Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT

BOARD OF DIRECTORS

AGENDA

Monday, January 11, 2010 – 6:00 p.m.

Location:

Alameda Hospital (Dal Cielo Conference Room)
2070 Clinton Avenue, Alameda, CA 94501

Office of the Clerk: (510) 814-4001

Regular Meeting

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 **(6:00 p.m. – 2 East Board Room)** — Jordan Battani

II. Roll Call — Kristen Thorson

III. Adjourn into Executive Closed Session

IV. Closed Session Agenda

A. Closed Session Minutes – November 2, 2009 & December 9, 2009

B. Consultation with Legal Counsel Regarding Pending Litigation — Gov't Code Sec. 54956.9(a)

C. Discussion of Pooled Insurance Claims — Gov't Code Sec. 54956.95

D. Discussion of Report Involving Trade Secrets — H & S Code Sec. 32106

E. Instructions to Bargaining Representatives Regarding Salaries, Fringe Benefits and Working Conditions — Gov't Code Sec. 54957.6

V. Reconvene to Public Session **(Expected to start at 7:30 p.m. – Dal Cielo Conference Room)**

A. Announcements from Closed Session — Jordan Battani

VI. Consent Agenda

A. Approval of December 7, 2009 and December 9, 2009 Minutes **ACTION ITEM** [enclosure]

B. Acceptance of November 2009 Financial Statements **ACTION ITEM** [enclosure]

C. Acceptance of the Environment of Care Manual **ACTION ITEM** [enclosure]

D. Acceptance of Departmental Policy and Procedure Manuals **ACTION ITEM** [enclosure]

E. Approval of Amendment to Medical Staff Bylaws – H&P Privileges for Podiatrists **ACTION ITEM** [enclosure]

VI. Regular Agenda

A. President's Report — Jordan Battani

1. Update on Committee Assignments and Election of Officers

2. 2010 District Board Meeting Calendar [enclosure]

B. Chief Executive Officer's Report — Deborah E. Stebbins

1. Recommendation on Mental Health Parity Implementation **ACTION ITEM** [enclosure]

2. Joint Commission Fair – January 26 & 27, 2010

C. Strategic Planning and Community Relations Report — Robert Bonta

D. Finance and Management Committee Report

1. Committee Report – January 6, 2010 — Jordan Battani

E. Medical Staff President Report — Alka Sharma, MD

VIII. General Public Comments

IX. Board Comments

X. Adjournment

The next regularly scheduled board meeting is scheduled for February 1, 2010

Closed Session will begin at 6:00 p.m.
Open Session will follow at approximately 7:30 p.m.

Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

Draft

Minutes of the Board of Directors

December 7, 2009

Directors Present:
Jordan Battani
Robert Bonta
Robert Deutsch, MD

Medical Staff Present:

Excused:
J. Michael McCormick
Alka Sharma, M.D.
Thomas Driscoll, Esq.

Management Present:
Deborah E. Stebbins
Kerry J. Easthope
David A. Neapolitan

Legal Counsel Present:

Submitted by:
Kristen Thorson

Action		
I. Call to Order	Jordan Battani called the Open Session of the Board of Directors of the City of Alameda Health Care District to order at 5:30 p.m.	
II. Roll Call	Kristen Thorson called roll, noting that a quorum of Directors were present.	
III. Interview and Appointment of New District Board Member	**1) Interview Candidates** President Jordan Battani announced the process for the appointment of a new Board member. Each candidate will be given 3 minutes to make an opening statement, followed by questions from Board Members. After all interviews have been completed, board members will discuss amongst themselves and move toward appointing one of the 6 candidates.	

Deborah Stebbins, Chief Executive Officer drew names for the order of interviews as listed below.

- Nancy Wise
- Stewart Chen
- Henry Ramos
- Leah Williams
- Elliott Gorelick
- James Oddie

Video of the interviews is available in Administration or at www.alamedahospital.org.

2) Discussion

Jordan Battani commented that even though only one candidate can be chosen for the appointment, the other candidates may be called upon to serve in other capacities, such as on Board committees. Robert Deutsch echoed Ms. Battani's comments by adding that the Hospital/District will need good people, such as the 6 candidates, to devote their expertise and energy to help the Hospital continue to serve the community. Director Deutsch thanked all of the candidates for their willingness to serve. Director Deutsch asked if the Board had decided on a methodology for appointment as it would be difficult to pick one candidate out of the excellent pool of candidates. Director Battani suggested that the Board Members rank their top candidates. Robert Bonta commented that the pool of candidates was excellent and was very pleased to see such large number of candidates that are interested in serving on the Board of Directors. Director Bonta encouraged all of the candidates to stay involved and engaged with the Hospital/District even though only one candidate will be chosen this evening.

Director Battani asked Director Deutsch for his top three candidates. Director Deutsch stated that his top 3 choices were Leah Williams, Stewart Chen and Nancy Wise.

Director Bonta stated that his choices were based on what would make the Board whole and what qualities were needed on the Board. Based on this, he stated that his top choices were Nancy Wise, Leah Williams, Stewart Chen and James Oddie.

	Director Battani agreed with Director Bonta's and Deutsch's choices and suggested that they begin their discussion and narrow down the list even further. Director Battani asked Director Battani what qualities he thought that the Board needed. Director Bonta stated the Board needed a candidate with a financial and strategic background. He felt that James Oddie, Nancy Wise and Leah Williams had both of those specific qualities. Director Battani agreed that both strategic and financial background were critical to the District at this point in time. Director Battani asked that Stewart Chen serve on the Strategic Planning and Community Relation Committee and helping the District with community outreach. Director Battani narrowed her choices to Leah Williams, Nancy Wise and James Oddie. Director Deutsch agreed with Director Battani with her suggestion to add Stewart Chen to the Strategic Planning Committee. With that, he narrowed his choices to Nancy Wise and Leah Williams. Director Bonta encouraged Dr. Chen to serve on the Strategic Planning Committee. The remaining 3 are extremely difficult to pick from. Mr. Oddie has the financial background and community and political background within the community. He also agreed that Ms. Williams and Ms. Wise would make excellent contributions to the Board. Director Bonta narrowed his choices to Ms. Williams and Mr. Oddie. Director Battani stated that the Board needed to select a candidate and should appoint Leah Williams to the vacant seat on the Board of Directors who has a great mix of skills and leadership that the Board is looking for and hopefully engage the other candidates through committee involvement. Director Deutsch agreed with Director Battani that Ms. Williams is the consensus candidate and suggested that Nancy Wise also join the Strategic Planning Committee along with Dr. Chen and Mr. Oddie to serve on the Finance and Management Committee. He also invited all candidates to be involved with the District. Director Bonta agreed with Director Deutsch to the approach to utilize the abundance of talent of the candidates and thanked all of the candidates for their willingness to serve. Director Battani asked for a motion to appoint.	

	3) Appointment	Director Deutsch made a motion to appoint Leah D. Williams to the Board of Directors. Director Bonta seconded the motion. The motion carried unanimously.
	4) Swearing-In of District Board Member	District Clerk, Kristen Thorson administered the Oath of Office to Leah D. Williams.
	5) Special District Board Meeting Notice President Battani proposed a special meeting of the Board of Directors to discuss the normal business on Wednesday, December 9, 2009 with closed session starting at 6:00 p.m. and open session beginning at 7:30 p.m. All Board Members indicated that they were available on that date.	Director Bonta moved to approve the calling of a Special District Board Meeting. Director Deutsch seconded the motion. The motion carried unanimously.
IV. General Public Comments	None at this time	
V. Board Comments	None at this time	
VI. Adjournment		A motion was made to adjourn the meeting and being no further business, the meeting was adjourned at 7:40 p.m.

Attest:

_____
Jordan Battani
President

_____
Robert Bonta
Secretary

Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

Minutes of the Board of Directors

December 9, 2009

Directors Present:
Jordan Battani
Robert Bonta
Robert Deutsch, MD
J. Michael McCormick

Management Present:
Deborah E. Stebbins
Kerry J. Easthope
David A. Neapolitan

Medical Staff Present:
Alka Sharma, M.D.

Legal Counsel Present:
Thomas Driscoll, Esq.

Excused:

Submitted by:
Jaclyn Yuson

Action		
1. Call to Order	Jordan Battani called the Open Session of the Board of Directors of the City of Alameda Health Care District to order at 6:10 p.m.	
2. Roll Call	Kristen Thorson called roll, noting that a quorum of Directors were present.	
3. Adjourn into Executive Closed Session	At 6:11 p.m. the meeting adjourned to Executive Closed Session.	

4. Reconvene to Public Session	**A. Announcements from Closed Session** Jordan Battani reconvened the meeting into public session at 8:17 p.m. The following closed session announcements were made. [1] Director Battani introduced and welcomed Director Leah Williams who was appointed to the City of Alameda Health Care District Board of Directors on Monday, December 7th, 2009. [2] Minutes – The November 2, 2009 Closed Session minutes were not reviewed nor approved. Minutes will be reviewed and approved at the January 11th, 2010 Board meeting. [3] Board Quality Report - October 2009 Performance Improvement Report [4] Medical Executive Committee Report and Approval of Credentialing Recommendations	No action was taken, The October 2009 Performance Improvement Report was accepted as presented. Medical Executive Committee Report and Approval of Credentialing Recommendations were approved as presented and indicated below.

Reappointments – Medical Staff

Name	Specialty	Status	Appointment Period
o Ravi Alagappan, MD	Radiology	Courtesy	01/01/10 – 12/31/11
o James Branscom, MD	Radiology	Courtesy	01/01/10 – 12/31/11
o Eileen Consorti, MD	General Surgery	Active	02/01/10 – 01/31/12
o Theodore Findley, MD	Pathology	Active	01/01/10 – 12/31/11
o Joshua Gitter, MD	Internal Medicine	Courtesy	01/01/10 – 12/31/11
o Laura Goetz, MD	General Surgery	Courtesy	02/01/10 – 01/31/12
o Leslie Hilger, MD	Dermatology	Active	01/01/10 – 12/31/11
o Chen Huang, MD	Hematology / Oncology	Courtesy	01/01/10 – 01/31/11
o Leif Johnson, MD	Emergency Medicine	Active	01/01/10 – 12/31/11

o Bruce Moorstein, MD	General Surgery	Courtesy	02/01/10 – 01/31/12
o Rex Moulton-Barrett, MD	Plastic Surgery / ENT	Active	02/01/10 – 01/31/12
o Joel Stettner, MD	Emergency Medicine	Active	01/01/10 – 12/31/11
o Scott Taylor, MD	Orthopedics	Courtesy	02/01/10 – 01/31/12
o Ajay Upadhyay, MD	General Surgery	Courtesy	02/01/10 – 01/31/12
o Ray Yeh, DO	Internal Medicine	Active	01/01/10 – 12/31/11

Reappointment – Allied Health Professionals

Name	Specialty	
o Darlene Fields-Ba, CRNA	Nurse Anesthetist	01/01/10 - 12/31/11
o Jean Kusz, CRNA	Nurse Anesthetist	01/01/10 – 12/31/11
o Aaron Peters, PA-C	Physician Assistant	01/01/10 – 12/31/11

Resignations

Name	Specialty	Reason
o Robert Burri, MD	Orthopedics (Kaiser)	
o Anita Carstensen, MD	Nephrology	
o Yvonne Chen, MD	Nephrology	
o Nancy Elliott, PA-C	Physician Assistant (Kaiser)	
o Davida Flattery, MD	Internal Med / Hospitalist	
o Robert Menard, MD	Plastic Surgery (Kaiser)	
o Jennifer Owings, PA-C	Physician Assistant (Kaiser)	
o Dina Rosen, MD	Internal Med / Hospitalist	
o Kenneth Wong, DDS (Kaiser)	Oral / Maxillofacial Surgery	

	B. Approval to Implement Wage Reduction Management has been proactively looking at multiple approaches to address the $9.8 Million loss of the Kaiser outpatient surgery contract that is due to end March 31, 2010. Possible approaches may be reducing the amount of work force that would only take place if there is a volume decrease in surgery	Director McCormick moved to approve the implementation of the Wage Reduction as presented. Director Deutsch seconded the motion. The motion carried unanimously.

	cases. Approximately, 31 FTE's have been identified. Other approaches are relocating various services within the hospital, reconfiguring nursing units to increase capacity in the Subacute unit, and recruiting new physicians that may potentially increase surgical volume. Management has recommended to the Board to consider a 5% wage reduction involving all the employees of the Hospital resulting to a savings of a little over $2 million. Implementation of the wage reduction is targeted for the first quarter in the CY 2010. An additional 30 FTE's may need to be reduced from the workforce *if* the 5 % wage reduction is not put into effect. Consequences with this approach would be at the expense of providing good quality of care to Alameda patients. Director Deutsch asked if the reduction includes management. Ms. Stebbins said the wage reduction would include herself as well as management, and non-represented / represented personnel.	
5. Consent Agenda	[A] Approval of November 2, 2009 Minutes [B] Acceptance of October 2009 Financial Statements	Director Bonta moved to approve the Consent Agenda as presented. Director McCormick seconded the motion. The motion carried unanimously.
6. Regular Agenda	**A. President's Report** The President had nothing to report. **B. Chief Executive Officers Report** 1. General Statistics Ms. Stebbins reviewed the key statistic listed below noting that the emergency room visits and total surgeries were above budget by 4.1% and 1.6%, respectively. Acute, Subacute, and South Shore, were all below budget by 23.7%, 0.3%, and 9.6%, respectively. Overall, average daily census was below budget for the month of November by 10.9% at 75.3.	

Statistics	November (Prelim)	November Budget	October Actual
Average Daily Census	75.3	84.5	86.84
Acute	22.6	29.6	32.29
Subacute	33.2	33.3	33.94
South Shore	19.4	21.5	20.61
Patient Days	2,258	2,534	2,692
ER Visits	1,383	1,328	1,560
OP Registration	2,372	2,713	2,651
Total Surgeries	440	433	524

2. Recommendation on Mental Health Parity (MHP) Implementation

Ms. Stebbins said a law has been passed on a national level stating that mental health benefits should mirror medical benefits. However, governmental agencies have an exception to this requirement. If the Hospital chooses to not implement the MHP, the Hospital has the opportunity to revisit and review the plan for potential implementation in 2011. The exact cost of adopting the MHP plan is not yet known. A best estimate for this type of plan after consulting with Mercer, benefits broker, would be approximately $40,000 annually. Management has recommended to the Board of Directors to postpone a decision to implement an upgrade to the MHP plan until next year. Both Director Battani and Director Bonta requested for more information on what other governmental entities have this type of program in place.

No action was taken.

3. Recommendation on Employee Assistance Program (EAP) Implementation

Ms. Stebbins said the current EAP the Hospital has in place provides telephonic consultations for employees who are dealing with stressors in their life (i.e. financial difficulties, marital issues, depression, etc.). Six different companies have been analyzed that provide this type of service and references for all six vendors have been obtained and reviewed. Management recommends expanding the Hospital's EAP benefits from the limited service model that is currently with Magellan Health to Managed Health Network (MHN) who offers face-to-face consultations. Annual cost for this type of program would be approximately $10,000. Ms. Stebbins mentioned that in the employee satisfaction survey results showed that employees wanted more assistance in dealing with stress.

Director Deutsch moved to approve the switch from Magellan Health to Managed Health Network as presented. Director Bonta seconded the motion. The motion carried unanimously.

4. PACS Diagnostic Imaging Update

Ms. Stebbins informed the Board that management has decided to defer the PACS Diagnostic Imaging system to January 2010. They want to evaluate the vendors' options in more detail before management makes a decision is made.

C. Strategic Planning and Community Relations Report

1. Committee Report – November 17, 2009

Director Bonta stated that the committee met on November 17th and the core topics of discussion were seismic updates involving the status on the kitchen relocation project, NPC, Fugro, the request made to Congressman Stark's office on assistance with funding the Hospital to meet seismic requirements by 2013, and legislative relief for 2013 requirements. Director Bonta also noted that new physician recruitment efforts are in place and additional services and programs are being offered which are all part of the planning process for the Kaiser contract which is due to end March 31, 2010.

D. Finance and Management Committee Report

1. Committee Report – November 25, 2009

Director Bonta reported that the committee met on November 25, 2009. The committee reviewed the October financial statements noting the following key points:

- Total collections for October were $5.7 million, approximately $200,00 greater than September.
- Net income for the month was $35,517 versus a budget of $23,142.
- Total patient days were 8.0% greater than budget
- The acute care program's average daily census was better than budget, 195 days (22.5%)
- Alameda surgery cases were 9.6% greater than budget
- Hospital net income for the month of October was greater than budget at $35,517 versus the budget of $23,142.

Director Bonta stated that the committee discussed the plans for the Hospital post Kaiser contract. Also, management gave an overview of the PACS / Diagnostic Imaging system. The committee approved a motion to move

	forward with a contingent purchase order that is pending Board approval. More information will be presented to the Finance and Management Committee and Board in January 2010. **E. Medical Staff President's Report** Dr. Alka Sharma informed the Board of Directors that Dr. Edward Chan began active practice and is part of Alameda Family Physicians (AFP). Dr. Robbin Green-Yeh, specializing in Internal Medicine, will begin practice starting January 4, 2010.	
8. General Public Comments	None at this time	
9. Board Comments	None at this time	
10. Adjournment		A motion was made to adjourn the meeting and being no further business, the meeting was adjourned at 8:45 p.m.

Attest:

Jordan Battani
President

Robert Bonta
Secretary

THE CITY OF ALAMEDA HEALTH CARE DISTRICT

ALAMEDA HOSPITAL

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD ENDING NOVEMBER 30, 2009

CITY OF ALAMEDA HEALTH CARE DISTRICT
ALAMEDA HOSPITAL
November 30, 2009

Table of Contents **Page**

ALAMEDA HOSPITAL
MANAGEMENT DISCUSSION AND ANALYSIS
NOVEMBER, 2009

The management of the Alameda Hospital (the "Hospital") has prepared this discussion and analysis in order to provide an overview of the Hospital's performance for the period ending November 30, 2009 in accordance with the Governmental Accounting Standards Board Statement No. 34, *Basic Financials Statements; Management's Discussion and Analysis for State and Local Governments.* The intent of this document is to provide additional information on the Hospital's financial performance as a whole.

Financial Overview as of November 30, 2009

- Gross patient revenue was less than budget by $1,737,000 or 7.5%. Inpatient revenue was less than budgeted by 13.0% while outpatient revenue was only $4,000 less than budgeted. On an adjusted patient day basis gross patient revenue was $5,138 compared to a budgeted amount of $5,262 or a 2.4% unfavorable variance.

- Total patient days were 2,258 compared to the prior month's total patient days of 2,754 and the prior year's 2,535 total patient days. The average daily acute care census was 22.6 compared to a budget of 29.6 and an actual average daily census of 34.3 in the prior month; the average daily Sub-Acute census was 33.2 versus a budget of 33.3 and 33.9 in the prior month and the South Shore unit had an average daily census of 19.4 versus a budget of 21.5 and prior month census of 20.6, respectively.

- Emergency Care Center visits were 1,383 or 4.1% greater than the budgeted 1,328 visits but were less than the prior year's visits of 1,412.

- Total surgery cases were 4.4% greater than budget, with Kaiser surgical cases making up 64.8% of the 452 total cases. Alameda physician surgical cases were 159 cases in both October and November

- Outpatient registrations were 12.6% below budgeted targets at 2,372 but were 8.1% better than the prior year's 2,195 registrations.

- Combined excess expenses over revenue (loss) for November was $309,000 versus a budgeted excess of revenues over expense (profit) of $5,000.

- Total assets decreased by $1,521,398 from the prior month as a result of a decrease in current assets of $1,513,515, a decrease in net fixed assets of $17,420 offset by an increase in restricted contributions of $9,537. The following items make up the decrease in current assets:

  - Total unrestricted cash and cash equivalents for November decreased by $1,334,561. A significant portion of the decline was the result of the delayed transfer of the monthly Kaiser payment ($800,000) which was not received until December 1, 2009. Had this transfer been received prior to month end unrestricted day's cash on hand would have decreased to 1.9 days at November 30, 2009.

  - Net patient accounts receivable increased in November by $2,231 compared to an increase of $164,076 in October. Day's in outstanding receivables decreased slightly to 50.3 as compared to 50.9 in October.

- Total liabilities decreased by $1,221,843 compared to a decrease of $1,263,882 in the prior month. This decrease was the result of the following:

  - Accounts payable increased by $273,342 from the prior month. As a result of this increase the average

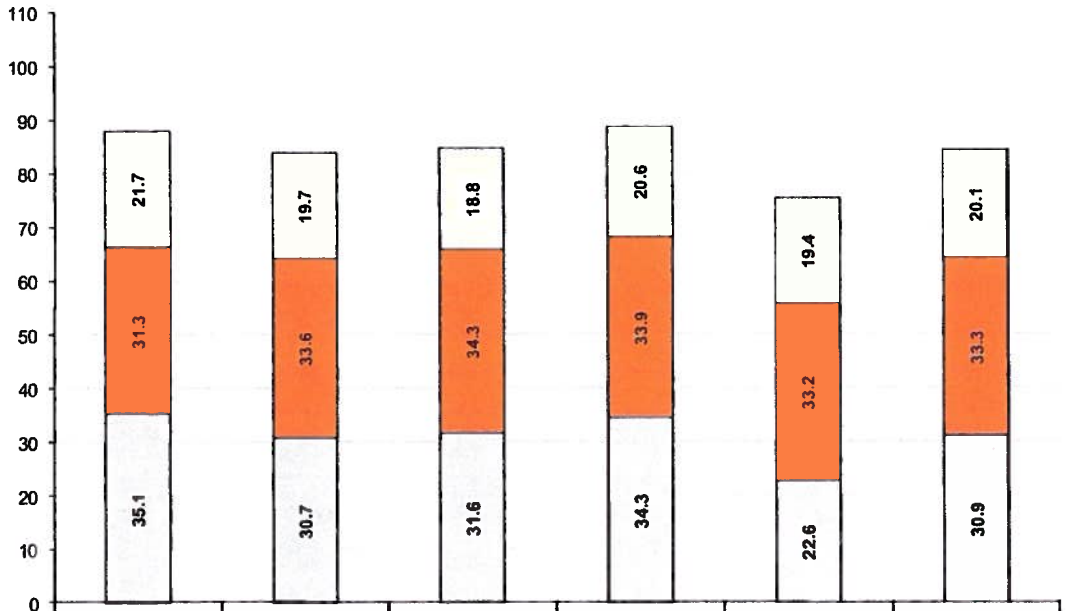
- Accounts payable increased by $273,342 from the prior month. As a result of this increase the average accounts payable payment period increased in November to 57.3 from 56.4 as of October 31, 2009.

- Payroll and benefit related accruals decreased by $200,811 from the prior month. This decrease was primarily the result of decreased payroll tax liabilities ($345,000) that were paid subsequent to the end of the month.

- Other liabilities decreased by $1,253,515 as a result of the amortization of one month's deferred revenue related to the 2009/2010 parcel tax revenues ($477,000) and the delay in receiving the monthly Kaiser prepayment for services ($800,000) under the current services agreement.

Volumes

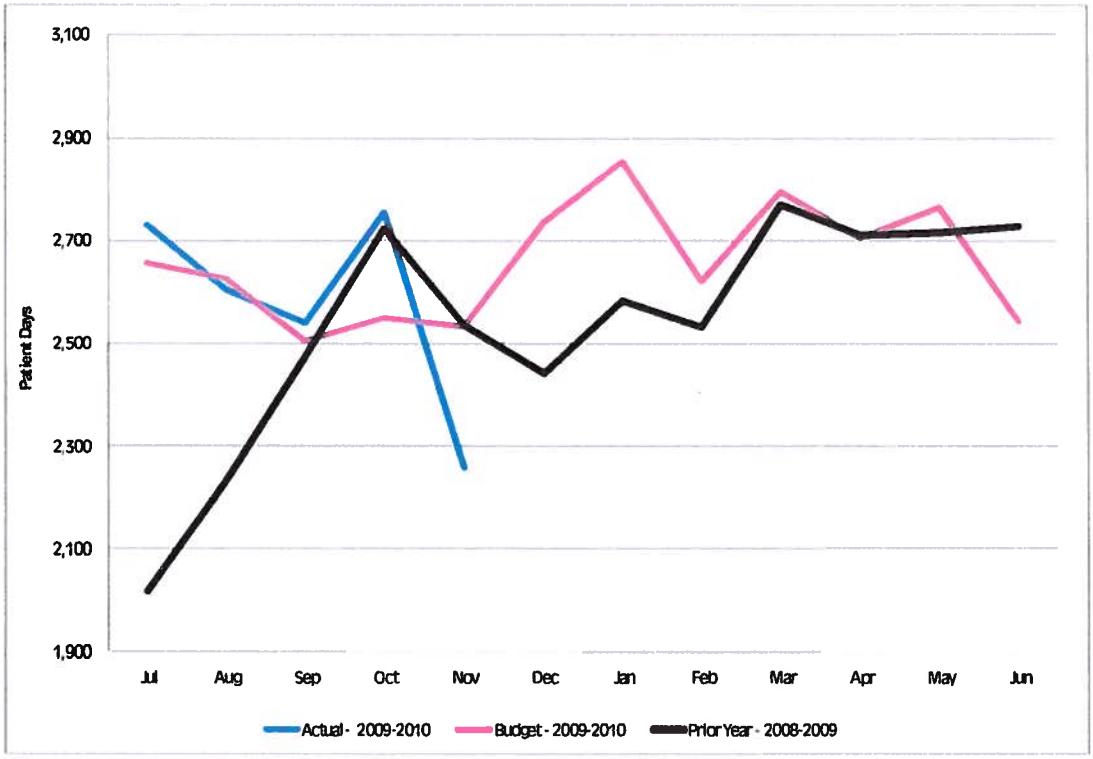
The combined actual daily census was 75.3 versus a budget of 84.5. November saw unfavorable variances in the acute and skilled nursing programs for the month. The unfavorable variances were 6.8 and 2.0 for the acute and skilled nursing programs, respectively.



	Jul	Aug	Sep	Oct	Nov	YTD
Actual SNF	21.7	19.7	18.8	20.6	19.4	20.1
Actual Sub-Acute	31.3	33.6	34.3	33.9	33.2	33.3
Actual Acute	35.1	30.7	31.6	34.3	22.6	30.9

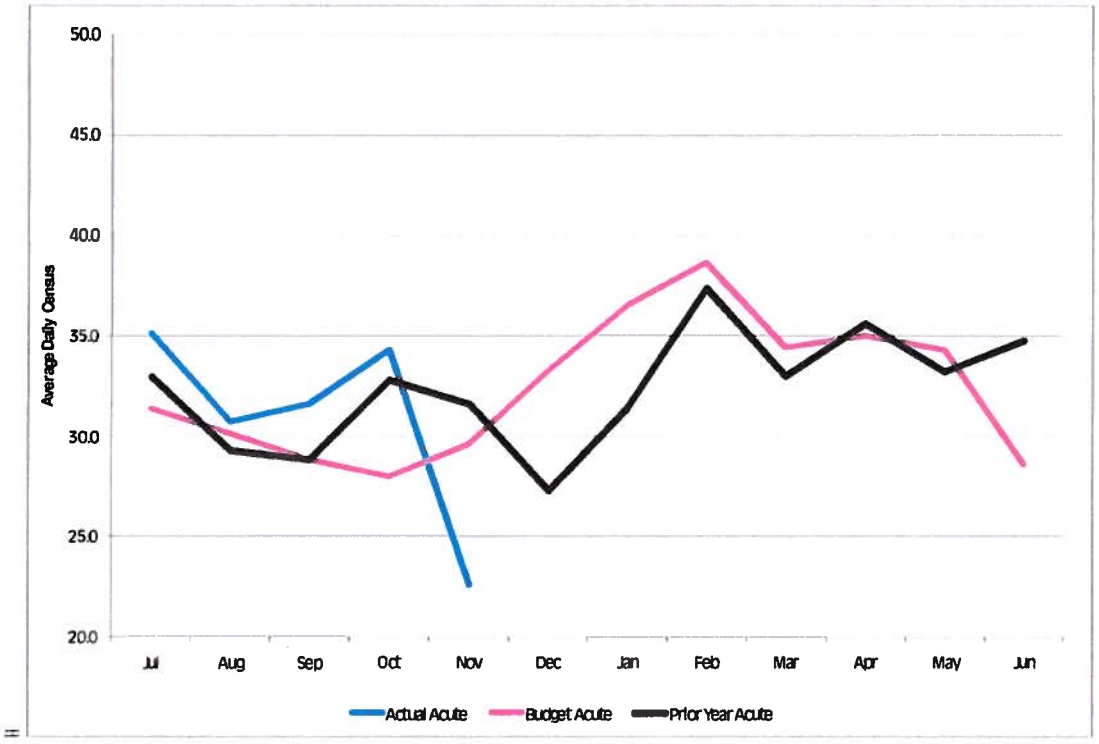
Total patient days in November were 10.9% less than budgeted and prior year volumes. The graph on the following page shows the total patient days by month for fiscal year 2010.

Total Patient Days



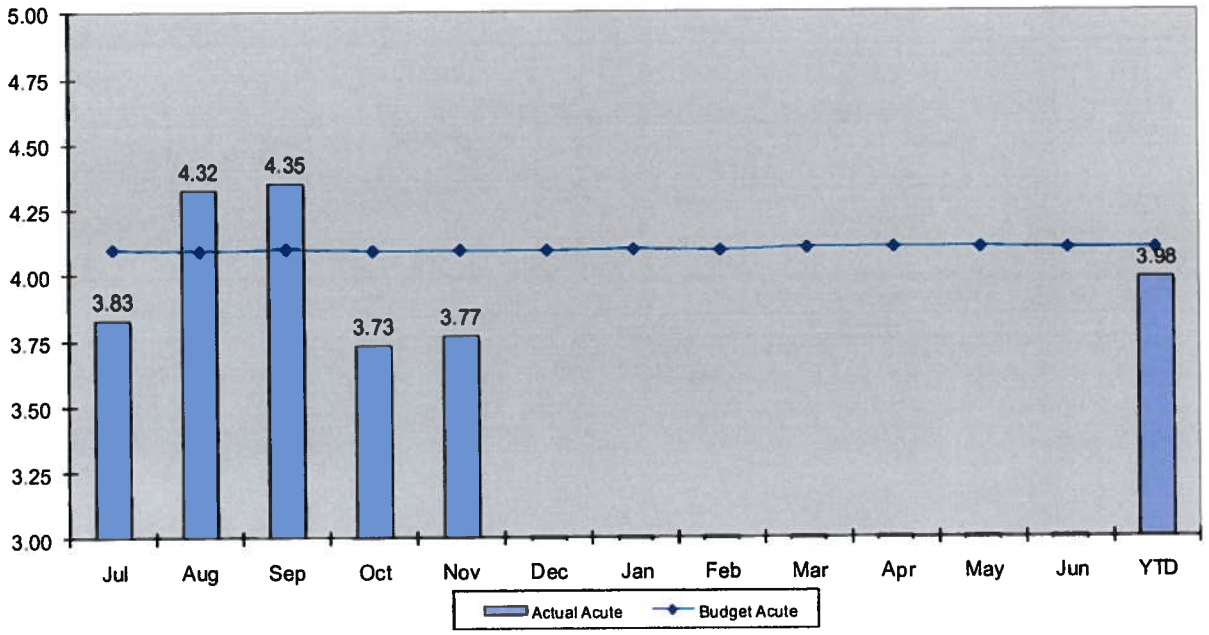
Separating the inpatient components of our volumes for the month of November we see that the acute care patient days were 23.7% (211 days) less than budgeted and were 28.5% less than the prior year's average daily census of 31.6.

Inpatient Acute Care Average Daily Census



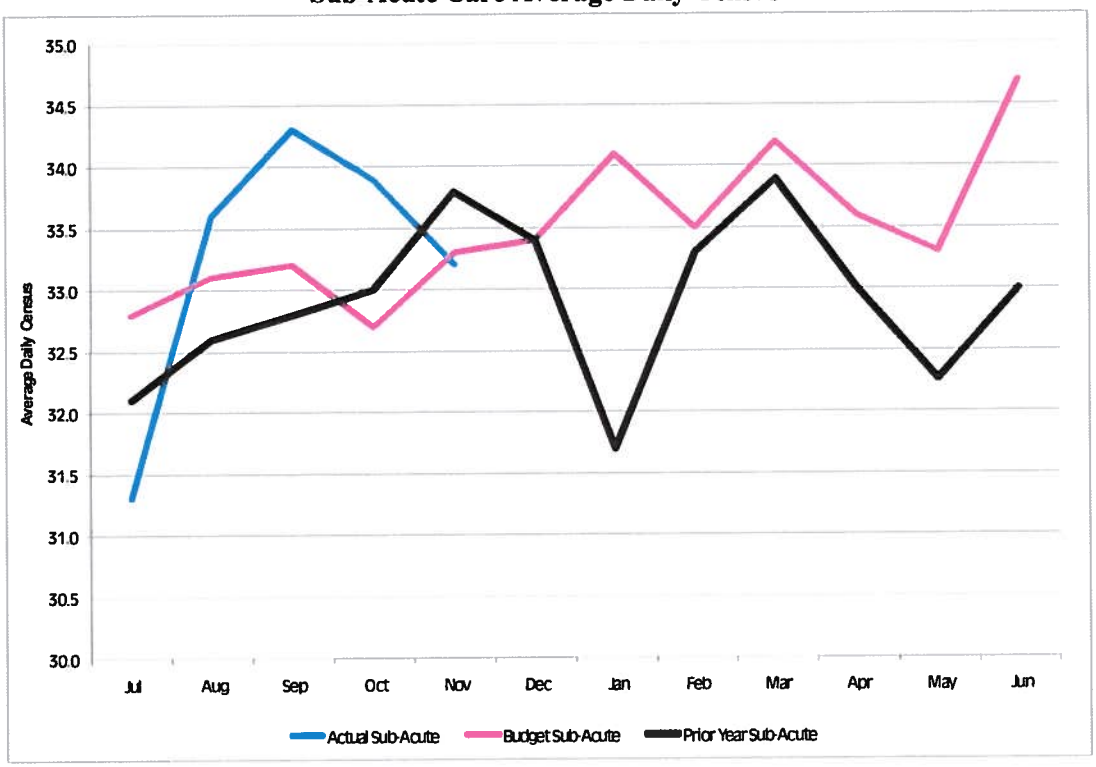
The average length of stay (ALOS) increased slightly to 3.77 days for the month of November. This brings the year-to-date ALOS to 3.98 which is slightly lower than our projected year to date ALOS of 4.10, and is shown in the graph below.

Average Length of Stay



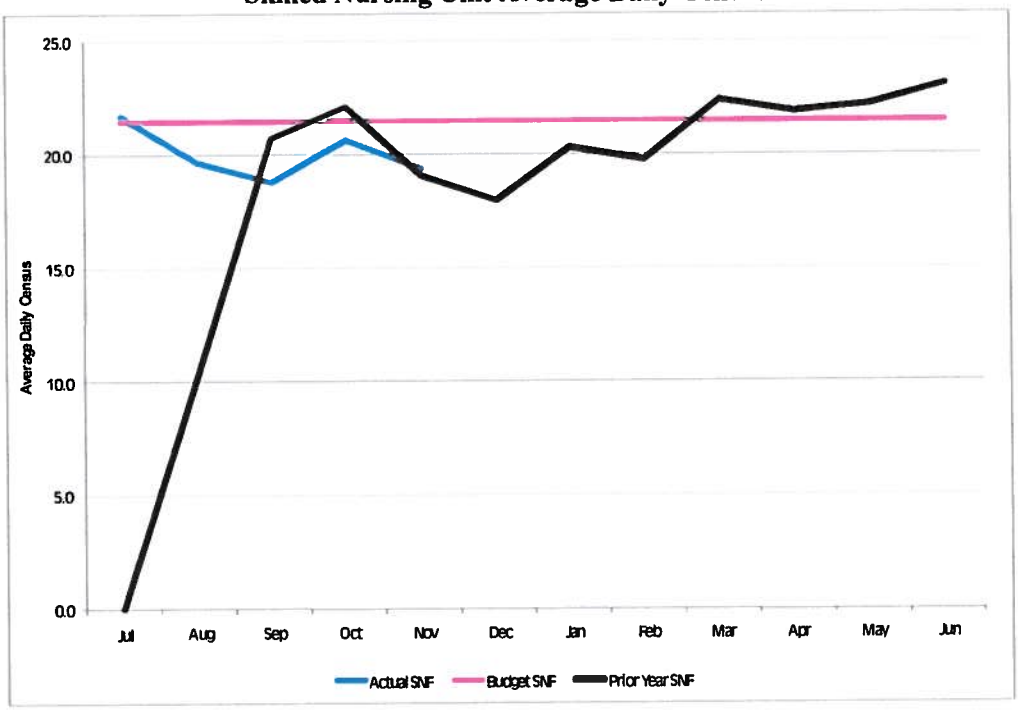
The Sub-Acute programs patient days were only 0.3% less than budget or 3 patient days. The graph below shows the Sub-Acute programs average daily census for the current fiscal year as compared to budget and the prior year.

Sub-Acute Care Average Daily Census



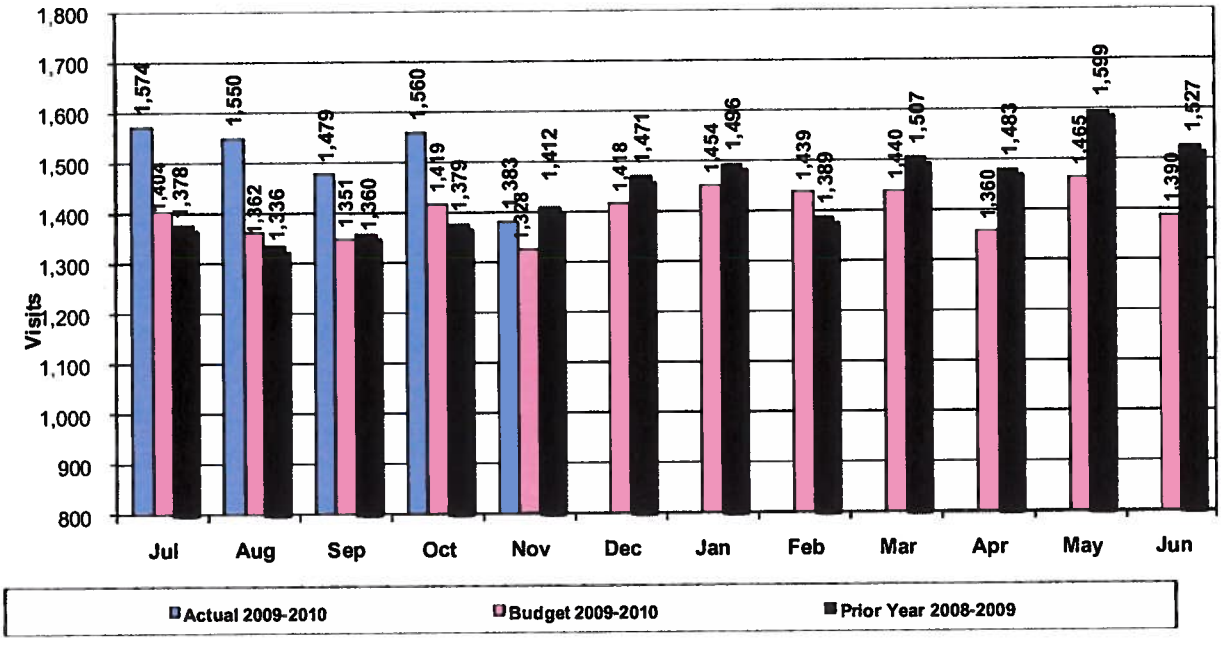
The Skilled Nursing Unit (South Shore) patient days were 9.6% or 62 days less than budgeted for the month of November. Comparing performance to the prior year this program was slightly better than November 2008 with an average daily census of 19.4 versus 19.1. The following graphs show the Skilled Nursing Unit average daily census as compared to budget by month.

Skilled Nursing Unit Average Daily Census



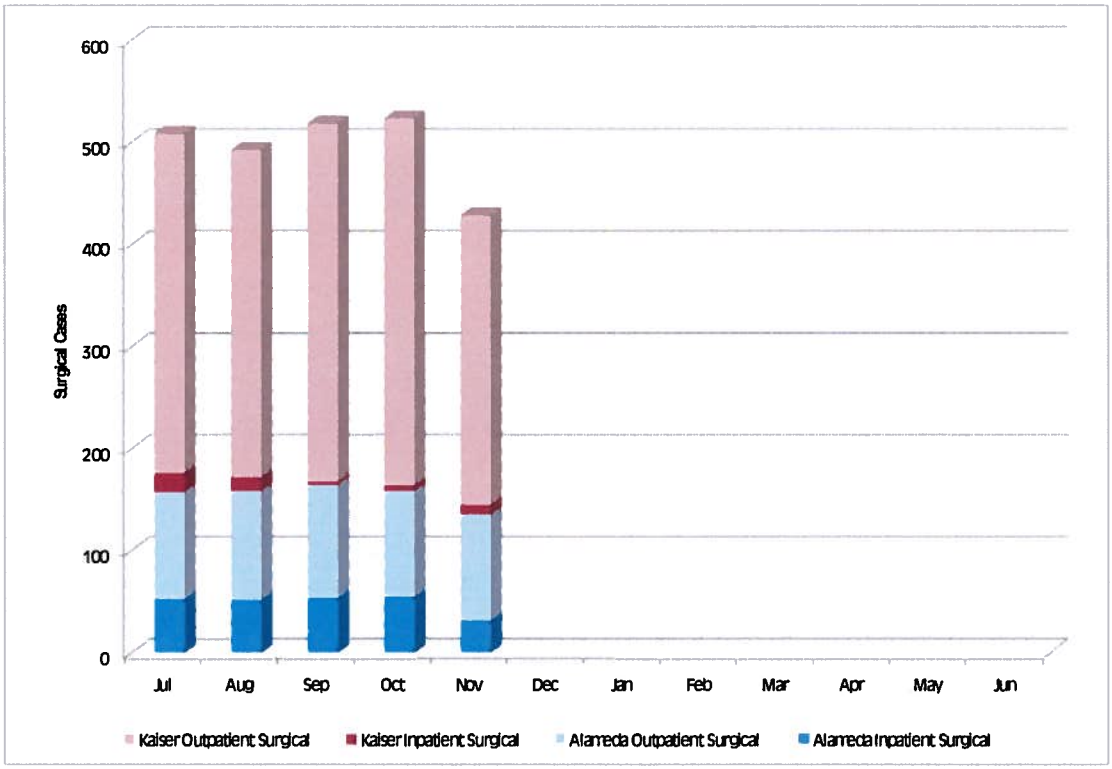
August Emergency Care Center visits were 4.1% greater than budgeted for the month.

Emergency Care Center Visits



Surgery cases were 452 versus the 433 budgeted and 432 in the prior year. In November, Alameda physician cases were 159 cases which was the same as the prior month. Kaiser related cases in November decreased to 293 as compared to the 365 cases performed in October. This decrease in Kaiser Same Day volume also resulted in a decrease in Kaiser Same Day surgery revenue ($948,000). This decrease in activity resulted in our reimbursement for Kaiser Outpatient cases in November to improve to 24.0% from 18.7% in the prior month.

Surgical Cases

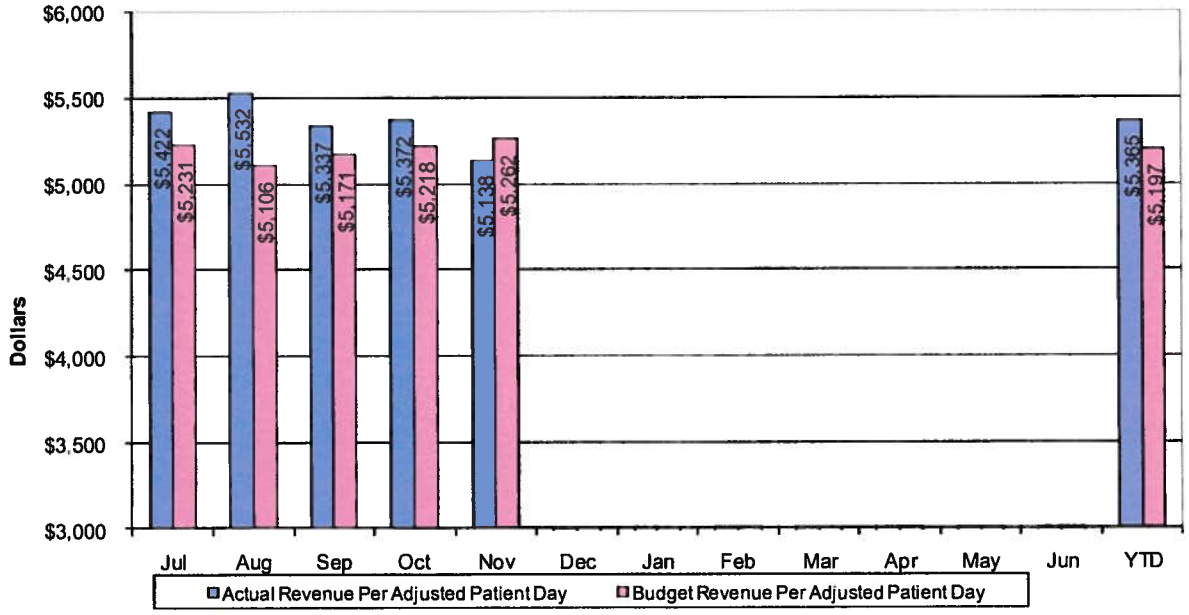


Income Statement – Hospital Only

Gross Patient Charges

Gross patient charges in November were less than budgeted by $1,737,000. This unfavorable variance was comprised of unfavorable variances of $1,733,000 and $4,000 in inpatient and outpatient revenues respectively. On an adjusted patient day basis total patient revenue was $5,138 versus the budgeted $5,262 or a 2.4% unfavorable variance from budget for the month of November.

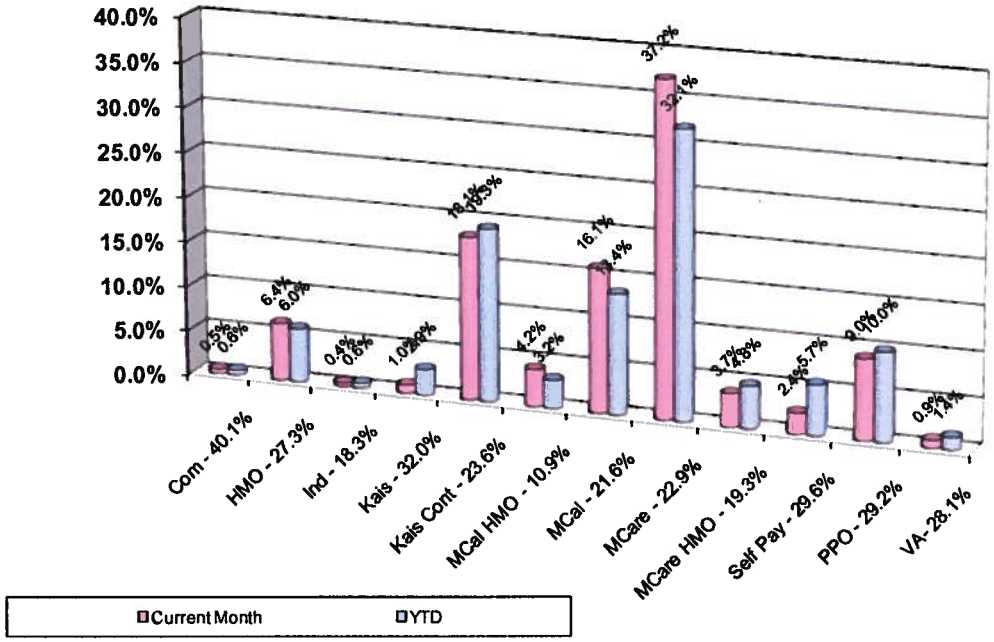
Gross Charges per Adjusted Patient Day



Payor Mix

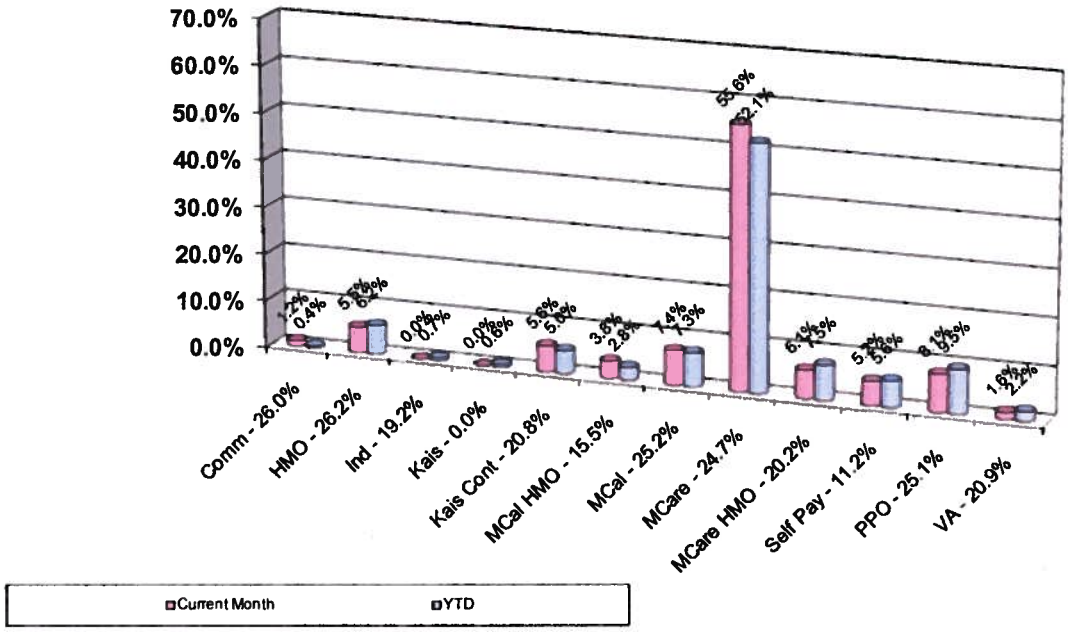
Medicare total gross revenue in November made up 37.2% our total gross patient charges or 3.2% greater than the 34.0% in the prior month. Kaiser was again the second largest source of gross patient revenues at 19.3% followed by Medi-Cal utilization at 16.1% and the combined HMO / PPO volume at 15.4%. The graph on the following page shows the percentage of revenues generated by each of the major payors for the current month and fiscal year to date as well as the current months estimated reimbursement for each payor.

Combined Payor Mix



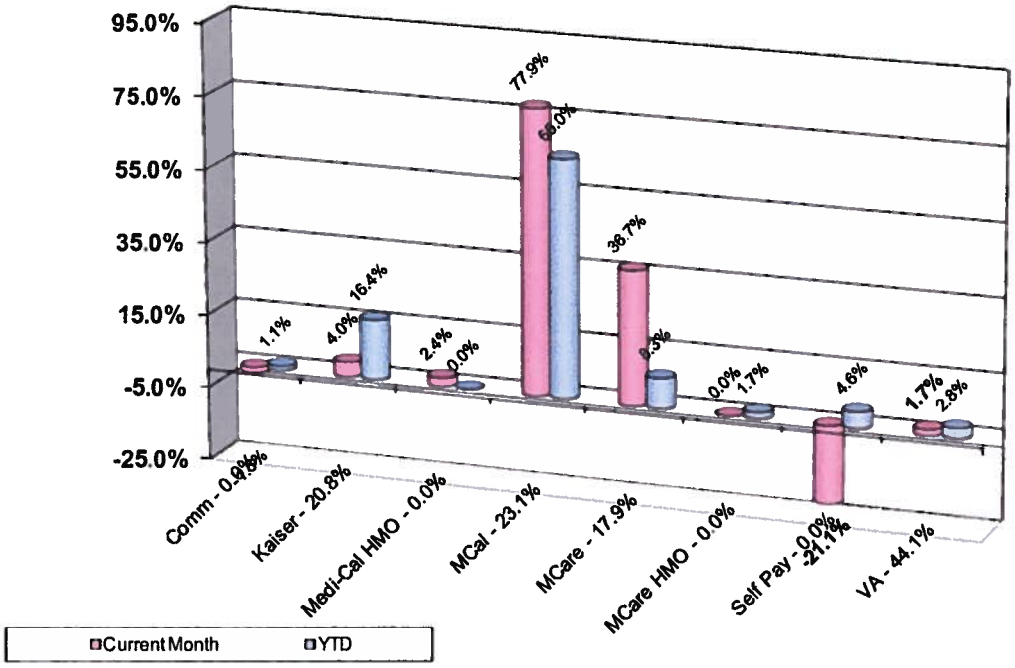
On the Hospital's inpatient acute care business, total charges were $2.9 million less than the prior month. Current month gross Medicare charges made up 55.6% ($4.6 million) of our total inpatient acute care gross revenues followed by HMO/PPO at 13.6% ($1.1 million) and Medi-Cal at 7.4% ($0.6 million). The hospitals overall Case Mix Index (CMI) increased to 1.3094 from 1.2684 in the prior month. The Medicare CMI also increased over the prior month from 1.3620 in October to 1.4981 in November. However, the combination of a significantly lower census and no outlier cases in the month resulted in the expected reimbursement for Medicare inpatient cases to decrease from October's estimate of 27.3% to 24.7% in November. Overall the inpatient acute net patient revenue percentage remained consistent with the prior month at 23.3% in November versus 23.4% in October.

Inpatient Acute Care Payor Mix



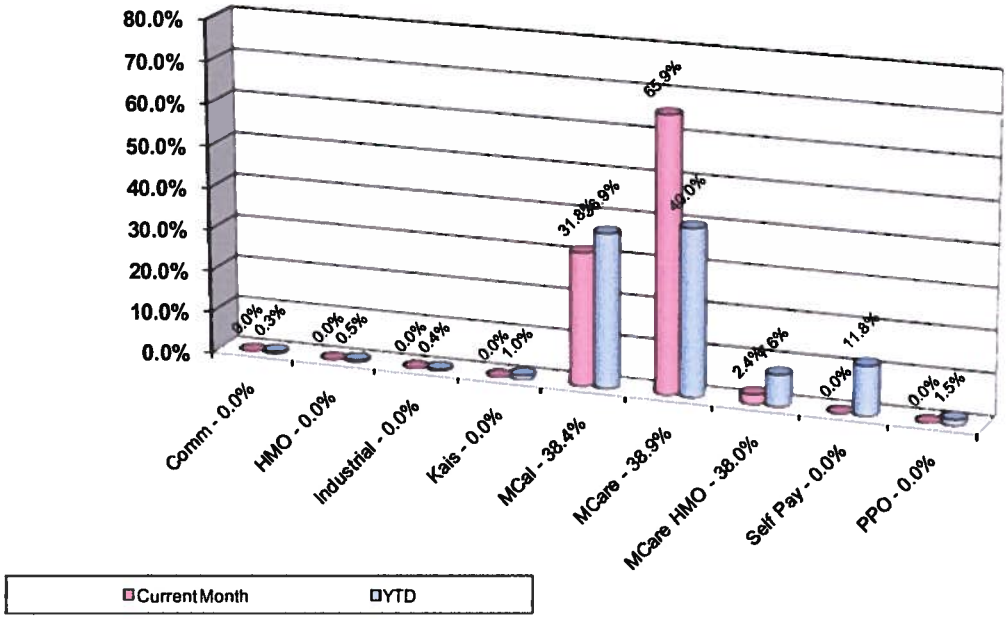
In November the Sub-Acute care program again was dominated by Medi-Cal utilization of 77.9%. The negative utilization in the self pay category was the result of the reclassification of patient revenue to the Medi-Cal and Medicare payor categories to properly reflect the correct primary payor. The following graph shows the payor mix for November, the fiscal year to date and the current months estimated reimbursement rate for each payor.

Inpatient Sub-Acute Care Payor Mix



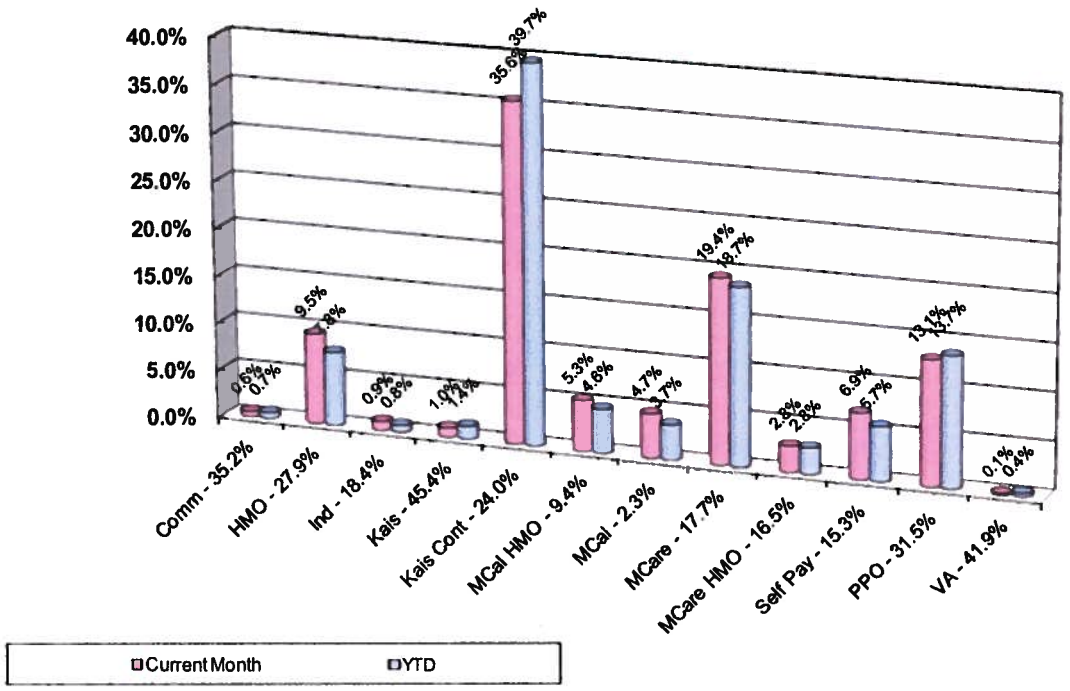
In November the Skilled Nursing program was comprised of Medicare 65.9% and Medi-Cal 31.8%. The graph on the following page shows the current month and fiscal year to date skilled nursing payor mix and estimated level of reimbursement for each payor.

Inpatient Skilled Nursing Payor Mix



The outpatient gross revenue payor mix for November was comprised of 36.6% Kaiser, 19.4% Medicare, 13.1% PPO and 9.5% HMO. The graph below shows the current month and fiscal year to date outpatient payor mix and estimated level of reimbursement for each payor.

Outpatient Services Payor Mix

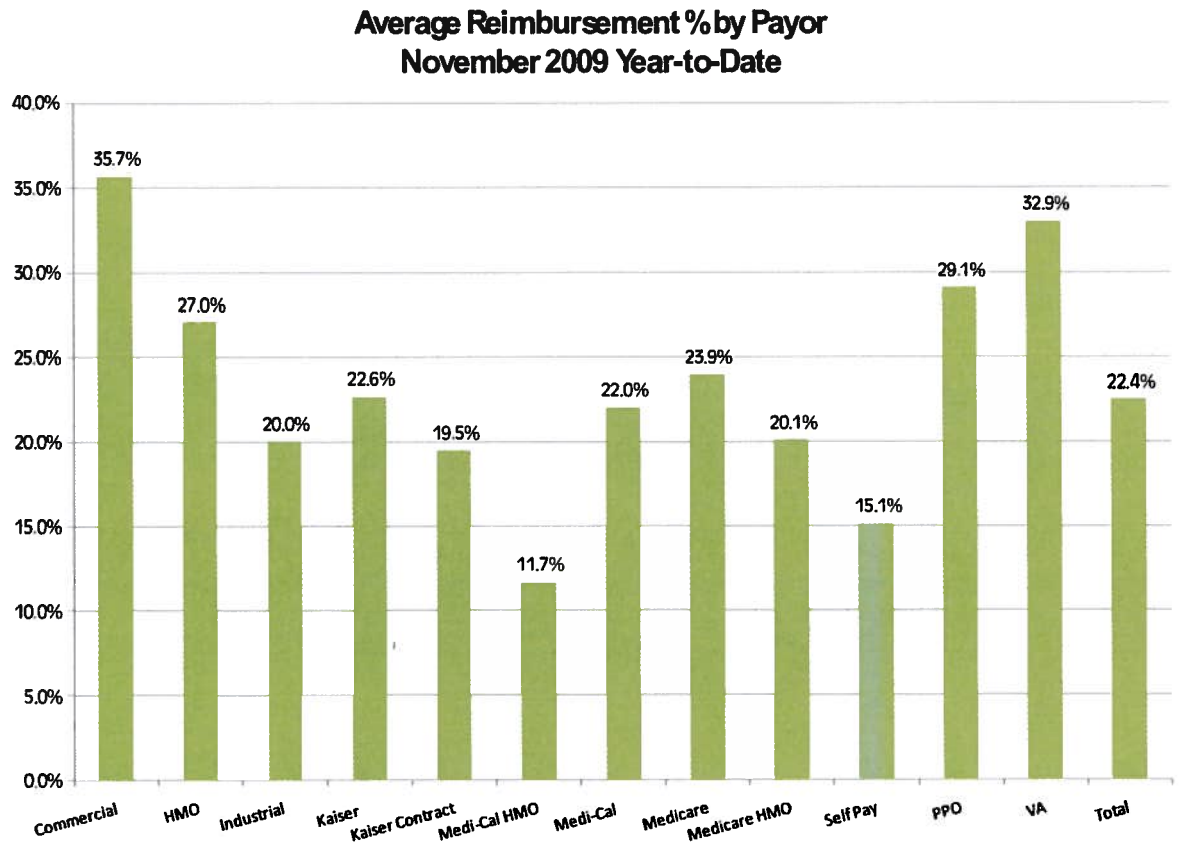


Deductions from Revenue

Contractual allowances are computed as deductions from gross patient revenues based on the difference between gross patient charges and the contractually agreed upon rates of reimbursement with third party government-based programs such as Medicare, Medi-Cal and other third party payors such as Blue Cross. In the month of November contractual allowances, bad debt and charity adjustments (as a percentage of gross patient charges) were 75.8% versus the budgeted 76.4%.

Net Patient Service Revenue

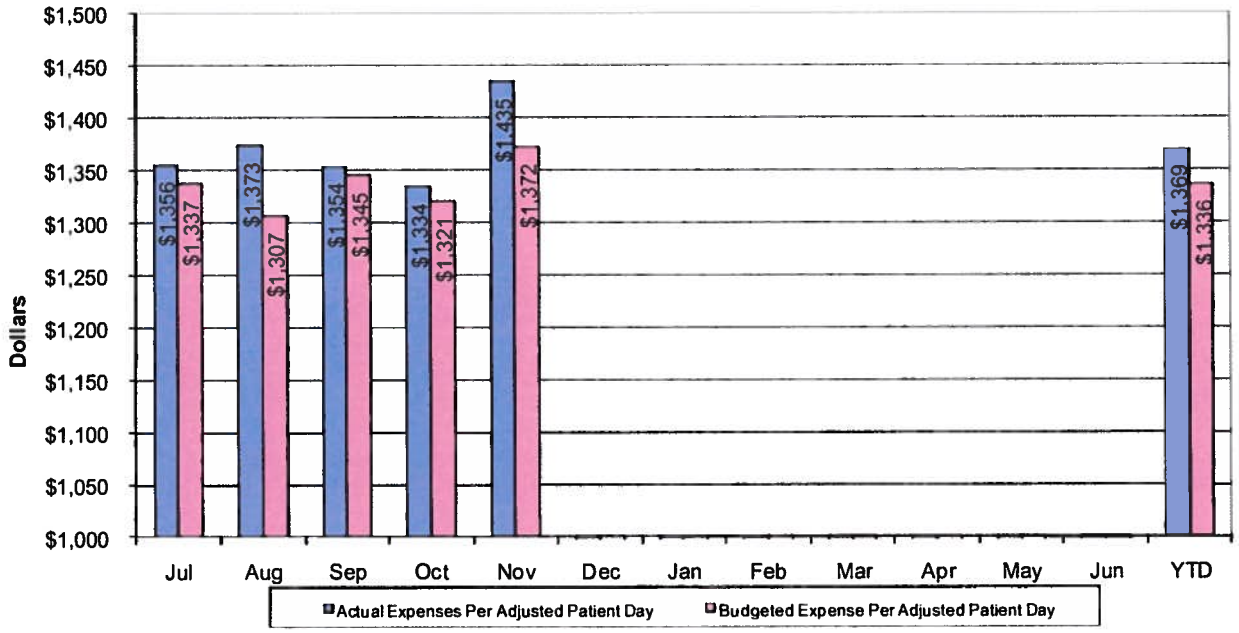
Net patient service revenues are the resulting difference between gross patient charges and the deductions from revenue. This difference reflects what the anticipated cash payments the Hospital is expecting to receive for the services provided. The graph on the following page shows the level of reimbursement that the Hospital has estimated for fiscal year 2010 by major payor category.



Total Operating Expenses

Total operating expenses were greater than the fixed budget by $58,000 or 1.0%. On an adjusted patient day basis, our cost per adjusted patient day was $1,435 which was $63 per adjusted patient day unfavorable to budget. This variance in expenses per adjusted patient day was primarily the result of unfavorable variances in salaries, benefits and supplies. The graph on the following page shows the hospital operating expenses on an adjusted patient day basis for the 2010 fiscal year by month and is followed by explanations of the significant areas of variance that were experienced in the current month.

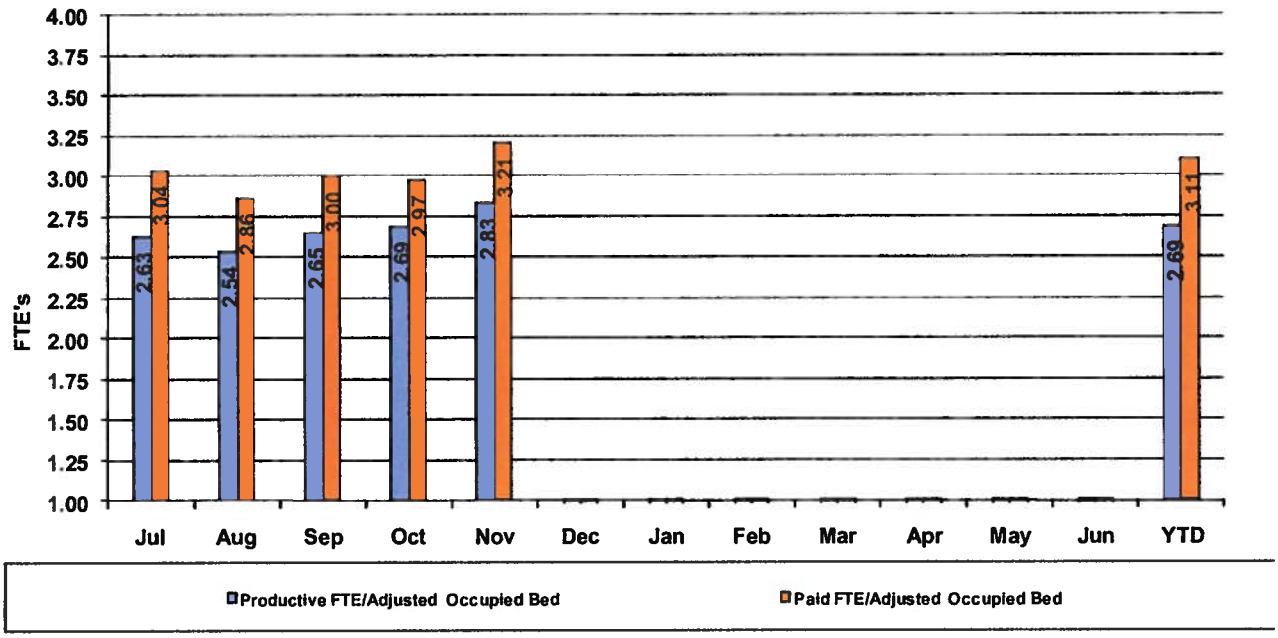
Expenses per Adjusted Patient Day



Salary and Registry Expenses

Salary and registry costs combined were unfavorable to the fixed budget by only $10,000 but were $42 per adjusted patient day unfavorable to budget in November. This variance was driven by unfavorable variances in respiratory therapy, dietary, environmental services and radiology departments. On an adjusted occupied bed basis, productive FTE's were 2.83 in November versus the budgeted 2.59. The graph below shows the productive and paid FTE's per adjusted occupied bed for FY 2010 by month and year to date.

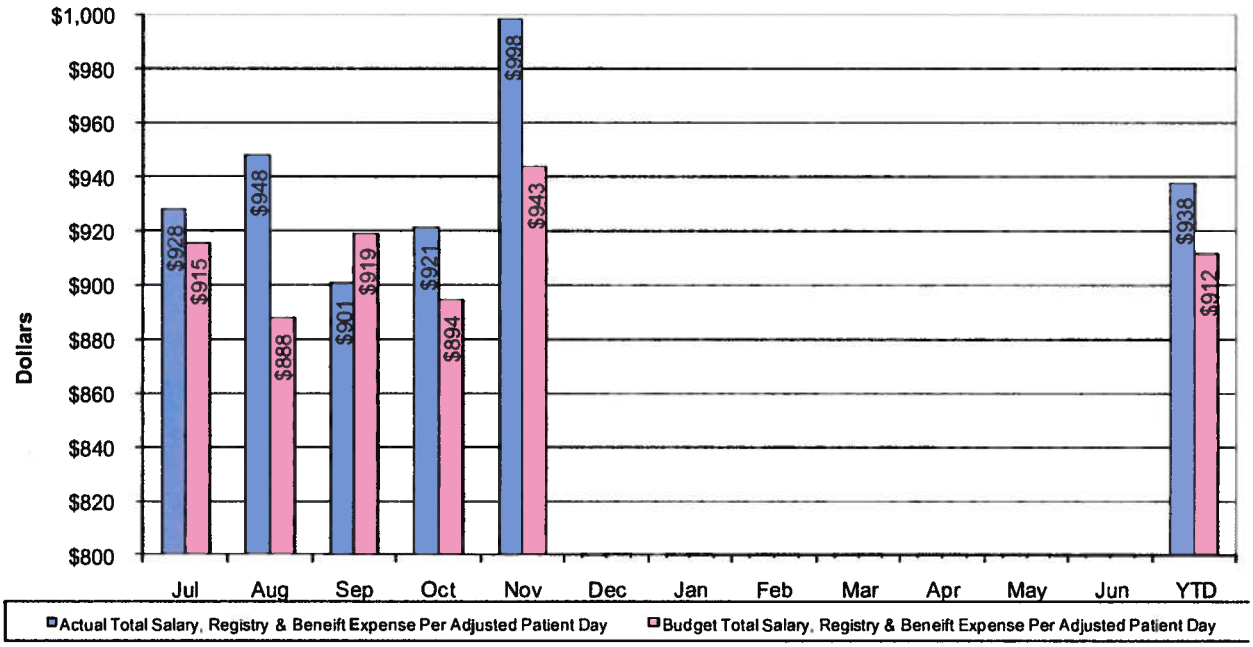
FTE's per Adjusted Occupied Bed



Benefits
Benefit costs were $31,000 unfavorable to the fixed budget but were $19 favorable to budget on an adjusted patient day basis in November. Benefit costs were unfavorable to the fixed budget in State Unemployment Insurance (SUI) Benefits ($18,000) and workers compensation premiums ($16,000). The unfavorable variance in workers compensation premiums was the result of the final FY 2009 true up to actual paid payroll for the premium period.

The following graph shows the combined salary, registry and benefit costs on an adjusted patient basis for FY 2010 by month.

Salary, Registry and Benefit Cost per APD



Professional Fees
Professional fees expense was favorable to budget by $40,000. This favorable variance from fixed budget was the result of lower physician fees ($14,000), consulting and management fees ($8,000), legal fees ($9,000) and other professional fees ($6,000).

Supplies
The supplies expense category was unfavorable to budget by $30,000. This unfavorable variance from the fixed budget was primarily the result of higher than budgeted other medical care costs in the clinical laboratory department.

Purchased Services
Purchased services expenses were under budget by $21,000 lower than expected repairs and maintenance costs and collection agency fees.

Depreciation and Amortization
Depreciation and amortization expense was $24,000 less than budgeted in November as a result of various pieces of equipment that were purchased in 2004 which became fully depreciated in June 2009.

The following pages include the detailed financial statements for the five months ended November 30, 2009.

ALAMEDA HOSPITAL
Balance Sheet
November 30, 2009

	November 30, 2009	October 31, 2009	Audited June 30, 2009
Assets			
Current assets:			
Cash and cash equivalents	$ (427,753)	$ 906,808	$ 1,866,540
Net Accounts Receivable	9,579,100	9,576,869	10,069,536
Net Accounts Receivable %	23.88%	22.58%	22.15%
Inventories	1,296,312	1,289,265	1,291,072
Est.Third-party payer settlement receivable	479,098	469,013	351,648
Other assets	6,887,894	7,086,211	6,920,987
Total Current Assets	17,814,651	19,328,166	20,499,783
Restricted by contributors and grantors for capital acquisitions and research Jaber Estate	514,006	504,469	468,209
Total Non-Current Assets	514,006	504,469	468,209
Fixed Assets:			
Land	877,945	877,945	877,945
Depreciable capital assets, net of accumulated depreciation	5,861,174	5,878,594	6,029,967
Total fixed assets, net of accumulated depreciation	6,739,119	6,756,539	6,907,912
Total Assets	$ 25,067,776	$ 26,589,174	$ 27,875,904
Liabilities and Net Assets			
Current Liabilities:			
Current portion of long term debt	$ 449,214	$ 455,590	$ 436,733
Accounts payable and accrued expenses	6,686,663	6,413,321	6,244,967
Payroll and benefit related accruals	3,978,594	4,179,405	3,765,683
Est.Third-party payer settlement payable	193,412	193,412	306,588
Other liabilities	4,212,531	5,466,046	7,274,242
Total Current Liabilities	15,520,414	16,707,774	18,028,213
Long-Term Liabilities:			
Debt borrowings net of current maturities	1,517,520	1,552,003	1,733,631
Total Long-Term Liabilities	1,517,520	1,552,003	1,733,631
Total Liabilities	17,037,934	18,259,777	19,761,844
Net Assets			
Unrestricted Funds	7,449,161	7,758,253	7,615,851
Restricted Funds	580,681	571,144	498,209
Net Assets	8,029,842	8,329,397	8,114,060
Total Liabilities and Net Assets	$ 25,067,776	$ 26,589,174	$ 27,875,904

City of Alameda Health Care District

Statements of Operations

November 30, 2009

$'s in thousands

	Current Month					Year-to-Date				
	Actual	Budget	$ Variance	% Variance	Prior Year	Actual	Budget	$ Variance	% Variance	Prior Year
Revenues										
Gross Inpatient Revenues	$ 11,601	$ 13,334	$ (1,733)	-13.0%	$ 11,579	$ 69,164	$ 66,899	$ 2,265	3.4%	$ 63,366
Gross Outpatient Revenues	9,725	9,729	(4)	0.0%	9,514	53,488	50,536	2,951	5.8%	48,973
Total Gross Revenues	21,327	23,063	(1,737)	-7.5%	21,093	122,652	117,436	5,216	4.4%	112,339
Contractual Deductions	15,639	17,119	1,479	8.6%	15,554	91,374	87,374	(4,000)	-4.6%	82,783
Bad Debts	498	428	(69)	-16.1%	555	2,598	2,187	(412)	-18.8%	3,522
Charity and Other Adjustments	20	83	63	75.5%	22	338	423	84	20.0%	481
Net Patient Revenues	5,170	5,433	(264)	-4.9%	4,962	28,341	27,452	889	3.2%	25,554
Net Patient Revenue %	24.2%	23.6%			23.5%	23.1%	23.4%			22.7%
Net Clinic Revenue	5	64	(59)	-92.2%	-	49	257	(208)	-80.9%	-
Other Operating Revenue	(23)	15	(38)	-250.6%	23	268	76	193	255.2%	66
Total Revenues	5,152	5,513	(361)	-6.5%	4,984	28,658	27,784	874	3.1%	25,620
Expenses										
Salaries	3,098	3,088	(10)	-0.3%	2,821	15,989	15,305	(684)	-4.5%	14,106
Registry	127	160	33	20.5%	257	867	828	(39)	-4.7%	1,082
Benefits	918	887	(31)	-3.5%	713	4,586	4,467	(119)	-2.7%	4,077
Professional Fees	298	337	40	11.8%	284	1,527	1,721	194	11.3%	1,534
Supplies	781	751	(30)	-4.0%	617	4,440	3,838	(603)	-15.7%	3,711
Purchased Services	366	387	21	5.5%	387	1,994	1,971	(23)	-1.2%	1,677
Rents and Leases	65	69	4	6.2%	51	345	353	8	2.2%	294
Utilities and Telephone	64	77	12	16.0%	70	359	391	33	8.3%	356
Insurance	44	45	1	2.4%	48	224	228	4	1.8%	191
Depreciation and amortization	104	128	24	18.9%	122	507	655	148	22.6%	615
Other Opertaing Expenses	90	85	(6)	-6.9%	73	456	431	(25)	-5.8%	355
Total Expenses	5,957	6,015	58	1.0%	5,444	31,293	30,187	(1,105)	-3.7%	27,998
Operating gain (loss)	(805)	(502)	(303)	-60.3%	(459)	(2,634)	(2,403)	(232)	9.6%	(2,377)
Non-Operating Income / (Expense)										
Net Non-Operating Income / (Expense)	496	507	(11)	-2.2%	489	2,468	2,534	(67)	-2.6%	2,448
Excess of Revenues Over Expenses	$ (309)	$ 5	$ (314)	-6675.0%	$ 30	$ (167)	$ 132	$ (298)	-226.9%	$ 70

City of Alameda Health Care District

Statements of Operations - Per Adjusted Patient Day

November 30, 2009

	Current Month					Year-to-Date				
	Actual	Budget	$ Variance	% Variance	Prior Year	Actual	Budget	$ Variance	% Variance	Prior Year
Revenues										
Gross Inpatient Revenues	$ 2,795	$ 3,042	$ (247)	-8.1%	$ 2,507	$ 3,026	$ 2,961	$ 66	2.2%	$ 2,984
Gross Outpatient Revenues	2,343	2,220	123	5.5%	2,060	2,340	2,237	104	4.6%	2,306
Total Gross Revenues	5,138	5,262	(124)	-2.4%	4,568	5,367	5,197	169	3.3%	5,290
Contractual Deductions	3,768	3,906	138	3.5%	3,368	3,998	3,867	(131)	-3.4%	3,898
Bad Debts	120	98	(22)	-22.6%	120	114	97	(17)	-17.5%	166
Charity and Other Adjustments	5	19	14	74.1%	5	15	19	4	20.9%	23
Net Patient Revenues	1,245	1,240	6	0.5%	1,074	1,240	1,215	25	2.1%	1,203
Net Patient Revenue %	24.2%	23.6%			23.5%	23.1%	23.4%			22.7%
Net Clinic Revenue	1	15	(13)	-91.8%	-	2	11	(9)	-81.1%	-
Other Operating Revenue	(5)	3	(9)	-259.0%	5	12	3	8	251.2%	3
Total Revenues	1,241	1,258	(17)	-1.3%	1,079	1,254	1,230	24	2.0%	1,207
Expenses										
Salaries	746	705	(42)	-5.9%	611	700	677	(22)	-3.3%	664
Registry	31	37	6	16.1%	56	38	37	(1)	-3.5%	51
Benefits	221	202	(19)	-9.3%	154	201	198	(3)	-1.5%	192
Professional Fees	72	77	5	6.8%	61	67	76	9	12.3%	72
Supplies	188	171	(17)	-9.9%	134	194	170	(24)	-14.4%	175
Purchased Services	88	88	0	0.2%	84	87	87	(0)	0.0%	79
Rents and Leases	16	16	0	0.9%	11	15	16	1	3.3%	14
Utilities and Telephone	16	18	2	11.3%	15	16	17	2	9.4%	17
Insurance	11	10	(0)	-3.1%	10	10	10	0	2.9%	9
Depreciation and Amortization	25	29	4	14.4%	26	22	29	7	23.5%	29
Other Operating Expenses	22	19	(2)	-12.9%	16	20	19	(1)	-4.6%	17
Total Expenses	1,435	1,372	(63)	-4.6%	1,179	1,369	1,336	(33)	-2.5%	1,318
Operating Gain / (Loss)	(194)	(115)	(79)	-69.2%	(100)	(115)	(106)	(9)	8.4%	(112)
Net Non-Operating Income / (Expense)	119	116	4	3.3%	106	108	112	(4)	-3.7%	115
Excess of Revenues Over Expenses	$ (74)	$ 1	$ (76)	-7042.6%	$ 6	$ (7)	$ 6	$ (13)	-216.8%	$ 4

ALAMEDA HOSPITAL
KEY STATISTICS
NOVEMBER 2009

	ACTUAL NOVEMBER 2009	CURRENT FIXED BUDGET	VARIANCE (UNDER) OVER	%	NOVEMBER 2008	YTD NOVEMBER 2009	YTD FIXED BUDGET	VARIANCE	%	YTD NOVEMBER 2008
Discharges:										
Total Acute	180	217	(37)	-17.1%	227	1,187	1,105	82	7 4%	1,153
Total Sub-Acute	2	4	(2)	-50.0%	3	8	19	(11)	-57.9%	18
Total Skilled Nursing	8	13	(5)	-38.5%	15	60	65	(5)	-7.7%	46
	190	234	(44)	-18 8%	245	1,255	1,189	66	5 6%	1,217
Patient Days:										
Total Acute	678	889	(211)	-23.7%	948	4,481	4,527	(46)	-1 0%	4,758
Total Sub-Acute	997	1,000	(3)	-0.3%	1,014	5,090	5,054	36	0.7%	5,029
Total Skilled Nursing	583	645	(62)	-9.6%	573	3,071	3,291	(220)	-6.7%	2,192
	2,258	2,534	(276)	-10.9%	2,535	12,642	12,872	(230)	-1 8%	11,979
Average Length of Stay										
Total Acute	3 77	4.10	(0.33)	-8.1%	4.18	3.78	4.10	(0.32)	-7.9%	4.13
Average Daily Census										
Total Acute	22.60	29.63	(6.81)	-23.0%	31.60	29.29	29.59	(0.30)	-1.0%	31.10
Total Sub-Acute	33.23	33.33	(0.10)	-0.3%	33 80	33.27	33.03	0.24	0.7%	32.87
Total Skilled Nursing	19.43	21 50	(2 00)	-9.3%	19.10	20.07	21.51	(1.44)	-6.7%	20.68
	75 27	84.47	(8.90)	-10.5%	84.50	82.63	84.13	(0.07)	-0.1%	84.65
Emergency Room Visits	1,383	1,328	55	4 1%	1,412	7,546	6,864	682	9.9%	6,865
Outpatient Registrations	2,372	2,713	(341)	-12.6%	2,195	12,714	12,559	155	1 2%	12,431
Surgery Cases:										
Inpatient	40	65	(25)	-38.5%	47	289	278	11	4.0%	288
Outpatient	412	368	44	12.0%	385	2,208	1,980	228	11.5%	2,130
	452	433	19	4.4%	432	2,497	2,258	239	10.6%	2,418
Kaiser Inpatient Cases	9	9	-	-	5	48	46	2	-	40
Kaiser Eye Cases	147	145	2	1.4%	143	812	768	44	5.7%	811
Kaiser Outpatient Cases	137	117	20	17 1%	123	837	697	140	20.1%	771
Total Kaiser Cases	293	271	22	8 1%	271	1,697	1,511	186	12.3%	1,622
% Kaiser Cases	64.8%	62.6%			62.7%	68.0%	66.9%			67.1%
Adjusted Occupied Bed	138.36	146.04	7.68	5.3%	153.93	146.56	147.65	(1.09)	-0.7%	138.81
Productive FTE	392.19	377.91	(14.28)	-3.8%	388 31	398.36	381.33	(17.03)	-4.5%	368.90
Total FTE	444.41	447.34	2.93	0.7%	433.33	449 96	438.69	(11.27)	-2.6%	418.20
Productive FTE/Adj. Occ. Bed	2.83	2.59	(0.25)	-9.5%	2.52	2 72	2.58	(0.14)	-5.2%	2.68
Total FTE/ Adj. Occ. Bed	3 21	3.06	(0 15)	-4.9%	2 82	3.07	2.97	(0.10)	-3.3%	3.01

DATE: January 11, 2010

TO: City of Alameda Health Care District Board of Directors

FROM: Kerry Easthope, Associate Administrator

SUBJECT: Approval of Environment of Care Manual

Recommendation:

Management recommends that the Board of Directors approve the revisions to the Environment of Care Manual, Volume I and II.

Background:

The goal of the Joint Commission Environment of Care Standards is to promote a safe, functional, and supportive environment within the hospital so that quality and safety are preserved. The environment of care is made up of three basic elements:

1. The building or space, including how it is arranged and special features that protect patients, visitors, and staff

2. Equipment used to support patient care or to safely operate the building or space

3. People, including those who work within the hospital, patients, and anyone else who enters the environment, all of whom have a role in minimizing risks

The EC Standards stress the importance of managing risks in the environment of care, which are different from the risks associated with the provision of care, treatment, and services. Any hospital, regardless of its size or location, faces risks in the environment, including those associated with safety and security, fire, hazardous materials and waste, medical equipment, and utility systems. When staff are educated about the elements of a safe environment, they are more likely to follow processes for identifying, reporting, and taking action on environmental risks.

Important aspects of the environment addressed in the standards and in the Hospital's Environment of Care Manuals include the following:

1. Safety and security. This section addresses risks in the physical environment, access to security-sensitive areas, product recalls, and smoking.

2. Hazardous materials and waste. This section addresses risks associated with hazardous chemicals, radioactive materials, hazardous energy sources, hazardous medications, and hazardous gases and vapors.

3. Fire safety. This section addresses risks from fire, smoke, and other products of combustion; fire response plans; fire drills; management of fire detection, alarm, and suppression equipment and systems; and measures to implement during construction or when the Life Safety Code® cannot be met.

4. Medical equipment. This section addresses selection, testing, and maintenance of medical equipment and contingencies when equipment fails.

5. Utilities. This section addresses inspection and testing of operating components, control of airborne contaminants, and management of disruptions

6. Emergency Management. This section is organized to allow hospitals to plan to respond to the effects of potential emergencies that fall on a continuum from disruptive to disastrous. Planning involves those activities that must be done in order to put together a comprehensive Emergency Operations Plan (EOP).

The Hospital has updated the Environment of Care Manual to reflect current practices and Joint Commission regulations. Volume I contains information regarding the specific EC Standards and Volume II contains information on the Emergency Management Plan.

Discussion:

The Environment of Care is available in Administration for review.

Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

Environment of Care Manual

Volume I & II

Approved by:

City of Alameda Health Care District
Board of Directors

on:

January 11, 2010

By:

Jordan Battani
President, Board of Directors

Deborah E. Stebbins
Chief Executive Officer

Alka Sharma, M.D.
Medical Staff President

2070 Clinton Avenue • Alameda, CA 94501 • TEL (510) 522-3700 • www.alamedahospital.org

DATE: January 11, 2010

TO: City of Alameda Health Care District Board of Directors

FROM: Kerry Easthope, Associate Administrator

SUBJECT: Approval of Departmental Policies and Procedures

Recommendation:

Management recommends that the Board of Directors approve the policy and procedure manuals for the following Hospital Departments or Services:

1. Laboratory Services
    a. Blood Bank
    b. Front Office
    c. General Laboratory
    d. Laboratory Safety
    e. Phlebotomy – Hospital
    f. Phlebotomy – ATC Draw Station
    g. Serology

2. Infection Control

3. Food and Nutrition Services

Background:

Title 22 of the California Code of Regulations, and in some cases the Joint Commission, requires some hospital departments or services to have their department specific policies approved by the governing body. In order to comply with this regulation, and assist with the review process, we have attached the table of contents from each department's policy and procedure manual.

Discussion:

Each manual is available for your review at any time through Administration.

BLOOD BANK MANUAL CONTENTS

FRONT OFFICE MANUAL CONTENTS

GENERAL LABORATORY MANUAL CONTENTS

LABORATORY SAFETY MANUAL CONTENTS

PHLEBOTOMY MANUAL CONTENTS

ATC Draw Station

Phlebotomy Manual

Table of Content:

SEROLOGY MANUAL CONTENTS

INFECTION CONTROL MANUAL
TABLE OF CONTENTS - ALPHA

Alameda Hospital
Food and Nutrition Services
Policies and Procedures

TABLE OF CONTENTS

Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

DATE: January 11, 2010

TO: Members of the Board of Directors

FROM: Alka Sharma, MD
Chairman, Medical Executive Committee

SUBJECT: **Proposed Revision to Medical Staff Bylaws**

The Medical Executive Committee respectfully requests your consideration in approving the proposed amendment to Article VII, Section 7.4, Conditions for Privileges of Limited Licensed Practitioners, of the Medical Staff Bylaws.

Doctors of Podiatric Medicine are licensed under California law to independently perform full-body history and physical examinations in any setting for any patient. CMS (MediCare) regulations were revised to reflect this privilege. The Service Committees of the Medical Staff and the Medical Executive Committee have proposed that Article VII be amended to eliminate the requirement that H&Ps be performed by a medical doctor.

PROPOSED AMENDMENT TO ARTICLE VII – CLINICAL PRIVILEGES

7.4 CONDITIONS FOR PRIVILEGES OF LIMITED LICENSED PRACTITIONERS

7.4.1 ***Admissions:***

Dentists ~~and podiatrists~~ who are members of the Medical Staff may only admit patients if a physician (MD or DO) member of the Medical Staff conducts or directly supervises the admitting history and physical examination and assumes responsibility for the care of the patient's medical problems present at the time of admission or which may arise during hospitalization which are outside of the limited license practitioner's lawful scope of practice.

7.4.3 ***Medical Appraisal:***

All patients admitted for care in a hospital by a dentist ~~or podiatrist~~ shall receive the same basic medical appraisal as patients admitted to other services, and a physician member shall determine the risk and effect of any proposed treatment or surgical procedure on the general health status of the patient.

>><<

Cityof Alameda Health Care District
Meeting Dates

	District Board	Finance & Management Committee	Strategic Planning & Community Relations Committee	Board Quality Committee
	First Monday of the Month	Last Wednesday of the month	3rd Tuesday of the Month	3rd Wednesday of the month
	Closed Session & Open Session	Open Session	Closed Session & Open Session	Closed Session
	5:30 p.m. / 7:30 p.m.	7:30 a.m.	7:30 a.m.	7:30 a.m.
	Dal Cielo Room / Board Room	Dal Cielo Room	Dal Cielo Room	Board Room
Jan-10	Monday, January 11, 2010	Wednesday, January 27, 2010	Tuesday, January 19, 2010	Wednesday, January 20, 2010
Feb-10	Monday, February 01, 2010	Wednesday, February 24, 2010	Tuesday, February 16, 2010	Wednesday, February 17, 2010
Mar-10	Monday, March 01, 2010	Wednesday, March 31, 2010	Tuesday, March 16, 2010	Wednesday, March 17, 2010
Apr-10	Monday, April 05, 2010	Wednesday, April 28, 2010	Tuesday, April 20, 2010	Wednesday, April 21, 2010
May-10	Monday, May 03, 2010	Wednesday, May 26, 2010	Tuesday, May 18, 2010	Wednesday, May 19, 2010
Jun-10	Monday, June 07, 2010	Wednesday, June 30, 2010	Tuesday, June 15, 2010	Wednesday, June 16, 2010
Jul-10	Monday, July 05, 2010	Wednesday, July 28, 2010	Tuesday, July 20, 2010	Wednesday, July 21, 2010
Aug-10	Monday, August 02, 2010	Wednesday, August 25, 2010	Tuesday, August 17, 2010	Wednesday, August 18, 2010
Sep-10	Monday, September 13, 2010	Wednesday, September 29, 2010	Tuesday, September 21, 2010	Wednesday, September 15, 2010
Oct-10	Monday, October 04, 2010	Wednesday, October 27, 2010	Tuesday, October 19, 2010	Wednesday, October 20, 2010
Nov-10	Monday, November 01, 2010	Wednesday, November 24, 2010	Tuesday, November 16, 2010	Wednesday, November 17, 2010
Dec-10	Monday, December 06, 2010	No Meeting	Tuesday, December 21, 2010	No Meeting

**September Board Meeting will be held on the 2nd Monday due to Labor Day being on the 1st Monday of the month.

Alameda Hospital

CITY OF ALAMEDA HEALTH CARE DISTRICT

DATE: January 11, 2010

TO: City of Alameda Health Care District Board of Directors

FROM: Deborah E. Stebbins, CEO

SUBJECT: Approval of Mental Health Parity Implementation

Recommendation:

At the request of the Board of Directors, management requested information from Mercer regarding what other governmental agencies have done with the Mental Health Parity. Mercer indicated that all four (4) of the governmental entities that they work with have adopted the Mental Health Parity as part of their plans. Based on this information, management is recommending approval of the Mental Health Parity Implementation beginning with the health plan year beginning February 1, 2010.

Background:

1. The Mental Health Parity Act of 1996 (MHPA) and the Mental Health Parity & Addiction Equity Act of 2008 (MHPAEA) require that mental health benefits mirror medical benefits in coverage and treatment limits in a group health plan.

2. Key changes made by MHPAEA are effective for plan years beginning 10/3/09.

3. There is a waiver of MHPA/MHPAEA set forth by the federal government that applies to public entities, including district hospitals, which would allow Alameda Hospital to either:

    a. Maintain the current level of benefits (no expansion), or

    b. Delay implementation of MHPA/MHPAEA until a different plan year

4. Currently the Alameda Hospital group health plan allows coverage for mental health and substance abuse treatment but restricts the number of visits per year (50 visits inpatient/outpatient) and has an applied deductible (both in and out of network) which would need to be changed to mirror the medical plan designs in order to comply with MHPA/MHPAEA.

5. Using their data bank as a resource, our Broker, Mercer estimates that these expanded benefits would cost $45,000 annually.