SUPPLEMENTAL MATERIALS

AGENDA ITEM:

D. District Updates & Operational Updates

✓ 2) Review and Discussion of Decision Points for Vision and District Staffing **ENCLOSURE (PAGES 27-42)** Kathryn Sáenz Duke

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June 6, 2016

District Board
City of Alameda Health Care District
2070 Clinton Ave
Alameda, CA 94501

RE: POTENTIAL LEADERSHIP MODELS

BACKGROUND INFORMATION

The City of Alameda Health Care District (CAHCD) completed its affiliation with Alameda Health System (AHS) in 2014, placing the management of Alameda Hospital with AHS leadership. Consequently, the District Board is now in the process of evaluating how to best serve the community, meet its responsibilities, and improve the health of Alameda residents.

As part of developing a fresh role for the CAHCD, the Board has started to address some strategic aspects of how to implement their mission and vision for the organization, including what type of leadership will be required to make sure that the District is able to create and manage initiatives that will promote health and wellness in the community.

Several very important steps have been completed. The ***Vision 2015 Final Report and Recommendations*** gives a comprehensive and broad overview of the history, current situation, and possible future for the District. The ***Community Health Liaison Workplan***, completed and published in March 2016, is a more specific blueprint for future activities. The DRAFT ***Executive Director Job Description***, when finalized and approved, is also a great start should the Board proceed with recruiting an Executive Director.

To this effect, the Board is working with HFS Consultants (HFS) to establish a workable framework that will help CAHCD decide the most effective leadership model. This leadership model may include hiring a permanent Executive Director (part-time or full time), hiring a contracted entity to help "start-up" the process of building and refocusing the District's efforts, engaging a management company to provide ongoing leadership and administration, or contracting with a single individual.

METHODOLOGY

HFS met with each Board member and selected other individuals. We suggest further feedback be gathered through emailed surveys, a "town hall" style public meeting with key stakeholders and community leaders invited, and further public feedback at District Board meetings.

The Stakeholders

- CAHCD Board members
- AHS leadership, especially Alameda Hospital leadership
- Community members and leaders

PERCEIVED VERSUS ACTUAL DISTRICT RESPONSIBILITIES

Based on attending the scheduled District meetings and from information received from talking to Board members, there is a need to be clear about the actual responsibilities of the District versus the perception of what the District should be doing. Here are some notable issues we were told or asked about:

- Representing Alameda Hospital at AHS – The community and staff at Alameda Hospital need to be educated on the transition of responsibilities that has taken place over the past year
- Payer contracts issues – The ongoing issue, which is of great concern to the community, reflects the perception that the District Board is involved in decision making relating to direct patient care and access to care or is responsible for the lack of payer contracts
- Presentation of Board Meeting agenda – Based on the flow of the agenda and meetings, where much of the time is spent discussing AHS related reports, it appears as if the District is directly responsible for operational and financial decisions for the Hospital

Some Board members noted that it is likely the District will continue to be seen as a major participant in the running of Alameda Hospital, even if this is no longer the core mission. Educating the community and hospital staff will need to be one of the first tasks that the new leadership may want to concentrate on.

To this effect, there are some strategies that were suggested to help educate the community regarding the role of the District and Board in the future:

- Conduct a town hall style meeting(s) and invite the community to participate to ask questions, express their ideas and learn more about how the District is going to function
- Survey the community and ask for their input on their existing knowledge of the District, learn what matters most to them, and what their expectations of the District Board and leadership might be
- Continue and possibly expand the articles and guest editorials in local media

In the context of HFS's engagement, the above is important because the current environment might affect the leadership choices and possible search. Other factors include upcoming elections of Board members, summer vacation schedules, and budget approval restrictions. These issues may well cause rethinking the timeline for deciding on the appropriate leader, or leadership model.

LEADERSHIP MODELS FOR CAHCD

Part of the best choice for leadership at the District is shaped by the direction that the Board wishes to take in the near future. The following are two possible (but certainly not all) scenarios:

IF…

CAHCD envisions an organization that is a key player in addressing health policy issues or a hub where stakeholders meet and develop a framework for addressing social determinants of health such as education, housing, environment, etc., as well as developing and funding community based programs

THEN…

There will be a need for a seasoned and permanent Executive Director who can use their existing network and community knowledge to work on finalizing a strategic plan, facilitate stakeholders meetings, engage with community representatives, and at the same time develop funding proposals. Given the scale of the job, it is unlikely that it could be accomplished with .50FTE.

IF…

The District decides to more slowly move forward with this initiative, and refocus and readjust their role as they learn more from the community; they might want to engage in a consulting agreement or interim management option.

THEN…

The executive director would be more operational and would build the framework to engage with the community, assess their needs, start to build a network with other organizations at a grass root level. The ED might develop a strategic plan with the Board, based on how the community chooses to engage with the District. This model might also allow for seeking and preparing grants and finding ways to access unrestricted funds that would not affect the overall existing perceived purpose of the parcel tax.

This model would allow the District to assess if the new role/focus of the Board is effective and well received by the community. With this gained experience, the Board might then be in a better position to decide if a permanent executive director would be most efficient.

SUMMARY OF FINDINGS

The initial purpose of interviewing the members of the District Board, and others, was to try to determine what leadership models might work, and to understand key characteristics and expertise that would be expected. During the process, however, it became clear that in order to discuss leadership models, it was important to clarify the scope and trajectory that the District is heading. When this is clear, the Board can choose a model that will be optimal and can be promoted to the community.

HFS interviewed all five Board members, a representative of Alameda Hospital management, and several community members. Based on those discussions, the following key points should be the basis for ongoing discussion and decision about the direction of the District Board and future leadership models for CAHCD:

- There is not full agreement on the availability of funds allocated to community programs. Community based initiatives might be difficult to sustain without new funds being generated or made available.
- The residents of Alameda voted for the tax funds to be allocated to the Hospital and they might need to be educated about the District's new role in order to gain support.
- Several interviewees opined that, although AHS runs the operations of the Hospital, the Board should not separate itself from being perceived as a direct stakeholder for decisions that affect the Hospital and the community.
- Some have expressed some reservations at the possibility of shifting money from the Hospital to fund new community programs.
- Everyone agrees that the residents could benefit from community programs. Repeatedly mentioned were programs directly related to elder care and emergency preparedness.

A very positive note is the unanimous sentiment of Board members to create a workable model and to work positively and constructively with each other. As HFS has stated, this is not always the case in healthcare Districts. It is perhaps the best indicator for a successful outcome. Another positive indicator is the substantial and varied areas of expertise and experience among the Board members. As this is harnessed, is will be a valuable asset for the Board and community.

NEXT STEPS

It is advisable to understand the current environment and address any outstanding community concerns while engaging the community with the District's new focus/direction. Some of those concerns that the Board members shared were the existing contracting issues, staffing issues, funds allocations and upcoming elections.

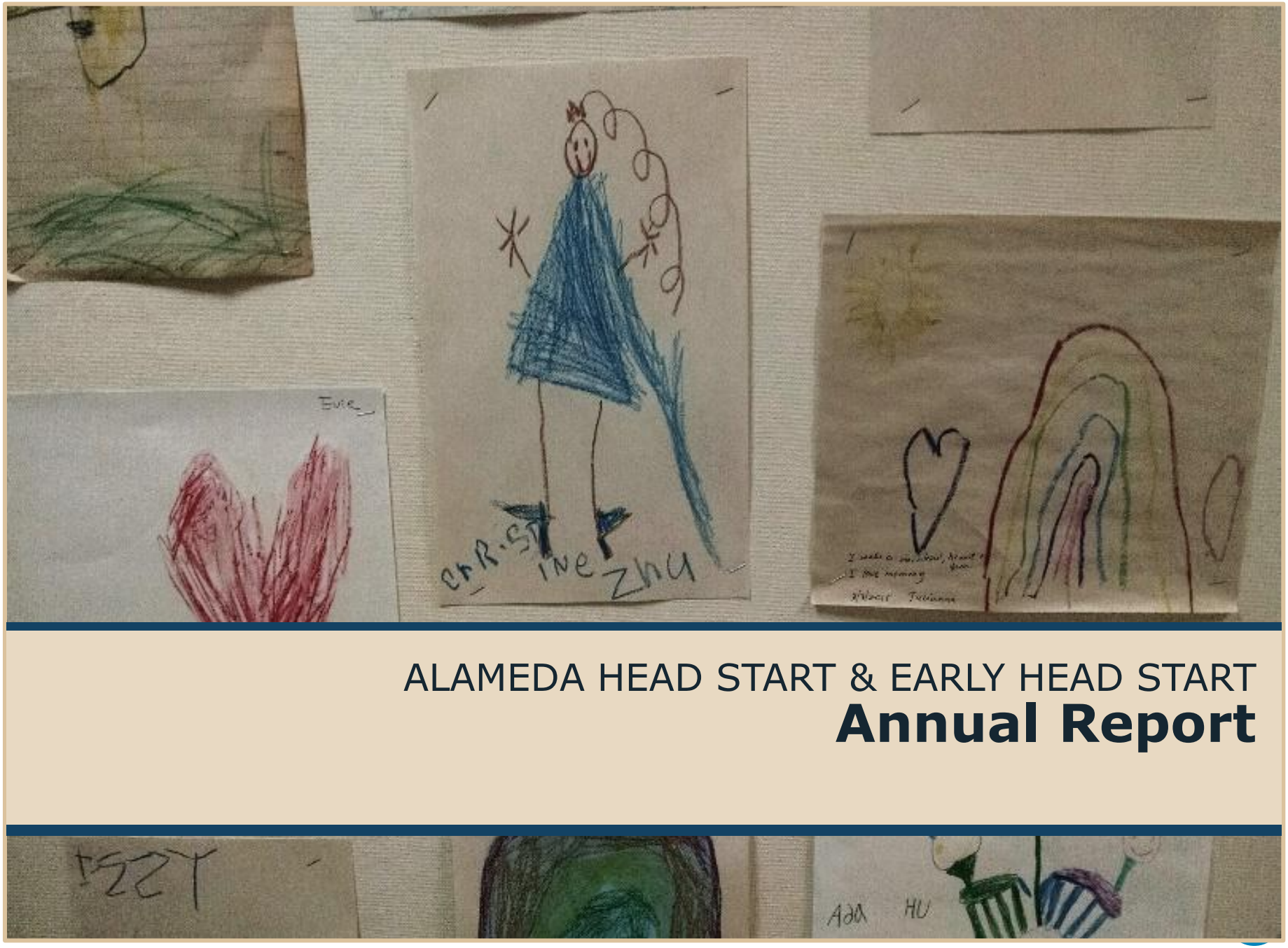
HFS's engagement includes two more steps to support the Board in their efforts. These are:

1) Attend and facilitate a town hall style public meeting for the Board to solicit feedback from the public/residents of Alameda
2) Attend and facilitate a final public District Board meeting where the members of the Board can discuss and decide on the decision for the most effective leadership models and initial input on key characteristics and skill set for the new executive leadership

Prior to and concurrent with the steps above, HFS suggests the District (Board members and staff) solicit input from as many people as possible. We recommend using an email database of Alameda residents and community leaders. CAHCD staff (Kristen Thorsen) has reported the availability of this database and the ability to conduct such a survey.

Thank you.

Handouts and Presentations from October 3, 2016 Meeting



ALAMEDA HEAD START & EARLY HEAD START

Annual Report

Alameda Family Services

Alameda Family Services is a human services organization, active in Alameda and the East Bay, whose programs improve the emotional, psychological and physical health of children, youth, and families.

Comprehensive Services

Alameda Family Services Head Start & Early Head Start offers four different program options that provide comprehensive child development, health and family services to low-income children and their families.

Learning Together - Home Based Program

90 minute weekly home visits & socializations

4 Pregnant Women
8 Infant / Toddlers : 0 - 3 Months

Part-Day Center Based Program

3.5 hours of care 4 days per week for 9 months

32 Toddlers : 18 - 24 Months
70 Preschoolers : 3 - 5 Years

Full-Day Center Based Program

6 - 10 hours of care 5 days a week for 12 months

16 Toddlers : 18 - 36 Months
100 Preschoolers : 3 - 5 Years

Childcare Centers and Locations

5-Year Program Goals

Infant/Toddler Care

Modify and expand services to better meet the needs of expectant parents and families with infant/toddlers living in Alameda and the East Bay.

Expected Impact: *Improved program foundations that increase opportunities for low-income and at-risk families to access responsive high-quality child development program options and comprehensive support services that support continuity of care and school readiness*

Comprehensive Health Care

Increase capacity to support overall health, wellness, and resiliency in our program and community.

Expected Impact*: Improved health, wellness, and resiliency of parents and children that will help sustain developmental and learning gains through third grade.*

Demographics

In 2014-2015, a total of 317 low-income or at-risk pregnant women, children, and their families received Alameda Head Start and/or Early Head Start services.

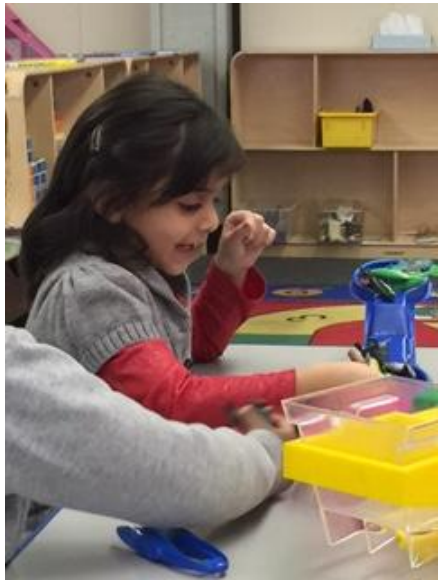
The following represents the ethnic/racial diversity within the program:

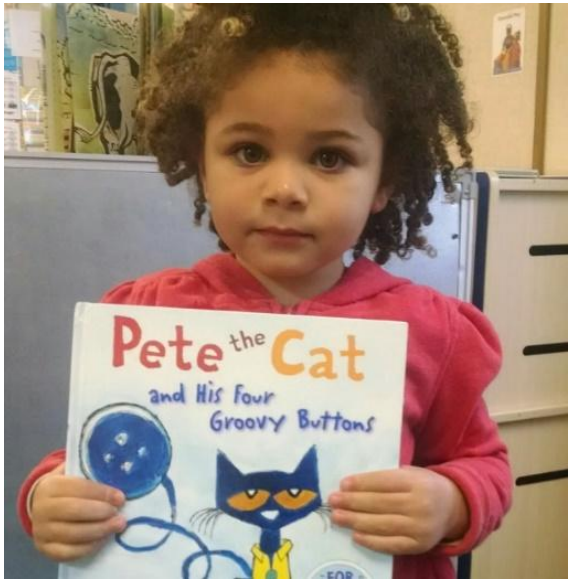
26%	Asian
21%	Black/African American
13%	Caucasian/White
0%	Native American/Alaskan
2%	Pacific Islander/Hawaiian
25%	Bi-Racial/Multi-Racial
13%	Other

Of these children 84 were identified by their parents as Hispanic, and 147 families reported speaking a primary language other than English at home.

Classroom Curriculum

Through the implementation of the Creative Curriculum, Anti-Biased Curriculum, the Center for Social and Emotional Foundations of Early Learning Pyramid Model and developmentally appropriate practices, Alameda Head Start Teachers and Home Visitors promote school readiness in the areas of language and cognitive development, early reading and math skills, social-emotional development, physical development and approaches to learning.





School Readiness

School Readiness Goals are established to ensure that by kindergarten children possess the skills, knowledge, and attitudes necessary for success in school and for later learning and life, and that parents are engaged in the long-term, lifelong success of their child.

By the end of the 2014-2015 program year:

80% of infant/toddlers showed gains in cognitive development.

73% of infant/toddlers made developmental gains in impulse control

77% of preschoolers were better able to express themselves verbally

66% of preschoolers showed gains in developing fine motor skills

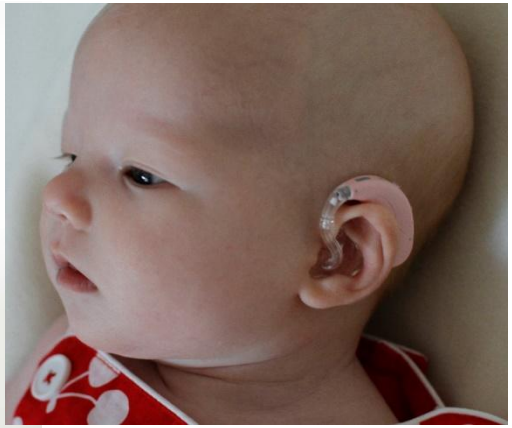
Alameda Head Start and Early Head Start met or exceeded all established SR Goals.

Early Intervention

Prior to enrollment programs must ensure that children are up-to-date on their immunizations in accordance with the recommendations issued by the Centers for Disease Control and Prevention, and in collaboration with each child's parent, and within 45 calendar days of the child's entry into the program must perform screenings to identify concerns regarding a child's developmental, sensory, behavioral, motor, language, social, cognitive, perceptual, and emotional skills .

At the end of the 2014-2015 program year 98.5% of children between the 0-5 were up-to-date on their scheduled immunizations.





Last program year, 99% of newly enrolled children received routine screenings for developmental, sensory and behavioral concerns, of these 135 children received follow-up services.

Mental Health & Disability Services

Programs are to ensure that children with disabilities receive all the services to which they are entitled, and are to secure the services of mental health professionals to enable the timely and effective identification of and intervention in family and staff concerns about a child's mental health.

- 5 infant/toddlers received early intervention services for developmental delays.

- 16% of children ages 3-5 received special education services from Alameda Unified School District.

Of these, 24 children had a speech and/or language impairment, 8 children were diagnosed with autism and 1 child had significant hearing loss.

- 28% children received a mental health consultation.

Of these, 24 children were assessed by a mental health professional. 22 children were referred and 18 received ongoing mental health intervention.

Comprehensive Health Services

In collaboration with the parents and within 90 calendar days from the child's entry into the programs must obtain a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health.

By the August 2015:

- 99% of children enrolled had an ongoing source of continuous, accessible health care.
- 95% of children were up-to-date on preventative and primary health care according to our state's EPSDT.
- 100% of the 75 children with a chronic health condition received medical treatment

The Alameda Head Start Health Advisory Committee has 50 active members who have made significant contributions to our program. Members volunteer their time in supporting the health and well-being of children and families who reside in the city of Alameda.

Chronic Health Conditions

Programs are to work in partnership with parents and health care providers to address chronic health conditions and must create action plans designed to support children both at home and at school.

In program year 2014-2015:

- 39 children were diagnosed and treated for asthma.
- 20 children were identified and treated for anemia.
- 1 child was identified and treated for lead exposure.
- 4 children had vision and/or hearing loss.
- 18 children required restricted diets due allergies.
- 8 children were determined underweight.

Dental Care & Treatment

Programs must assist families with establishing a dental home for all children enrolled. Dental exams must be conducted in accordance with the EPSDT Schedule and must include preventative measures and treatments as recommended by the dental professional.

By August of 2015:

- 93.5% of infant/toddlers receive an oral health screening
- 99% of children had an ongoing source of dental care
- 93% of children had a comprehensive dental exam
- 88% received preventative dental care
- 44 children needed and received dental treatment

Obesity & Trauma

Research on adverse trauma has shown a correlation between emotional childhood experiences (self-regulation of children) and the risk for obesity

Alameda Head Start and Early Head Start children are being impacted by trauma, as evidenced by indicators tracking self-regulation, obesity and family services from data collected and aggregated from July 2014 to August 2015.

- 56 children were found to be overweight or obese.
- Only 39% of 3-5 years old reached Integration target on DRDP-10 measure tracking Impulse Control.
- According to our Family Strength and Needs Assessment 46.8% of parents reported experiencing some form of trauma and/or homelessness.

Health Education

Staff receive training on medication administration, oral health care, universal precautions, blood born pathogens, nutrition, and how to conduct thorough daily health checks.

Children received nutrition, dental hygiene and health education as part of their daily curriculum.

Last year, 248 parents participated in sponsored health education activities.

Family Partnerships & Services

Programs must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. As part of this ongoing partnership, programs must offer parents opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them.

In 2014-2015, Alameda Head Start/Early Head Start developed 288 partnerships with families, assessed individual needs and established goals and provided support services.

Of the families enrolled last year:

- 99% received parenting information and participated in health education activities.
- 21% requested referrals for continuing education and/or additional job training.
- 13% requested and were referred for mental health services.
- 7% received support for child abuse and/or domestic violence.

Homelessness and Crisis Intervention

Programs must work collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family's interests and goals.

By the end of the 2014 program year, 94 families received emergency intervention services to meet immediate needs for food, clothing and shelter.

37 homeless children received Head Start services and 5 families found housing.

Many families were forced to relocated to other communities due to rising rents.

Professional Development

In 2014-2015, Early Head Start staff received training on Creative Curriculum, Partners for a Healthy Baby and evidence-based practices designed to support the social emotional development of young children.

Site Supervisors were training and certified on the Class Assessment Scoring System (CLASS) an observational and professional development tool that supports effective teaching and helps teachers recognize and understand the power of their interactions with students.

During our Annual Pre-Service staff were trained on child protection and reporting, family and community engagement, medication administration, food safety and service, civil rights, and in meeting the needs of Dual Language Learners.

Specific cohorts were created to support teachers in developing expertise in the areas of Center on the Social and Emotional Foundations (CSEFEL), Self Regulation through Movement, Behavioral Support, Infant Attachment and Environmental Health & Safety, Training was also provided to staff on recognizing and understanding the impact of vicarious trauma

Ongoing training opportunities are provided to staff and assistance offered for those working towards college degrees in the field of Early Childhood Education

Annual Budget

Grantee agencies are expected to use federal funds to purchase items and services in the most economical way and to buy only what they need. They are allowed to design their own systems for procurement and use whatever forms and workflow processes that best suit their organizational structure.

Program Budget: July 2014 - June 2015			
Funding Source	**Head Start**	**Early Head Start**	**EHS CCP**
Basic Operations	2,022,599	700,971	272,856
Training & Technical Assistance	29,627	17,525	6,673
Non-Federal Share	513,056	179,624	69,882
Child and Adult Care Food Program	123,081	37,312	AUSD
Total Budget	**2,688,363**	**935,432**	**349,411**

AUDIT & REVIEW RESULTS

1212 CACFP Audit found all areas in compliance.
2012 Federal Review found no program deficits.
2014 AFS Independent Audit found all areas in compliance.

Governance

Programs must establish and maintain a formal structure of shared governance through which parents can participate in policy making or in other decisions about the program.

Policy Council

The Policy Council consists of a parent representatives from each classroom and/or program option. Policy Council Co-Chairs conduct monthly meeting with participation from the AFS Executive Director and the AHS/EHS Program Director.

Alameda Family Services Board of Directors

Officers
Kathy Moehring, Board President
Laurie Bochner, Vice President
Dani Musso, Secretary
Julie Van Buhler, Treasurer

Members
Alysse Castro
Julie Fryckman
Jannett Jackson
Marquita Lilly
Ernie Notar
Malia Vella
Thomasina Woida

At-Large
Jeannie Graham

Policy Council Liaison
Mary McAllister, Co-Chair

Ex-Officio
Paul Rolleri - Alameda Police Department
Claudia Medina - Alameda Unified School District
Katie Hnegger - Family Services League

Alameda Health System

Alameda Healthcare District
Board of Directors
October 3, 2016

David Cox,
Chief Financial Officer

Agenda

- System Financial Performance – August YTD
- Alameda Hospital Performance – FY 2016 - Unaudited
  - Income Statement
  - Patient Activity
  - Payer Mix
- Contracting Status (verbal)

Alameda Health System – August 2016 YTD

- AHS has reported income of $2.6 million through August, just slightly below budget. Patient activity is, in general, ahead of last year but slightly below budget.

- Patient activity, in general, is higher than last year but slightly below budget so far. The major issue is primary and specialty clinic access.

- Favorable revenues are being offset by an unbudgeted pension expense accrual.

- Net patient accounts receivables days increased in August due primarily to billing delays associated with the Soarian Financials system upgrade.

- AHS remains in compliance with the Permanent Agreement and is forecasting compliance at year end.

AHS August 2016 YTD

	Year-To-Date				FY 2016	
	Actual	Budget	Variance	% Variance	YTD	Comments
Net patient service revenue	**105,902**	**103,872**	**2,029**	**2.0%**	**98,552**	Above budget and prior year
Supplemental revenue	**52,777**	**50,562**	**2,215**	**4.4%**	**48,476**	Above budget and prior year
Net operating revenue	**158,679**	**154,434**	**4,245**	**2.7%**	**147,028**	
Salaries and wages	70,066	73,010	2,944	4.0%	67,876	Offset by Registry Below
Employee benefits	33,458	28,183	(5,275)	-18.7%	26,707	GASB 68 Pension Accural
Registry	4,349	957	(3,392)	-354.5%	3,000	Difficulty in hiring permanent staff
Contracted physician services	14,772	11,831	(2,941)	-24.9%	12,683	AHS/AHP Accounting issue
Professional Services	-	234	234	100.0%	-	
Purchased services	12,102	13,452	1,350	10.0%	11,010	
Pharmaceuticals	4,542	4,693	151	3.2%	3,490	
Medical Supplies	5,225	5,452	227	4.2%	5,980	
Materials and supplies	2,191	2,802	611	21.8%	2,603	
Outside medical services	526	470	(56)	-11.9%	366	
General & administrative expenses	2,464	2,789	324	11.6%	2,823	
Repairs/maintenance/utilities	2,679	2,601	(78)	-3.0%	2,672	
Building/equipment leases & rentals	1,333	1,492	159	10.6%	1,587	
Depreciation	2,362	3,008	646	21.5%	2,241	
Total operating expense	**156,070**	**150,973**	**(5,096)**	**-3.4%**	**143,038**	Largely the GASB68 Issue
Operating Income	**2,609**	**3,461**	**(852)**	**-24.6%**	**3,990**	Slighly below budget, but positive
Operating Margin	1.6%	2.2%	-0.6%		2.7%	
EBIDA Margin	3.2%	4.1%	-0.9%		4.1%	
Collection % - NPSR	20.6%	20.1%	0.5%		21.4%	Better than Budget!
Collection % - Total	30.9%	29.9%	1.0%		32.0%	Better than Budget!
Acute discharges	3,445	3,515	(70)	-2.0%	3,373	Below budget, above last year
Acute patient days	16,464	17,983	(1,519)	-8.4%	16,288	Below budget, above last year
Post acute average daily census	295	294	1	0.3%	287	Above budget and last year
Clinic Visits	59,534	64,137	(4,603)	-7.2%	57,199	Below budget, above last year
Paid full time equivalents (FTE)	4,041	4,049	8	0.2%	3,931	ok
Paid FTE's per APD	4.65	4.24	(0.41)	-9.7%	4.38	volume related
Compensation ratio	68.0%	66.1%	-1.8%		66.4%	volume related

Alameda Hospital – Fiscal Year 2016

- Alameda Hospital has reported unaudited operating Income of $13.0 million for the year ending in June 2016, which is a $8.9 million over budget.

- The Inpatient Average Daily Census at the hospital continues to exceed budget and prior year and ED Visits and other outpatient activity was also relatively strong.

- Total Revenues were $108.8 million for the year, 16.0% favorable to budget and well over the prior year. Supplemental Revenue was 93.3% favorable to budget.

- Operating expenses for the year were (6.7%) over budget with a higher than budgeted utilization of registry, purchased services, pharmacy and medical supplies. Expense increases were in line with the overall census and expenses per Unit of Service were well below budget.

- The Commercial Payer Mix, based on Gross Charges, declined from 15.5% in 2015 to 13.3% in 2016, but were are at 10.5% in Q4. The Collection Ratio on these charges improved from about 35% to over 60%. The increases in Payer Mix are primarily in Medicare and Medi-Cal Managed Care.

Alameda Hospital – 2016 Key Statistics

	YTD	BUDGET	VARIANCE	% Var	PYTD
INPATIENT VOLUMES					
Acute Admissions	2,258	2,407	(149)	(6)%	2,322
Acute Patient Days	15,261	11,070	4,191	38 %	11,781
Average daily census	41.7	30.2	11.5	38 %	32.2
EMERGENCY & URGENT CARE					
Total Urgent & Emergent	**17,602**	**16,446**	**1,156**	**7 %**	**17,549**
Total Surgeries	**2,239**	**2,484**	**(245)**	**(10)%**	**2,529**
ANCILLARIES					
Cardiology and Interventional Rad	6,253	6,398	(145)	(2)%	6,252
Clinical Lab & Blood Bank	135,556	129,692	5,864	5 %	139,960
Pharmacy	279,919	238,772	41,147	17 %	264,134
THERAPIES					
Occupational	10,675	8,340	2,335	28 %	-
Physical Therapy	37,062	32,869	4,193	13 %	36,106
Speech Therapy	3,769	2,489	1,280	51 %	3,129
Cardiology and Interventional Rad					
3300-IP EKG Tests	4,910	5,188	(278)	(5)%	5,217
3304-OP EKG Tests	1,343	1,210	133	11 %	1,035
Total Cardiology Volume	6,253	6,398	(145)	(2)%	6,252

Alameda Hospital – Payer Mix

BUSINESS UNITS	QTR-1	QTR-2	QTR-3	QTR-4	YTD Avg	FY 2015 Av	Delta
ALAMEDA HOSPITAL and CLINICS							
INPATIENT							
SELF PAY	3.6%	2.7%	0.0%	1.0%	1.8%	2.3%	-0.5%
INSURANCE	9.7%	8.9%	9.8%	6.7%	8.7%	10.9%	-2.1%
MEDICARE	39.9%	44.2%	46.4%	48.4%	44.9%	42.6%	2.3%
MEDICARE MC	6.2%	5.4%	5.1%	5.6%	5.6%	6.0%	-0.4%
MEDI-CAL	22.1%	27.5%	26.8%	26.0%	25.8%	25.6%	0.2%
MEDI-CAL MC	16.9%	10.3%	10.4%	11.0%	11.9%	11.2%	0.7%
OTHER GOVT	1.6%	1.0%	1.4%	1.2%	1.3%	1.6%	-0.3%
Total	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***0.0%***
OUTPATIENT							
OP SELF PAY	11.3%	10.0%	9.3%	12.2%	10.7%	10.2%	0.5%
OP INSURANCE	25.6%	24.7%	21.6%	18.1%	22.5%	25.8%	-3.2%
OP MEDICARE	33.5%	34.1%	38.1%	34.1%	35.0%	32.5%	2.4%
OP MEDICARE MC	3.9%	3.6%	4.7%	3.9%	4.0%	4.9%	-0.8%
OP MEDI-CAL	2.2%	2.2%	2.5%	2.6%	2.4%	3.1%	-0.7%
OP MEDI-CAL MC	21.2%	23.1%	21.2%	26.0%	22.9%	20.6%	2.3%
OP OTHER GOVT	2.3%	2.3%	2.6%	3.0%	2.6%	3.0%	-0.4%
Total	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***0.0%***
ALAMEDA HOSPITAL COMBINED PAYOR MIX							
SELF PAY	6.5%	5.0%	3.0%	4.8%	4.7%	4.9%	
INSURANCE	15.6%	13.8%	13.5%	10.5%	13.3%	15.9%	
MEDICARE	37.5%	41.1%	43.8%	43.7%	41.6%	39.2%	
MEDICARE MC	5.4%	4.9%	5.0%	5.1%	5.1%	5.6%	
MEDI-CAL	14.7%	19.6%	19.1%	18.2%	18.0%	18.0%	
MEDI-CAL MC	18.5%	14.3%	13.8%	16.0%	15.5%	14.3%	
OTHER GOVT	1.8%	1.4%	1.8%	1.8%	1.7%	2.0%	
Total	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	

Contracting Status

- Now in discussions with all major plans.
- Objective is still to obtain fair market rates.
- Timing is uncertain.
- Continuing issue is the lack of a dedicated primary care network to support Alameda Hospital, and that will be discuss by the AHP Board.

Discussion

Alameda Hospital – Parcel Tax

Alameda Health District - Fiscal 2016 Budget Recommendation	Fiscal 2015 Budget	Fiscal 2016 Proposed	Fiscal 2016 Ending 6/30/16
Estimated parcel tax receipts	**$ 5,784,199**	**$ 5,830,966**	**$ 5,484,222**
District budget allocation	613,527	400,130	-
District Clerk - 1.0 FTE		130,000	143,008
Repayment of loan plus accrued interest	1,598,438	-	-
Repayment of AH Foundation Loan	405,000	-	-
Facilities Projects	231,038	2,870,000	1,790,615
Capital Equipment	1,000,000	2,000,000	2,782,290
Accounts Payable Reduction	1,936,197	-	-
Long Term Capital Reserve	-	430,837	-
Total Uses of Parcel Tax	**$ 5,784,199**	**$ 5,830,966**	**$ 4,715,913**
		Unused allocations	$ 768,310

ALAMEDA
HEALTH SYSTEM

Alameda Hospital – Operating Margin, EBIDA and Overhead Allocation FY2015

	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	FY 2015 YTD
Gross Patient Service Revenue	**27,513**	**33,914**	**34,097**	**40,258**	**34,459**	**35,219**	**35,456**	**34,080**	**36,509**	**37,134**	**33,323**	**31,352**	**413,314**
Deductions from revenues	(20,847)	(27,693)	(27,080)	(33,289)	(28,924)	(22,774)	(28,637)	(28,151)	(29,761)	(30,215)	(28,334)	(21,674)	(327,381)
Net Patient Service Revenue	**6,667**	**6,221**	**7,016**	**6,969**	**5,535**	**12,444**	**6,819**	**5,929**	**6,748**	**6,919**	**4,989**	**9,678**	**85,934**
Measure A, Parcel Tax, Other Support	431	431	431	431	431	431	431	431	431	535	535	535	5,484
Supplemental Programs	713	861	1,251	851	1,693	1,749	1,637	375	1,632	1,273	1,173	4,815	18,024
Other Operating Revenue	29	89	93	87	16	68	15	(32)	14	183	16	161	739
Incentives	-	-	-	-	-	-	11	-	0	-	(1,400)	-	(1,388)
Total Supplemental Revenue	**1,174**	**1,381**	**1,776**	**1,368**	**2,140**	**2,248**	**2,095**	**774**	**2,078**	**1,991**	**325**	**5,511**	**22,860**
Net Operating Revenue	**7,840**	**7,602**	**8,792**	**8,337**	**7,675**	**14,693**	**8,914**	**6,703**	**8,826**	**8,910**	**5,314**	**15,189**	**108,793**
Total operating expenses	**7,301**	**7,910**	**6,565**	**7,744**	**7,717**	**7,765**	**8,308**	**8,877**	**9,986**	**8,210**	**8,249**	**9,507**	**98,138**
Operating Income	**539**	**(308)**	**2,227**	**593**	**(42)**	**6,928**	**606**	**(2,174)**	**(1,160)**	**700**	**(2,935)**	**5,682**	**10,655**
Interest income/(expense) net	-	-	-	-	-	-	-	-	-	(16)	-	-	(16)
Support Services Allocation	(2,519)	(2,729)	(2,263)	(546)	(2,006)	(2,096)	(2,364)	(2,031)	(1,487)	(1,462)	(1,329)	(5,134)	(25,967)
Other Non-operating income(expense)	28	28	29	28	28	28	28	29	37	33	30	7	330
Income	**$ (1,952)**	**$ (3,010)**	**$ (8)**	**$ 75**	**$(2,020)**	**$ 4,860**	**$ (1,731)**	**$ (4,177)**	**$(2,610)**	**$ (746)**	**$(4,234)**	**$ 555**	**$ (14,998)**
Operating Margin	*6.9%*	*-4.1%*	*25.3%*	*7.1%*	*-0.6%*	*47.2%*	*6.8%*	*-32.4%*	*-13.1%*	*7.9%*	*-55.2%*	*37.4%*	*9.8%*
EBIDA Margin	*-23.6%*	*-38.2%*	*1.1%*	*2.1%*	*-25.0%*	*33.8%*	*-17.5%*	*-60.9%*	*-28.5%*	*-7.4%*	*-77.7%*	*4.7%*	*-12.6%*

ALAMEDA
HEALTH SYSTEM

Alameda Hospital – Operating Margin, EBIDA and Overhead Allocation FY2016

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FY 2016 YTD
Gross Patient Service Revenue	**27,513**	**33,914**	**34,097**	**40,258**	**34,458**	**35,219**	**35,456**	**34,080**	**36,509**	**37,134**	**33,323**	**31,352**	**413,314**
Deductions from revenues	(20,847)	(27,693)	(27,080)	(33,289)	(28,924)	(22,774)	(28,637)	(28,151)	(29,761)	(30,215)	(28,334)	(21,674)	(327,381)
Net Patient Service Revenue	**6,667**	**6,221**	**7,016**	**6,969**	**5,535**	**12,444**	**6,819**	**5,929**	**6,748**	**6,919**	**4,989**	**9,678**	**85,934**
Measure A, Parcel Tax, Other Support	431	431	431	431	431	431	431	431	431	535	535	535	5,484
Supplemental Programs	713	861	1,251	851	1,693	1,749	1,637	375	1,632	1,273	1,173	4,815	18,024
Other Operating Revenue	29	89	93	87	16	68	15	(32)	14	183	16	161	739
Incentives	-	-	-	-	-	-	11	-	0	-	(1,400)	-	(1,388)
Total Supplemental Revenue	**1,174**	**1,381**	**1,776**	**1,368**	**2,140**	**2,248**	**2,095**	**774**	**2,078**	**1,991**	**325**	**5,511**	**22,860**
Net Operating Revenue	**7,840**	**7,602**	**8,792**	**8,337**	**7,675**	**14,693**	**8,914**	**6,703**	**8,826**	**8,910**	**5,314**	**15,189**	**108,793**
Total operating expenses	**7,301**	**7,910**	**6,565**	**7,744**	**7,717**	**7,765**	**7,992**	**8,404**	**9,594**	**7,874**	**7,860**	**9,115**	**95,839**
Operating Income	**539**	**(308)**	**2,227**	**593**	**(42)**	**6,928**	**922**	**(1,700)**	**(768)**	**1,036**	**(2,546)**	**6,074**	**12,954**
Interest income/(expense) net	0	0	1	0	1	0	-	1	9	(11)	2	0	3
Support Services Allocation	(2,519)	(2,729)	(2,263)	(546)	(2,006)	(2,096)	(2,364)	(1,778)	(1,487)	(1,462)	(1,329)	(5,134)	(25,713)
Other Non-operating income(expense)	28	28	28	28	28	28	28	28	28	28	28	7	310
Income	**$ (1,952)**	**$ (3,010)**	**$ (8)**	**$ 75**	**$(2,020)**	**$4,860**	**$ (1,415)**	**$(3,450)**	**$(2,218)**	**$ (409)**	**$(3,845)**	**$ 946**	**$(12,445)**
Operating Margin	*6.9%*	*-4.1%*	*25.3%*	*7.1%*	*-0.6%*	*47.2%*	*10.3%*	*-25.4%*	*-8.7%*	*11.6%*	*-47.9%*	*40.0%*	*11.9%*
EBIDA Margin	*-23.6%*	*-38.2%*	*1.1%*	*2.1%*	*-25.0%*	*33.8%*	*-14.0%*	*-50.1%*	*-24.0%*	*-3.6%*	*-70.3%*	*7.2%*	*-10.2%*