



**FINANCE COMMITTEE MEETING
WEDNESDAY, JULY 2, 2025
5:00pm to 7:00pm**

Conference Center Located at Highland Care Pavilion
1411 East 31st Street Oakland, CA 94602
Ronna Jojola Gonsalves, Clerk of the Board
(510) 535-7515

LOCATION:

Open Session: HCP Conference Center, see above address
Teleconference Location: 4501 Pleasanton Avenue, Pleasanton, CA 94566

Members of the public may also participate at the following ZOOM Meeting Link:¹
<https://alamedahealthsystem.zoom.us/j/9361457125?pwd=4JnAmhDnBaLqY4GWf4PQBwp3w0Puy2.1&omn=85416286663>

Meeting ID: 936 145 7125
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FINANCE COMMITTEE MEMBERS

Alan E. Fox, Chair
Greg Garrett
David Sayen
Sblend A. Sblendorio

¹ Log into the meeting at www.zoom.com. You will be directed to download the meeting app (free) if you have not used ZOOM previously. ZOOM meetings may be accessed on computers and portable devices.

NOTE: In the event that a quorum of the Board of Trustees participates on this Committee, the meeting is noticed as a Special Meeting of the Board of Trustees; however, no final Board of Trustees action can be taken.

FINANCE COMMITTEE REGULAR MEETING AGENDA

SPECIAL NOTE: Per Brown Act requirements, Trustees of the Alameda Health System will attend board and committee meetings in person at the location(s) noticed on this agenda. Staff and members of the public may attend either in person at the location noticed on this agenda, or remotely via Zoom, using the link included on this agenda.

Public Comment Instructions

If you attend the meeting in person and wish to address the Board or Committee regarding an item on the agenda or in their purview, please see the Clerk of the Board.

If you attend the meeting remotely and wish to address the Board of Trustees or Committee regarding an item on the agenda or in their purview, send an email to cob@alamedahealthsystem.org PRIOR TO THE START OF THE MEETING. Your comment will be heard at the appropriate time. During the meeting, public comment requests may be submitted to the ZOOM meeting host or the Clerk of the Board, but requests must be submitted prior to the beginning of the public speaker time for that item.

Each speaker, whether in person or remote, will be allotted between one and three minutes to speak, depending on the number of speakers present.

OPEN SESSION / ROLL CALL

PUBLIC COMMENT

A. ACTION: Approval of the Minutes of the April 2, 2025 Finance Committee Meeting

B. INFORMATION / DISCUSSION

B1. Chief Financial Officer Report

Kimberly Miranda, Chief Financial Officer

B1a. AHS May 2025 Financial Report

B1b. St. Rose April 2025 Financial Report

C. ACTION / DISCUSSION

C1. DISCUSSION: Environmental Services Update

Josh Geddis, Director, Environmental Services

C2. DISCUSSION: Entity Financials Review

Kimberly Miranda, Chief Financial Officer

D. ACTION / DISCUSSION: Contracts

D1. Renewal agreement with Alliance HealthCare Services, Inc. dba Alliance HealthCare Radiology for provision of mobile imaging services. The term of this renewal agreement is effective April 23, 2025 through April 22, 2028. The estimated impact of this renewal is \$3,333,044.

Mark Fratzke, Chief Operating Officer

D2. Renewal agreement with CareFusion Solutions, LLC for provision of infusion pumps and supplies. The term of this renewal agreement is effective August 19, 2025 through August 18, 2030. The estimated impact of this renewal agreement is \$7,206,000.

Romoanetia Lofton, Chief Nursing Executive

D3. Renewal agreement with East Oakland Community Project for provision of respite care services. The term of this renewal agreement is effective August 1, 2025 through July 31, 2028. The estimated impact of this agreement is \$1,593,600.

Romoanetia Lofton, Chief Nursing Executive

D4. Renewal agreement with The Regents of the University of California on behalf of the University of California, San Francisco, Department of Neurological Surgery for provision of professional neurosurgery services. The term of this renewal agreement is August 1, 2025 through July 31, 2027. The estimated impact of this renewal agreement is \$7,594,371.

Elizabeth Mahler MD, Chief Medical Officer

E. DISCUSSION: Committee Planning, Issues Tracking

TRUSTEE COMMENTS

ADJOURNMENT

Our Mission

Caring, Healing, Teaching, Serving All

Strategic Vision

AHS will be recognized as a world-class patient and family centered system of care that promotes wellness, eliminates disparities and optimizes the health of our diverse communities.

Values

Compassion, Commitment, Teamwork, Excellence, Integrity, and Respect.

Meeting Procedures

All items appearing on the agenda are subject to action by the Board of Trustees. Staff recommendations are subject to action and change by the Board of Trustees.

The Board of Trustees is the Policy Body of the Alameda Health System. The Board has several standing Committees where Board matters are the subject of discussion at which members of the public are urged to testify. Board procedures do not permit: 1) persons in the audience at a Committee meeting to vocally express support or opposition to statements by Board Members or by other persons testifying; 2) ringing and use of

cell phones, pagers, and similar sound-producing electronic devices; 3) signs to be brought into the meeting or displayed in the room; 4) standing in the meeting room. Citizens are encouraged to testify at Committee meetings and to write letters to the Clerk of the Board or to its members, 1411 East 31st Street Oakland, CA 94602.

Members of the public are advised that all Board and Committee proceedings are recorded (audio), including comments and statements by the public in the course of the meetings. Copies of the audio recordings will be made available to the public. Copies of the agendas and supporting documents can be found here: <http://www.alamedahealthsystem.org/meeting-agendas-and-minutes/>. By attending and participating in Board/Committee meetings, members of the public consent to audio recording of any statements they may make during the proceedings.

Disability Access

The Meeting Rooms are wheelchair accessible. Assistive listening devices are available upon request at the Clerk of the Board's Office. To request accommodation or assistance to participate in the meeting, please contact the Clerk of the Board. Requests made at least 48 hours in advance of the meeting will help to ensure availability.

In order to accommodate persons with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to perfumes and various other chemical-based scented products. Please help us to accommodate these individuals.

The AHS Board of Trustees is committed to protecting the private health information (PHI) of our patients. We ask that speakers refrain from disclosing or discussing the PHI of others. Please also know that, should you decide to disclose your PHI, the Trustees will still likely refer your matter, to the extent it involves PHI, to the executive staff for a confidential review of the facts and for confidential handling. If you would like more information regarding the confidentiality of PHI as it relates to the Health Insurance Privacy and Accountability Act, please refer to 45CFR Section 164.101, et.seq.

A. Approval of the Minutes of the April 2, 2025 Finance Committee Meeting



**FINANCE COMMITTEE MEETING
WEDNESDAY, APRIL 2, 2025
5:00pm to 7:00pm**

Conference Center Located at Highland Care Pavilion
1411 East 31st Street Oakland, CA 94602
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(510) 535-7515

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Open Session: HCP Conference Center, see above address
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FINANCE COMMITTEE MEMBERS

Alan E. Fox, Chair
Greg Garrett
David Sayen
Sblend A. Sblendorio

THE MEETING WAS CALLED TO ORDER AT 5:02 pm

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Alan E. Fox,
Greg Garrett, David Sayen

ABSENT: Sblend Sblendorio, excused

PUBLIC COMMENT:

Felix T. spoke regarding the retirement plans contributing to harm. She appreciated the response from the Retirement Committee. They were still looking for a policy around purchasing at AHS that could cause harm, suggesting the new Chief Mission Integration Officer should work on such a policy.

A. ACTION: Approval of the Minutes of the March 5, 2025 Finance Committee Meeting

Trustee Fox asked if there was any public comment regarding the minutes. Ms. Jojola Gonsalves said there was none.

Trustee Sayen moved and Trustee Garrett seconded to approve the Minutes of the March 5, 2025 Finance Committee meeting.

NOTE: In the event that a quorum of the Board of Trustees participates on this Committee, the meeting is noticed as a Special Meeting of the Board of Trustees; however, no final Board of Trustees action can be taken.

ACTION: A motion was made and seconded to approve the Minutes of the February 5, 2024 Finance Committee meeting. A roll call was taken, and the motion passed.

AYES: Trustees Fox, Garrett, and Sayen

NAYS: None

ABSTENTION: None

B. INFORMATION / DISCUSSION

B1. Chief Financial Officer Report

Kimberly Miranda, Chief Financial Officer

B1a. AHS February 2025 Financial Report

B1b. St. Rose January 2025 Financial Report

Trustee Fox said labor was unfavorable in terms of number of FTEs and cost per discharge. He said CMI (Case Mix Index) was very high in February. He asked to understand how much the variances in length-of-stay and labor relate to the high CMI. Ms. Miranda said she did receive a report that she could share with the Committee in a future meeting.

Trustee Garrett spoke regarding the 40% drop for inpatient surgeries in February and asked if they were adjusting the budget for next year. Ms. Miranda explained the drop was because when they did pain procedures at Alameda Hospital they were counted as surgeries. Now that they have been moved to Highland they were not counted as surgeries. She said they could add a comment about how many procedures were done.

Trustee Fox said professional fees were up 26% from last year and asked if they knew how much of that was from improvement in documentation. Ms. Miranda said that in GRIT they tried to estimate that amount by measuring charges per outpatient visit or non FQ visit and then applying the collection ratio to it.

Trustee Fox said AHS was accruing the difference between the \$72M that was expected from the contract with the County for John George in FY23 and the current contract which is \$49M. If additional funding could not be resolved with the County, it will wipe out the favorable year to date net income variance. Ms. Miranda said AHS's opinion was that they should get another \$11.7M in March for FY24. The current contract was only \$49M and they needed more like \$80M.

Trustee Fox asked if the St. Rose Foundation was willing to have unrestricted dollars to advance. Mr. Fratzke said they were requesting \$2M.

Trustee Garrett asked for clarification about the IGT match being reduced with an additional donation. Ms. Miranda said AHS could donate more of the local share next fiscal year. The County was going to provide \$7M and AHS or someone else could donate more to maximize the IGT available. Ms. Dong said the \$7M was the annual amount for the IGT from Measure A.

C. ACTION / DISCUSSION

C1. DISCUSSION: Budget Guiding Principles and Operating Budget Update

Kimberly Miranda, Chief Financial Officer

Trustee Garrett asked if they were going to budget for extra staff in the areas that have chronic staffing variances. Ms. Miranda said they did not have the revenue to pay for it and could not budget for it. The volumes have not gone up as much as the FTEs have, which is why they had the Staffing Efficiency Program to try to get closer to industry standards. Trustee Garrett said they saw the numbers detailing the FTE variances every single month in the same departments. He understood that they didn't have the budget for them, but yet they were employing them.

Trustee Fox asked for a trend presentation on labor metrics over the last three or four years detailing what the budgets have been and what the actual has been as part of the budget presentation. He wanted to see if the variances were getting better or worse.

C2. DISCUSSION: Pharmacy Services Update

Richard Jajeh, Pharm. D., Director of Pharmacy Services

Nataliya Miller, Pharm. D., Operations Manager, Outpatient Pharmacy

Trustee Fox asked if the fact that they were below industry standard in infusion pump guardrail compliance impacted patient care and outcomes. Mr. Jajeh said they were doing well in those metrics. The new pumps would drive the metric up to where it needed to be.

Trustee Fox asked if there was a return on the \$9M construction project for the Highland outpatient pharmacy. Ms. Miller said there would be. They would be able to leverage the 340B processes and infrastructure as well as add \$2M in revenue. Trustee Fox asked for an analysis a year or so after the build is completed.

Trustee Garrett said he would like to hear, when they come back, about how they adopt AI into the systems and outcomes.

Trustee Sayen asked if they were concerned about the potential impact to the supply chain given the price increases in medications with the tariffs that may go into effect. Mr. Jajeh said they were monitoring the situation. Ms. Miller said they may see an increase in costs, but they would continue to grow volume on the outpatient side.

C3. DISCUSSION: Laboratory Services Update (est. 15 min)

Feuy Saechao, System Director Clinical Laboratory Operations

Trustee Garrett asked if the stat turnaround time performance, which outperformed national standards, happened under current management. Ms. Saechao said it did happen under her leadership.

Trustee Garrett noted that the proficiency testing performance was benchmarked against private and public hospitals. It was important to recognize that that our performance was exceeding that of well-funded private hospitals.

C4. DISCUSSION: Benefits Programs

Catherine Kozul, Director, Total Rewards

Trustee Fox asked how Share the Savings program worked and how utilization management was handled on the larger claims. Ms. Kozul said the utilization management was done through our TPA (Third Party Administrator). And the Share the Savings program provides a monthly stipend to employees who can provide proof that they receive medical insurance elsewhere.

Trustee Garrett argued that they should not have that cap of \$300 for the Share the Savings program, they should match the cost of employee is paying for the program providing their insurance given the savings AHS received from the program.

Trustee Fox asked if there was any incentive for employees to use AHS services vs outside providers on plans they were at risk for. Ms. Kozul said timely access was a concern by some individuals. Mr. Jackson said that on one hand they wanted AHS staff to get their care at AHS because it could give them even more investment in the organization. On the other hand, they were already at capacity and needed to be careful not to make it more difficult for members of the community who had no alternatives to get care.

Trustee Fox asked if the cost presented for the Self Insured Plan included the stop loss premium. Ms. Kozul said it included the stop loss premium and the actual claims cost.

Trustee Garrett asked what percent of the employees were on the self-insured plan vs Kaiser. Ms. Kozul said it was two to one.

D. ACTION / DISCUSSION: Contracts

D1. Amendment with Metropolis California, LLC to reflect service adjustments and associated funding increase for provision of parking services. The term of this amendment is October 1, 2024 through December 31, 2025. The estimated impact of this amendment is \$2,258,508.59.

Mark Fratzke, Chief Operating Officer

Trustee Fox asked if there was any public comment regarding the minutes. Ms. Jojola Gonsalves said there was none.

Trustee Garrett moved and Trustee Fox seconded to approve agenda item D1.

ACTION: A motion was made and seconded to approve agenda item D1. A roll call was taken, and the motion passed.

AYES: Trustees Fox, Garrett, and Sayen

NAYS: None

ABSTENTION: None

E. DISCUSSION: Committee Planning, Issues Tracking

TRUSTEE COMMENTS

ADJOURNMENT: 7:14pm

















B. Chief Financial Officer Report



May 2025 Financial Report

Finance Committee: July 2, 2025

May-2025

Metric	FY2025 Goal YTD	Actual YTD	YTD	Trend Lines
Volume				
Total Adjusted Discharges	29,994	28,630	●	
Total Adjusted Patient Days	322,222	335,017	●	
Revenue Cycle				
Collection Ratio	19.3%	19.3%	●	
Cash as % of Net Revenue	100.0%	101.9%	●	
Gross Days in Patient Receivables	65.0	60.5	●	
Labor				
Productivity %	100.0%	102.3%	●	
Registry as % of Total FTEs	3.8%	4.7%	●	
Total FTEs	4,902	5,143	●	
FTE per Adjusted Discharge	0.16	0.18	●	
*Labor Cost/FTE w/o GASB	\$198,978	\$205,495	●	
Profitability				
Total Cost per Adjusted Discharge	\$44,476	\$50,538	●	
Total Cost per Adjusted Patient Days	\$4,140	\$4,319	●	
Net Income	\$10,123	\$4,080	●	
EBIDA Margin	3.2%	2.9%	●	
NNB (Net Negative Balance)	<\$100M	\$52,400	●	
Net Position	>\$0	-\$75,527	●	
Capital				
Capital Spent	\$31,782	\$15,816	●	
% of Capital Spent		49.8%		

*Labor costs excludes contracted physicians; Includes Registry travel & housing costs

May 2025 Financial Report

Volume Highlights – Part 1

	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Campus: AHS ALL CAMPUS											
Total Adjusted Patient Days	31,278	30,623	655	2.1%	335,017	322,222	12,795	4.0%	320,907	14,110	4.4%
Total Adjusted Discharges	2,586	2,789	(203)	-7.3%	28,630	29,994	(1,364)	-4.5%	29,148	(518)	-1.8%
GENERAL ACUTE											
GA Patient Days	6,387	6,556	(169)	-2.6%	70,916	74,562	(3,646)	-4.9%	73,419	(2,503)	-3.4%
GA Discharges	1,172	1,326	(154)	-11.6%	13,394	15,054	(1,660)	-11.0%	14,406	(1,012)	-7.0%
Average Daily Census	206	211.5	(5.5)	-2.6%	211.7	222.6	(10.9)	-4.9%	218.5	(7)	-3.1%
Average Length of Stay	5.4	4.9	0.5	10.2%	5.3	5	0.3	6.9%	5.1	0	3.9%
Adjusted Patient Days	11,991	11,864	127	1.1%	130,538	127,132	3,406	2.7%	126,839	3,699	2.9%
Adjusted Discharges	2,200	2,400	(200)	-8.3%	24,655	25,668	(1,013)	-3.9%	24,888	(233)	-0.9%
GA CMI MTD	1.610	1.615	(0.006)	-0.4%	1.636	1.596	0.04	2.5%	1.565	0	4.6%
Emergency Visits	9,546	9,570	(24)	-0.3%	100,655	96,265	4,390	4.6%	95,974	4,681	4.9%
Left Without Being Seen (LWBS)	464	735	271	58.4%	6,604	7,407	803	12.2%	7,041	437	6.6%
Trauma Cases	353	296	57	19.3%	3,383	3,189	194	6.1%	3,103	280	9.0%
Observation Equivalent Days	715	254	461	181.2%	7,107	3,005	4,102	136.5%	2,448	4,659	190.3%
IP Surgeries	307	299	8	2.7%	3,331	3,795	(464)	-12.2%	3,609	(278)	-7.7%
OP Surgeries	386	505	(119)	-23.5%	4,555	4,785	(230)	-4.8%	4,709	(154)	-3.3%
Total Surgeries	693	804	(111)	-13.8%	7,886	8,580	(694)	-8.1%	8,318	(432)	-5.2%
Deliveries	114	132	(18)	-13.6%	1,430	1,365	65	4.7%	1,420	10	0.7%
PSYCH											
Psych Patient Days	2,101	1,973	128	6.5%	21,761	22,231	(470)	-2.1%	21,938	(177)	-0.8%
Psych Discharges	229	217	12	5.5%	2,290	2,443	(153)	-6.3%	2,425	(135)	-5.6%
Average Daily Census	67.8	63.6	4	6.4%	65	66.4	(1.4)	-2.1%	65.3	(0)	-0.5%
Average Length of Stay	9.2	9.1	(0.1)	-1.1%	9.5	9.1	(0.4)	-4.4%	9	(1)	-5.0%
Adjusted Patient Days	2,472	2,373	99	4.2%	25,974	26,409	(435)	-1.6%	26,004	(30)	-0.1%
Adjusted Discharges	269	261	8	3.1%	2,731	2,902	(171)	-5.9%	2,875	(144)	-5.0%
PES Equivalent Days	819	568	251	44.2%	7,648	7,489	159	2.1%	7,366	281	3.8%
REHAB											
Rehab Patient Days	676	731	(55)	-7.5%	7,708	7,898	(190)	-2.4%	7,332	376	5.1%
Rehab Discharges	56	53	3	5.7%	575	568	7	1.2%	536	39	7.3%
Average Daily Census	21.8	23.6	(1.8)	-7.5%	23	23.6	(0.6)	-2.4%	21.8	1	5.4%
Average Length of Stay	12.1	13.9	(1.8)	-13.2%	13.4	13.9	(0.5)	-3.6%	13.7	(0)	-2.0%
Adjusted Patient Days	676	731	(55)	-7.5%	7,708	7,898	(190)	-2.4%	7,332	376	5.1%
Adjusted Discharges	56	53	3	5.7%	575	568	7	1.2%	536	39	7.3%

May 2025 Financial Report

Volume Highlights – Part 2

	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
SNF with Sub-Acute											
SNF Patient Days	8,577	8,546	31	0.4%	92,150	92,349	(199)	-0.2%	91,610	540	0.6%
SNF Discharges	10	26	(16)	-61.5%	195	279	(84)	-30.0%	281	(86)	-30.6%
Average Daily Census	276.7	275.7	1	0.4%	275.1	275.7	(0.6)	-0.2%	272.6	2	0.9%
Average Length of Stay	857.7	331.4	526	158.8%	472.6	331.4	141.2	42.6%	326	147	45.0%
Adjusted Patient Days	8,848	8,836	12	0.1%	94,983	95,446	(463)	-0.5%	94,562	421	0.4%
Adjusted Discharges	10	27	(17)	-63.0%	201	288	(87)	-30.2%	290	(89)	-30.7%
Bed Holds	80	78	2	2.4%	927	1031.56	(105)	-10.1%	945	(18)	-1.9%
CLINICVISITS											
Clinic Visits	28,644	29,237	(593)	-2.0%	317,213	297,120	20,093	6.8%	296,671	20,542	6.9%
Telehealth Visits	5,992	6,519	(527)	-8.1%	62,260	63,831	(1,571)	-2.5%	63,609	(1,349)	-2.1%
FQHC Visits											
Clinic Visits	24,204	25,079	(875)	-3.5%	265,817	253,118	12,699	5.0%	251,466	14,351	5.7%
Telehealth Visits	5,023	5,506	(483)	-8.8%	52,295	54,059	(1,764)	-3.3%	53,672	(1,377)	-2.6%
Non-FQHC Visits											
Clinic Visits	4,440	4,158	282	6.8%	51,396	44,002	7,394	16.8%	45,205	6,191	13.7%
Telehealth Visits	969	1,013	(44)	-4.3%	9,965	9,772	193	2.0%	9,937	28	0.3%
Physician wRVU	135,633	136,477	(844)	-0.6%	1,569,475	1,354,249	215,226	15.9%	1,281,512	287,963	22.5%
PAYOR MIX											
Insurance %	6.3%	7.3%	-1.0%	-14.1%	6.8%	7.3%	-0.5%	-6.9%	6.8%	-0.1%	-0.7%
Medi-Cal %	7.3%	13.0%	-5.7%	-43.8%	8.7%	13.1%	-4.4%	-33.4%	18.0%	-9.3%	-51.5%
Medi-Cal MC %	53.3%	45.9%	7.4%	16.1%	51.8%	45.5%	6.3%	13.8%	42.1%	9.8%	23.2%
Medicare %	22.7%	19.7%	3.0%	15.3%	21.3%	20.0%	1.3%	6.4%	20.6%	0.7%	3.2%
Medicare MC %	6.6%	6.8%	-0.2%	-3.1%	7.1%	6.9%	0.2%	2.5%	6.7%	0.4%	5.3%
Other Govt %	1.5%	4.0%	-2.6%	-63.8%	1.8%	3.8%	-2.1%	-54.4%	2.9%	-1.2%	-40.5%
Self-Pay %	2.5%	3.4%	-0.9%	-27.2%	2.5%	3.3%	-0.8%	-23.3%	2.8%	-0.3%	-10.0%
Total Payor Mix %	100.0%	100.0%	0.0%	0.0%	100.00%	100.00%	0.00%	0.0%	100.0%	0.0%	0.0%

- Favorable YTD revenue variance of \$110.2M.
 - Higher volumes for outpatient and professional fees resulting in higher net patient revenue (\$46.0M). Collections at than plan.
 - Distinct Part Nursing Facility Pass-Through CY23, new supplemental program (\$19.2M).
 - EPP FY25 accrual increased based on CMS pre-print notification (\$9.2M).
 - QIP FY25 accrual increased based on CMS pre-print notification (\$23.2M).
 - FEMA revenue based on paid claims (\$5.8M).
- Unfavorable YTD expense variance of \$112.9M.
 - Labor costs unfavorable (\$81.5M) - FTE utilization higher than planned (241 FTE, \$36.3M), higher wage rates (\$20.4M), and higher benefit/retirement (\$24.8M).
 - St. Rose Hospital contribution for IGT funding (\$12.2M) and prior year settlements (\$2.1M).
 - Materials and supplies driven by volumes

	May 2025				Year-To-Date				FY 2024	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	\$ 128,078	\$ 125,245	\$ 2,833	2.3%	\$ 1,455,158	\$ 1,344,927	\$ 110,231	8.2%	\$ 1,308,089	11.2%
Operating expense	135,063	123,258	(11,805)	(9.6)%	1,446,907	1,334,037	(112,870)	(8.5)%	1,319,653	(9.6)%
Operating income (loss)	(6,985)	1,987	(8,972)	(451.5)%	8,251	10,890	(2,639)	(24.2)%	(11,564)	171.4%
Other non-operating activity	(241)	(80)	(161)	(201.3)%	(4,171)	(767)	(3,404)	(443.8)%	(2,156)	(93.5)%
Net Income (loss)	\$ (7,226)	\$ 1,907	\$ (9,133)	(478.9)%	\$ 4,080	\$ 10,123	\$ (6,043)	(59.7)%	\$ (13,720)	129.7%
EBIDA adjustments	2,506	2,086	420		38,472	32,606	5,866		38,096	
EBIDA	\$ (4,720)	\$ 3,993	\$ (8,713)		\$ 42,552	\$ 42,729	\$ (177)		\$ 24,376	
Operating Margin	(5.5)%	1.6%	(7.1)%		0.6%	0.8%	(0.2)%		(0.9)%	
EBIDA Margin	(3.7)%	3.2%	(6.9)%		2.9%	3.2%	(0.3)%		1.9%	

- Gross patient service revenue is favorable driven by outpatient and professional services.
 - General acute inpatient days below budget; Length of Stay (LOS) exceeding budget and PY.
 - CMI at budget and higher YTD by 2.5%.
 - Trauma 19.4% above budget and 6.1% YTD.
 - Inpatient surgery 2.7% above budget and below 12.2% YTD.
 - Observation exceeded budget at HGH, SLH, and AH.
 - ED visits 0.3% below budget and above 4.6% YTD.
 - Outpatient surgery unfavorable 23.5% and 4.8% YTD.
 - SNF and JGP census exceeding budget.
 - SLH Rehab census below budget by 7.5%
- NPSR Collection ratio approximates budget for month and YTD.

	May 2025				Year-To-Date				FY 2024	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	\$ 220,049	\$ 216,330	\$ 3,719	1.7%	\$ 2,362,240	\$ 2,415,083	\$ (52,843)	(2.2)%	\$ 2,295,543	2.9%
Outpatient service revenue	152,886	139,963	12,922	9.2%	1,586,852	1,376,590	210,262	15.3%	1,344,289	18.0%
Professional service revenue	43,390	41,089	2,301	5.6%	471,543	400,527	71,017	17.7%	396,733	18.9%
Gross patient service revenue	416,325	397,383	18,942	4.8%	4,420,636	4,192,199	228,437	5.4%	4,036,565	9.5%
Deductions from revenue	(335,619)	(320,854)	(14,765)	(4.6)%	(3,565,596)	(3,383,150)	(182,446)	(5.4)%	(3,267,501)	9.1%
Net patient service revenue	80,706	76,529	4,177	5.5%	855,039	809,049	45,991	5.7%	769,064	(11.2)%
Collection % - NPSR	19.4%	19.3%	0.1%		19.3%	19.3%	0.0%		19.1%	
Capitation and HPAC	4,626	4,136	489	11.8%	50,790	45,500	5,290	11.6%	45,760	11.0%
Other government programs	36,303	40,060	(3,757)	(9.4)%	491,811	440,660	51,151	11.6%	441,105	11.5%
Other operating revenue	6,443	4,520	1,924	42.6%	57,518	49,718	7,801	15.7%	52,160	10.3%
Total operating revenue	\$ 128,078	\$ 125,245	\$ 2,833	2.3%	\$ 1,455,158	\$ 1,344,926	\$ 110,232	8.2%	\$ 1,308,089	11.2%

- Other government programs unfavorable from Measure A FY2025 Q3 (\$4.4M), CalAIM (\$0.3M) offset by Parcel Tax (\$1.0M). YTD, significant favorable variances are from SNF DP-NF CY2023 (\$19.3M), QIP CY2023/CY2025 (\$24.7M), EPP CY2023/CY2025 (\$12.1M), FEMA (\$5.8M), offset by AB915 FY2024 (\$4.0), Prop 56 recoupment 1/01/22 through 10/14/24 (\$1.9M), SNF Supplemental FY2020 recoupment (\$1.3M), and Measure A Q1-Q3 (\$5.7M). So far, AHS has received FEMA COVID recovery totaling \$6.9M.
- Other operating revenue favorable from SRH management fees for November 2024 through May 2025 (\$1.9M), retail pharmacy receipts (\$0.3M) offset by timing differences in grant and other operating revenue (\$0.3M). YTD, higher retail pharmacy receipts (\$6.1M), SRH management fee November 2024 through May 2025 not included in budget (\$1.9M), grant revenue (\$3.5M) offset by timing differences in other operating revenue (\$1.2M) and recording of payor settlements into NPSR (\$2.5M).

	May 2025				Year-To-Date				FY 2024	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Net patient service revenue	80,706	76,529	4,177	5.5%	855,039	809,049	45,991	5.7%	769,064	(11.2)%
Capitation and HPAC	4,626	4,136	489	11.8%	50,790	45,500	5,290	11.6%	45,760	11.0%
Medi-Cal Waiver	9,054	9,289	(235)	(2.5)%	102,120	102,180	(61)	(0.1)%	89,683	13.9%
Measure A and parcel tax	9,435	12,785	(3,350)	(26.2)%	137,546	140,639	(3,093)	(2.2)%	140,834	(2.3)%
Supplemental Programs	17,814	17,986	(171)	(1.0)%	252,144	197,841	54,303	27.4%	210,588	19.7%
Covid-19	-	-	-	0.0%	-	-	-	0.0%	-	0.0%
Other government programs	36,303	40,060	(3,757)	(9.4)%	491,810	440,660	51,150	11.6%	441,105	11.5%
Grant Revenue	933	986	(54)	(5.4)%	14,384	10,850	3,534	32.6%	14,030	2.5%
Other Operating Revenue	5,511	3,533	1,977	56.0%	43,134	38,867	4,267	11.0%	38,130	13.1%
Other operating revenue	6,443	4,520	1,924	42.6%	57,518	49,718	7,801	15.7%	52,160	10.3%
Total operating revenue	\$ 128,078	\$ 125,245	\$ 2,833	2.3%	\$ 1,455,157	\$ 1,344,926	\$ 110,231	8.2%	\$ 1,308,089	11.2%

- Physician contract services at budget with offsetting variances under \$0.1M by specialty. YTD, unfavorable with negative variances over \$0.4M in General Surgery, OMFS, Hospitalist, Psychiatry, Neurosurgery, Radiology, and Rehab.
- Purchased services unfavorable from outside medical services (\$0.4M), software licenses (\$0.3M), clinical services (\$0.2M), security (\$0.2M), and remaining variance (\$0.3M) spread across many cost centers. YTD, unfavorable from security (\$1.2M), emergency food/shelter (\$1.0M), clinical services (\$0.9M), software licenses (\$0.8M), laundry (\$0.6M), refuge services (\$0.5M), interpretive services (\$0.2M) offset by favorable management consultants (\$0.4M) and billing/collection fees (\$0.4M).
- Material and supplies unfavorable from pharmaceuticals (\$0.8M), surgical/medical supplies (\$0.2M) offset by non-medical supplies (\$0.1M). YTD, unfavorable from pharmaceuticals (\$3.9M), retail pharmaceuticals (\$3.1M), surgical/medical supplies (\$2.1M), and non-medical supplies (\$0.2M). The retail pharmacy has a positive margin.

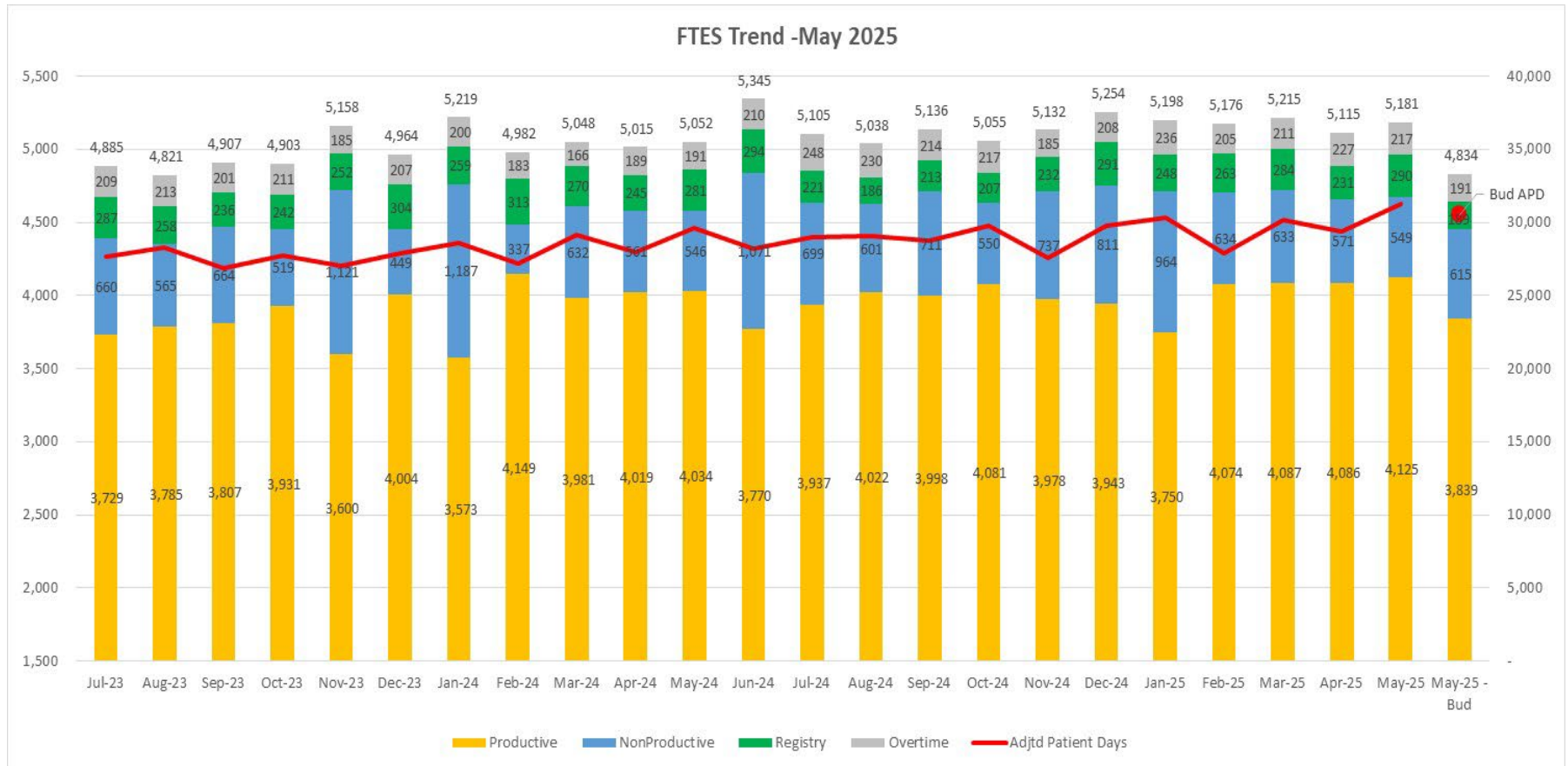
	May 2025				Year-To-Date				FY 2024	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 99,388	\$ 90,794	\$ (8,594)	(9.5)%	\$ 1,056,888	\$ 975,390	\$ (81,498)	(8.4)%	\$ 958,790	(10.2)%
Physician contract services	3,377	3,358	(19)	(0.6)%	38,797	36,940	(1,857)	(5.0)%	43,618	11.1%
Purchased services	9,843	8,414	(1,429)	(17.0)%	96,154	91,789	(4,365)	(4.8)%	94,818	(1.4)%
Materials and supplies	13,595	12,682	(913)	(7.2)%	141,799	132,466	(9,333)	(7.0)%	126,741	(11.9)%
Facilities	3,755	3,451	(304)	(8.8)%	35,750	37,524	1,774	4.7%	34,350	(4.1)%
Depreciation and amortization	2,254	1,993	(261)	(13.1)%	34,564	31,699	(2,865)	(9.0)%	35,797	3.4%
General and administrative	2,851	2,566	(285)	(11.1)%	42,955	28,229	(14,726)	(52.2)%	25,539	(68.2)%
Total operating expense	\$ 135,063	\$ 123,258	\$ (11,805)	(9.6)%	\$ 1,446,907	\$ 1,334,037	\$ (112,870)	(8.5)%	\$ 1,319,653	(9.6)%

- Facilities unfavorable from timing of building/equipment repairs (\$0.6M) offset by utilities (\$0.3M). YTD, favorable due to timing of facility/equipment repairs (\$1.2M), utilities (\$0.4M), and rental equipment (\$0.2M).
- Depreciation and amortization unfavorable from lease/software amortization (\$0.3M). YTD, unfavorable from timing of lease/software amortization (\$2.8M) and building/equipment depreciation (\$0.1M).
- General and administrative favorable from insurance (\$0.2M) and other expenditures (\$0.1M). YTD, unfavorable from St. Rose Hospital contribution (\$12.2M), settlements (\$2.1M), insurance (\$1.6M) offset by lower legal fees (\$0.4M), recruiting (\$0.4M), and remaining variance (\$0.4M) is spread across many cost centers.

	May 2025				Year-To-Date				FY 2024	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 99,388	\$ 90,794	\$ (8,594)	(9.5)%	\$ 1,056,888	\$ 975,390	\$ (81,498)	(8.4)%	\$ 958,790	(10.2)%
Physician contract services	3,377	3,358	(19)	(0.6)%	38,797	36,940	(1,857)	(5.0)%	43,618	11.1%
Purchased services	9,843	8,414	(1,429)	(17.0)%	96,154	91,789	(4,365)	(4.8)%	94,818	(1.4)%
Materials and supplies	13,595	12,682	(913)	(7.2)%	141,799	132,466	(9,333)	(7.0)%	126,741	(11.9)%
Facilities	3,755	3,451	(304)	(8.8)%	35,750	37,524	1,774	4.7%	34,350	(4.1)%
Depreciation and amortization	2,254	1,993	(261)	(13.1)%	34,564	31,699	(2,865)	(9.0)%	35,797	3.4%
General and administrative	2,851	2,566	(285)	(11.1)%	42,955	28,229	(14,726)	(52.2)%	25,539	(68.2)%
Total operating expense	\$ 135,063	\$ 123,258	\$ (11,805)	(9.6)%	\$ 1,446,907	\$ 1,334,037	\$ (112,870)	(8.5)%	\$ 1,319,653	(9.6)%

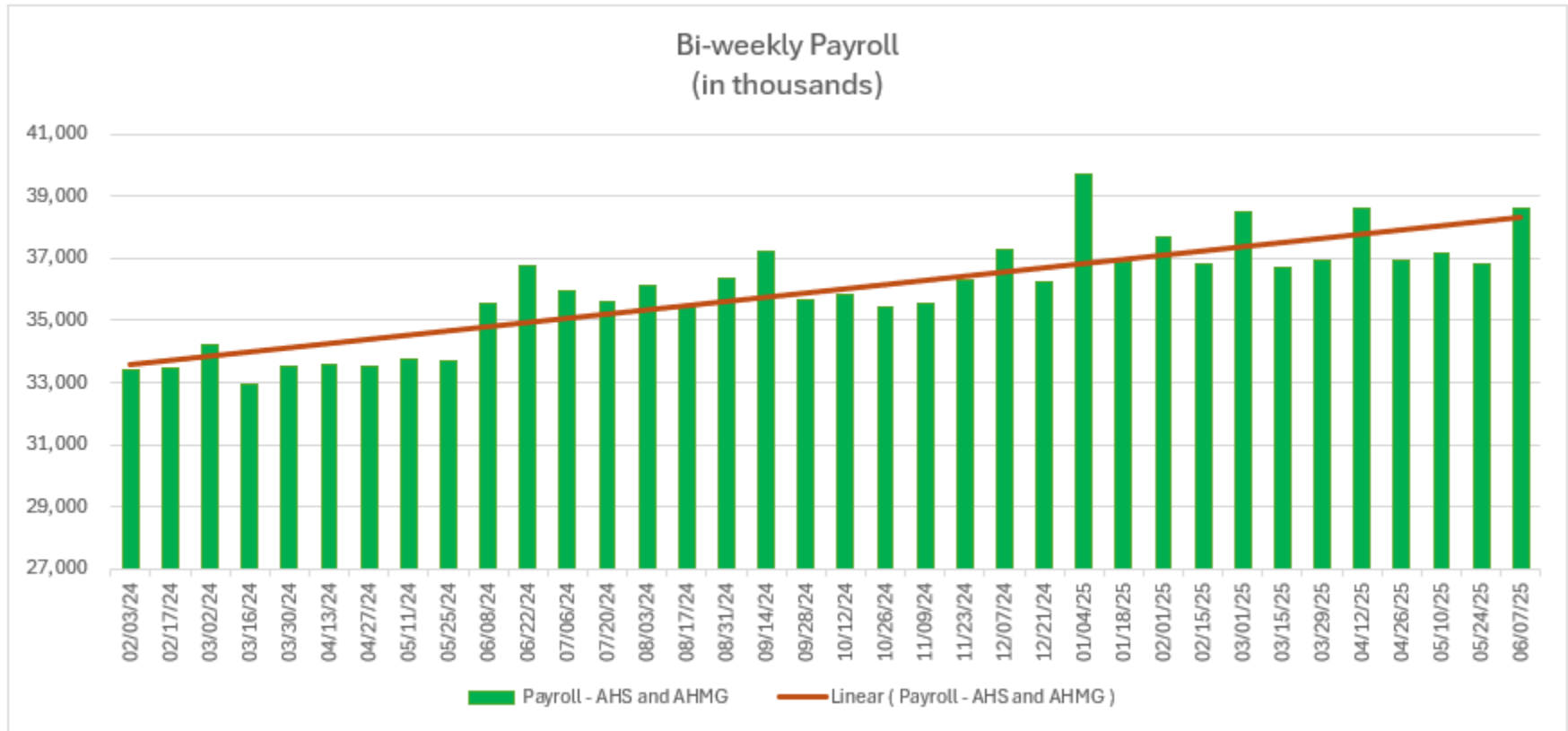
- Staff, physician and registry labor costs were unfavorable to budget by \$4.6 million and 6.8% driven by higher FTE volume (347 FTEs/\$4.9 million) and lower rates (\$0.2 million). Implementation of UKG and registry clocking in causing monthly fluctuations.
- YTD, staff, physician and registry labor costs were unfavorable to budget by \$56.7 million and 7.7% driven by higher FTE volume (241 FTEs/\$36.3 million) and higher rates (\$20.4million).
 - Budget was understated approximately \$7.4 million for the year due to higher than budget raises provided to staff and underestimating PTO and holiday pay.
 - YTD registry is 53 FTE over budget. Demand for registry continues; however, overall rates have decreased from pandemic levels.
 - YTD physician FTEs are unfavorable by 15 FTE as the result of recruiting. Physician salaries included the payout of the paternity benefit under the SEIU MOU of \$1.6 million.
- Employee Benefits unfavorable from self-funded health (\$2.7M month, \$10.2M YTD), FICA (\$0.4M month, \$6.3M YTD), workers compensation (\$0.1M month, \$1.2M YTD) offset by other benefit plans (\$0.3M month, \$2.3M YTD).
- Retirement unfavorable from ACERA (\$0.8M) and other AHS plans (\$0.3M). YTD, ACERA (\$5.8M), AHS plan (\$3.2M) and AHMG (\$0.5M) exceed budget.

	May 2025				Year-To-Date				FY 2024	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	\$ 58,017	\$ 54,305	\$ (3,712)	(6.8)%	\$ 631,190	\$ 588,449	\$ (42,741)	(7.3)%	\$ 570,910	(10.6)%
Salaries and wages (physicians)	10,378	9,568	(810)	(8.5)%	114,330	103,516	(10,814)	(10.4)%	97,972	(16.7)%
Registry	4,252	4,132	(120)	(2.9)%	47,399	44,284	(3,115)	(7.0)%	58,512	19.0%
Employee benefits (taxes, insurance)	18,351	15,472	(2,879)	(18.6)%	176,359	160,989	(15,370)	(9.5)%	151,589	(16.3)%
Retirement	8,390	7,317	(1,073)	(14.7)%	87,610	78,152	(9,458)	(12.1)%	79,807	(9.8)%
Total labor costs	\$ 99,388	\$ 90,794	\$ (8,594)	(9.5)%	\$ 1,056,888	\$ 975,390	\$ (81,498)	(8.4)%	\$ 958,790	(10.2)%
Compensation ratio	77.6%	72.5%	-5.1%		72.6%	72.5%	-0.1%		73.3%	
Paid FTEs	5,181	4,834	(347)	(7.2)%	5,143	4,902	(241)	(4.9)%	5,001	(2.8)%



For the month,

- Paid FTEs exceeded budget by 347 (5,181-4,834) and 7.2% for the month.
- Higher hours in productive, overtime, and registry offset by lower hours in non-productive hours.
- Total adjusted patient days above budget 2.5%; total adjusted discharges below budget by 7.3%.



- Average payroll in FY2024 was \$33.4M; FY2025 was \$37.1M.
- 11.1% increase between fiscal years; equating to an additional \$96.3M.
 - FTEs in FY2024 was 5,022; FY2025 was 5,143, increase of 121 FTE.
- Defined pension (GASB), AIPLS, paternity, and significant retro adjustments not included.
- Government fee schedules are not rising at the same rate as costs.

May 2025 Financial Report

Physician Expenses Variance

Budget Variances by Physician Specialty (in thousands)

Specialty	Current Month - May 2025			Year to Date		
	Salaries	Contract	Total	Salaries	Contract	Total
Radiology	(162)	(57)	(220)	(2,306)	(358)	(2,664)
Hospitalist	(134)	(39)	(173)	(1,225)	(510)	(1,735)
ED	(123)	0	(123)	(1,385)	(62)	(1,447)
Cardiology	(99)	9	(90)	(909)	87	(822)
Orthopedic	(98)	60	(37)	(1,218)	446	(772)
General Surgery	0	(52)	(52)	0	(633)	(633)
Rehab	(18)	(9)	(26)	(153)	(426)	(579)
Psychiatry	(22)	(4)	(26)	55	(535)	(480)
Hospice	(50)	0	(50)	(442)	0	(442)
Nephrology	(45)	3	(42)	(384)	(24)	(408)
Pediatrics	(24)	(2)	(26)	(381)	(16)	(397)
General Dentistry	(68)	0	(68)	(375)	1	(374)
Neurosurgery	0	(64)	(64)	0	(366)	(366)
Wellness Centers	30	(3)	27	(208)	(131)	(339)
OB/GYN	136	(6)	130	(179)	(143)	(321)
Pulmonology	(29)	17	(12)	(461)	147	(314)
OMFS	51	(39)	12	290	(581)	(291)
Medical Oncology	0	0	0	0	(281)	(281)
Anesthesia	(60)	0	(60)	(78)	(119)	(197)
Pathology	(14)	0	(14)	(170)	0	(170)
Podiatry	(5)	0	(5)	(164)	0	(164)
Plastic Surgery	(22)	0	(22)	(108)	0	(108)
Gastroenterology	(2)	0	(2)	(102)	0	(102)
Other	(51)	167	116	(913)	1,648	735
	<u>\$ (810)</u>	<u>\$ (19)</u>	<u>\$ (828)</u>	<u>\$ (10,814)</u>	<u>\$ (1,857)</u>	<u>\$ (12,671)</u>

*Variances less than (\$100k) in "Other"

- Days in Cash are 3.0 and higher than year-end; typically, run below 5.0 days.
- Gross AR Days decreased 3.1 days and Net AR Days increased 5.2 days. See next slide for additional detail.
- Days in Accounts Payable decreased due to timing of check run. The target is 30 days. The % of AP over 60 days consistent with prior month at 3%.
- Net Position is negative \$75.5M and improved \$5.1M from June 30, 2024 reflecting YTD Net Income.
- Net Negative Balance is a receivable of \$52.4M. NNB consists of the liquidity facility (receivable) of \$25.3M increased by the restricted cash of \$27.1M; and is expected to be below the June 30, 2025 credit ceiling of \$100.0M at the end of the fiscal year.

	May-25	Apr-25	FY 2024
Days in cash	3.0	2.7	1.3
Gross days in patient receivable	60.5	63.6	69.0
Net days in patient receivable	44.7	39.5	41.1
Due from/(to) third-party payors	\$ 106,014	\$ 131,400	\$ 145,333
Due from/(to) County	\$ 22,606	\$ 19,002	\$ 24,800
Days in accounts payable	31.5	34.5	39.3
% of AP over 60 days	3.0%	3.0%	10.6%
Net position - fund balance/(deficit)	\$ (75,526)	\$ (68,300)	\$ (80,622)
Net negative balance - receivable/(payable)	\$ 52,400	\$ 33,609	\$ 21,227

Trending Graph

AR Summary - Total AR - Days

Mar 26 2025 - Jun 23 2025

Min: 64.3 Max: 69.9 Most Recent: 69.6

Hospital RCM

AR Days Target (Huron) = 57.0

May 2025 AR Days = 64.6



Hospital Revenue Cycle Key Indicators

- HB AR Days decreased by 1.1 days compared to prior month. April AR Days 65.7, May AR Days 64.6
- May collections were \$62.3M. Consistent with the prior twelve months at \$62.4M.
- Candidate for Billing (CFB) was increased by 0.2 days. April CFB was 8.6 and May CFB ended at 8.8 days.

Trending Graph

Total Active AR - Days

Mar 26 2025 - Jun 23 2025

Min: 32.0 Max: 40.0 Most Recent: 39.5

Professional RCM

AR Days Target (Huron) = 33.0

May 2025 AR Days = 36.6



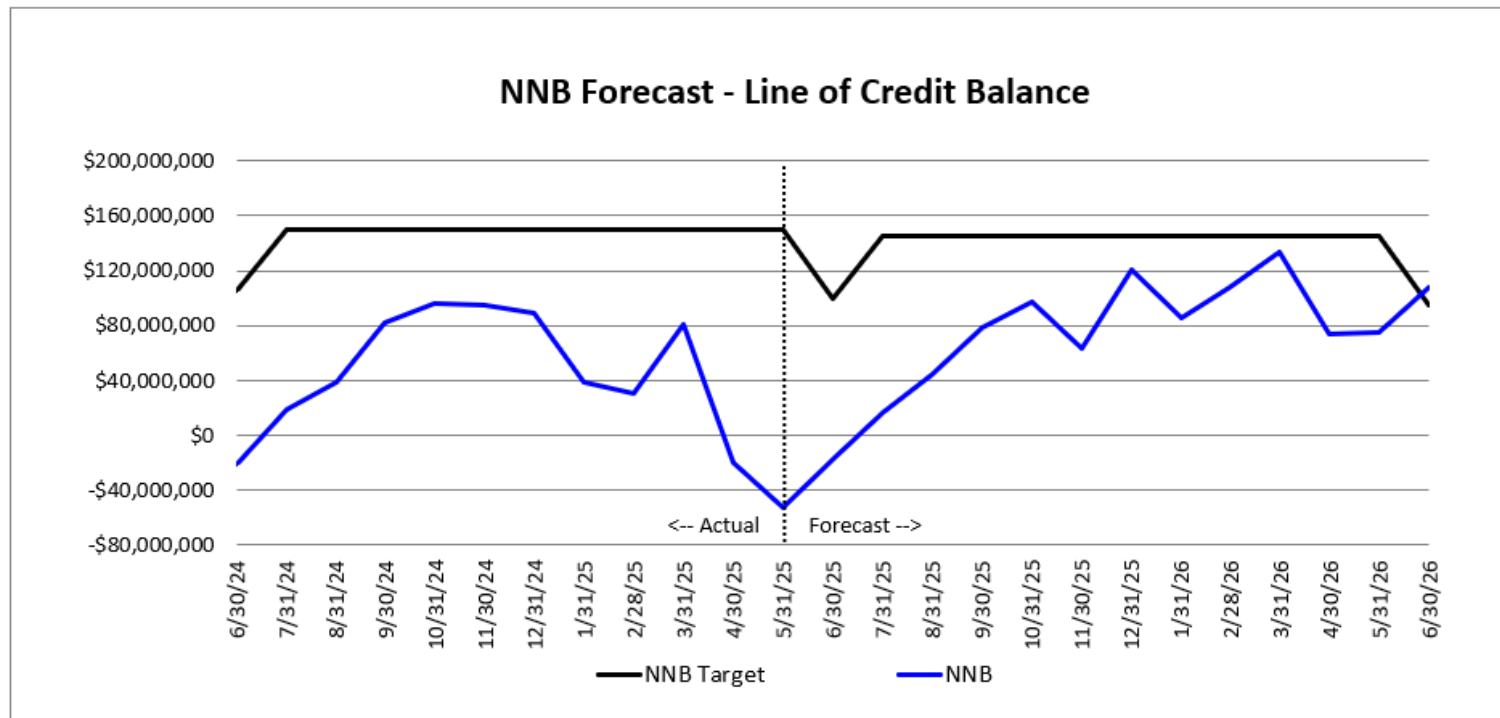
Professional Revenue Cycle Key Indicators

- PB AR Days decreased by 1.0 days compared to prior month. April AR Days 37.6 days, May AR Days 36.6
- May collections were \$12.1M. Higher than average of the prior twelve months at \$11.8M.
- Enterprise CDI launched to address provider clinical documentation along with charge automation and usage of Epic tools. Pilot project in progress with Obstetrics & Gynecology, Neurology, Optometry, Pediatrics, and Critical Care. Project completed in Orthopedics and Otolaryngologists (ENT).

- FY25 Patient collections approximately 14.6% higher than the same period in FY24.
- JGP FY25 contract with the County was amended from \$49.2M to \$74.2M; total FY25 contract payments through February is \$40.0M. As a reminder, AHS is accruing revenue at \$72.1M consistent with the FY23 contract.
- JGP FY24 2nd amendment was completed from \$61.2M to \$73.6M. Invoices were resubmitted for the \$12.4M outstanding balance.

PATIENT COLLECTIONS (in thousands)							
	Behavioral Health	Epic	Total FY 2025	FY 2024	FY 2023	FY 2022	FY 2021
Jul	4,941	67,753	72,694	79,592	74,260	59,732	41,373
Aug	4,628	75,140	79,768	69,313	58,590	57,374	53,893
Sep	2,493	67,248	69,741	63,322	76,063	61,968	64,484
Oct	-	76,783	76,783	63,122	59,796	49,923	51,514
Nov	5,073	73,674	78,747	57,781	56,939	52,057	49,499
Dec	12,050	82,581	94,631	63,867	67,018	68,121	53,274
Jan	9,227	79,787	89,014	68,757	71,452	62,292	34,443
Feb	5,194	63,317	68,511	75,852	57,886	52,269	49,157
Mar	16,378	75,473	91,851	54,720	65,320	62,888	58,922
Apr	5,259	69,633	74,892	61,895	55,307	56,235	55,646
May	-	74,339	74,339	102,015	63,795	69,591	44,005
Jun	-	-	-	71,208	70,027	53,187	43,889
Total	65,243	805,728	870,971	831,444	776,453	705,637	600,099
% change between fiscal years			14.6%	7.1%	10.0%	17.6%	

- NNB (at 6/30/25) improved over the prior month from increased patient receipts (\$10.7M) and projected to end as a receivable of \$20.1M this fiscal year.
- SNF DP-NF funding is available for a 3-year period, CY2023 through CY2025.
 - CY2023 funding was received (\$19.2M) in January 2025 and included in the NNB forecast.
 - CY2024 funding (\$25.5M) and CY2025 funding (\$26.0M) is expected in Fall 2025 and Fall 2026, respectively. These funds will likely be needed to stay below the NNB ceiling at 12/31/2026.
- The projection assumes that the St. Rose Hospital will not have a balance on the line of credit and AHS operations are consistent with the preliminary budget.



- St. Rose Hospital accessed \$11.0M of the \$15.0M LOC by May 31st; repayment was made in June 2025.
 - St. Rose Hospital is projecting to access the line of credit in October 2025, which was not included in the AHS forecast.
 - St. Rose Hospital budget planning is underway for FY2027.
- SNF DP-NF funding for CY2024 and CY2025 will be adjusted during the audit. FY2023 cash received, \$19.2M, was recognized, swept to the County Treasurer, and included in the NNB in February 2025.
- Prior year activity for the old Waiver, Medi-Cal FQHC and Physician SPA settlements are reflected in bottom table as the final settlement and timing are unknown. Amounts are excluded from the forecast.

Material Items Included in NNB Forecast							
(in thousands)							
	Jun-25	Jul-25	Aug-25	Sep-25	FY26 Q2	FY26 Q3	FY26 Q4
GPP (quarterly)	\$ -	\$ -	\$ 25,700	\$ -	\$ 25,700	\$ 25,700	\$ 25,700
EPP (semi-annual)	-	-	-	-	21,000	-	21,000
QIP	-	-	-	-	34,364	-	34,364
Medi-Cal Rate Range	-	-	-	-	-	42,700	-
BHCS (JGP/Alameda County) - fy25	8,200	7,100	7,100	7,000	-	-	-
BHCS (JGP/Alameda County) - fy26	-	-	-	6,084	18,251	18,251	18,251
HPAC	-	-	-	-	21,600	10,800	10,800
AB85 Realignment	-	-	-	-	(41,670)	-	-
St. Rose Hospital LOC	11,000	-	-	-	-	-	-
	\$ 19,200	\$ 7,100	\$ 32,800	\$ 13,084	\$ 79,245	\$ 97,451	\$ 110,115

Prior Year Reimbursement Settlements		
Waiver recoupment (fy11)	\$ (4,796)	TBD
Medi-Cal FQHC recoupment (fy08 - fy13)	(40,000)	TBD
Physician SPA (fy08 - fy13)	(25,000)	TBD
	<u>\$ (69,796)</u>	

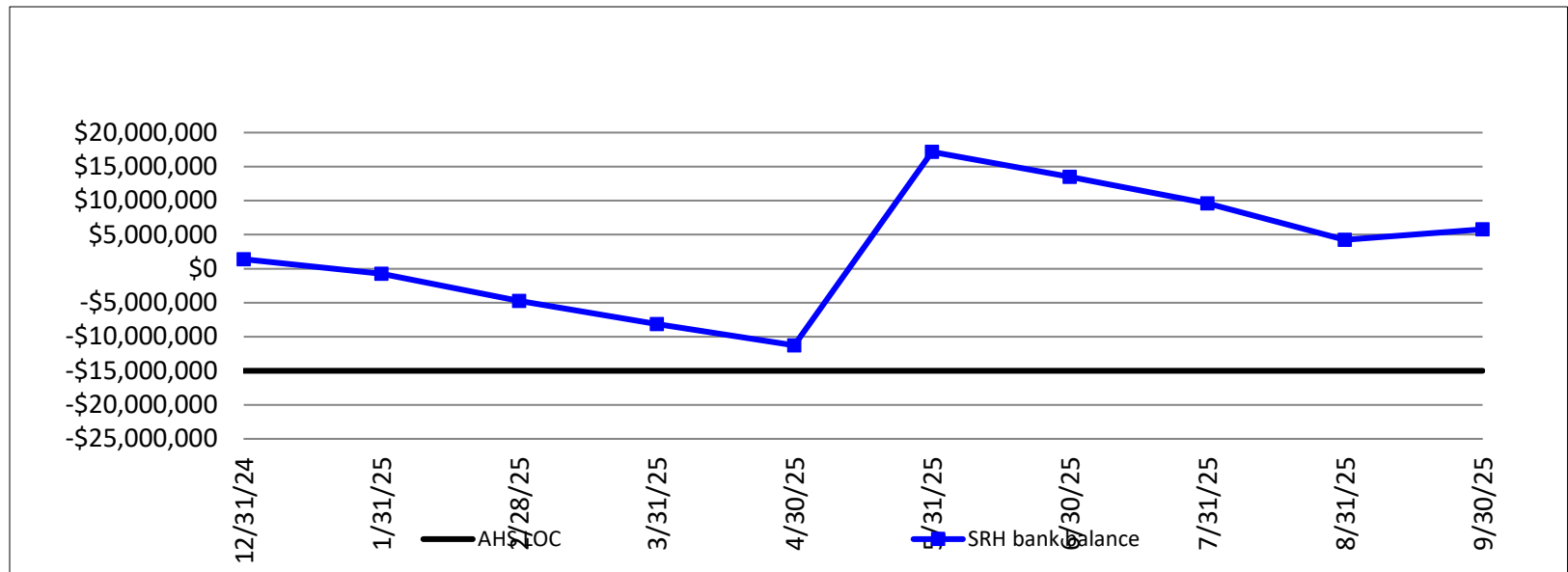
April 2025 Financial Summary & YTD Highlights

- SRH net income below budget
 - Unfavorable revenue variance of 13.7% during the month, 4.6% YTD, driven by lower than expected volume.
 - Favorable expense variance of 5.9% below budget during the month, tracking consistent YTD, driven by lower materials and supply cost associated with lower volume.
 - Subacute unit budget was based on full occupancy starting April. The unit is providing SNF level of care with census averaging 5 with 7 the highest so far. Licensing is expected to be completed by July, census expected to pick up by then.
- MOB's net income exceeding budget by \$70K (37%) YTD
 - Rent revenue higher than budget from La Familia's tenancy
 - Still deferring repairs and lower than budget property taxes
- Foundation is exceeding YTD budget by \$302K mainly driven by The Dee Jordan Trust

	April 30, 2025				Year-To-Date			
	Actual	Budget	Var (\$)	Var (%)	Actual	Budget	Var (\$)	Var (%)
Total Net Patient Service Revenue	\$8,183	\$8,742	(\$560)	-6.4%	\$58,467	\$57,738	\$729	1.3%
Total Other Revenue	\$157	\$922	(\$764)	-82.9%	\$9,507	\$13,479	(3,972)	-29.5%
TOTAL OPERATING REVENUE	\$8,340	\$9,664	(\$1,324)	-13.7%	\$67,974	\$71,217	(\$3,243)	-4.6%
Less: Operating Expenses	\$10,848	\$11,522	\$674	5.9%	\$80,382	\$80,711	329	0.4%
EBITDA	(\$2,508)	(\$1,858)	(\$650)	35.0%	(\$12,408)	(\$9,494)	(\$2,914)	30.7%
Total Non-Operating Exp/(Income)	(\$576)	\$392	(\$969)	-246.8%	\$2,071	\$2,769	(\$699)	-25.2%
Restr Donation - AA Geropscych)	\$0	\$292	(\$292)	-100.0%	\$0	\$2,042	(2,042)	-100.0%
NET INCOME/(LOSS)	(\$1,932)	(\$1,959)	\$27	-1.4%	(\$14,479)	(\$10,222)	(\$4,257)	41.6%

April 2025 Cash Flow Projection

- SRH started drawing down from AHS LOC in January and has borrowed \$11M through May 6th, 2025. Interest has been accruing on the County's cost of fund rate. Total amount drawn, along with the interest incurred to date was paid off on June 12th.
- SRF donated \$1M to SRH on April 16th.
- Great news! The IGT funding has been received. A check for \$30,332,000 arrived on May 28th. Currently catching up paying vendors.
- The current projection indicates that no further drawing is necessary until October 2025. Currently onboarding an Accountant and start working on FY2026 budget.





MEMORANDUM

1411 East 31st Street
Oakland, CA 94602

TO: AHS Finance Committee
FROM: Kim Miranda, CFO
DATE: June 27, 2025
SUBJECT: May 2025 Financial Report

Financial Summary

Net Income for the month was a loss of \$7.2 million compared to a budget of \$1.9 million and unfavorable to budget by \$9.1 million and 478.9%. Operating Revenue was \$128.1 million and favorable to budget by \$2.8 million and 2.3%. Operating Expense was \$135.1 million and unfavorable to budget by \$11.8 million and 9.6%. Earnings before interest, depreciation, and amortization (EBIDA) was a negative \$4.7 million and the EBIDA Margin was a negative 3.7% compared to a budget EBIDA of \$4.0 million and a budget EBIDA Margin of 3.2%. For the month, EBIDA was unfavorable to budget by \$8.7 million.

	May 2025				Year-To-Date				FY 2024	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	\$ 128,078	\$ 125,245	\$ 2,833	2.3%	\$ 1,455,158	\$ 1,344,927	\$ 110,231	8.2%	\$ 1,308,089	11.2%
Operating expense	135,063	123,258	(11,805)	(9.6)%	1,446,907	1,334,037	(112,870)	(8.5)%	1,319,653	(9.6)%
Operating income (loss)	(6,985)	1,987	(8,972)	(451.5)%	8,251	10,890	(2,639)	(24.2)%	(11,564)	171.4%
Other non-operating activity	(241)	(80)	(161)	(201.3)%	(4,171)	(767)	(3,404)	(443.8)%	(2,156)	(93.5)%
Net Income (loss)	\$ (7,226)	\$ 1,907	\$ (9,133)	(478.9)%	\$ 4,080	\$ 10,123	\$ (6,043)	(59.7)%	\$ (13,720)	129.7%
EBIDA adjustments	2,506	2,086	420		38,472	32,606	5,866		38,096	
EBIDA	\$ (4,720)	\$ 3,993	\$ (8,713)		\$ 42,552	\$ 42,729	\$ (177)		\$ 24,376	
Operating Margin	(5.5)%	1.6%	(7.1)%		0.6%	0.8%	(0.2)%		(0.9)%	
EBIDA Margin	(3.7)%	3.2%	(6.9)%		2.9%	3.2%	(0.3)%		1.9%	

Net Income year-to-date (YTD) was \$4.1 million compared to a budget of \$10.1 million and unfavorable to budget by \$6.0 million and 59.7%. Operating Revenue was \$1.5 billion and favorable to budget by \$110.2 million and 8.2%. Operating Expense was \$1.4 billion and unfavorable to budget by \$112.9 million and 8.5%. EBIDA was \$42.6 million and the EBIDA Margin was 2.9% compared to the budget EBIDA of \$42.7 million and a budget EBIDA Margin of 3.2%. For the year, EBIDA is unfavorable to budget \$0.2 million.

Operating Revenue

Gross Patient Service Revenue (patient charges) was \$416.3 million for the month and favorable to budget by \$18.9 million and 4.8%. Inpatient, Outpatient and Professional Fee charges were above budget by 1.7%, 9.2% and 5.6%, respectively. For the year, Gross Patient Service Revenue was \$4.4 billion and favorable \$228.4

Memorandum to AHS Finance Committee
May 2025 Operating Results

million and 5.4%. Inpatient charges fell below budget by 2.2%; and Outpatient and Professional Fee charges were above budget by 15.3% and 17.7%, respectively. Inpatient charges were favorable in the month driven by inpatient surgery and trauma. Acute patient days were below budget for the month and YTD by 2.6% and 4.9%, respectively. General Acute Length of Stay (LOS) is 5.4 which exceeded budget for the month, YTD and prior year. Discharges are lower for all time periods while observation status has increased. The case mix index (CMI) was at budget for the month and above YTD and prior year. CMI is an indicator of the overall complexity of inpatient illness and services being provided. The favorable outpatient charge variance was driven by observation charges at Highland Hospital and San Leandro Hospital and emergency visits, which continue to exceed the YTD budget and prior year. Outpatient surgeries were below budget for the month and YTD by 23.5% and 4.8%, respectively. Clinic visits were below budget for the month by 3.1% and above YTD by 5.1%. Physician wRVU are below budget by 2.4% for the month and above budget YTD by 17.7%. Retroactive posting of PES professional fees done early in the year is causing the YTD variance to be high. Overall, on an adjusted day basis, volumes were above budget for the month and YTD driven by outpatient charges. Adjusted discharges are behind budget due to higher LOS and fewer discharges.

	May 2025				Year-To-Date				FY 2024	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	\$ 220,049	\$ 216,330	\$ 3,719	1.7%	\$ 2,362,240	\$ 2,415,083	\$ (52,843)	(2.2)%	\$ 2,295,543	2.9%
Outpatient service revenue	152,886	139,963	12,922	9.2%	1,586,852	1,376,590	210,262	15.3%	1,344,289	18.0%
Professional service revenue	43,390	41,089	2,301	5.6%	471,543	400,527	71,017	17.7%	396,733	18.9%
Gross patient service revenue	416,325	397,383	18,942	4.8%	4,420,636	4,192,199	228,437	5.4%	4,036,565	9.5%
Deductions from revenue	(335,619)	(320,854)	(14,765)	(4.6)%	(3,565,596)	(3,383,150)	(182,446)	(5.4)%	(3,267,501)	9.1%
Net patient service revenue	80,706	76,529	4,177	5.5%	855,039	809,049	45,991	5.7%	769,064	(11.2)%
Collection % - NPSR	19.4%	19.3%	0.1%		19.3%	19.3%	0.0%		19.1%	
Capitation and HPAC	4,626	4,136	489	11.8%	50,790	45,500	5,290	11.6%	45,760	11.0%
Other government programs	36,303	40,060	(3,757)	(9.4)%	491,811	440,660	51,151	11.6%	441,105	11.5%
Other operating revenue	6,443	4,520	1,924	42.6%	57,518	49,718	7,801	15.7%	52,160	10.3%
Total operating revenue	\$ 128,078	\$ 125,245	\$ 2,833	2.3%	\$ 1,455,158	\$ 1,344,926	\$ 110,232	8.2%	\$ 1,308,089	11.2%

Net Patient Revenue

Net Patient Service Revenue (NPSR) was \$80.7 million for the month and favorable to budget by \$4.2 million and 5.5% driven by higher volume. The current month collection ratio was 19.4% and favorable by 0.1% to budget. Collections on fully reserved accounts (over 270 days) were consistent with the trend. For the year, NPSR was \$855.0 million and favorable to budget by \$46.0 million and 5.7%. The collection ratio was 19.3% and at plan. The impact on higher than trend collections on fully reserve accounts remains at \$8.2 million and 0.3% which include Sac Law settlements which are part of the GRIT (Growing Responsibly Through Innovation and Teamwork).

Other Government Program Revenue

Other Government Program Revenue for the month was \$36.3 million and unfavorable to budget by \$3.8 million and 9.4% based on the transactions below.

- Measure A FY2025 Q3 decreased based on receipts by \$4.4 million.
- Parcel Tax revenue, from the City of Alameda Health Care District, increased based on receipts by \$1.0 million.
- CalAIM Enhanced Care Management decreased from lower receipts of \$0.3 million.
- The remaining variance, netting to a negative \$0.1 million, is spread across many programs.

For the year, the Other Government Program Revenue is \$491.8 million and favorable to budget by \$51.2 million and 11.6% based on the transactions below.

- Measure A FY2025 Q1-Q2 below budget based on lower receipts of \$5.7 million.
- Parcel Tax revenue, from City of Alameda Health Care District, increased based on receipts by \$2.5 million.
- GPP CY2023 increased from filing final report by \$1.1 million.
- EPP CY2023 revenue increased from final reconciliation by \$2.9 million.
- EPP CY2025 revenue increased from CMS pre-print notification by \$9.2 million.
- QIP CY2023 revenue increased from final reconciliation by \$1.5 million.
- QIP CY2025 revenue increased from CMS pre-print notification by \$23.2 million.
- SNF DP-NF CY2023 recognized revenue of \$19.3 million.
- Rate Range CY2023 revenue decreased from final filing by \$0.6 million.
- AB915 FY2024 revenue decreased from report submission by \$4.0 million.
- SNF Supplemental FY2020 recoupment for AHS and Alameda Hospital of \$1.3 million.
- Prop 56 recoupment for January 1, 2022 through October 14, 2024 of \$1.9 million.
- FEMA revenue received in FY2025 for successful filing of Covid-related expenditure is \$5.8 million. Total FEMA receipts, received starting in FY2024, are \$6.9 million.
- The remaining variance, netting to a negative \$0.8 million, is spread across many programs.

Other Operating Revenue

Other Operating Revenue for the month was \$6.4 million and favorable \$1.9 million and 42.6%. Grant revenue was unfavorable from timing differences (\$0.1 million). Other Operating revenue was favorable driven from by St. Rose Hospital management fee for November 2024 through May 2025 (\$1.9 million), retail pharmacy (\$0.3 million) offset by timing of differences for payer settlements (\$0.2 million). YTD, Other Operating Revenue was \$57.5 million and favorable \$7.8 million and 15.7%. Higher retail pharmacy receipts (\$6.1 million), St. Rose Hospital management fees not part of the budget (\$1.9 million), grant receipts (\$3.6 million) were offset by timing differences between actual and budget for payor settlements (\$2.3 million) which were posted to NPSR, cafeteria sales (\$0.7 million), and IT fee revenue (\$0.6 million). Payor settlements included in NPSR are part of the GRIT initiative.

Operating Expense

Operating Expense was \$135.1 million for the month and unfavorable to budget by \$11.8 million and 9.6%. Labor costs are discussed in a subsequent section.

	May 2025				Year-To-Date				FY 2024	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 99,388	\$ 90,794	\$ (8,594)	(9.5)%	\$ 1,056,888	\$ 975,390	\$ (81,498)	(8.4)%	\$ 958,790	(10.2)%
Physician contract services	3,377	3,358	(19)	(0.6)%	38,797	36,940	(1,857)	(5.0)%	43,618	11.1%
Purchased services	9,843	8,414	(1,429)	(17.0)%	96,154	91,789	(4,365)	(4.8)%	94,818	(1.4)%
Materials and supplies	13,595	12,682	(913)	(7.2)%	141,799	132,466	(9,333)	(7.0)%	126,741	(11.9)%
Facilities	3,755	3,451	(304)	(8.8)%	35,750	37,524	1,774	4.7%	34,350	(4.1)%
Depreciation and amortization	2,254	1,993	(261)	(13.1)%	34,564	31,699	(2,865)	(9.0)%	35,797	3.4%
General and administrative	2,851	2,566	(285)	(11.1)%	42,955	28,229	(14,726)	(52.2)%	25,539	(68.2)%
Total operating expense	\$ 135,063	\$ 123,258	\$ (11,805)	(9.6)%	\$ 1,446,907	\$ 1,334,037	\$ (112,870)	(8.5)%	\$ 1,319,653	(9.6)%

Non-labor expense variances net to an unfavorable variance of \$3.2 million as follows.

- Physician contract services approximate budget. The largest negative variances in General Surgery, Radiology, and Neurosurgery but all variances were under \$0.1 million.
- Purchased services were unfavorable to budget by \$1.4 million and 17.0% driven by unfavorable variances in outside medical services (\$0.4 million), software licenses (\$0.3 million), clinical services (\$0.2 million), security (\$0.2 million) and the remaining variance (\$0.3 million) spread across many cost centers.
- Materials and supplies were unfavorable to budget by \$0.9 million and 7.2% driven by unfavorable variances in pharmaceuticals (\$0.8 million), surgical supplies (\$0.4 million) offset favorable variance in medical supplies (\$0.2 million) and non-medical supplies (\$0.1 million). Retail pharmaceuticals approximated budget for the month.
- Facilities were unfavorable to budget by \$0.3 million and 8.8% driven by timing of building/equipment repairs (\$0.6 million) offset by utilities (\$0.3 million).
- Depreciation and amortization were unfavorable to budget by \$0.3 million and 13.1% driven by lease/software amortization (\$0.3 million). Depreciation approximated budget.
- General and administrative costs were unfavorable to budget by \$0.3 million and 11.1% driven by insurance (\$0.2 million) and remaining variance (\$0.1 million) is spread across many cost centers.

For the year, Operating Expense was \$1.4 billion and unfavorable to budget by \$112.9 million and 8.5%. Labor costs are discussed in a subsequent section. Non-labor expense variances net to an unfavorable variance of \$31.4 million as follows.

- Physician contract services were unfavorable to budget by \$1.9 million and 5.0% with the largest unfavorable variances driven by General Surgery (\$0.6 million), OMFS (\$0.6 million), Hospitalist (\$0.5 million), Psychiatry (\$0.5 million), Neurosurgery (\$0.4 million), Radiology (\$0.4 million), Rehab (\$0.4 million) offset by positive variance for Ophthalmology (\$0.4 million) and Orthopedic (\$0.4 million).
- Purchased services were unfavorable to budget by \$4.4 million and 4.8% driven by unfavorable variances in security (\$1.2 million), emergency food/services (\$1.0 million), clinical services (\$0.9 million), software licenses (\$0.8 million), laundry (\$0.6 million), refuge services (\$0.5 million), interpretive services (\$0.2 million) offset by favorable variances in management services/consultants (\$0.4 million) and billing/collection fees (\$0.4 million).
- Materials and supplies were unfavorable to budget by \$9.3 million and 7.0% driven by unfavorable variances in pharmaceuticals (\$3.9 million), retail pharmaceuticals (\$3.1 million), medical supplies (\$1.2 million), surgery supplies (\$0.9 million), and non-medical supplies (\$0.2 million). Retail pharmacy continues to a favorable profit margin as discussed as part of Other Operating Revenue.
- Facilities were favorable to budget by \$1.8 million and 4.7% driven by favorable variances for facility repairs (\$0.8 million), equipment repairs (\$0.4 million), utilities (\$0.4 million) and rental equipment (\$0.2 million). The favorable variance for facility repairs was in Fairmont (\$0.4 million), Eastmont (\$0.3 million), and San Leandro (\$0.1 million).
- Depreciation and amortization were unfavorable to budget by \$2.9 million and 9.0%. Amortization of leases and software agreements is unfavorable (\$2.8 million), which is expected to continue for the remainder of the fiscal year. Building and equipment depreciation was over budget (\$0.1 million).
- General and administrative costs were unfavorable to budget by \$14.7 million and 52.2% driven by St. Rose Hospital contribution (\$12.2 million), prior period Medicare settlements (\$2.1 million), and insurance (\$1.6 million) offset by lower legal fees (\$0.4 million), recruiting (\$0.4 million), and remaining variance (\$0.4 million) is spread across many cost centers.

Labor Costs

Labor costs for the month was \$99.4 million and unfavorable to budget by \$8.6 million and 9.5%. YTD, labor cost was \$1.1 billion and unfavorable to budget by \$81.5 million and 8.4%.

	May 2025				Year-To-Date				FY 2024	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	\$ 58,017	\$ 54,305	\$ (3,712)	(6.8)%	\$ 631,190	\$ 588,449	\$ (42,741)	(7.3)%	\$ 570,910	(10.6)%
Salaries and wages (physicians)	10,378	9,568	(810)	(8.5)%	114,330	103,516	(10,814)	(10.4)%	97,972	(16.7)%
Registry	4,252	4,132	(120)	(2.9)%	47,399	44,284	(3,115)	(7.0)%	58,512	19.0%
Employee benefits (taxes, insurance)	18,351	15,472	(2,879)	(18.6)%	176,359	160,989	(15,370)	(9.5)%	151,589	(16.3)%
Retirement	8,390	7,317	(1,073)	(14.7)%	87,610	78,152	(9,458)	(12.1)%	79,807	(9.8)%
Total labor costs	\$ 99,388	\$ 90,794	\$ (8,594)	(9.5)%	\$ 1,056,888	\$ 975,390	\$ (81,498)	(8.4)%	\$ 958,790	(10.2)%
Compensation ratio	77.6%	72.5%	-5.1%		72.6%	72.5%	-0.1%		73.3%	
Paid FTEs	5,181	4,834	(347)	(7.2)%	5,143	4,902	(241)	(4.9)%	5,001	(2.8)%

For the month, staff, physician and registry labor costs were unfavorable to budget by \$4.6 million and 6.8% driven by higher FTE volume (347 FTEs/\$4.9 million) and lower rates (\$0.2 million). AHS continues to roll out UKG timekeeping to registry. At this point, timing differences occur between when invoices are paid, and the hours are included to calculate FTE causing variances for the month. YTD, staff, physicians, and registry labor costs were unfavorable to budget by \$56.7 million and 7.7% driven by higher FTE volume (241 FTEs/\$36.3 million) and higher rates (\$20.4 million). The salary budget was understated approximately \$7.4 million for the year due to higher than budget raises provided to staff and underestimating PTO and holiday pay. YTD, Staff FTE is unfavorable by 173, and overtime is unfavorable by 21.6 FTEs. YTD, registry is 53 FTE over budget. Demand for registry continues; however, overall rates have decreased from pandemic levels. YTD physician FTEs are unfavorable by 15 FTE as the result of recruitment. Physician salaries also include the payout of the paternity benefit under the SEIU MOU of \$1.6 million.

Employee benefits were unfavorable \$2.9 million and 18.6% driven by self-funded health insurance (\$2.7 million), FICA (\$0.4 million), workers compensation (\$0.1 million) offset by positive variance driven by Kaiser insurance plan (\$0.3 million). YTD, employee benefits were unfavorable \$15.4 million and 9.5% driven by self-funded health (\$10.2 million), FICA (\$6.3 million), workers compensation (\$1.2 million) offset by positive variances for Kaiser insurance plan (\$1.7 million) and other benefits (\$0.6 million).

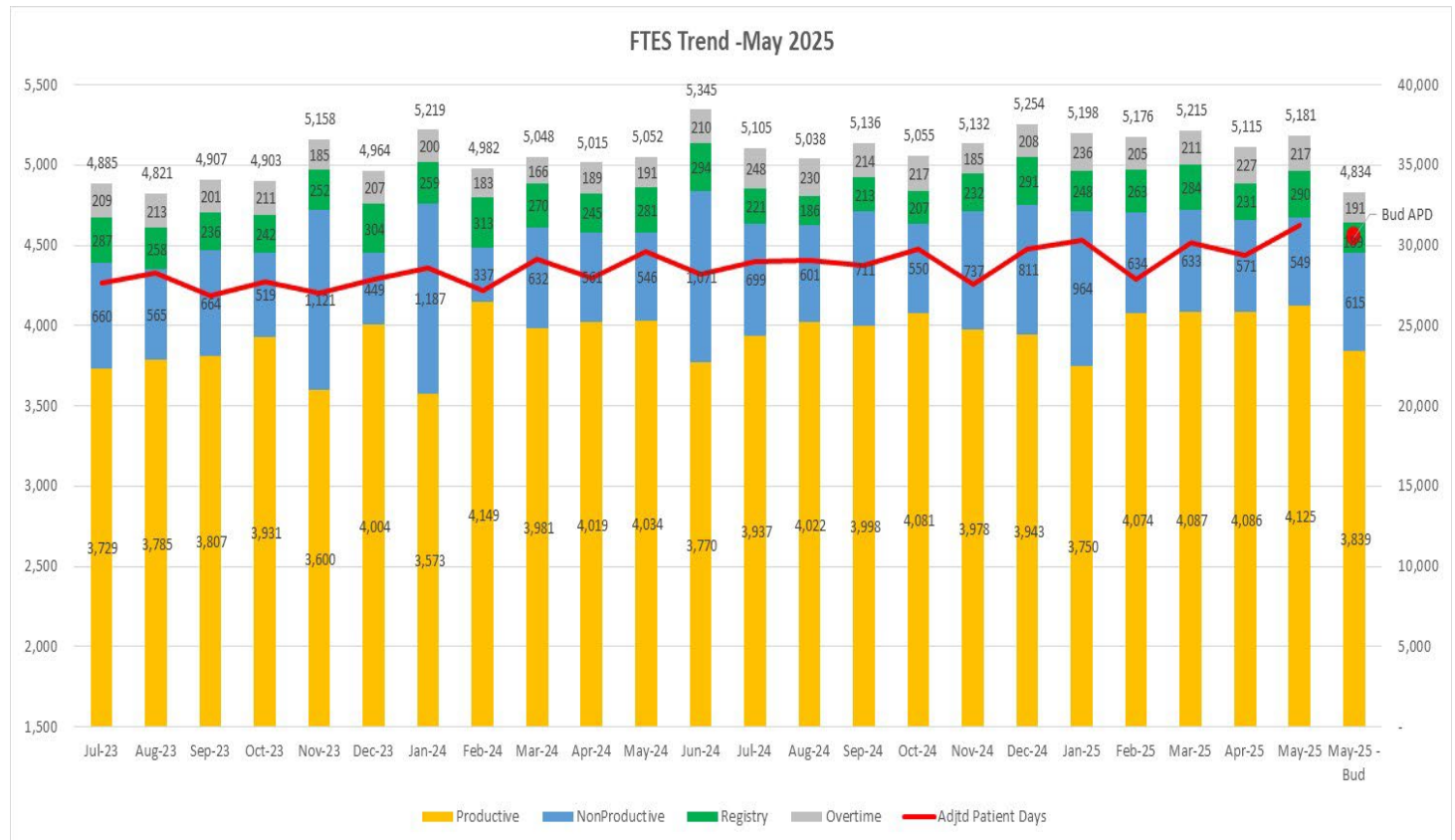
Retirement expense was unfavorable \$1.1 million and 14.7% from ACERA (\$0.8 million) and other AHS plans (\$0.3 million). YTD, retirement was unfavorable \$9.5 million and 12.1% from ACERA (\$5.8 million), other AHS plans (\$3.2 million), and AHMG plan (\$0.5 million).

FTE Trending

For the month, Paid FTE was 5,181 compared to a budget of 4,834 which was unfavorable to budget by 347 and 7.2%. YTD, Paid FTE was 5,143 compared to a budget of 4,902 which was unfavorable to budget by 241 and 4.9%. The FTE trend graph below reflects paid FTE and adjusted patient days (Total Gross Revenues / Inpatient Revenues = Outpatient Factor x Patient Days) by the month beginning in July, 2023. Overall, adjusted patient days (red line) exceeded budget this month. The bars reflect Paid FTE for each month and are stacked to include each paid labor component represented by color within the bars. The

Memorandum to AHS Finance Committee
May 2025 Operating Results

current month actual and budget are reflected in the last columns on the right of the graph. For the month, overtime (grey), registry (green), and productive (yellow) exceeded budget resulting in an unfavorable FTE variance. Non-productive (blue) was lower than budget.



Balance Sheet and Financial Condition

The Balance Sheet key financial metrics are reflected in the table below.

	May-25	Apr-25	FY 2024
Days in cash	3.0	2.7	1.3
Gross days in patient receivable	60.5	63.6	69.0
Net days in patient receivable	44.7	39.5	41.1
Due from/(to) third-party payors	\$ 106,014	\$ 131,400	\$ 145,333
Due from/(to) County	\$ 22,606	\$ 19,002	\$ 24,800
Days in accounts payable	31.5	34.5	39.3
% of AP over 60 days	3.0%	3.0%	10.6%
Net position - fund balance/(deficit)	\$ (75,526)	\$ (68,300)	\$ (80,622)
Net negative balance - receivable/(payable)	\$ 52,400	\$ 33,609	\$ 21,227

Days in Cash

Days in Cash are low as all AHS cash receipts are swept to the County Treasury. The Days in Cash can fluctuate based on timing of cash draws from the County treasury and timing of vendor payments and payroll.

Accounts Receivable (AR)

The Gross Days in AR were 60.5 days and 3.1 days lower than last month due to higher cash receipts. Net Days in AR were 44.7 and 5.2 days higher than the previous month from higher net revenue per calendar day by 2.9%. The calculation reflects 90 days versus actual days for the quarter to standardize the calculation. Utilizing a 90-day period does lead to more fluctuations. Key updates on work in progress within Revenue Cycle are noted below:

- Settlements through arbitration using Sac Law continue to support GRIT.
- Enterprise CDI team addressing clinical documentation and EPIC tool improvement. Pilot project in progress with Obstetrics & Gynecology (GYN), Neurology, Optometry, Pediatrics, and Critical Care. Orthopedics and Otolaryngologists (ENT) projects were completed.

Patient collections are reflected in the table below. Behavioral Health represents the County receipts under contract for JGP services which total \$65.2 million. The final payment of \$11.7 million was received in March 2025 for the FY2024 contract maximum of \$61.2 million. AHS and the County executed in May 2025 the 2nd amendment increasing the contract total from \$61.2 million to \$73.6 million. Invoices were submitted to the County for the remaining \$12.4 million. Payments under the FY2025 contract for July 2024 through February 2025 total \$40.0 million. An amendment to the FY2025 contract was completed in May 2025 increasing the maximum contract from \$49.2 million to 74.2 million. As a reminder the FY2023 contract was \$72.1 million, and AHS continues to accrue at this higher level of reimbursement, which is now supported by the recent amendments.

PATIENT COLLECTIONS (in thousands)							
	Behavioral Health	Epic	Total FY 2025	FY 2024	FY 2023	FY 2022	FY 2021
Jul	4,941	67,753	72,694	79,592	74,260	59,732	41,373
Aug	4,628	75,140	79,768	69,313	58,590	57,374	53,893
Sep	2,493	67,248	69,741	63,322	76,063	61,968	64,484
Oct	-	76,783	76,783	63,122	59,796	49,923	51,514
Nov	5,073	73,674	78,747	57,781	56,939	52,057	49,499
Dec	12,050	82,581	94,631	63,867	67,018	68,121	53,274
Jan	9,227	79,787	89,014	68,757	71,452	62,292	34,443
Feb	5,194	63,317	68,511	75,852	57,886	52,269	49,157
Mar	16,378	75,473	91,851	54,720	65,320	62,888	58,922
Apr	5,259	69,633	74,892	61,895	55,307	56,235	55,646
May	-	74,339	74,339	102,015	63,795	69,591	44,005
Jun	-	-	-	71,208	70,027	53,187	43,889
Total	65,243	805,728	870,971	831,444	776,453	705,637	600,099
% change between fiscal years			14.6%	7.1%	10.0%	17.6%	

Accounts Payable

Days in Accounts Payable are 31.5 at the end of the month and decreased 3.0 days over the prior month from timing of recurring check runs versus the last day of the calendar month and resolution of ongoing implementation issues with OnBase. The Percent over 60 Days is 3.0% and is below the 5% target. Purchasing and Accounts Payable teams are making positive progress resolving older invoices held in work queues.

Supplemental Program Revenue Receivable/Payable

Net Reimbursement Supplemental Programs					
as of 5/31/2025					
Programs	FY97-20	FY21-24	FY25	Net Balance	Comments
Medicare Cost Report	(1,657)	(3,434)	(1,139)	(6,229)	Older years pending disputed SSI ratio and outlier holds for both OPPS / IPPS services from CMS.
Medi-Cal P14 Waiver	7,087	9,424	(8,626)	7,884	P14 audits are in various stages of completion. Currently DHCS has finalized up to FY18.
Current Waiver (GPP & CalAIM)	-	(2,569)	16,383	13,814	Global Payment Program (GPP) subsidizing remaining uninsured. GPP extended to 2026 as CalAIM.
AB85 Realignment	0	(40,822)	(41,800)	(82,622)	Realignment reserves for HPAC amendment passing through the County for physical health for Medi-Cal and Indigent populations.
Physician SPA	(6,000)	1,201	3,269	(1,529)	Reconciliation based on P14 utilization file with the State. FY14-FY16 Finalized. Catch-up ACA interim payments began during FY22.
FQHC	(7,922)	(12,565)	(4,583)	(25,071)	Negotiating settlement for a new FQ rate. The difference between the new FQ rate and FFS rate will determine the settlement for the impacted years. AHS started billing as a FQ in March 2022.
Medi-Cal Managed Care EPP	0	45,844	56,843	102,687	EPP (Enhanced Payment Program). New supplemental program for services provided to Medi-Cal Managed Care.
Medi-Cal Managed Care QIP	0	27,536	80,420	107,956	QIP (Quality Incentive Program). New supplemental program for services provided to Medi-Cal Managed Care.
Medi-Cal Managed Care Rate Range	(0)	24,213	42,400	66,612	Subsidize rates for Medi-Cal Managed Care members in Alameda County.
Medi-Cal Managed Care GME	0	399	1,449	1,848	CMS approved in March 2020. GME is paying concurrently with fiscal year.
Medi-Cal Managed Care DP-NF Pass-Through	-	-	-	-	New payment program assisting AHS with LTC carve-in from FFS to managed care, time-limited CY2023 through CY2025. First year disclosed and received Jan 2025, further years TBA
Medi-Cal SNF Cost Settlement	0	(679)	1,287	608	The State began their reconciliation.
AB915	(17,000)	859	1,136	(15,005)	AB915/Medi-Cal Hospital OP cost settlement. DHCS began reconciling older years during FY23.
All Other Supplemental Programs	0	911	3,947	4,857	Hospital Fee, NDPH & P4P programs
Subtotal	\$ (25,493)	\$ 50,318	\$ 150,986	\$ 175,811	
Old Waiver (FY11, DSH/SNCP)	(4,796)	0	0	(4,796)	FY11 DY5 & DY6 is pending reconciliation. All other years have been finalized.
Physician SPA (FY08-12)	(25,000)	0	0	(25,000)	FY13 final settled.
FQHC (FY12-18)	(40,000)	0	0	(40,000)	Negotiating settlement for Highland FQ clinics is pending for HGH K-6 clinic.
Subtotal	\$ (69,797)	\$ -	\$ -	\$ (69,797)	
Grand Total	\$ (95,290)	\$ 50,318	\$ 150,986	\$ 106,014	

The information presented in the table provides subsidiary information for Supplemental Program receivables and payables on the Balance Sheet. The net receivable balance for Supplemental Programs is \$106.0 million, which was a decrease of \$25.4 million over last month. Key items are noted below.

- Payment received for EPP CY2023 (\$8.7 million).
- Payment received for QIP CY2023 (\$13.8 million).
- Payment received for GME FY2024 Final Settlement (\$7.4 million).
- Payment received for GME FY2025 Q4 (\$5.4 million).
- Payment received for AB915 FY202 (\$9.9 million).
- Minor cost report adjustments and monthly accruals (\$19.8 million).

Estimates are necessary to record supplemental income because the ultimate amount that may be collected under the program is uncertain, dependent on costs for services that were ultimately provided, quality metrics achieved, Medi-Cal enrollment, and our ability to identify and claim related costs. The timing of receipts and payments is critical because these cashflows affect the NNB under our Line of Credit with the County. Nearly half of AHS annual revenue comes from supplemental funding. AHS has liability under the old Medi-Cal Waiver, Physician SPA and Highland FQHC. The total estimated amount due is \$69.8 million which is consistent with the prior month.

Net County Receivable and Payable

Due To/From County of Alameda			
	May-25	Apr-25	FY 2024
Due from County of Alameda	\$ 30,516	\$ 36,030	\$ 32,869
Capital designation receivable	-	-	7,000
Due from County of Alameda	30,516	36,030	39,869
Due to County of Alameda	(1,790)	(4,241)	(1,446)
County IGT funding	-	(6,667)	-
Capital cost payable	(6,120)	(6,120)	(13,623)
Due to County of Alameda	(7,910)	(17,028)	(15,069)
Net due from/(to) County	\$ 22,606	\$ 19,002	\$ 24,800

The net County receivable and payable due under arrangements with the County are reflected as part of the Due to and Due From accounts reported on the Balance Sheet as follows:

- The County receivable includes the HPAC contract, John George Pavilion (JGP) services agreement and grants.
- The Capital Designation receivable reflects reimbursement expected from the County (\$7 million per year) to help fund the Sapphire project. An annual invoice is sent to the County after AHS transfers the funds, and certain contractual requirements are met at the end of the fiscal year. The FY2024 payment was received in December 2024.
- Inter-government transfers (IGT) are ongoing to draw down federal supplemental funding and then paid back to the County.

- The Capital Cost Transfer reflects a payable based on the balance remaining on open cost report settlements associated with County owned buildings (\$6.1 million). AHS transfers cost reimbursement estimates to the County each year and AHS has the contractual ability to benefit from these funds to help maintain and invest in County owned facilities. In May 2024, the County accessed \$1.2 million to pay for an emergency transformer on the Fairmont campus. AHS is working with the County to develop a workflow to allow AHS to capture costs for future cost reimbursement.

Net Position

The Net Position or Fund Balance of AHS as of May 31, 2025, is negative \$75.5 million, which deteriorated \$7.2 million over last month reflecting the net loss for the month.

Net Negative Balance

The Net Negative Balance (NNB) or Line of Credit with the County is \$52.4 million receivable on May 31, 2025 and remains compliant with the terms of the Permanent Agreement. The Working Capital Loan is reported on the Balance Sheet as a long-term liability labeled “Liquidity Facility – County of Alameda.” To calculate the NNB, the Liquidity Facility (\$25.3 million receivable) increased by the County Restricted Cash Fund (\$27.1 million) which is included in Cash.

Contingencies

John George Pavilion (JGP)

Consistent with FY2024 reporting, AHS is accruing revenue for FY2025 assuming payment of \$72.1 million under the County contract based on the FY23 contract maximum and our understanding that the change from Short Doyle cost reimbursement to fee for service payments under Cal Aim was not going to reduce funding for behavioral health services. The amendment for the FY2025 contract was signed in May 2025 increasing the contract maximum from \$49.2 million to \$74.2 million. The FY24 2nd contract amendment was also signed in May 2025 increasing the contract maximum from \$61.2 million to \$73.6 million. AHS has submitted invoices to the County to capture the contract increases and avoid further adjustment.

The transition to Cal Aim has been difficult. The published FY2024 Alameda County inpatient rates under Cal Aim developed by the State were low because they were developed using older cost data and did not reflect current reality. Alameda County was not the only County negatively impacted by the published CalAIM rates either due to inflation or other issues. Alameda County and other Counties worked with the State and submitted a State Plan Amendment (SPA) giving the State more flexibility to calculate rates using the best available information. This SPA, number 23-0045, was approved by CMS in May 2024, with an effective date of December 12, 2023. The new rates resulting from this approved SPA were eventually posted, with FY 2024 rates increased to \$4,716/day and FY 2025 rates to \$4,866/day, both significantly higher versus the previous \$2,642. Unfortunately, because the rates only apply for inpatient days starting December 12, 2023, that leaves about 5.5 months of days to be reimbursed at a lower rate. The County paid AHS based on the interim contracted rate of \$3,092.10, which covered a portion of the shortfall starting July 1, 2023.

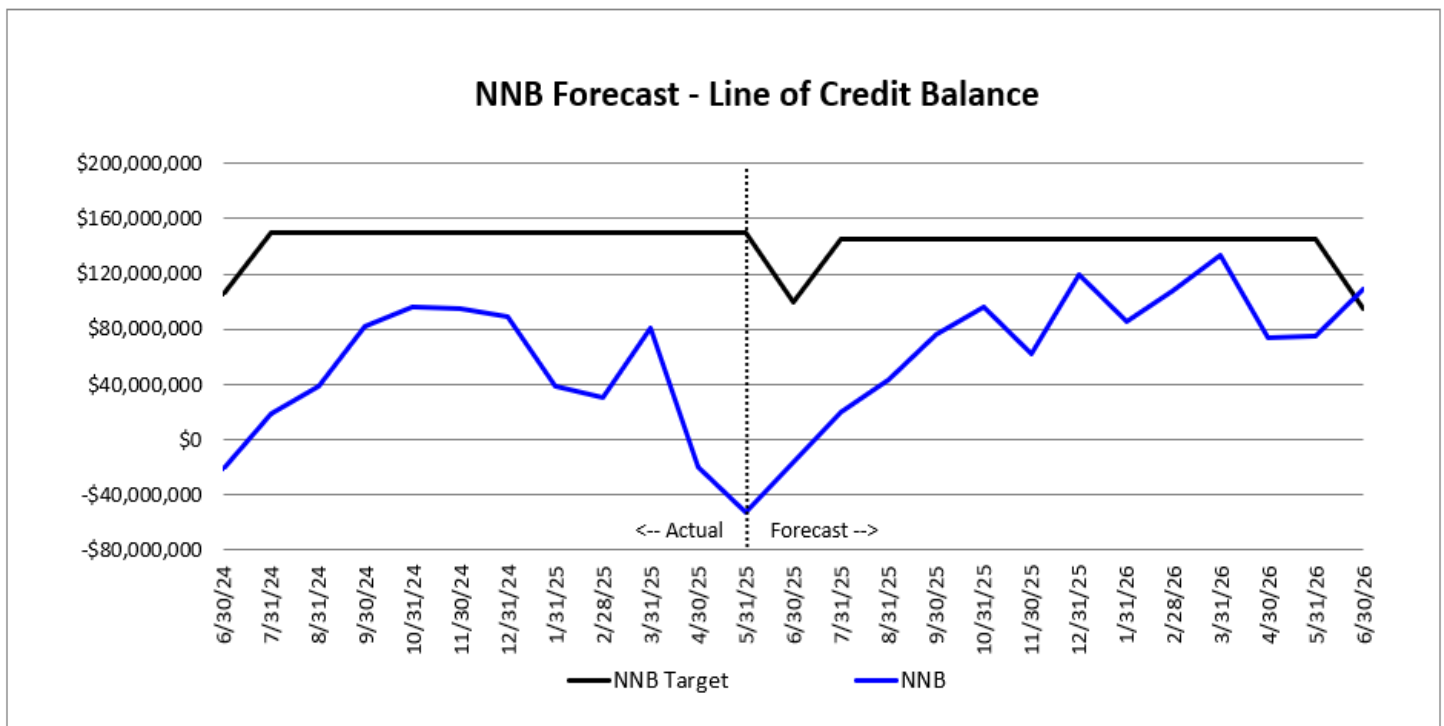
Also complicating matters, the County implemented new billing software, SmartCare, which has delayed billing. JGP technical services have been input into SmartCare to be billed and paid for by the State although AHS has not received any information from the County on denials or payments they have received. AHS and the County partnered to determine appropriate billing of professional fees, which under this new system are payable separate from technical services for the first time. There is a twelve-month timely filing requirement which began impacting claims after July 1, 2024. The County has indicated it will ensure claims are paid even if the timely filing deadline means they cannot be federally matched. AHS has submitted professional claims to the County; however, no information has been provided to us on the status of these claims.

Highland Federally Qualified Healthcare Center (FQHC) Settlement

The State reached out to AHS inquiring about a new application that AHS submitted to establish the dental clinic located at Highland as a new FQHC. The State wanted to understand the new application request which started a conversation that ultimately resulted in the State verbally agreeing AHS could resume billing previous service locations on the Highland campus as FQHC. AHS began billing as an FQHC for these service locations on March 1, 2022. AHS and the State started negotiations on a retroactive settlement going back to the FY2012 filing made by AHS to establish an FQHC rate. Once the negotiations progress to a point where a new estimate can be determined, AHS will adjust the current liability on the balance sheet. AHS currently has a pending recoupment of \$40.0 million. AHS is being paid at the historical Highland FQ rate for the additional service locations until the new rate is finalized.

Line of Credit (Net Negative Balance) Forecast

The Line of Credit Balance or the Net Negative Balance (NNB) held with the County is forecasted in the line graph below through June 30, 2026 for planning purposes. AHS is currently forecasting that the NNB will be compliant with the terms of the agreement with the County which limits the NNB to \$100.0 million on June 30, 2025. The current graph reflects that the NNB will exceed the \$95.0 million on June 30, 2026; however, AHS expects to receive CY2024 SNF DP-NF which will cover the shortfall and bring AHS into compliance. The forecast updates as actual activity is reflected in the cashflow model.



The forecasted NNB on June 30, 2025 improved from higher patient receipts than expected in May 2025. As a reminder, AHS received the first year of SNF DP-NF funding for CY2023 (\$19.2 million) which is reflected in the NNB as these funds were swept to the County Treasurer. CY2024 and CY2025 funding are not included in the projection at this time. The intent was to preserve SNF DP-NF funds for future investments or to establish reserve fund since these funds are not expected to continue beyond the three-year period. The cash projection

reflects the funds will be needed to stay below the NNB ceiling in FY2026. Also, the current projection assumes that the St. Rose Hospital will not have a balance on the line of credit and AHS operations are consistent with the approved budget.

Material items impacting the NNB are summarized in the table below. The top portion of the table provides expected cash flow from sizable items included in NNB forecast. Forecasted items have changed as follows.

- Behavior Health (JGP/Alameda County) was changed from \$4.1 million to \$8.2 million reflecting the delay in payment.
- AB85 Realignment repayment was updated from \$40.0 million to \$41.7 million.
- St. Rose Hospital accessed \$11.0 million of the \$15.0 million Line of Credit on May 31st and repayment was received in June 2025 using the IGT funds.
- St. Rose Hospital is projecting to access the line of credit in October 2025, which was not included in the AHS forecast. AHS has also not included a donation to help fund the local share required to maximize the FY26 IGT.
- St. Rose Hospital budget planning is underway for FY2027.

The bottom portion of the table below reflects prior year recoupments which are not included in the forecast (blue line). Beginning with the final open Waiver recoupment for FY2011 for which the timing of the settlement remains unknown. The Federal Qualified Health Center (FQHC) recoupment is a conservative settlement estimate based on the difference between reimbursement rates for services provided at Highland campus locations that were considered qualified and subsequently denied by the State. AHS is in current discussions with the State and once an agreement is reached with the State the FQHC liability will be adjusted. Lastly, Physician SPA reconciliations are delayed because the State is having difficulty obtaining claim data.

Material Items Included in NNB Forecast							
(in thousands)							
	Jun-25	Jul-25	Aug-25	Sep-25	FY26 Q2	FY26 Q3	FY26 Q4
GPP (quarterly)	\$ -	\$ -	\$ 25,700	\$ -	\$ 25,700	\$ 25,700	\$ 25,700
EPP (semi-annual)	-	-	-	-	21,000	-	21,000
QIP	-	-	-	-	34,364	-	34,364
Medi-Cal Rate Range	-	-	-	-	-	42,700	-
BHCS (JGP/Alameda County) - fy25	8,200	7,100	7,100	7,000	-	-	-
BHCS (JGP/Alameda County) - fy26	-	-	-	6,084	18,251	18,251	18,251
HPAC	-	-	-	-	21,600	10,800	10,800
AB85 Realignment	-	-	-	-	(41,670)	-	-
St. Rose Hospital LOC	11,000	-	-	-	-	-	-
	<u>\$ 19,200</u>	<u>\$ 7,100</u>	<u>\$ 32,800</u>	<u>\$ 13,084</u>	<u>\$ 79,245</u>	<u>\$ 97,451</u>	<u>\$ 110,115</u>
Prior Year Reimbursement Settlements							
Waiver recoupment (fy11)	\$ (4,796)		TBD				
Medi-Cal FQHC recoupment (fy08 - fy13)	(40,000)		TBD				
Physician SPA (fy08 - fy13)	(25,000)		TBD				
	<u>\$ (69,796)</u>						

ALAMEDA HEALTH SYSTEM (consolidated)
Statement of Revenues and Expenses
For the Period Ended May 31, 2025
(In Thousands)

	May 2025				Year-To-Date				FY 2024		
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance	YTD	Variance	% Variance
Operating revenue											
Net patient service revenue	\$ 80,706	\$ 76,529	\$ 4,177	5.5%	\$ 855,039	\$ 809,049	\$ 45,990	5.7%	\$ 769,064	\$ 85,975	11.2%
Capitation revenue	4,626	4,136	490	11.8%	50,790	45,500	5,290	11.6%	45,760	5,030	11.0%
Other government programs	36,303	40,060	(3,757)	(9.4)%	491,811	440,660	51,151	11.6%	441,105	50,706	11.5%
Other operating revenue	6,443	4,520	1,923	42.5%	57,518	49,718	7,800	15.7%	52,160	5,358	10.3%
Total operating revenue	128,078	125,245	2,833	2.3%	1,455,158	1,344,927	110,231	8.2%	1,308,089	147,069	11.2%
Operating expense											
Labor costs	99,388	90,794	(8,594)	(9.5)%	1,056,888	975,390	(81,498)	(8.4)%	958,790	(98,098)	(10.2)%
Physician contract services	3,377	3,358	(19)	(0.6)%	38,797	36,940	(1,857)	(5.0)%	43,618	4,821	11.1%
Purchased services	9,843	8,414	(1,429)	(17.0)%	96,154	91,789	(4,365)	(4.8)%	94,818	(1,336)	(1.4)%
Materials and supplies	13,595	12,682	(913)	(7.2)%	141,799	132,466	(9,333)	(7.0)%	126,741	(15,058)	(11.9)%
Facilities	3,755	3,451	(304)	(8.8)%	35,750	37,524	1,774	4.7%	34,350	(1,400)	(4.1)%
Depreciation and amortization	2,254	1,993	(261)	(13.1)%	34,564	31,699	(2,865)	(9.0)%	35,797	1,233	3.4%
General and administrative	2,851	2,566	(285)	(11.1)%	42,955	28,229	(14,726)	(52.2)%	25,539	(17,416)	(68.2)%
Total operating expense	135,063	123,258	(11,805)	(9.6)%	1,446,907	1,334,037	(112,870)	(8.5)%	1,319,653	(127,254)	(9.6)%
Operating income (loss)	(6,985)	1,987	(8,972)	(451.5)%	8,251	10,890	(2,639)	(24.2)%	(11,564)	19,815	171.4%
Non-operating activity											
Interest income (expense)	(252)	(93)	(159)	(171.0)%	(3,908)	(907)	(3,001)	(330.9)%	(2,299)	(1,609)	(70.0)%
Other nonoperating revenue	11	13	(2)	(15.4)%	(263)	140	(403)	(287.9)%	143	(406)	(284.0)%
Total non-operating activity	(241)	(80)	(161)	(201.3)%	(4,171)	(767)	(3,404)	(443.8)%	(2,156)	(2,015)	(93.5)%
Net income (loss)	\$ (7,226)	\$ 1,907	\$ (9,133)	(478.9)%	\$ 4,080	\$ 10,123	\$ (6,043)	(59.7)%	\$ (13,720)	\$ 17,800	129.7%
EBIDA adjustments											
Interest income (expense)	252	93	159		3,908	907	3,001		2,299	1,609	
Depreciation and amortization	2,254	1,993	261		34,564	31,699	2,865		35,797	(1,233)	
Total EBIDA adjustments	2,506	2,086	420		38,472	32,606	5,866		38,096	376	
EBIDA	\$ (4,720)	\$ 3,993	\$ (8,713)		\$ 42,552	\$ 42,729	\$ (177)		\$ 24,376	\$ 18,176	

ALAMEDA HEALTH SYSTEM (consolidated)

Balance Sheet

As of May 31, 2025

(In Thousands)

	Current Month	Prior Month	FYE 2024
ASSETS			
Cash & cash equivalents	\$ 12,971	\$ 11,376	\$ 5,630
Patient account receivables, net	100,085	99,861	106,096
Due from third-party payors	294,867	301,221	313,969
Due from County of Alameda	30,516	36,030	39,869
Due from State of California	25,132	30,378	24,264
Inventories	11,893	11,948	11,987
Other current assets	22,760	21,664	17,622
TOTAL CURRENT ASSETS	498,224	512,478	519,437
Restricted cash equivalents	27,133	27,133	26,328
Right-to-use lease assets, net	32,228	32,851	39,085
Right-of-use subscription assets, net	3,931	4,102	869
Capital assets - nondepreciable	9,021	9,021	9,021
Capital assets - depreciable, net	127,034	126,932	136,930
TOTAL NONCURRENT ASSETS	199,347	200,039	212,233
DEFERRED OUTFLOWS OF RESOURCES	167,665	167,665	167,665
TOTAL ASSETS & DEFERRED OUTFLOWS	\$ 865,236	\$ 880,182	\$ 899,335
LIABILITIES & NET ASSETS			
Accounts payable and accrued expenses	\$ 68,487	\$ 57,899	\$ 85,488
Accrued compensation	49,667	44,920	56,267
Due to third-party payors	188,853	169,821	168,636
Due to County of Alameda	7,910	17,028	15,069
Other Payables	39,483	53,191	32,642
TOTAL CURRENT LIABILITIES	354,400	342,859	358,102
Liquidity facility - County of Alameda	(25,267)	(6,476)	5,101
Net pension obligation	425,359	425,359	426,007
Post employment benefit asset	38,374	38,374	38,374
Accrued compensated absences, net of current portion	23,293	23,293	23,293
Self-insurance liabilities, net of current portion	39,820	39,820	37,258
Lease obligations, net of current portion	30,875	31,410	36,469
Subscription obligations, net of current portion	1,429	1,364	167
Other long-term liabilities	76	76	2,783
TOTAL LONG TERM LIABILITIES	533,959	553,220	569,452
DEFERRED INFLOWS OF RESOURCES	52,403	52,403	52,403
Fund balance - capital contribution	86,466	86,466	85,451
Fund balance - prior years	(166,072)	(166,072)	(169,139)
Current year income/(loss)	4,080	11,306	3,066
FUND BALANCE	(75,526)	(68,300)	(80,622)
TOTAL LIABILITIES, DEFERRED INFLOWS, & FUND BALANCE	\$ 865,236	\$ 880,182	\$ 899,335

ALAMEDA HEALTH SYSTEM (consolidated)

Statement of Cash Flows

For the Period Ended May 31, 2025

(in thousands)

	Current Month	Year-to Date	FYE 2024
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating income (loss)	\$ (6,985)	\$ 8,251	\$ 4,809
Depreciation and amortization	2,254	34,564	41,048
Net changes in operating assets and liabilities:			
Patient account receivables, net	(224)	6,011	(11,664)
Due from/to third-party payors	25,386	39,319	(72,070)
Due from/to County	(3,604)	2,194	(3,778)
Due from State	5,246	(868)	2,648
Inventory	55	94	(318)
Other current assets	(1,096)	(5,138)	242
Accounts payable and accrued expenses	10,589	(17,000)	11,238
Accrued compensation	4,747	(6,600)	16,540
Other current payables	(13,709)	6,841	2,572
Net pension liability	-	(648)	(87,151)
Other postemployment benefits obligations	-	-	4,703
Other long-term liabilities	-	2,562	8,608
Deferred outflows/inflows	-	-	72,675
Net cash provided by (used in) operating activities	22,659	69,582	(9,898)
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES			
Change in liquidity facility	(18,791)	(30,368)	38,104
Interest payments on working capital loan	356	4,045	2,655
Receipts of rental income	11	(263)	155
Net cash provided by (used in) noncapital financing activities	(18,424)	(26,586)	40,914
CASH FLOWS FROM CAPITAL AND FINANCING ACTIVITIES			
Purchase and construction of capital assets	(1,561)	(15,832)	(20,601)
Proceeds from disposals of capital assets	0	0	0
Repayment of other long-term liabilities	0	(2,707)	(3,977)
Payments of lease liabilities	(535)	(5,594)	(6,148)
Interest payments on lease liabilities	96	1,137	997
Payments of subscription obligations	64	(3,779)	(870)
Interest payments on subscription obligations	9	117	43
Capital contributions and transfers	-	1,015	385
Net cash provided by (used in) capital and financing activities	(1,927)	(25,643)	(30,171)
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest and investment income	(713)	(9,207)	(5,593)
Net cash provided by (used in) investing activities	(713)	(9,207)	(5,593)
CHANGES IN CASH AND CASH EQUIVALENTS	1,595	8,146	(4,748)
CASH AND CASH EQUIVALENTS, beginning of period	38,509	31,958	36,706
CASH AND CASH EQUIVALENTS, end of period	\$ 40,104	\$ 40,104	\$ 31,958

ALAMEDA HEALTH SYSTEMS Volume Reports



Month: May

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Campus: AHS ALL CAMPUS											
Total Adjusted Patient Days	31,278	30,623	655	2.1%	335,017	322,222	12,795	4.0%	320,907	14,110	4.4%
Total Adjusted Discharges	2,586	2,789	(203)	-7.3%	28,630	29,994	(1,364)	-4.5%	29,148	(518)	-1.8%
GENERAL ACUTE											
GA Patient Days	6,387	6,556	(169)	-2.6%	70,916	74,562	(3,646)	-4.9%	73,419	(2,503)	-3.4%
GA Discharges	1,172	1,326	(154)	-11.6%	13,394	15,054	(1,660)	-11.0%	14,406	(1,012)	-7.0%
Average Daily Census	206	211.5	(5.5)	-2.6%	211.7	222.6	(10.9)	-4.9%	218.5	(7)	-3.1%
Average Length of Stay	5.4	4.9	0.5	10.2%	5.3	5	0.3	6.9%	5.1	0	3.9%
Adjusted Patient Days	11,991	11,864	127	1.1%	130,538	127,132	3,406	2.7%	126,839	3,699	2.9%
Adjusted Discharges	2,200	2,400	(200)	-8.3%	24,655	25,668	(1,013)	-3.9%	24,888	(233)	-0.9%
GA CMI MTD	1.610	1.615	(0.006)	-0.4%	1.636	1.596	0.04	2.5%	1.565	0	4.6%
Emergency Visits	9,546	9,570	(24)	-0.3%	100,655	96,265	4,390	4.6%	95,974	4,681	4.9%
Left Without Being Seen (LWBS)	464	735	271	58.4%	6,604	7,407	803	12.2%	7,041	437	6.6%
Trauma Cases	353	296	57	19.3%	3,383	3,189	194	6.1%	3,103	280	9.0%
Observation Equivalent Days	715	254	461	181.2%	7,107	3,005	4,102	136.5%	2,448	4,659	190.3%
IP Surgeries	307	299	8	2.7%	3,331	3,795	(464)	-12.2%	3,609	(278)	-7.7%
OP Surgeries	386	505	(119)	-23.5%	4,555	4,785	(230)	-4.8%	4,709	(154)	-3.3%
Total Surgeries	693	804	(111)	-13.8%	7,886	8,580	(694)	-8.1%	8,318	(432)	-5.2%
Deliveries	114	132	(18)	-13.6%	1,430	1,365	65	4.7%	1,420	10	0.7%
PSYCH											
Psych Patient Days	2,101	1,973	128	6.5%	21,761	22,231	(470)	-2.1%	21,938	(177)	-0.8%
Psych Discharges	229	217	12	5.5%	2,290	2,443	(153)	-6.3%	2,425	(135)	-5.6%
Average Daily Census	67.8	63.6	4	6.4%	65	66.4	(1.4)	-2.1%	65.3	(0)	-0.5%
Average Length of Stay	9.2	9.1	(0.1)	-1.1%	9.5	9.1	(0.4)	-4.4%	9	(1)	-5.0%
Adjusted Patient Days	2,472	2,373	99	4.2%	25,974	26,409	(435)	-1.6%	26,004	(30)	-0.1%
Adjusted Discharges	269	261	8	3.1%	2,731	2,902	(171)	-5.9%	2,875	(144)	-5.0%
PES Equivalent Days	819	568	251	44.2%	7,648	7,489	159	2.1%	7,366	281	3.8%
REHAB											
Rehab Patient Days	676	731	(55)	-7.5%	7,708	7,898	(190)	-2.4%	7,332	376	5.1%
Rehab Discharges	56	53	3	5.7%	575	568	7	1.2%	536	39	7.3%
Average Daily Census	21.8	23.6	(1.8)	-7.5%	23	23.6	(0.6)	-2.4%	21.8	1	5.4%
Average Length of Stay	12.1	13.9	(1.8)	-13.2%	13.4	13.9	(0.5)	-3.6%	13.7	(0)	-2.0%
Adjusted Patient Days	676	731	(55)	-7.5%	7,708	7,898	(190)	-2.4%	7,332	376	5.1%
Adjusted Discharges	56	53	3	6.5%	575	568	7	1.2%	536	39	7.3%

ALAMEDA HEALTH SYSTEMS Volume Reports



Month: May

SNF with Sub-Acute

SNF Patient Days	8,577	8,546	31	0.4%	92,150	92,349	(199)	-0.2%	91,610	540	0.6%
SNF Discharges	10	26	(16)	-61.5%	195	279	(84)	-30.0%	281	(86)	-30.6%
Average Daily Census	276.7	275.7	1	0.4%	275.1	275.7	(0.6)	-0.2%	272.6	2	0.9%
Average Length of Stay	857.7	331.4	526	158.8%	472.6	331.4	141.2	42.6%	326	147	45.0%
Adjusted Patient Days	8,848	8,836	12	0.1%	94,983	95,446	(463)	-0.5%	94,562	421	0.4%
Adjusted Discharges	10	27	(17)	-63.0%	201	288	(87)	-30.2%	290	(89)	-30.7%
Bed Holds	80	78	2	2.4%	927	1031.56	(105)	-10.1%	945	(18)	-1.9%

CLINICVISITS

Clinic Visits	34,636	35,756	(1,120)	-3.1%	379,473	360,951	18,522	5.1%	360,280	19,193	5.3%
Telehealth Visits	28,644	29,237	(593)	-2.0%	317,213	297,120	20,093	6.8%	296,671	20,542	6.9%
	5,992	6,519	(527)	-8.1%	62,260	63,831	(1,571)	-2.5%	63,609	(1,349)	-2.1%

FQHC Visits

Clinic Visits	29,227	30,585	(1,358)	-4.4%	318,112	307,177	10,935	3.6%	305,138	12,974	4.3%
Telehealth Visits	24,204	25,079	(875)	-3.5%	265,817	253,118	12,699	5.0%	251,466	14,351	5.7%
	5,023	5,506	(483)	-8.8%	52,295	54,059	(1,764)	-3.3%	53,672	(1,377)	-2.6%

Non-FQHC Visits

Clinic Visits	5,409	5,171	238	4.6%	61,361	53,774	7,587	14.1%	55,142	6,219	11.3%
Telehealth Visits	4,440	4,158	282	6.8%	51,396	44,002	7,394	16.8%	45,205	6,191	13.7%
	969	1,013	(44)	-4.3%	9,965	9,772	193	2.0%	9,937	28	0.3%

Physician wRVU

	135,633	136,477	(844)	-0.6%	1,569,475	1,354,249	215,226	15.9%	1,281,512	287,963	22.5%
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PAYOR MIX

Insurance %	6.3%	7.3%	-1.0%	-14.1%	6.8%	7.3%	-0.5%	-6.9%	6.8%	-0.1%	-0.7%
Medi-Cal %	7.3%	13.0%	-5.7%	-43.8%	8.7%	13.1%	-4.4%	-33.4%	18.0%	-9.3%	-51.5%
Medi-Cal MC %	53.3%	45.9%	7.4%	16.1%	51.8%	45.5%	6.3%	13.8%	42.1%	9.8%	23.2%
Medicare %	22.7%	19.7%	3.0%	15.3%	21.3%	20.0%	1.3%	6.4%	20.6%	0.7%	3.2%
Medicare MC %	6.6%	6.8%	-0.2%	-3.1%	7.1%	6.9%	0.2%	2.5%	6.7%	0.4%	5.3%
Other Govt %	1.5%	4.0%	-2.6%	-63.8%	1.8%	3.8%	-2.1%	-54.4%	2.9%	-1.2%	-40.5%
Self-Pay %	2.5%	3.4%	-0.9%	-27.2%	2.5%	3.3%	-0.8%	-23.3%	2.8%	-0.3%	-10.0%
Total Payor Mix %	100.0%	100.0%	0.0%	0.0%	100.00%	100.00%	0.00%	0.0%	100.0%	0.0%	0.0%

ALAMEDA HEALTH SYSTEMS Volume Reports



Month: May

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Campus: HIGHLAND											
Total Adjusted Patient Days	7,819	30,623	249	3.3%	84,571	82,346	2,225	2.7%	82,557	2,014	2.4%
Total Adjusted Discharges	1,260	1,299	-39	-3.0%	28,630	14,125	33	0.2%	14,012	146	1.0%
GENERAL ACUTE											
GA Patient Days	4,420	4,289	131	3.1%	48,225	49,227	-1,002	-2.0%	49,452	-1,227	-2.5%
GA Discharges	712	736	-24	-3.2%	8,073	8,444	-371	-4.4%	8,393	-320	-3.8%
GA OP Factor	1.7733	1.7697	-0.0036	-0.2%	1.7593	1.677	-0.0823	-4.9%	1.6743	-0.085	-5.1%
Average Daily Census	142.6	138.3	4.2	3.1%	144	146.9	-3	-2.0%	147.2	-3.2	-2.2%
Average Length of Stay	6.2	5.8	0.4	6.5%	6	5.8	0.1	2.5%	5.9	0.1	1.4%
Adjusted Patient Days	7,838	7,590	248	3.3%	84,843	82,555	2,288	2.8%	82,797	2,045	2.5%
Adjusted Discharges	1,263	1,302	-39	-3.0%	14,203	14,161	42	0.3%	14,052	151	1.1%
Occupancy %	84%	82%	3%	3.1%	85%	87%	-2%	-2.0%	87%	-2%	-2.2%
TOTAL FTE, HOURS, WRVU											
Paid FTE	1,761	1,650	-111	-6.7%	1,774	1,689	-85	-5.0%	1,710	-64	-3.7%
Productive FTE	1,574	1,443	-131	-9.0%	1,528	1,445	-83	-5.7%	1,486	-41	-2.8%
Paid FTE Per AOB	6.97	6.74	-0.22	-3.3%	7	6.85	-0.15	-2.2%	6.94	-0.06	-0.9%
Worked Hours per APD	35.6	33.7	-1.9	-5.6%	34.5	33.5	-1	-2.9%	34.5	0	0.0%
Worked Hours per AD	221	196	-24	-12.4%	206	195	-11	-5.4%	203	-3	-1.4%
OTHER STATS											
Emergency Visits	4,912	4,783	129	2.7%	50,297	48,341	1,956	4.0%	48,110	2,187	4.5%
Left Without Being Seen (LWBS)	289	576	287	99.4%	4,787	5,824	-1,037	21.7%	5,466	679	14.2%
Trauma Cases	353	296	57	19.4%	3,383	3,189	194	6.1%	3,103	280	9.0%
IP Surgeries	249	223	26	11.5%	2,637	2,740	-103	-3.8%	2,676	-39	-1.5%
OP Surgeries	212	257	-45	-17.4%	2,210	2,621	-411	-15.7%	1,879	331	17.6%
Total Surgeries	461	480	-19	-3.9%	4,847	5,362	-515	-9.6%	4,555	292	6.4%
Deliveries	114	132	-18	-13.5%	1,430	1,365	65	4.7%	1,420	10	0.7%
CLINIC / TELEHEALTH VISITS											
Specialty	753	432	321	74.3%	7,071	4,358	2,713	62.3%	4,585	2,486	54.2%
Behavioral Health	590	821	-231	-28.1%	7,701	8,964	-1,263	-14.1%	9,322	-1,621	-17.4%
Clinic Visits	1,343	1,253	90	7.2%	14,772	13,322	1,450	10.9%	13,907	865	6.2%
Telehealth Specialty	793	847	-54	-6.4%	8,117	8,093	24	0.3%	8,287	-170	-2.1%
Telehealth Behavioral Health	99	106	-7	-6.6%	1,038	1,051	-13	-1.2%	1,099	-61	-5.6%
Telehealth Visits	892	953	-61	-6.4%	9,155	9,144	11	0.1%	9,386	-231	-2.5%
TOTAL CLINIC VISITS	2,235	2,206	29	1.3%	23,927	22,466	1,461	6.5%	23,293	634	2.7%
PAYOR MIX											
Insurance %	6.98%	8.31%	-1.33%	-16.0%	7.60%	8.35%	-0.75%	-9.0%	7.64%	-0.04%	-0.5%
Medi-Cal %	7.11%	13.86%	-6.75%	-48.7%	9.19%	14.00%	-4.81%	-34.3%	21.79%	-12.60%	-57.8%
Medi-Cal MC %	53.35%	45.05%	8.29%	18.4%	51.19%	44.53%	6.66%	15.0%	38.22%	12.97%	33.9%
Medicare %	22.49%	18.02%	4.46%	24.8%	19.99%	18.27%	1.72%	9.4%	19.09%	0.90%	4.7%
Medicare MC %	5.85%	7.13%	-1.28%	-18.0%	7.22%	7.30%	-0.08%	-1.1%	7.08%	0.14%	2.0%
Other Govt %	1.61%	4.47%	-2.86%	-64.0%	2.07%	4.27%	-2.20%	-51.6%	3.30%	-1.23%	-37.3%
Self-Pay %	2.63%	3.16%	-0.54%	-17.0%	2.74%	3.27%	-0.53%	-16.3%	2.89%	-0.15%	-5.2%
Total Payor Mix %	100.00%	100.00%	0.00%	0.0%	100.00%	100.00%	0.00%	0.0%	100.00%	0.00%	0.0%
CAMPUS CMI MTD & YTD											
CMI Highland MTD	1.733	1.723	0.01	0.6%	1.723	1.68	0.044	2.6%	1.652	0.072	4.3%

ALAMEDA HEALTH SYSTEMS Volume Reports



Month: May

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Campus: ALAMEDA											
Total Adjusted Patient Days	9,307	30,623	214	2.3%	100,712	94,984	5,728	6.0%	98,465	2,248	2.3%
Total Adjusted Discharges	338	384	-46	-12.0%	28,630	4,076	-205	-5.0%	4,138	-267	-6.4%
GENERAL ACUTE											
GA Patient Days	959	1,142	-183	-16.0%	11,310	12,587	-1,277	-10.1%	12,353	-1,043	-8.4%
GA Discharges	219	260	-41	-15.6%	2,492	2,861	-369	-12.9%	2,740	-248	-9.1%
GA OP Factor	1.8381	1.6823	-0.1559	-9.3%	1.8007	1.5824	-0.2182	-13.8%	1.6909	-0.1098	-6.5%
Average Daily Census	30.9	36.8	-5.9	-16.0%	33.8	37.6	-3.8	-10.1%	36.8	-3	-8.2%
Average Length of Stay	4.4	4.4	0	-0.5%	4.5	4.4	0.1	3.1%	4.5	0	0.7%
Adjusted Patient Days	1,763	1,921	-158	-8.2%	20,365	19,918	448	2.2%	20,887	-522	-2.5%
Adjusted Discharges	403	437	-34	-7.8%	4,487	4,527	-40	-0.9%	4,633	-146	-3.1%
Occupancy %	47%	56%	-9%	-16.0%	51%	57%	-6%	-10.1%	56%	-5%	-8.2%
Paid FTE	410	398	-12	-3.0%	413	404	-9	-2.3%	410	-3	-0.8%
Productive FTE	363	348	-15	-4.3%	359	348	-11	-3.1%	357	-1	-0.4%
Paid FTE Per AOB	7.21	6.42	-0.79	-12.2%	6.79	6.79	0	0.0%	6.59	-0.2	-3.1%
Worked Hours per APD	36.5	32.1	-4.4	-13.6%	33.7	33.4	-0.3	-0.9%	32.9	-0.9	-2.7%
Worked Hours per AD	160	141	-19	-13.1%	153	147	-6	-4.1%	148	-5	-3.3%
Emergency Visits	1,695	1,695	0	0.0%	18,330	17,560	770	4.4%	17,383	947	5.4%
Left Without Being Seen (LWBS)	56	46	-10	-17.9%	595	476	-119	-20.0%	471	-124	-20.8%
IP Surgeries	15	18	-3	-15.1%	159	245	-86	-35.2%	250	-91	-36.4%
OP Surgeries	6	0	6	0.0%	456	0	456	0.0%	1,547	-1,091	-70.5%
Total Surgeries	21	18	3	18.9%	615	245	370	150.7%	1,797	-1,182	-65.8%
SNF with Sub-Acute											
SNF Patient Days	5,261	5,290	-29	-0.6%	56,465	57,171	-706	-1.2%	56,038	427	0.8%
SNF Discharges	7	12	-5	-42.9%	113	133	-20	-14.7%	134	-21	-15.7%
SNF OP Factor	1.0051	1.0059	0.0008	0.1%	1.005	1.0041	-0.0009	-0.1%	1.0046	-0.0004	0.0%
Average Daily Census	169.7	170.7	-1	-0.6%	168.6	170.7	-2.1	-1.2%	166.8	1.8	1.1%
Average Length of Stay	751.6	431.5	320	74.2%	499.7	431.5	68.2	15.8%	418.2	81.5	19.5%
Adjusted Patient Days	5,288	5,322	-34	-0.6%	56,746	57,406	-660	-1.1%	56,294	452	0.8%
Adjusted Discharges	7	12	-5	-42.9%	114	133	-19	-14.6%	135	-21	-15.6%
Occupancy %	94%	94%	0%	0.0%	93%	94%	0%	0.0%	92%	0%	0.0%
Bed Holds	43	51	-8	-15.3%	529	549	-20	-3.6%	531	-2	-0.4%
Paid FTE	257	209	-49	-23.4%	217	212	-6	-2.6%	185	-33	-17.6%
Productive FTE	238	182	-55	-30.4%	193	182	-11	-5.9%	161	-32	-19.9%
Paid FTE per AOB	1.51	1.22	-0.29	-24.2%	1.28	1.24	-0.05	-3.8%	1.1	-0.18	-16.4%
Worked Hours per APD	8	6.1	-1.9	-31.2%	6.5	6.1	-0.4	-7.1%	5.5	-1	-18.6%
Worked Hours per AD	5985	2618	-3367	-128.6%	3255	2624	-631	-24.0%	2297	-958	-41.7%

ALAMEDA HEALTH SYSTEMS Volume Reports



Month: May

TOTAL FTE, HOURS, WRVU METRICS

Total Paid FTE	668	591	-77	-13.0%	630	604	-27	-4.4%	594	-36	-6.0%
Total Productive FTE	601	514	-86	-16.8%	552	519	-33	-6.4%	519	-33	-6.4%
Total Paid FTE per AOB	2.22	2.01	-0.21	-10.4%	2.1	2.13	0.03	1.5%	2.03	-0.07	-3.4%
Worked Hours Per APD	11.4	10	-1.4	-14.1%	10.5	10.5	0	-0.4%	10.1	-0.4	-3.8%
Worked Hours Per AD	315	237	-78	-32.7%	273	244	-29	-12.1%	241	-32	-13.4%

CLINIC / TELEHEALTH VISITS

Specialty	1,334	1,175	159	13.5%	14,374	11,746	2,628	22.4%	11,955	2,419	20.2%
Clinic Visits	1,334	1,175	159	13.5%	14,374	11,746	2,628	22.4%	11,955	2,419	20.2%
Telehealth Specialty	16	17	-1	-5.9%	177	157	20	12.7%	165	12	7.3%
Telehealth Visits	16	17	-1	-5.9%	177	157	20	12.7%	165	12	7.3%

TOTAL CLINIC VISITS

1,350	1,192	158	13.3%	14,551	11,903	2,648	22.2%	12,120	2,431	20.1%
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PAYOR MIX

Insurance %	8.49%	7.72%	0.77%	10.0%	7.45%	7.55%	-0.11%	-1.4%	7.01%	0.43%	6.2%
Medi-Cal %	6.28%	16.20%	-9.92%	-61.2%	5.72%	15.95%	-10.24%	-64.2%	14.98%	-9.26%	-61.8%
Medi-Cal MC %	50.86%	40.55%	10.31%	25.4%	50.40%	40.28%	10.11%	25.1%	41.57%	8.83%	21.2%
Medicare %	22.39%	24.26%	-1.88%	-7.7%	24.43%	24.95%	-0.52%	-2.1%	25.18%	-0.75%	-3.0%
Medicare MC %	9.19%	7.76%	1.43%	18.4%	9.31%	7.88%	1.43%	18.1%	8.24%	1.07%	13.0%
Other Govt %	1.52%	1.42%	0.10%	6.8%	1.33%	1.37%	-0.04%	-2.9%	1.60%	-0.28%	-17.4%
Self-Pay %	1.27%	2.09%	-0.81%	-38.9%	1.37%	2.01%	-0.64%	-31.9%	1.41%	-0.04%	-3.0%
Total Payor Mix %	100.00%	100.00%	0.00%	0.0%	100.00%	100.00%	0.00%	0.0%	100.00%	0.00%	0.0%

CAMPUS CMI MTD & YTD

CMI Alameda MTD	1.405	1.431	-0.026	-1.8%	1.461	1.43	0.031	2.1%	1.401	0.06	4.3%
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ALAMEDA HEALTH SYSTEMS Volume Reports



Month: May

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Campus: SAN LEANDRO											
Total Adjusted Patient Days	3,589	30,623	138	4.0%	37,962	36,100	1,863	5.2%	34,090	3,872	11.4%
Total Adjusted Discharges	633	713	-80	-11.3%	28,630	7,549	-780	-10.3%	6,854	-84	-1.2%
GENERAL ACUTE											
GA Patient Days	1,008	1,126	-118	-10.5%	11,381	12,748	-1,367	-10.7%	11,614	-233	-2.0%
GA Discharges	241	331	-90	-27.2%	2,829	3,749	-920	-24.5%	3,273	-444	-13.6%
GA OP Factor	2.4567	2.0968	-0.3599	-17.2%	2.2737	1.9471	-0.3266	-16.8%	2.0137	-0.26	-12.9%
Average Daily Census	32.5	36.3	-3.8	-10.5%	34	38.1	-4.1	-10.7%	34.6	-0.6	-1.7%
Average Length of Stay	4.2	3.4	0.8	23.0%	4	3.4	0.6	18.3%	3.5	0.5	13.4%
Adjusted Patient Days	2,476	2,361	116	4.9%	25,877	24,822	1,055	4.2%	23,387	2,490	10.6%
Adjusted Discharges	592	694	-102	-14.7%	6,432	7,301	-868	-11.9%	6,591	-158	-2.4%
Occupancy %	52%	58%	-6%	-10.5%	54%	60%	-6%	-10.7%	55%	-1%	-1.7%
Paid FTE	414	404	-9	-2.3%	408	397	-10	-2.6%	390	-17	-4.4%
Productive FTE	361	346	-16	-4.5%	350	334	-17	-5.0%	338	-12	-3.5%
Paid FTE Per AOB	5.18	5.31	0.13	2.5%	5.28	5.36	0.08	1.5%	5.61	0.33	6.0%
Worked Hours per APD	25.9	25.9	0.1	0.3%	25.9	25.7	-0.2	-0.8%	27.8	1.9	6.7%
Worked Hours per AD	108	88	-20	-22.6%	104	87	-17	-19.2%	99	-6	-5.8%
Emergency Visits	2,939	3,092	-153	-5.0%	32,028	30,364	1,664	5.5%	30,481	1,547	5.1%
Left Without Being Seen (LWBS)	119	113	-6	-5.3%	1,222	1,107	-115	-9.4%	1,104	-118	-9.7%
IP Surgeries	43	58	-15	-26.0%	535	810	-275	-33.9%	683	-148	-21.7%
OP Surgeries	168	248	-80	-32.2%	1,889	2,164	-275	-12.7%	1,283	606	47.2%
Total Surgeries	211	306	-95	-31.0%	2,424	2,973	-549	-18.5%	1,966	458	23.3%
REHAB											
Rehab Patient Days	676	731	-55	-7.5%	7,708	7,898	-190	-2.4%	7,332	376	5.1%
Rehab Discharges	56	53	3	6.5%	575	568	7	1.2%	536	39	7.3%
Rehab OP Factor	1	1	0	0.0%	1	1	0	0.0%	1	0	0.0%
Average Daily Census	21.8	23.6	-1.8	-7.5%	23	23.6	-0.6	-2.4%	21.8	1.2	5.4%
Average Length of Stay	12.1	13.9	-1.8	-13.2%	13.4	13.9	-0.5	-3.6%	13.7	-0.3	-2.0%
Adjusted Patient Days	676	731	-55	-7.5%	7,708	7,898	-190	-2.4%	7,332	376	5.1%
Adjusted Discharges	56	53	3	6.5%	575	568	7	1.2%	536	39	7.3%
Occupancy %	78%	84%	0%	0.0%	82%	84%	0%	0.0%	78%	0%	0.0%
Bed Holds	-1	1	-2	-173.6%	-1	15	-16	-106.8%	7	-8	-114.3%
Paid FTE	67	73	6	8.3%	70	72	2	2.1%	68	-2	-2.9%
Productive FTE	59	64	5	8.1%	60	61	1	1.4%	57	-3	-5.4%
Paid FTE per AOB	3.09	3.11	0.03	0.8%	3.06	3.05	-0.01	-0.3%	3.13	0.08	2.4%
Worked Hours per APD	15.5	15.6	0.1	0.6%	15	14.9	-0.1	-1.0%	15	0	0.1%
Worked Hours per AD	187	216	30	13.7%	201	207	5	2.6%	206	4	2.1%
TOTAL FTE, HOURS, WRVU METRICS											
Total Paid FTE	482	464	-18	-3.9%	479	459	-20	-4.3%	460	-19	-4.1%
Total Productive FTE	421	396	-25	-6.4%	412	385	-27	-7.0%	397	-15	-3.8%
Total Paid FTE per AOB	4.16	4.17	0	0.1%	4.23	4.26	0.03	0.8%	4.53	0.31	6.8%
Worked Hours Per APD	20.8	20.3	-0.5	-2.3%	20.8	20.4	-0.4	-1.7%	22.3	1.6	7.1%
Worked Hours Per AD	118	98	-20	-19.9%	116	98	-19	-19.3%	111	-5	-4.8%
PAYOR MIX											
Insurance %	4.50%	6.32%	-1.83%	-28.9%	5.83%	6.25%	-0.42%	-6.7%	6.47%	-0.64%	-9.9%
Medi-Cal %	7.05%	9.79%	-2.74%	-28.0%	7.65%	9.83%	-2.18%	-22.1%	15.89%	-8.24%	-51.8%
Medi-Cal MC %	46.46%	44.36%	2.09%	4.7%	48.49%	43.96%	4.53%	10.3%	38.54%	9.94%	25.8%
Medicare %	27.39%	22.93%	4.46%	19.5%	25.27%	23.35%	1.92%	8.2%	24.60%	0.67%	2.7%
Medicare MC %	10.50%	9.00%	1.49%	16.6%	8.70%	9.14%	-0.44%	-4.8%	8.78%	-0.07%	-0.8%
Other Govt %	0.84%	4.06%	-3.22%	-79.2%	1.27%	3.90%	-2.63%	-67.4%	2.65%	-1.38%	-52.0%
Self-Pay %	3.27%	3.53%	-0.26%	-7.5%	2.78%	3.57%	-0.78%	-22.0%	3.06%	-0.28%	-9.2%
Total Payor Mix %	100.00%	100.00%	0.00%	0.0%	100.00%	100.00%	0.00%	0.0%	100.00%	0.00%	0.0%
CAMPUS CMI MTD & YTD											
CMI San Leandro MTD	1.369	1.436	-0.067	-4.6%	1.489	1.453	0.036	2.5%	1.433	0.056	3.9%

ALAMEDA HEALTH SYSTEMS Volume Reports



Month: May

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Campus: JOHN GEORGE											
Total Adjusted Patient Days	2,472	2,372	100	4.2%	25,974	26,409	-435	-1.6%	26,004	-30	-0.1%
Total Adjusted Discharges	269	261	8	3.1%	2,731	2,902	-171	-5.9%	2,875	27	0.9%
PSYCH											
Psych Patient Days	2,101	1,973	128	6.5%	21,761	22,231	-470	-2.1%	21,938	-177	-0.8%
Psych Discharges	229	217	12	5.6%	2,290	2,443	-153	-6.3%	2,425	-135	-5.6%
Average Daily Census	67.8	63.6	4.1	6.5%	65	66.4	-1.4	-2.1%	65.3	-0.3	-0.5%
Average Length of Stay	9.2	9.1	-0.1	-0.8%	9.5	9.1	-0.4	-4.4%	9	-0.5	-5.0%
PES Equivalent Days	819	568	251	44.2%	7,648	7,489	159	2.1%	7,366	281	3.8%
PES Visits	806	825	-19	-2.3%	8,611	8,345	266	3.2%	8,722	-111	-1.3%
PES Hours	19,657	16,947	2,710	16.0%	183,540	175,421	8,119	4.6%	176,786	6,754	3.8%
PES Hours per Visit	24	21	-4	-18.7%	21	21	0	-1.4%	20	-1	-5.2%
TOTAL FTE, HOURS, WRVU METRICS											
Total Paid FTE	387	356	-31	-8.8%	387	374	-13	-3.4%	378	-8	-2.2%
Total Productive FTE	345	306	-39	-12.6%	335	316	19	-5.8%	327	-7	-2.2%
Total Paid FTE per AOB	4.13	4.1	-0.03	-0.7%	3.95	4.38	0.43	9.9%	4.33	0.39	8.9%
Worked Hours Per APD	21	20.1	-0.9	-4.3%	19.5	21.2	1.7	7.8%	21.4	1.9	8.9%
Worked Hours Per AD	192	183	-9	-5.1%	185	193	7	3.7%	194	8	4.3%
Physician wRVU	8,689	11,869	-3,179	-26.8%	192,965	124,931	68,034	54.5%	93,602	99,362	106.2%
PAYOR MIX											
Insurance %	1.96%	5.65%	-3.69%	-65.2%	5.13%	5.73%	-0.60%	-10.4%	5.39%	-0.26%	-4.8%
Medi-Cal %	12.24%	12.45%	-0.21%	-1.7%	13.26%	12.74%	0.51%	4.0%	16.27%	-3.02%	-18.5%
Medi-Cal MC %	54.48%	47.98%	6.50%	13.5%	51.09%	48.80%	2.28%	4.7%	48.60%	2.49%	5.1%
Medicare %	24.19%	20.34%	3.85%	18.9%	22.49%	20.92%	1.57%	7.5%	20.79%	1.70%	8.2%
Medicare MC %	3.80%	2.59%	1.21%	46.6%	3.30%	2.64%	0.66%	25.1%	2.23%	1.06%	47.7%
Other Govt %	1.55%	2.36%	-0.81%	-34.5%	1.63%	2.37%	-0.74%	-31.1%	1.71%	-0.08%	-4.4%
Self-Pay %	1.77%	8.62%	-6.85%	-79.4%	3.10%	6.79%	-3.69%	-54.3%	5.00%	-1.90%	-38.0%
Total Payor Mix %	100.00%	100.00%	0.00%	0.0%	100.00%	100.00%	0.00%	0.0%	100.00%	0.00%	0.0%
CAMPUS CMI MTD & YTD											
CMI Behavioral Health MTD	1.348	1.243	0.105	8.5%	1.354	1.212	0.142	11.7%	1.282	0.072	5.6%

ALAMEDA HEALTH SYSTEMS Volume Reports



Month: May

	MONTH					YEAR-TO-DATE					PRIOR YEAR-TO-DATE			
	MTD Actual	MTD Budget	Var	% Var		YTD Actual	YTD Budget	Var	% Var		YTD PY Actual	Var	% Var	
Campus: FAIRMONT														
Total Adjusted Patient Days	4,320	30,623	26	0.6%		47,810	46,586	1,225	2.6%		45,589	2,221	4.9%	
Total Adjusted Discharges	4	18	-14	-78.1%		28630	194	-84	-43.3%		188	-79	-41.7%	
SNF with Sub-Acute														
SNF Patient Days	3,316	3,255	61	1.9%		35,685	35,178	507	1.4%		35,572	113	0.3%	
SNF Discharges	3	14	-11	-77.8%		82	146	-64	-43.9%		147	-65	-44.2%	
Average Daily Census	107	105	2	1.9%		106.5	105	1.5	1.4%		105.9	0.7	0.6%	
Average Length of Stay	1,105.30	240.6	864.7	359.4%		435.2	240.6	194.6	80.9%		242	193.2	79.8%	
Occupancy %	98%	96%	0%	0.0%		98%	96%	0%	0.0%		97%	0%	0.0%	
Bed Holds	38	26	12	46.2%		399	468	-69	-14.7%		407	-8	-2.0%	
TOTAL FTE, HOURS, WRVU METRICS														
Total Paid FTE	284	281	-4	-1.3%		295	287	-8	-2.7%		290	-5	-1.7%	
Total Productive FTE	249	248	-1	-0.2%		255	249	-6	-2.6%		250	-6	-2.2%	
Total Paid FTE per AOB	2.04	2.03	-0.01	-0.7%		2.06	2.06	0	-0.1%		2.14	0.07	3.3%	
Worked Hours Per APD	10.2	10.2	0	0.4%		10.2	10.2	0	0.1%		10.5	0.3	2.8%	
Worked Hours Per AD	11281	2465	-8816	-357.7%		4448	2461	-1987	-80.7%		2545	-1904	-74.8%	
CLINIC / TELEHEALTH VISITS														
Behavioral Health	1,749	1,720	29	1.7%		22,117	18,848	3,269	17.3%		19,251	2,866	14.9%	
Rehab	14	10	4	40.0%		133	86	47	54.7%		92	41	44.6%	
Clinic Visits	1,763	1,730	33	1.9%		22,250	18,934	3,316	17.5%		19,343	2,907	15.0%	
Telehealth Behavioral Health	61	43	18	41.9%		633	471	162	34.4%		386	247	64.0%	
Telehealth Visits	61	43	18	41.9%		633	471	162	34.4%		386	247	64.0%	
TOTAL CLINIC VISITS	1,824	1,773	51	2.9%		22,883	19,405	3,478	17.9%		19,729	3,154	16.0%	
PAYOR MIX														
Insurance %	2.56%	0.86%	1.70%	196.5%		1.18%	0.88%	0.30%	34.5%		0.65%	0.53%	80.5%	
Medi-Cal %	4.04%	7.51%	-3.47%	-46.2%		6.42%	7.41%	-0.99%	-13.4%		8.58%	-2.16%	-25.2%	
Medi-Cal MC %	76.04%	70.46%	5.58%	7.9%		71.31%	70.33%	0.98%	1.4%		71.01%	0.29%	0.4%	
Medicare %	14.06%	17.53%	-3.47%	-19.8%		18.15%	17.66%	0.49%	2.8%		16.16%	1.99%	12.3%	
Medicare MC %	2.10%	2.30%	-0.19%	-8.4%		2.43%	2.32%	0.11%	4.6%		2.10%	0.32%	15.3%	
Other Govt %	0.22%	1.19%	-0.97%	-81.3%		0.22%	1.23%	-1.00%	-81.7%		0.88%	-0.66%	-74.5%	
Self-Pay %	0.98%	0.16%	0.82%	515.0%		0.29%	0.17%	0.12%	69.7%		0.60%	-0.31%	-52.0%	
Total Payor Mix %	100.00%	100.00%	0.00%	0.0%		100.00%	100.00%	0.00%	0.0%		100.00%	0.00%	0.0%	

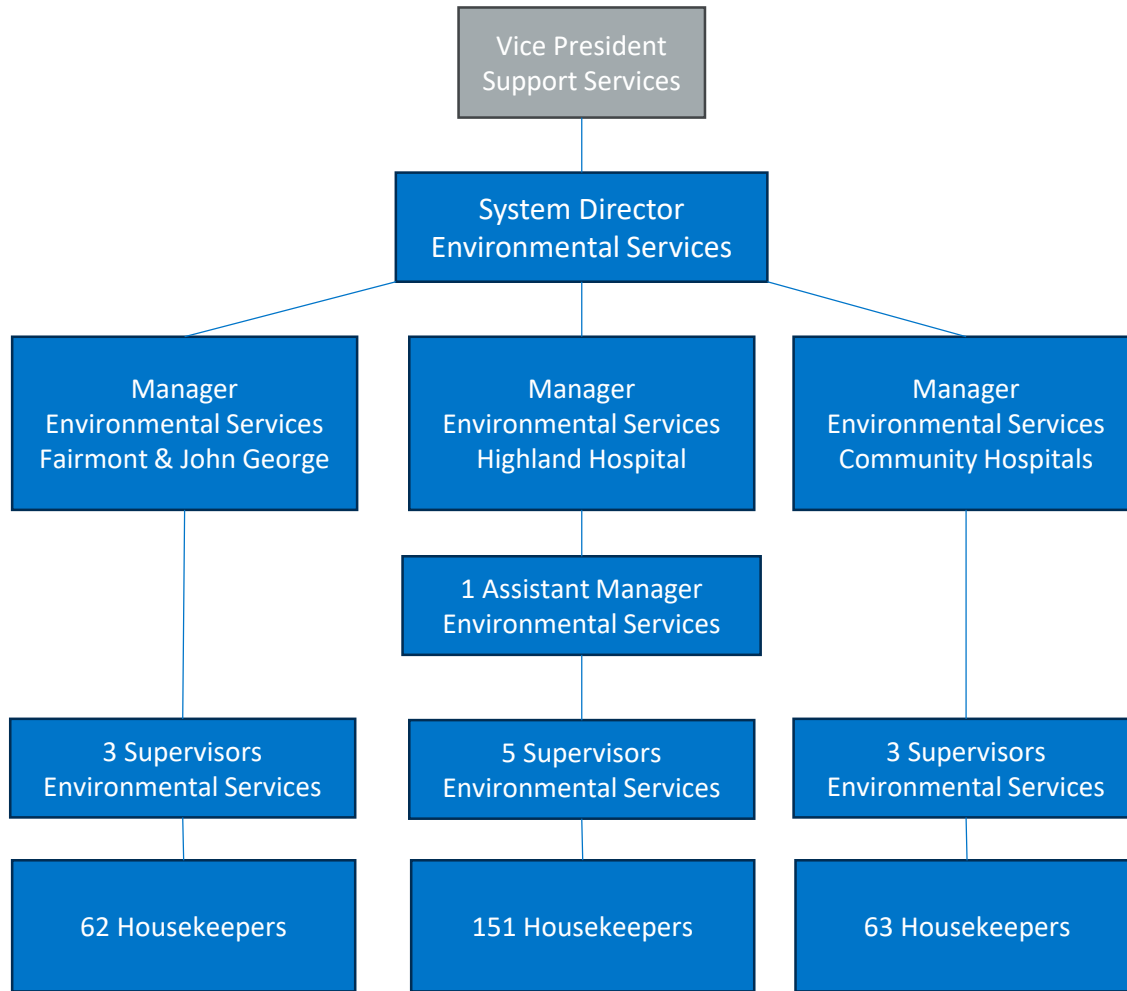
C1. Services Update

Alameda Health System Environmental Services Update

The First Line of Defense Against Healthcare-Associated Infections (HAIs):
The Environmental Services Department

Josh Geddis, MHA
System Director, Environmental Services

Environmental Services at Alameda Health System



We service 7 of the Alameda Health System campuses:

- Wilma Chan Highland Hospital Campus
- Fairmont Rehabilitation & Wellness Hospital
- John George Psychiatric Hospital
- San Leandro Hospital
- Alameda Hospital
- Park Bridge Rehabilitation & Wellness
- South Shore Rehabilitation & Wellness

Areas of operational responsibility for the Environmental Services department:

- Housekeeping
- Laundry & Linen
- Waste Management and Hazardous Waste Disposal

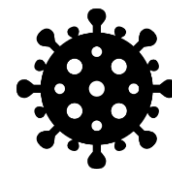
287 Environmental Services Personnel

- 1 Director
- 3 Managers
- 11 Supervisors
- 272 Housekeepers/Maintenance Porters/Materials Techs



Environmental Services Department Mission

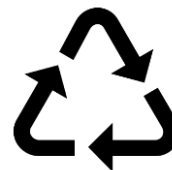
- I prevent the spread of germs
- I make the hospital look presentable
- I am part of the patient's recovery
- I make the patient's stay more comfortable



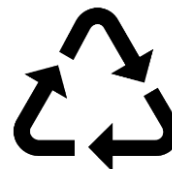
AHS housekeepers complete 2500+ discharge cleans per month across the system



AHS housekeepers process 300,000 pounds of linen per month



AHS housekeepers handle and dispose of 320,000 pounds of municipal solid waste per month

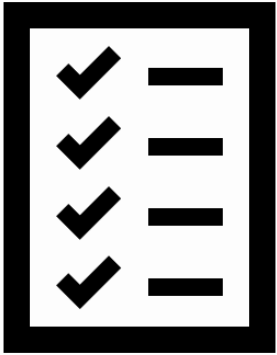


AHS housekeepers help divert 90,000 pounds of single stream recycling per month



AHS housekeepers manage and divert 30,000 pounds of regulated medical waste per month

Fighting Healthcare-Associated Infections: Industry Leading Tools of the Trade



EVS employs a **7-step** cleaning process, standardized across the system.



Diversey Oxivir-1 disposable wipes to clean & disinfect surfaces. Safe and effective with a 1-minute dwell time.



UV light disinfection is an additional disinfection intervention used to ensure the disinfection efforts of the Environmental Services Department. UV light disinfection has proven 99.9% effective at eliminating pathogens on surfaces when used at distances of 5 and 10 feet.

Disinfection Verified with ATP Testing

What is **ATP testing**?

Adenosine Triphosphate, or **ATP**, is the energy molecule found in all organic material, including bacteria and human tissues, making it a perfect indicator when trying to determine if a healthcare environmental surface is clean or not.

The Environmental Services department uses **ATP test results** to verify proper disinfection, evaluate cleaning methods and procedures, and set goals for improvement.

ATP testing is an EVS Department Quality Assurance / Process Improvement (QAPI) Component.



Performance Measure	Industry Standard and Best Practice	AHS Current State
ATP Test Pass Percentage 60/95	≥ 90% pass rate Source: AHE (Association for the Healthcare Environment)	WCHHC 94% SLH 95% JGPH 95% AHD 93% FMT 94% PB 93% SS 95%

Fiscal Year 2026: Leveraging Technology to Help Improve Performance



Shyld AI

Autonomous, artificial intelligence driven UV disinfection lights.



ServiceNow

Ticketing system to track all EVS service requests.



Diversey VeriClean

Fluorescent marking spray used to verify mechanical cleaning.



EVS Rover Phones

Real-time connection with EPIC to assist with discharge cleaning, patient throughput, and clinical service requests.

Questions?

C2. Entity Financials Review



Entity Based Financial Statements – May 2025 Year to Date

YTD Entity Financial Statements – May 2025 YTD

- Financial Statements by Entity reported year to date (YTD).
 - Alameda Hospital
 - Fairmont Hospital
 - FQHC
 - Highland Hospital
 - John George Psychiatric
 - San Leandro Hospital
- Allocations built on WIPLI methodology; QIP, Measure A, GPP, Physician Fees and Overhead are allocations.
 - Working to directly cost AHMG Physician Fees
 - Updated allocation of Physician call expenses based on actual reported call coverage by campus.
 - Remaining physician expenses allocated based on gross revenues.
- Next steps:
 - Direct cost all feasible expenses including Physician Expense
 - Develop Service Line Financial Statement. [Examples: Cardiology, Post Acute, Behavioral Health]
 - System Overhead will be added in Monthly Operating Review (MOR)

Financial Statement by Entity- May 2025 YTD

Financial Statement by Entity: May 2025 YTD

In Thousands	ALAMEDA	FAIRMONT	FQ CLINIC	HIGHLAND	JOHN GEORGE	SAN LEANDRO	SYSTEM OVERHEAD	Grand Total
<i>Operating Revenue -----</i>								
<i>Net Patient Revenue</i>	\$109,609	\$26,303	\$79,071	\$458,179	\$75,388	\$106,488	\$0	\$855,039
<i>Capitation Revenue</i>	2,724	553	16,838	24,047	176	6,452	0	50,790
<i>Other Government Programs</i>	27,551	9,355	(40)	105,633	682	23,252	5,830	172,264
<i>Other Revenues</i>	965	537	2,599	51,985	640	792	0	57,518
Total Revenue - All Sources	140,849	36,749	98,467	639,845	76,887	136,985	5,830	1,135,612
<i>Budget Revenue</i>	119,750	27,617	91,822	599,557	75,620	129,064		1,043,430
Collection %	15.8%	17.8%	49.1%	19.1%	25.5%	14.7%		19.3%
<i>Budget Collection %</i>	15.6%	17.6%	48.0%	18.8%	29.1%	14.5%		19.3%
<i>Operating Expenses -----</i>								
<i>Salaries & Benefits</i>	101,890	43,689	71,614	349,741	75,110	95,162	159,223	896,428
<i>Purchased Services</i>	6,753	2,279	1,275	29,565	3,454	5,575	47,062	95,963
<i>Contracted and Allocated Physician</i>	17,868	1,925	45,527	94,214	15,534	23,695	683	199,446
<i>Materials and Supplies</i>	10,898	4,025	6,037	102,386	1,666	14,729	2,058	141,799
<i>Facilities</i>	5,107	1,982	1,710	13,752	2,378	3,580	7,242	35,750
<i>Depreciation</i>	4,505	427	3,451	5,285	304	3,093	17,498	34,563
<i>General & Administration</i>	299	92	189	1,665	90	273	40,347	42,955
Total Operating Expenses	147,320	54,419	129,802	596,609	98,537	146,106	274,112	1,446,905
<i>Budget Expenses</i>	139,928	53,470	101,445	568,875	93,880	134,067	242,372	1,334,037
Contribution Margin	(6,470)	(17,670)	(31,335)	43,236	(21,650)	(9,122)	(268,282)	(311,293)
<i>Budget Contribution Margin</i>	(20,178)	(25,853)	(9,624)	30,682	(18,260)	(5,003)	(242,372)	(290,607)
Var Contribution Margin	13,708	8,183	(21,711)	12,554	(3,390)	(4,119)	(25,911)	(20,686)
Non-Op Activity, Measure A, GPP, QIP & System OH Allocation	3,716	3,895	9,200	20,728	9,565	4,159	268,282	319,546
Net Income (Loss)	(3,536)	(13,993)	(22,532)	62,038	(12,467)	(5,429)	0	4,082
<i>Budget Net Income (Loss)</i>	(17,684)	(22,206)	(294)	60,017	(9,218)	(492)	0	10,123

Alameda Hospital District- May 2025 YTD

1 of 3

In Thousands

Operating Revenue -----

	YTD ACTUAL	YTD BUDGET	YTD VARIANCE	Analysis
Net Patient Revenue	\$109,609	\$102,213	\$7,396	Net rev % is higher than budget due to increase in SNF rates for Medi-Cal/Medi-Cal Mngd Care, Increase of clinic visits by 22%
Capitation Revenue	2,724	2,606	118	County HPAC (\$118K)
Other Government Programs	27,551	14,003	13,548	SNF Passthrough (\$10.7M), AHD Parcel Tax rev(\$2.5M)
Other Revenues	965	929	37	Grand MAA program and Misc operating revenue (\$37K)
Total Revenue - All Sources	\$140,849	\$119,750	\$21,099	

Collection % **15.8%** **15.6%** **0.2%**

Operating Expenses -----

Salaries & Benefits	101,890	95,241	(6,649)	Staff, physicians, and registry labor costs unfavorable to budget by \$3.3M or 4% due to higher volume and rates due to skill mix. Employee benefit unfavorable \$2.7M or 16.7%, driven by self-funded health insurance and FICA. Retirement unfavorable by \$0.9M or 26.9%.
Purchased Services	6,753	6,633	(120)	Park Bridge SNF
Contracted and Allocated Physician	17,868	16,736	(1,131)	Favorable, driven by Hospitalists and Diagnostic Imaging.
Materials and Supplies	10,898	11,452	555	
Facilities	5,107	4,666	(440)	Driven by repair & maint of med equip (\$165K), utilities electricity/gas/water (\$119K), repair & maint of non med equip (\$56K),
Depreciation	4,505	4,675	170	
General & Administration	299	524	225	
Total Operating Expenses	\$147,320	\$139,928	(\$7,391)	

Contribution Margin	(\$6,470)	(\$20,178)	\$13,708
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Total FTEs	630	604	(26)	● FTE 4% over budget due to higher acute volumes, 7%
Total Adj Patient Days	100,712	94,984	5,727	●

Alameda Hospital District- May 2025 YTD

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Statistics

Acute

	YTD ACTUAL	YTD BUDGET	YTD VARIANCE		PYTD ACTUAL	Analysis
Observation Care Days	2,322	205	2,117	●	543	● Patient status work team identifying and billing for observations.
Acute Patient Days	11,310	12,587	(1,277)	●	12,353	● Discharges and Days are lower than budget.
Acute Discharges	2,492	2,861	(369)	●	2,740	●
Acute LOS	4.5	4.4	(0.1)	●	4.5	● Higher acuity with uptick in ICU patients.
CMI	1.460	1.430	0.030	●	1.400	●
Acute Adj Patient Days	10,908	10,332	576	●	11,300	● Above budget due to higher ED and clinic visits
Acute Adj Discharges	2,389	2,348	41	●	2,418	● Above budget due to higher ED and clinic visits
Acute Cost per Adj Patient Day	\$ 9,375	\$ 9,424	\$ 49	●	\$ 9,216	●
Acute Cost per Adj Discharge	\$ 42,804	\$ 41,468	\$ (1,336)	●	\$ 43,070	●
ED Visits	18,330	17,560	770	●	17,383	● ED visits over budget by 4%.
Left Without Being Seen (LWBS) - %	3%	3%	-1%	●	3%	●
IP Surgeries	159	245	(86)	●	250	●
						Moving surgery out of AH. Pain procedures transferred to
OP Surgeries	456	0	456	●	1,547	● HGH in January 2025
Total Surgeries	615	245	370	●	1,797	●
Acute FTEs	359	343	(16)	●	363	●

Alameda Hospital District- May 2025 YTD

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Statistics

Clinic Visits

	YTD ACTUAL	YTD BUDGET	YTD VARIANCE		PYTD ACTUAL	Analysis
Marina Wellness Clinic	6,550	4,741	1,809	●	4,859	●
Wound Care Clinic	8,001	7,162	839	●	7,261	●
Total Clinic Visits	14,551	11,903	2,648	●	12,120	●
Gross Revenues per Visit	\$ 1,559	\$ 1,776	\$ (217)	●	\$ 930	●
Net Revenue per Visit	\$ 243	\$ 284	\$ (41)	●	\$ 154	●
Costs per Visit	\$ 410	\$ 467	\$ 58	●	\$ 460	●
Clinical FTEs	24	22	(2)	●	22	●

SNF

SNF Patient Days	45,590	45,897	(307)	●	44,799	● Unfavorable Park Bridge (474) offset South Shore (167)
SNF Discharges	85	121	(36)	●	125	● Discharges lower than budget
SNF LOS	536.4	378.2	(158)	●	358.4	● Long LOS patients.
Bed Holds	444	519	75	●	508	●
SNF Cost per Patient Day	\$ 586	\$ 553	\$ (32)	●	\$ 492	●
SNF Cost per Discharge	\$ 314,122	\$ 209,253	\$ (104,869)	●	\$ 176,312	●
SNF FTEs	195	185	(10)	●	155	●

Sub-Acute

Subacute Patient Days	10,875	11,274	(399)	●	11,239	● Below budget by 4% due to improvements in the discharge process.
Subacute Discharges	28	11	17	●	9	● Improvements in the discharge process
Subacute LOS	388.4	1,012.1	624	●	1,248.8	●
Bed Holds	85	29	(56)	●	23	●
Subacute Cost per Patient Day	\$ 1,140	\$ 1,029	\$ (111)	●	\$ 1,118	●
Subacute Cost per Discharge	\$ 442,790	\$1,041,713	\$ 598,923	●	\$ 1,396,328	●
Subacute FTEs	53	55	2	●	54	●

Fairmont Hospital- May 2025 YTD

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In Thousands

Operating Revenue -----

	YTD ACTUAL	YTD BUDGET	YTD VARIANCE	PYTD ACTUAL	Analysis
Net Patient Revenue	\$26,303	\$25,430	\$873	\$28,967	SNF rates for Medi-Cal/Medi-Cal Mngd Care increased, Clinic visits volumes increased
Capitation Revenue	553	529	24	374	
Other Government Programs	9,355	1,186	8,169	(4,364)	SNF Passthrough (\$8.5M) offset by Other Government Programs by (\$364K) Grant MAA Program and misc operating revenues (\$65K)
Other Revenues	537	472	65	365	
Total Revenue - All Sources	\$36,749	\$27,617	\$9,131	\$25,343	
Collection %	17.8%	17.6%	0.2%	20.1%	

Operating Expenses -----

Salaries & Benefits	43,689	42,018	(1,670)	41,289	Staff, physicians, and registry labor costs unfavorable to budget by \$1.3M or 4%. Employee benefit unfavorable \$0.2M or 2.6%, driven by FICA and SDI/SUI. Retirement unfavorable by \$0.2M or 4.7%.
Purchased Services	2,279	2,296	17	2,315	
Contracted and Allocated Physician	1,925	1,480	(446)	9,343	Hospitalist contract (\$0.6M) and offset OP Psych (\$0.2M)
Materials and Supplies	4,025	4,492	467	4,164	Licenses permits
Facilities	1,982	2,749	768	2,352	
Depreciation	427	362	(65)	335	
General & Administration	92	72	(20)	67	
Total Operating Expenses	\$54,419	\$53,470	(\$949)	\$59,865	

Contribution Margin	(\$17,670)	(\$25,853)	\$8,183	(\$34,522)
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Total FTEs	295	287	(8) ●	290 ●
Total Adj Patient Days	47,810	46,586	1,224 ●	45,589 ●

Fairmont Hospital- May 2025 YTD

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Statistics

SNF

	YTD ACTUAL	YTD BUDGET	YTD VARIANCE		PYTD ACTUAL	Analysis
SNF Patient Days	35,685	35,178	507	●	35,572	● above budget by 1%
SNF Discharges	82	146	(64)	●	147	●
SNF LOS	435.2	240.6	(195)	●	242.0	● LOS higher than budget
Bed Holds	399	468	69	●	407	●
SNF Cost per Patient Day	\$ 1,418	\$ 1,403	\$ (15)	●	\$ 1,567	●
SNF Cost per Discharge	\$ 617,236	\$ 337,674	\$ (279,561)	●	\$ 379,088	●
SNF FTEs	276	267	(8)	●	270	● Slightly higher volume and nonprod %

Clinics Visits

Gen Rehab Clinic	133	86	47	●	92	●
OP Intensive Psych Services (IOP)	6,860	13,308	(6,448)	●	13,527	●
BH Wellness Program	15,890	6,011	9,879	●	6,110	●
Total Clinic Visits	22,883	19,405	3,478	●	19,729	●
Gross Revenues per Visit	\$ 1,280	\$ 1,308	\$ (27)	●	\$ 526	●
Net Revenue per Visit	\$ 90	\$ 95	\$ (4)	●	\$ 40	●
Costs per Visit	\$ 166	\$ 211	\$ 45	●	\$ 210	●
Clinical FTEs	19	19	0	●	19	●

FQHC- May 2025 YTD

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In Thousands

Operating Revenue -----

	YTD ACTUAL	YTD BUDGET	YTD VARIANCE	PYTD ACTUAL	Analysis
Net Patient Revenue	\$79,071	\$76,445	\$2,625	\$68,359	Increased clinic visits by 3% with improved collection rate
Capitation Revenue	16,838	13,024	3,814	14,782	Alameda Alliance (\$3.6M), County HPAC(\$164K)
Other Government Programs	(40)	849	(889)	981	SPA Prop 56 Overpayment (\$840K)
Other Revenues	2,599	1,504	1,095	2,952	Grant Program(\$1.1M)
Total Revenue - All Sources	\$98,467	\$91,822	\$6,646	\$87,075	
Collection %	49.1%	48.0%	1.0%	45.1%	

Operating Expenses -----

Salaries & Benefits	71,614	67,208	(4,405)	68,220	Variance due to volume (\$2.4M) and rate (\$2.0M)
Purchased Services	1,275	1,065	(210)	1,231	ECG (\$165k)
Contracted and Allocated Physician	45,527	22,288	(23,239)	29,038	PYTD, Current Yr not comparable due to change in physician allocation methodology; Pharmaceuticals (\$194k); decreased use of 2 dose per lifetime immunization vaccine (Shingrix)/ already given to most eligible patients
Materials and Supplies	6,037	6,446	409	6,337	Repairs & maintenance (\$258k), rentals (\$114k), offset by Repair Med Equip \$(100k)
Facilities	1,710	1,955	245	1,584	Amortization RTU Leases (\$1,254k)
Depreciation	3,451	2,170	(1,281)	2,003	
General & Administration	189	314	125	178	
Total Operating Expenses	\$129,802	\$101,445	(\$28,357)	\$108,591	

Contribution Margin	(\$31,335)	(\$9,624)	(\$21,711)	(\$21,516)
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Total FTEs	497	475	(22) ●	496 ●	FTE variance primarily in areas with favorable volumes
Total Clinic Visits	318,112	307,177	10,935 ●	305,138 ●	Primarily driven by EWC Dental (3k), EWC (3k), HWC (2K)

FQHC- May 2025 YTD

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Statistics

Homeless Van

	YTD ACTUAL	YTD BUDGET	YTD VARIANCE		PYTD ACTUAL	
Health Van Homeless Visits	924	820	104	●	806	●
Gross Revenues per Visit	\$ 333	\$ 383	\$ (50)	●	\$ 210	●
Net Revenue per Visit	\$ 276	\$ 313	\$ (37)	●	\$ 186	●
Costs per Visit	\$ 1,611	\$ 1,692	\$ 81	●	\$ 1,172	●
Clinical FTEs	6	7	1	●	7	●

Highland

Clinic Visits						
K7 Specialty	33,456	33,021	435	●	33,529	●
K7 Pain	5,921	5,893	28	●	6,101	●
F7 Ortho Pod	14,979	14,476	503	●	14,448	●
HGH HCP 4	7,726	7,235	491	●	7,266	●
HCP 5	17,735	16,879	856	●	17,019	●
Dental OMFS	20,676	19,436	1,240	●	19,632	●
Urgent Care	15,055	14,781	274	●	14,741	●
K6 Adult Med Clinic	32,916	31,035	1,881	●	31,026	●
K6 Pediatrics Clinic	11,873	12,119	(246)	●	12,108	●
Adult Immunology Clinic	3,202	2,961	241	●	2,973	●
K6 MCH/OB Clinic	19,007	21,430	(2,423)	●	21,434	●
Total Clinics Visits	182,546	179,266	3,280	●	180,277	●
Gross Revenues per Visit	\$ 462	\$ 469	\$ (6)	●	\$ 234	●
Net Revenue per Visit	\$ 181	\$ 179	\$ 2	●	\$ 98	●
Costs per Visit	\$ 408	\$ 315	\$ (93)	●	\$ 257	●
Clinical FTEs	305	299	(6)	●	314	●

FQHC- May 2025 YTD

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Statistics

Eastmont

Clinic Visits

	YTD ACTUAL	YTD BUDGET	YTD VARIANCE		PYTD ACTUAL	
Wellness Center	47,737	44,310	3,427	●	43,992	●
Dental Services	7,707	4,634	3,073	●	4,636	●
Speciality Clinics	14,685	14,029	656	●	14,109	●
Psych Clinic	212	562	(350)	●	540	●
Total Clinic Visits	70,341	63,535	6,806	●	63,277	●
Gross Revenues per Visit	\$ 625	\$ 630	\$ (5)	●	\$ 314	●
Net Revenue per Visit	\$ 334	\$ 332	\$ 2	●	\$ 179	●
Costs per Visit	\$ 416	\$ 349	\$ (67)	●	\$ 244	●
Clinical FTEs	100	87	(12)	●	92	●

Hayward

Wellness Center Clinic Visits	40,137	37,992	2,145	●	37,338	●
Gross Revenues per Visit	\$ 486	\$ 521	\$ (35)	●	\$ 259	●
Net Revenue per Visit	\$ 254	\$ 269	\$ (15)	●	\$ 145	●
Costs per Visit	\$ 382	\$ 337	\$ (45)	●	\$ 214	●
Clinical FTEs	54	49	(5)	●	51	●

Newark

Wellness Center Clinic Visits	24,090	25,564	(1,474)	●	23,438	●
Gross Revenues per Visit	\$ 538	\$ 583	\$ (45)	●	\$ 298	●
Net Revenue per Visit	\$ 267	\$ 285	\$ (18)	●	\$ 158	●
Costs per Visit	\$ 381	\$ 334	\$ (47)	●	\$ 231	●
Clinical FTEs	32	32	0	●	33	●

Highland Hospital- May 2025 YTD

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In Thousands

Operating Revenue -----

	YTD ACTUAL	YTD BUDGET	YTD VARIANCE	Analysis
Net Patient Revenue	\$458,179	\$430,369	\$27,810	Increased of OP Services and Clinic visits
Capitation Revenue	24,047	23,002	1,046	County HPAC(\$1.0M)
Other Government Programs	105,633	100,726	4,907	GPP Waiver(\$101M), DHCS Physicians SPA(\$322K), SB239 Hospital Fee(\$307K)
Other Revenues	51,985	45,460	6,525	Misc operating rev(\$5.4M), Grant Program(\$542K), Resident/Intern Reimbs(\$195K), AHSF Program(\$140K)
Total Revenue - All Sources	\$639,845	\$599,557	\$40,288	
Collection %	19.1%	18.8%	0.3%	

Operating Expenses -----

Salaries & Benefits	349,741	317,525	(32,216)	Staff, physicians, and registry labor costs unfavorable to budget by \$25.4M or 10.1% due to higher volumes, rates due to skill mix, and higher premium pay.. Employee benefit unfavorable \$6.2M or 12.9%, driven by self-funded health insurance, FICA, and SDI/SUI. Retirement unfavorable by \$3.4M or 10.8%.
Purchased Services	29,565	27,619	(1,946)	Emergency food & shelter (\$0.9M), purchased svcs (\$0.6M), refuse disposal (\$0.3M), offset by patient transport (\$0.5M)
Contracted and Allocated Physician	94,214	109,042	14,827	Lead by AHMG recruiting.
Materials and Supplies	102,386	94,814	(7,573)	Pharmaceuticals (\$6.9M) , medical/non-medical supplies (\$3.3M) offset by lab reagents (\$1.1M) and implants (\$1.3M). Retail pharmaceuticals revenue exceeded budget by \$6.1M
Facilities	13,752	12,995	(757)	Rental/lease equip (\$0.4M), repair maint facility (\$0.2M), and repair & maint med equip (\$0.2M)
Depreciation	5,285	5,151	(135)	
General & Administration	1,665	1,730	66	
Total Operating Expenses	\$596,609	\$568,875	(\$27,734)	

Contribution Margin	\$43,236	\$30,682	\$12,554
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Total FTEs	1,774	1,689	(85)	●
Total Adj Patient Days	84,571	82,346	2,225	●

Highland Hospital- May 2025 YTD

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Statistics

Acute

	YTD ACTUAL	YTD BUDGET	YTD VARIANCE	
Observation Care Days	2,610	2,006	604	●
Acute Patient Days	48,225	49,227	(1,002)	●
Acute Discharges	8,073	8,444	(371)	●
Acute LOS	6.0	5.8	(0.1)	●
CMI	1.720	1.680	0.040	●
Acute Adj Patient Days	84,571	82,346	2,225	●
Acute Adj Discharges	14,212	14,160	53	●
Acute Cost per Adj Patient Day	\$ 6,870	\$ 6,724	\$ (146)	●
Acute Cost per Adj Discharge	\$ 40,877	\$ 39,103	\$ (1,775)	●
ED Visits / PES	50,297	48,341	1,956	●
Left Without Being Seen (LWBS) - %	10%	12%	3%	●
IP Surgeries	2,637	2,740	(103)	●
OP Surgeries	2,210	2,621	(411)	●
Total Surgeries	4,847	5,362	(515)	●
Infusion Services Center Visits	8,932	8,039	893	●
Acute FTEs	1,528	1,445	(83)	●

Clinics

Clinic Visits				
Psych Clinic (CCB)	926	745	181	●
OP Intensive Psych Services (IOP)	1,397	8,326	(6,929)	●
BH Wellness Program	6,416	944	5,472	●
Bridge Clinic	15,188	12,451	2,737	●
Total Clinic Visits	23,927	22,466	1,461	●
Gross Revenues per visit	\$ 616	\$ 603	\$ 13	●
Net Revenue per Visit	\$ 34	\$ 35	\$ (1)	●
Costs per visit	\$ 654	\$ 677	\$ 23	●
Clinical FTEs	47	49	2	●

John George Hospital- May 2025 YTD

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In Thousands	YTD ACTUAL	YTD BUDGET	YTD VARIANCE	PYTD ACTUAL	Analysis
Operating Revenue -----					
<i>Net Patient Revenue</i>	\$75,388	\$74,485	\$903	\$80,768	Increased volumes over budget: PES(4.6%), Occupational Therapy(34%)
<i>Capitation Revenue</i>	176	169	8	222	
<i>Other Government Programs</i>	682	392	290	386	DHC Physicians(\$481K) offset by SPA Prop 56(\$191K)
<i>Other Revenues</i>	640	574	65	348	Misc Operating revenue(\$65K)
Total Revenue - All Sources	\$76,887	\$75,620	\$1,266	\$81,724	
Collection %	25.5%	29.1%	-3.6%	31.8%	
Operating Expenses -----					
<i>Salaries & Benefits</i>	75,110	71,551	(3,560)	69,642	Benefits (\$1,850), retirement (\$864k), skillmix (\$793k)
<i>Purchased Services</i>	3,454	3,103	(351)	3,241	Security delays in payments from Sept (\$215k),laundry (\$72k) refuse disposal (\$39k), CMSP ambulance (\$37k), emergency food & shelter (\$850k),
<i>Contracted and Allocated Physician</i>	15,534	15,054	(479)	14,541	TBH contract (\$63k)- continued use of TBH for coverage needs and use of Vaya registry psychiatry (\$467k)
<i>Materials and Supplies</i>	1,666	1,724	57	1,702	
<i>Facilities</i>	2,378	2,093	(285)	2,074	Utilities (\$283k)
<i>Depreciation</i>	304	295	(9)	284	
<i>General & Administration</i>	90	61	(29)	95	
Total Operating Expenses	\$98,537	\$93,880	(\$4,656)	\$91,578	
Contribution Margin	(\$21,650)	(\$18,260)	(\$3,390)	(\$9,854)	
Total FTEs	387	374	(12) ●	378 ●	
Total Adj Patient Days	32,822	28,606	4,216 ●	29,341 ●	

John George Hospital- May 2025 YTD

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Statistics

	YTD ACTUAL	YTD BUDGET	YTD VARIANCE		PYTD ACTUAL	
Acute Psych Patient Days	21,761	22,231	(470)	●	21,938	●
Acute Psych Patient Discharges	2,290	2,443	(153)	●	2,425	●
Acute Psych LOS	9.5	9.1	(0.4)	●	9.0	●
Acute Psych Adj Patient Days	25,974	26,409	(435)	●	26,004	●
Acute Psych Adj Discharges	3,454	3,143	311	●	2,875	●
Acute Psych Cost per Adj Patient Day	\$ 3,794	\$ 3,555	\$ (239)	●	\$ 3,522	●
Acute Psych Cost per Adj Discharge	\$ 28,528	\$ 29,870	\$ 1,341	●	\$ 31,854	●
ED Visits / PES	8,611	8,345	266	●	8,722	●

San Leandro Hospital- May 2025 YTD

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In Thousands	YTD ACTUAL	YTD BUDGET	YTD VARIANCE	PYTD ACTUAL	Analysis
Operating Revenue -----					
Net Patient Revenue	\$106,488	\$100,105	\$6,384	\$98,951	Increase in ED visits by 5%
Capitation Revenue	6,452	6,171	281	4,447	County HPAC (\$281K)
Other Government Programs	23,252	22,009	1,244	18,765	EPP(\$2.3M), offset by AB915(\$645K), AB85 Realignment(\$237K).
Other Revenues	792	779	13	537	Misc operating revenue(\$13K)
Total Revenue - All Sources	\$136,985	\$129,064	\$7,921	\$122,700	
Collection %	14.7%	14.5%	0.2%	15.8%	
Operating Expenses -----					
Salaries & Benefits	95,162	87,428	(7,734)	85,100	Staff and registry labor costs unfavorable to budget by \$6.1M or 8.6% due to higher volumes, rates due to skill mix, and higher premium pay. Employee benefit unfavorable \$1.4M or 10.1%, driven by self-funded health insurance, FICA, and SDI/SUI. Retirement unfavorable by \$0.7M or 16.6%.
Purchased Services	5,575	5,085	(490)	5,188	Purchased svcs (\$154K), Management consultants (\$139K), Security svcs (\$73K), laundry (\$42K), and refuse disposal (\$33K)
Contracted and Allocated Physician	23,695	19,565	(4,130)	20,667	
Materials and Supplies	14,729	14,254	(475)	13,579	Pharmaceuticals
Facilities	3,580	4,274	694	3,458	
Depreciation	3,093	3,093	(0)	2,339	
General & Administration	273	369	97	312	
Total Operating Expenses	\$146,106	\$134,067	(\$12,040)	\$130,642	
Contribution Margin	(\$9,122)	(\$5,003)	(\$4,119)	(\$7,943)	
Total FTEs	479	459	(19) ●	460 ●	
Total Adj Patient Days	37,962	36,100	1,862 ●	34,090 ●	

San Leandro Hospital- May 2025 YTD

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Statistics

Acute

	YTD ACTUAL	YTD BUDGET	YTD VARIANCE		PYTD ACTUAL	Analysis
Observation Care Days	2,175	794	1,381	●	1,020	● Patient status work team identifying and billing for observations.
Acute Patient Days	11,381	12,748	(1,367)	●	11,614	● Discharges and Days lower than budget.
Acute Discharges	2,829	3,749	(920)	●	3,273	●
Acute LOS	4.0	3.4	(1)	●	3.5	●
CMI	1.490	1.450	0.040	●	1.430	● Higher acuity and higher volume of ICU patients
Acute Adj Patient Days	37,962	36,100	1,862	●	34,090	●
Acute Adj Discharges	6,770	7,549	(779)	●	6,854	●
Acute Cost per Adj Patient Day	\$ 3,467	\$ 3,339	\$ (129)	●	\$ 3,448	●
Acute Cost per Adj Discharge	\$ 19,442	\$ 15,966	\$ (3,476)	●	\$ 17,153	●
ED Visits / PES	32,028	30,364	1,664	●	30,481	● ED visits over budget by 5.5%.
Left Without Being Seen (LWBS) - %	4%	4%	0%	●	4%	●
IP Surgeries	535	810	(275)	●	683	●
OP Surgeries	1,889	2,164	(275)	●	1,283	●
Total Surgeries	2,424	2,973	(549)	●	1,966	●
Acute FTEs	412	385	(27)	●	397	● Higher ICU and ED visits

Rehab

Acute Rehab Patient Days	7,708	7,898	(190)	●	7,332	● Below budget by 2.4%.
Acute Rehab Discharges	575	568	7	●	536	●
Acute Rehab LOS	13.4	13.9	0.5	●	13.7	●
Acute Rehab Cost per Patient Day	\$ 1,879	\$ 1,715	\$ (165)	●	\$ 1,785	●
Acute Rehab Cost per Discharge	\$ 25,191	\$ 23,832	\$ (1,359)	●	\$ 24,411	●
Acute Rehab FTEs	51	52	1	●	50	●

Contract Approvals

July 2025

1. Renewal agreement with Alliance HealthCare Services, Inc. dba Alliance HealthCare Radiology for provision of mobile imaging services. The term of this renewal agreement is effective April 23, 2025 through April 22, 2028. The estimated impact of this renewal is \$3,333,044.

Mark Fratzke, Chief Operating Officer

2. Renewal agreement with CareFusion Solutions, LLC for provision of infusion pumps and supplies. The term of this renewal agreement is effective August 19, 2025 through August 18, 2030. The estimated impact of this renewal agreement is \$7,206,000.

Romoanetia Lofton, Chief Nursing Executive

3. Renewal agreement with East Oakland Community Project for provision of respite care services. The term of this renewal agreement is effective August 1, 2025 through July 31, 2028. The estimated impact of this agreement is \$1,593,600.

Romoanetia Lofton, Chief Nursing Executive

Contract Approvals July 2025

4. Renewal agreement with The Regents of the University of California on behalf of the University of California, San Francisco, Department of Neurological Surgery for provision of professional neurosurgery services. The term of this renewal agreement is August 1, 2025 through July 31, 2027. The estimated impact of this renewal agreement is \$7,594,371.

Elizabeth Mahler MD, Chief Medical Officer

Recommendation: Motion to Recommend Approval for the above contracts to the Board of Trustees

Board of Trustees Contract Summary July 2025

Contractor/ Vendor Name:	Alliance HealthCare Services, Inc. dba Alliance HealthCare Radiology (“Alliance”)								
Description:	<p>Alliance HealthCare Services, Inc. is a provider of imaging services. Alliance is part of Akumin, Inc., which acquired Alliance in 2017. Per terms of the current arrangement between Alameda Health System (“AHS”) and Alliance, vendor places a mobile magnetic resonance imaging (“MRI”) trailer at Alameda Hospital (“AH”) staffed by Alliance personnel, including 1 technician to operate the MRI and 1 patient coordinator to assist the technician, to support imaging services to the local community. The placement of the trailer allows for rapid patient MRI services keeping patients within the system and revenue in-house. The trailer is available for MRI procedures seven days a week for eight hours each day for both inpatient and outpatient imagery. Outpatient imagery includes Emergency Department services.</p> <p>Alliance is a California-based provider of mobile imaging services. Mobile imaging affords AHS flexible access to advanced imagining services without the onerous capital and space commitments associated with direct ownership. This in addition to the ability to respond to changes in imaging demand at the facilities served make utilization of the Mobile MRI the preferred solution to our community hospital MRI needs and Alliance the preferred provider of those Services.</p> <p>In light of the importance of maintaining cost-effective access to MRI services for our AH patients, AHS leadership recommends Board approval for continuing mobile MRI services from Alliance (“Renewal”) on the terms described above and below.</p> <p>The cost of 36-month renewal is estimated as follows:</p> <table><tr><th>Year 1</th><th>Year 2</th><th>Year 3</th><th>Total</th></tr><tr><td>\$ 995,331.50</td><td>\$ 1,076,451.02</td><td>\$ 1,164,181.78</td><td>\$ 3,235,964.30</td></tr></table> <p>Pricing is per procedure. The volume of MRI procedures performed using the AH trailer has been increasing at the rate of 5% annually. Pricing terms remain unchanged from Current Agreement.</p>	Year 1	Year 2	Year 3	Total	\$ 995,331.50	\$ 1,076,451.02	\$ 1,164,181.78	\$ 3,235,964.30
Year 1	Year 2	Year 3	Total						
\$ 995,331.50	\$ 1,076,451.02	\$ 1,164,181.78	\$ 3,235,964.30						
Contract Type and Term:	Renewal Contract Term: April 23, 2025 through April 22, 2028								
Termination Clause:	Client may terminate this Agreement if Alliance does not provide service which is in material accordance with industry standards provided that Client has provided Alliance with written notice of such deficiency within thirty (30) days of such notice. Client and Alliance shall act in good faith to resolve any disputes as to the quality of service provided. If Alliance has not corrected such deficiency, this Agreement can terminate sixty (60) days following the end of the correction period.								

Board of Trustees Contract Summary July 2025

Total Spend with Vendor:						
	Description			Board Approval		Total
	36-Month Renewal Period 4/23/2025- 4/22/2028					\$3,235,965
	Contingency of 3%					\$97,079
	Total Estimated Spend:			Approval Requested		\$3,333,044
Estimated Cost Savings:	Annual pricing increases are tied to the Consumer Price Index and limited to the anniversary of the commencement date.					
Fiscal Implications:	This agreement has been included in the budget for FY26.					
Reasons for Recommendation:	Alliance is the recognized leader in provision of Mobile MRI services nation-wide and has a proven record of providing reliable, affordable and high-quality Services at AHS. In light of that record and our ongoing need for these Services, AHS leadership recommends approving the extension addendum on the terms discussed above.					
Impacted Facilities:						
	JGPH	Highland	Fairmont	San Leandro	Alameda	Clinic(s)
					X	
Coordination with Medical Staff:	This agreement was reviewed by the Chair of Radiology.					
Administrative Review:	Primary: Chief Operating Officer Secondary: System Director of Imaging Services					
Prior BOT Review/Action:	In October 2019, the Board approved a contract with Alliance for mobile MRI services.					
Executive Sponsor:	Chief Operating Officer					

Contractor/Vendor Name:	CareFusion Solutions, LLC ("CareFusion")
Description:	<p>CareFusion is a medical technology company specializing in providing medical devices, equipment, and related services to public health agencies such as Alameda Health System (AHS). AHS currently obtains a fleet ("Fleet") of rental infusion pumps under agreement ("Current Agreement") with a different vendor ("Incumbent"). Infusion pumps are used widely across the spectrum of care to administer large-volume intravenous medications in both inpatient and outpatient settings. The current Fleet is approaching end-of-life with FDA designation for discontinuation effective June 30, 2026. In order to comply with FDA requirements and ensure uninterrupted delivery of infusion services to our patients, AHS leadership has negotiated a more cost-effective arrangement ("New Arrangement") with CareFusion under which AHS will purchase a new Fleet of smart infusion pumps. CareFusion will also provide support and maintenance for the new Fleet (equipment and software) as well as supply AHS with the disposable components ("Disposables") required to operate the infusion pumps.</p> <p>As part of the Fleet replacement effort, AHS will be upgrading to "smart" infusion pumps. These pumps will interface with Epic allowing more precise monitoring and documentation of infusion therapy encounters. Roll-out of the new pumps and integration with Epic will take place over the next 9-12 months with full go-live anticipated prior to the June 30, 2026 FDA deadline.</p> <p>AHS leadership negotiated significant discounts on the New Arrangement terms, as described below:</p> <ol style="list-style-type: none">1. New Infusion Pumps & Software – 37% reduction over initial quote resulting in \$2,561,000 cost over the proposed 5-year term.2. Disposables – 9% reduction over initial quote resulting in \$4,645,000 cost over the proposed 5-year term.
Contract Term:	Contract August 19, 2025 – August 18, 2030
Termination Clause:	Termination for Cause. Either party may terminate for cause the then-remaining performance of any Customer Agreement upon written notice if the other party: (i) fails to comply with any material term or condition of any agreement between the parties; and fails to cure such non-compliance within thirty (30) days after receipt of written notice providing full details of such non-compliance; (ii) terminates or suspends substantially all of its business activities; or (iii) becomes subject to any bankruptcy or insolvency proceeding. Upon any such termination, CareFusion may repossess Equipment subject to any outstanding payment obligations. Notwithstanding the foregoing, Customer's obligation to pay for any Products that it has accepted will not be affected by any termination under this Section.

Total Spend with Vendor:	Description		Board Approval	Total		
	Infusion Pump Purchase and Maintenance			\$2,561,000.00		
	Disposables Accessories for Infusion Pumps (5 Years)			\$4,645,000.00		
	Total Estimated Spend:		Approval Requested	\$7,206,000.00		
Estimated Cost Savings:	There are a number of cost savings associated with this New Arrangement, including negotiated reductions over list price agreed to by CareFusion, rental costs avoided, as well as increased revenues. Details below: 1) \$1,489,000 discount on infusion pump purchase and maintenance; 2) \$425,000 discount on Disposables; 3) \$3,500,000 infusion pump rental costs (on current Fleet) foregone; 4) \$750,000 estimated additional revenues due to enhanced billing accuracy enabled by smart-pump Epic billing function In addition to the above cost savings, infusion pump inclusion in the Epic network improves accuracy of administration during infusion sessions resulting in improved clinical efficacy with commensurate reduction in risk of medication errors.					
Fiscal Implications:	The current agreement is within budget for FY26 and will be accounted for in future budget requests.					
Reasons for Recommendation:	In preparation for the anticipated end-of-life transition from the current Fleet of infusion pumps, AHS began evaluating FDA-approved infusion pump vendors in the U.S. market starting in April 2024. Based on nursing feedback and clinical experience, the evaluation was narrowed to three vendors. A comprehensive infusion pump fair was held across the Wilma Chan Highland, San Leandro, and Alameda Hospital campuses, engaging over 100 nurses. Feedback from the fair indicated support for the CareFusion solution as the preferred option due to its ease of use, functionality, Epic EHR interoperability, and familiarity among staff. Key stakeholders – including representatives from Pharmacy, Information Services (IS), Bio-Med, Supply Chain, and Purchasing – actively participated in the selection process and reached a consensus identifying CareFusion as the vendor of choice. The decision was driven by the platform’s strong integration with Epic, streamlined maintenance requirements, robust safety features, and the benefit of a single, unified drug library.					
Impacted Facilities:	JGPH	Highland	Fairmont	San Leandro	Alameda	Clinic(s)
		x		X	X	
Coordination with Medical Staff:	This Agreement was reviewed in association with Department of Pulmonary and Critical Care Medicine.					

Administrative Review:	Primary: System Director of Pharmacy Secondary: Chief Nurse Executive
Prior BOT Review/Action:	N/A
Executive Sponsor	Chief Nurse Executive

Board of Trustees Contract Summary | 2025

Contractor/Vendor Name:	East Oakland Community Project					
Description:	<p>East Oakland Community Project (“EOCP”) is a locally-based organization that provides residential, veteran, and other community-based services. EOCP has been providing respite care services to Oakland residents for thirty (30) years under which short-term residential housing (“Respite Care”) is provided for individuals experiencing homelessness after discharge from a period of stay in hospital. This allows the individuals to continue post-acute care recovery in a safe and supportive environment.</p> <p>AHS has contracted with EOCP since 2013 to secure access for AHS patients who require Respite Care services upon discharge from AHS care. Per terms of this arrangement, EOCP provides the following services:</p> <ol style="list-style-type: none">1. Beds. Provision of 15 respite care beds for clients of AHS for four to six weeks, with the possibility of extending their stay on a case-by-case basis and as approved by AHS Complex Care designee.2. Client Supervision. EOCP will provide clients with on-going supervision and supportive services through a nursing coordinator who will be responsible for monitoring and providing support. Nurses will be available from 8AM-7PM. Supervision includes addiction Services in the form of harm reduction-oriented individual and group support services to be provided for clients living with addictions. These services will include daily wellness checks.3. Transportation. EOCP provides transportation for follow-up medical appointments.4. Coordinate other Supportive Services. To ensure smooth transition of clients to living independently, EOCP will assist clients with other supportive services including but not limited to:<ol style="list-style-type: none">a. Referral to EOCP’s Bay Area Community Resource Case Management services for orientation and access to the following:<ol style="list-style-type: none">1. Long-term housing placement services,2. Employment services, and3. Other benefits (i.e., food distribution programs, substance abuse counseling services, etc.). <p>To ensure uninterrupted provision of the above services, AHS leadership is requesting Board approval to enter a 3-year renewal with EOCP.</p>					
Contract Type and Term:	Contract Extension 8/1/2025 through 7/31/2028					
Termination Clause:	Either Party may terminate the Agreement without cause and without further liability by providing 30 days’ notice, in writing, to the other Party.					
Total Spend with Vendor:	<table><tr><td>Description</td><td>Board Approval</td><td>Total</td></tr></table>			Description	Board Approval	Total
Description	Board Approval	Total				

Board of Trustees Contract Summary | 2025

	<table><tr><td>Renewal (8/1/2025 thru 7/31/28)</td><td>Approval Requested</td><td>\$1,593,600</td></tr></table>	Renewal (8/1/2025 thru 7/31/28)	Approval Requested	\$1,593,600									
Renewal (8/1/2025 thru 7/31/28)	Approval Requested	\$1,593,600											
Estimated Cost Savings:	<p>For the next three years, the rate with EOCP will remain the same and will not increase, resulting in cost savings for the organization. This price stability supports predictable budgeting and reduces the market rate fluctuations.</p> <p>Cost Off-Set: Patients discharged to respite care typically stay for six weeks, allowing each bed to serve 8 to 9 individuals annually—approximately 130 patients across all beds.</p> <p>With an average inpatient night costing approximately \$5,000, and each patient avoiding about five nights by being discharged to respite care, the estimated cost avoidance is \$25,000 per patient. This results in total annual savings of \$3.25 million, with net savings of \$2.72 million after contract costs per year.</p> <p>This partnership improves discharge efficiency, reduces avoidable hospital stays, and ensures vulnerable patients receive care in more appropriate settings.</p>												
Fiscal Implications:	Cost has been included in FY 26 budget.												
Reasons for Recommendation:	To ensure compliance with SB 1152 (Homeless Patient Discharge Planning Policy and Process), AHS entered into this agreement with EOCP. In addition, AHS and EOCP have maintained a positive and collaborative working relationship over the years and wish to continue their partnership moving forward.												
Impacted Facilities:	<table><tr><td>JGPH</td><td>Highland</td><td>Fairmont</td><td>San Leandro</td><td>Alameda</td><td>Clinic(s)</td></tr><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td></td></tr></table>	JGPH	Highland	Fairmont	San Leandro	Alameda	Clinic(s)	X	X	X	X	X	
JGPH	Highland	Fairmont	San Leandro	Alameda	Clinic(s)								
X	X	X	X	X									
Coordination with Medical Staff:	Vice President, Patient Care Administrative Services												
Administrative Review:	Chief Nurse Executive												
Prior BOT Review/Action:	N/A												
Executive Sponsor	Chief Nurse Executive												

Contractor/Vendor Name:	The Regents of the University of California on behalf of the University of California, San Francisco, Department of Neurological Surgery ("UCSF")
Description:	<p>Alameda Health System ("AHS") has a long-established and well-regarded relationship with the UCSF East Bay Faculty Surgeons ("EBFS") under which EBFS have successfully provided comprehensive surgical services including general, thoracic, vascular, breast, trauma, and minor surgery as well as staffing for administrative and education positions since July 1, 2001. Due to this long-term and positive relationship with UCSF, in 2017 AHS and East Bay Medical Group, subsequently known as Alameda Health Medical Group ("AHMG"), leadership recommended and the Board approved expanding our contractual relationship with UCSF to include UCSF's provision of neurosurgery services ("Services") at Wilma Chan Highland Hospital ("WCHGH") under agreement ("Current Agreement"). UCSF's provision of neurosurgery services over the past 8 years has resulted in a significant improvement in our delivery of neurosurgery services to the community as reflected below:</p> <ul style="list-style-type: none"> • Positive patient outcomes resulting from timely care delivery of neuro-trauma services. • Increased clinic time coupled with "level-loaded" access (based on the principle of standardizing workflows to reduce waste and enhance productivity) has resulted in an improvement in patient satisfaction. <p>In recognition of the above and to ensure uninterrupted delivery of these critical life-saving Services going forward, AHS leadership is requesting Board approval to enter a renewal agreement ("Renewal Agreement") with UCSF, including provision of the following services:</p> <p><u>WCHGH Neurosurgery services</u></p> <ul style="list-style-type: none"> • 24/7 365-day continuous coverage of the service, including "on-call" status (1st and 2nd call). • 9 hours daily inpatient and critical care unit rounding. • 6 half-day neurosurgery clinics per week, 52 weeks per year. • 2 full-day operating room blocks, 52 weeks per year. • Chief of the Division of Neurosurgery, 40 hours per month. <p>UCSF will adjust clinical staffing levels to reduce call and administrative burden levels. Addition of a 1.0 FTE neurosurgeon will bring the department roster to 4.0 FTEs enabling more sustainable coverage of two-deep call and a very full clinic and elective surgical schedule. UCSF will also provide a 0.6 FTE admin position to reduce the current (and significant) non-clinical burden on the Chief of Neurosurgery. These staffing adjustments will allow enhanced deployment of scarce clinical resources with a focus on addressing patient care needs while improving quality of work for our clinical partners.</p>
Contract Type and Term:	<p>Renewal Agreement</p> <p>Term: 8/1/2025 – 7/31/2027 (24 months)</p>
Termination Clause:	Without Cause: Either party may terminate with one-hundred eighty (180) days' prior written notice.

Total Spend with Vendor:	<table><tr><th colspan="2">Description</th><th colspan="2">Board Approval</th><th colspan="3">Total</th></tr><tr><td colspan="2">Renewal Agreement (08/01/2025–07/31/2027)</td><td colspan="2">Approval Requested</td><td colspan="3">\$7,594,371</td></tr></table>							Description		Board Approval		Total			Renewal Agreement (08/01/2025–07/31/2027)		Approval Requested		\$7,594,371		
	Description		Board Approval		Total																
Renewal Agreement (08/01/2025–07/31/2027)		Approval Requested		\$7,594,371																	
Estimated Cost Savings:	There are no cost savings associated with this agreement.																				
Fiscal Implications:	Total costs are increasing by 32% reflecting: 1) the additional 1.0 Neurosurgeon FTE, 2) a 10% increase in compensation rates only (no change to call rates), and the addition of a 0.6 FTE administrative position. Compensation rates last increased in 2023 and are locked over the 2-year Renewal term. The Renewal has been included in the FY 26 budget based on Current Agreement run rate in keeping with AHS budgeting protocol. Unbudgeted costs associated with the rate increase and additional staffing levels will result in an estimated \$661,082 variance to FY 26 budget. Year 2 of the agreement will be fully in budget (FY27), as there is no escalator.																				
Reasons for Recommendation:	UCSF has a proven track-record of providing high quality and reliable physicians that enhance AHS’ ability to provide vital services to the community.																				
Impacted Facilities:	<table><tr><th>AHS</th><th>JGPH</th><th>Highland</th><th>Fairmont</th><th>San Leandro</th><th>Alameda</th><th>Clinic(s)</th></tr><tr><td></td><td></td><td>X</td><td></td><td></td><td></td><td>X</td></tr></table>							AHS	JGPH	Highland	Fairmont	San Leandro	Alameda	Clinic(s)			X				X
AHS	JGPH	Highland	Fairmont	San Leandro	Alameda	Clinic(s)															
		X				X															
Coordination with Medical Staff:	The proposed renewal agreement was jointly reviewed by the Chief Medical Officer. In addition, the Chair of Surgery was consulted on the clinical component of this contract.																				
Administrative Review:	Primary: Chair of Surgery Secondary: Chief Medical Officer																				
Prior BOT Review/Action:	In July 2023, the Board approved the fourth extension to the Current Agreement with UCSF.																				
Executive Sponsor:	Chief Medical Officer																				

MONTHLY REPORT
LIFETIME VENDOR SPEND - JULY 2025

Vendor Name	Revised Contract Term	Proposed Contract Spend	Total Lifetime Vendor Spend (including proposed contract)	Proposed Contract Description	Status
GE Healthcare	06/01/2025-12/31/2025	\$18,591	\$7,175,520	This is a 1-time SOW to upgrade our GE Muse application to the latest version (NX)	Executed
GE Healthcare	06/01/2025-12/31/2025	\$8,278.80	\$7,165,207.80	This is a 1-time SOW to modify our GE Muse database medical record number length to match our EHR system.	Executed
GE Healthcare	06/01/2025-12/31/2025	\$36,486.64	\$7,193,415.64	This is a 1-time SOW to integrate GE Muse with our Clinical Document Repository, Hyland	Executed
United Systems Fire and Security	05/01/2025-04/30/2026	\$67,136.67	\$1,751,400.79	Annual Testing: testing of all devices currently reporting to the fire alarm system per the device counts below (required once per year) Semi-Annual Testing: water flows, valve tamper switches, and batteries (required every six months) (This agreement includes testing only devices that are currently associated with the existing fire alarm control panel.)	Executed
Johnson & Johnson Health Care Systems	06/02/2025-06/01/2026	\$250,000.00	\$19,760,483.13	Subject to the terms and conditions of this agreement, Biosense Webster, Inc. (the "Company") shall offer the Electrophysiology product(s) set forth on Schedule A (each a "Product") to the Customer at the pricing indicated on the schedule. These are the only time of sale discounts available on the Products and they supersede all other time of sale discount arrangements	Executed
Stryker ENT	05/27/2025-05/26/2030	\$223,609.92	\$5,797,871.01	This scope of service aims to establish a comprehensive service contract for the Stryker ENT Navigation System at SLH Hospital, addressing both immediate and future needs. Currently, there is no established service protocol for ENT navigation systems within our hospital system, and this contract will fill that void, ensuring optimal performance and maintenance.	Executed

ALAMEDA HEALTH SYSTEM
BOT Previously Approved Contracts - FY25 (July 1, 2024 - June 30, 2025)

#	Vendor	Amount Requiring BOT Approval	Start Date	Ending Date	BOT approved Date	Agenda Summary	Expectation	Executive Sponsor
1	Cardea Health	\$2,075,025	8/1/2024	7/31/2025	FC - 7-3-24 BOT Approved 7-10-24	Medically supported shelter for AHS discharged homeless patients.		Chief Operating Officer
2	D'ville Construction, Inc.	\$2,210,979	8/1/2024	7/31/2026	FC - 7-3-24 BOT Approved 7-10-24	Construction services for SPD expansion at SLH.		Chief Administrative Officer, Community Hospitals
3	Mesa Energy Systems, Inc. dba EMCOR Services	\$2,811,758	7/15/2024	7/14/2026	FC - 7-3-24 BOT Approved 7-10-24	Chillers replacement at SLH.		Chief Operating Officer
4	Onward Health Inc.	\$7,052,370	8/1/2024	7/31/2028	FC - 7-3-24 BOT Approved 7-10-24	Non-medical patient transport services.		Chief Operating Officer
5	Royal Ambulance, Inc.	\$23,408,147	8/1/2024	7/31/2028	FC - 7-3-24 BOT Approved 7-10-24	Medical transport services.		Chief Operating Officer
6	Mint Medical, LLC dba Mint Medical Services	\$4,242,697	10/1/2024	9/30/2027	FC - 9-4-24 BOT Approved 9-18-24	Vascular ultrasound services.		Chief Medical Officer
7	Vascular Surgery Group Inc.	\$1,783,527	10/1/2024	9/30/2027	FC - 9-4-24 BOT Approved 9-18-24	Vascular surgery call coverage services at SLH and AH.		Chief Medical Officer
8	The Regents of the University of California on behal of the University of California, San Francisco, School of Medicine, Department of Obstetrics, Gynecology, and Reproductive Sciences	\$2,071,685	10/1/2024	9/30/2026	FC - 9-4-24 BOT Approved 9-18-24	Maternal-fetal medicine coverage services at HGH.		Chief Medical Officer
9	Optum360 Solutions, LLC	\$2,100,000	10/1/2024	9/30/2027	FC - 9-4-24 BOT Approved 9-18-24	Utilization management transactional services.		Chief Medical Officer
10	Lescure Company, Inc.	\$2,066,300	10/1/2024	9/30/2025	FC - 9-4-24 BOT Approved 9-18-24	Construction services for above-ground fuel storage tanks at SLH.		Chief Operating Officer
11	Compass Group USA, Inc. by and through its subsidiary Morrison Management Specialists, Inc.	\$23,227,049	10/1/2024	9/30/2027	FC - 9-4-24 BOT Approved 9-18-24	Food and nutrition management services.		Chief Operating Officer
12	Inter-Con Security Systems, Inc.	\$40,872,148	10/1/2024	9/30/2027	FC - 9-4-24 BOT Approved 9-18-24	Security services.		Chief Operating Officer

13	Medline Industries, Inc.	\$50,000,000	10/20/2024	10/20/2026	FC - 10-2-24 BOT Approved 10/9/24	Surgical supplies.		Chief Operating Officer
14	Agiliti Health, Inc.	\$18,341,250	12/1/2024	11/30/2029	FC - 11-6-24 BOT Approved 11-13- 24	Imaging equipment maintenance and repair services		Chief Information Officer
15	EverWatt Lights, LLC	\$1,591,053	12/1/2024	6/30/2025	FC - 11-6-24 BOT Approved 11-13- 24	Installation of energy efficiency upgrades at HGH		Chief Operating Officer
16	Diablo Infectious Disease Consultative Medical Group, Inc.	\$2,414,031	1/1/2025	12/31/2027	FC - 11-6-24 BOT Approved 11-13- 24	Infectious disease professional services		Chief Medical Officer
17	Traditions Behavioral Health	\$10,605,018	1/1/2025	12/31/2027	FC - 11-6-24 BOT Approved 11-13- 24	Behavioral health professional services		Chief Medical Officer
18	Agiliti Healthcare, Inc.	\$1,554,222	5/1/2024	12/31/2025	FC - 1-8-25 BOT Approved 1-15-25	Extension of biomedical maintenance and repair report services		Chief Technology Officer
19	Agiliti Healthcare, Inc.	\$13,987,994	2/1/2025	1/31/1930	FC - 1-8-25 BOT Approved 1-15-25	Renewal of biomedical maintenance and repair report services		Chief Technology Officer
20	Inter-Con Security Systems, Inc.	\$1,600,000	10/1/2024	9/30/2027	FC - 1-8-25 BOT Approved 1-15-25	Funding increase for provision of unplanned additional security services.		Chief Operating Officer
21	Inter-Con Security Systems, Inc.	\$2,000,000	2/1/2025	9/30/2027	FC - 1-8-25 BOT Approved 1-15-25	Provision of patient watch services in San Leandro Hospital		Chief Operating Officer
22	Lescure Company, Inc.	\$1,429,300	2/1/2025	4/30/2026	FC - 1-8-25 BOT Approved 1-15-25	Provision of temporary HVAC services at Alameda Hospital.		Chief Operating Officer
23	Lescure Company, Inc.	\$80,993	2/1/2025	4/30/2026	FC - 1-8-25 BOT Approved 1-15-25	Provision of Phase 1 repair and upgrade services for legacy HVAC system at Alameda Hospital.		Chief Operating Officer
24	EverWatt Lights, LLC	\$3,915,013	3/1/2025	3/31/2026	FC - 2-5-25 BOT Approved 2-12-25	Installation of energy efficiency upgrades at SLH.		Chief Operating Officer
25	Hayward Sisters Hospital dba St. Rose Hospital and Saint Rose Medical Building, Inc.	\$49,420,328	11/1/2024	10/31/2029	FC - 2-5-25 BOT Approved 2-12-25	Management services agreement.		Chief Executive Officer
26	Metropolis California, LLC	\$2,258,508	11/1/2024	12/31/2025	FC - 3-5-25 BOT Approved 3-12-25	Parking services agreement		Chief Operating Officer
27	East Bay Foundation for Graduate Medical Education	\$4,325,956	7/1/2025	6/30/2026	FC - 5-7-25 BOT Approved 5-14-25	Surgical residency agreement		Chief Medical Officer

28	Virtual Radiologic Professionals of California, P.A.	\$3,197,097	7/1/2025	6/30/2026	FC - 5-7-25 BOT Approved 5-14-25	Remote radiology services agreement		Chief Medical Officer
29	Strata Decision Technology, LLC	\$2,491,181	6/1/2025	5/31/1930	FC - 5-7-25 BOT Approved 5-14-25	Financial planning software subscription agreement		Chief Financial Officer
30	CareFusion Solutions, LLC	\$6,874,800	7/1/2025	6/30/1930	FC - 6-4-25 BOT Approved 6-11-25	Medication storage and dispensing cabinets agreement		Chief Operating Officer
31	Alameda County Sheriff's Office	\$15,050,054	7/1/2025	6/30/2028	FC - 6-4-25 BOT Approved 6-11-25	Supplemental law enforcement services agreement		Chief Operating Officer
Total Amount for FY 24 year to date		\$305,058,483						