and Net Position</b>						
<u>Current liabilities:</u>						
Current maturities of debt borrowings	34,421	0	34,421	34,421	0	34,421
Accounts payable and accrued expenses	10,090	0	10,090	2,600	0	2,600
Total current liabilities	44,511	0	44,511	37,021	0	37,021
Debt borrowings net of current maturities	877,568	0	877,568	861,858	0	861,858
Total liabilities	922,079	0	922,079	898,878	0	898,878
<b>Net position:</b>						
Total net position (deficit)	2,311,693	1,559,726	3,871,419	3,689,986	1,614,567	5,304,553
<b>Total liabilities and net position</b>	<b>\$3,233,772</b>	<b>\$1,559,726</b>	<b>\$4,793,498</b>	<b>\$4,588,865</b>	<b>\$1,614,567</b>	<b>\$6,203,432</b>



## Statements of Revenues, Expenses and Changes in Net Position

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2020	Jaber 6/30/2020	Actual YTD 6/30/2020	District 12/31/2020	Jaber 12/31/2020	Actual YTD 12/31/2020
<b>Revenues and other support</b>						
District Tax Revenues	5,887,501	0	5,887,501	2,937,070	0	2,937,070
Rents	0	196,841	196,841	0	94,059	94,059
Other revenues	15,136	0	15,136	0	0	0
Total revenues	5,902,637	196,841	6,099,478.27	2,937,070	94,059	3,031,129
<b>Expenses</b>						
Professional fees - executive director	130,166	0	130,166	66,833	0	66,833
Professional fees	115,022	9,176	124,198	47,511	4,609	52,120
Supplies	5,399	0	5,399	673	0	673
Purchased services	6,350	0	6,350	250	0	250
Repairs and maintenance	379	22,629	23,008	0	7,309	7,309
Rents	31,880	0	31,880	18,256	0	18,256
Utilities	918	9,892	10,811	151	4,169	4,320
Insurance	55,804	3,924	59,728	41,996	0	41,996
Depreciation and amortization	152,951	37,400	190,351	76,475	18,700	95,175
Interest	52,015	0	52,015	25,426	0	25,426
Travel, meeting and conferences	9,368	0	9,368	8	0	8
Other expenses	55,288	3,926	59,215	30,324	4,430	34,754
Total expenses	615,541	86,947	702,488	307,903	39,218	347,121
Operating gains	5,287,096	109,894	5,396,990	2,629,167	54,841	2,684,008
Transfers	(7,074,714)	(229,776)	(7,304,490)	(1,250,874)	0	(1,250,874)
Increase(Decrease) in net position	(1,787,618)	(119,882)	(1,907,500)	1,378,293	54,841	1,433,134
Net position at <i>beginning of the year</i>	4,099,311	1,679,608	5,778,919	2,311,693	1,559,726	3,871,419
Net position at the <i>end of the period</i>	2,311,693	1,559,726	3,871,419	3,689,986	1,614,567	5,304,553

## Statements of Cash Flows

### CITY OF ALAMEDA HEALTHCARE DISTRICT

	District 6/30/2020	Jaber 6/30/2020	Actual YTD 6/30/2020	District 12/31/2020	Jaber 12/31/2020	Actual YTD 12/31/2020
Increase(Decrease) in net position	(1,787,618)	(119,882)	(1,907,500)	1,378,293	54,841	1,433,134
Add Non Cash items						
Depreciation	152,951	37,400	190,351	76,475	18,700	95,175
<b>Changes in operating assets and liabilities</b>						
Grant and other receivables	223	0	223	300,233	0	300,233
Prepaid expenses and deposits	4,724	3,924	8,648	(36,979)	0	(36,979)
Due To Due From	0	(0)	(0)	0	0	0
Accounts payable and accrued expenses	(27,947)	0	(27,947)	(7,490)	0	(7,490)
Net Cash provided(used) by operating activities	(1,657,666)	(78,559)	(1,736,225)	1,710,532	73,541	1,784,073
<b>Cash flows from investing activities</b>						
Acquisition of Property Plant and Equipment	0	0	0	(0)	0	(0)
Changes in assets limited to use	0	78,558	78,558	0	(73,541)	(73,541)
Net Cash used in investing activities	0	78,558	78,559	(0)	(73,541)	(73,541)
<b>Cash flows from financing activities</b>						
Principal payments on debt borrowings	(30,257)	0	(30,257)	(15,710)	0	(15,710)
Net cash used by financing activities	(30,257)	0	(30,257)	(15,710)	0	(15,710)
<b>Net change in cash and cash equivalents</b>	(1,687,923)	(0)	(1,687,923)	1,694,822	(0)	1,694,822
Cash at the beginning of the year	2,900,713	(0)	2,900,713	1,212,789	(0)	1,212,789
Cash at the end of the period	1,212,789	(0)	1,212,789	2,907,611	(0)	2,907,611

MEETING DATE: February 22, 2021  
TO: City of Alameda Health Care District, Board of Directors  
FROM: Debi Stebbins, Executive Director  
SUBJECT: District Grant to Alameda Community Paramedicine Program

**Recommendation:**

It is recommended that the City of Alameda Health Care District provide financial support for the continuation of the Alameda Community Paramedicine program operated by the Alameda Fire Department beginning July 1, 2021 (FY21-22) in the amount of approximately \$250,000 per year. A more precise annual grant amount will be included in the FY 21-22 District operating budget scheduled for approval by the District Board in April, 2021.

**Background:**

Acting AFD Chief Rick Zombeck provided an overview of the history of the Community Paramedicine program at the December 2020 District Board meeting.

The Community Paramedicine Program started on a pilot basis in 2015. Following a six month training period for 6 paramedics sponsored by the City of Alameda in partnership with the County and the Alameda Fire Department, the program began seeing patients in mid 2015. The original emphasis of the program was to improve the effectiveness of patient discharge from Alameda Hospital and avoid readmission of discharged patients. The program staff had frequent interface with residents in the community who were at high risk for multiple visits to the Emergency Department or frequent hospitalizations.

For the first couple of years, the County provided sole funding the program. In its third year, both the County and Alameda Health System provided funding for the pilot. In the 5<sup>th</sup> and 6<sup>th</sup> years of the pilot, the program was funded solely by the City of Alameda. The program has been a topic of review and discussion at most of the quarterly meetings between City officials, AHS management and District leadership. AHS has been approached over the last couple of years to participate in continued funding of the program but has declined due to the financial pressures facing the System.

Over time the program has broadened its focus beyond post hospitalization follow-up to include wellness checks on known high risk residents, home visits and social support. Quite frankly, the effectiveness of coordination following patients after discharge has declined in part due to turnover of discharge planning staff at Alameda Hospital. This too has been discussed at joint meetings. Nevertheless the avoidance of rehospitalizations should remain an important goal of the program since AHS (through Alameda Hospital) does not receive any reimbursement for patients re-hospitalized within 30 days of discharge under Medicare/MediCal guidelines.

In 2020, California Assembly Bill 1544 was passed which created permanent legislation recognizing the pilot programs for community paramedicine programs such as the one run by the AFD. The new provider category established under AB 1544 is known as Community Paramedicine or Triage to Alternate Destinations Program. The law codifies many standards for such programs, including the requirement for an Emergency Medical Care Committee providing oversight and quality control evaluation of programs and certification standards for paramedics providing community services and triage to alternative locations for patients. The AFD program already meets the standards set forth in the new legislation.

Funding for the existing program in Alameda was slated to terminate at the end of February, 2021. Fortunately, the AFD has portions of its current budget which have not been expended. These positive variances from FY 2021 budget will allow the program to continue through June 20, 2021. After that, the funding of this 6 year old program is currently uncertain as financial pressures on the City, County and health care organizations have increased as a result of the COVID 19 pandemic. In order to allow the program to continue under the new law, I am recommending that the District provide a grant for one additional year of funding.

### **Discussion:**

A one -year funding grant from the District will allow continuation of the original Alameda community Paramedicine program, namely avoidance of hospitalization and re-hospitalization of high risk patient as well as the expanded program goals identified in AB 1544. AB 1544 envisions broadening the role of paramedics to transporting or referring (“triaging”) patients to the most appropriate health care provider in the community. This would include behavioral health facilities, sobering facilities, home care agencies, etc. The new law promotes provision of care at the most appropriate level from a capability and cost effective standpoint. It also promotes coordination between health care providers in the community. As such, support of the program is squarely within the purpose of the District and its duty to promote the health and wellness of the residents of Alameda.

The pandemic has resulted in a number of changes in health care delivery, which most health care experts and providers believe will permanently change the structure and delivery of health care. For example, telemedicine which originated out of necessity as result of COVID, will play a permanent part of outpatient care as result of its efficiency for providers and ease of access for patients. The awareness of health care needs, such as behavioral health, have been heightened as stress has led to increased incidence of depression, substance abuse and other problems which may appropriately be triaged to providers other than hospitals and emergency rooms.

A one-year period of funding by the District should provide an opportunity to revisit the original focus of the program, namely avoidance of re-hospitalization of high risk programs. District staff can facilitate ways to increase the effectiveness of communication between AHS management, the discharge planning department at Alameda Hospital and the community paramedic staff. The opportunity to work with new leadership at AHS, including James Jackson and Mark Fratzke, have expressed support and interest in program planning in the Alameda community. In addition, the community paramedicine program is an excellent example of population health focus to which Alameda Health System is committed.

During the one year grant period the District staff will work with leadership in the AFD, the City, the County and AHS to identify alternative sources of funding for the program after June 30, 2022.