



**FINANCE COMMITTEE MEETING
WEDNESDAY, NOVEMBER 5, 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=87922419111>

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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 October 1, 2025 Finance Committee Meeting

B. INFORMATION / DISCUSSION

B1. Chief Financial Officer Report

Kimberly Miranda, Chief Financial Officer

B1a. AHS September 2025 Financial Report

B1b. GRIT Update

B1c. St. Rose August 2025 Financial Report

B2. Chief Operating Officer Report

Mark Fratzke, Chief Operating Officer

Richard Espinoza, CAO Post Acute

B1a. Acute Rehab and Physical Therapy

C. ACTION / DISCUSSION

C1. DISCUSSION: St Rose Year One Review

Mark Fratzke, Chief Operating Officer

C2.DISCUSSION: St Rose Budget FY 26*Kimberly Miranda, Chief Financial Officer***D. ACTION / DISCUSSION: Contracts**

D1.Renewal agreement with Sympplr Care Management LLC for provision of patient safety and quality reporting software applications. The term of this agreement is effective January 1, 2026 through December 31, 2028. The estimated impact of this agreement is \$1,112,847.

Christine Yang, Chief Information Officer

D2.New agreement with LAZ Parking California, LLC for provision of parking services. The term of this agreement is effective January 1, 2026 through December 31, 2028. The estimated impact of this agreement is \$6,937,194.

*Mark Fratzke, Chief Operating 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.

**ACTION: Approval of the Minutes of the October 1, 2025
Finance Committee Meeting**



**FINANCE COMMITTEE MEETING
WEDNESDAY, OCTOBER 1, 2025
4:00pm to 6:00pm**

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

FINANCE COMMITTEE MEMBERS

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

THE MEETING WAS CALLED TO ORDER AT 4:04 pm

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Alan E. Fox,
Greg Garrett, David Sayen (arrived at 4:09pm)

ABSENT: Sblend Sblendorio, Excused

PUBLIC COMMENT: None

A. ACTION: Approval of the Minutes of the September 3, 2025 Finance Committee Meeting

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 the Minutes of the September 3, 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 September 3, 2025, Finance Committee meeting. A roll call was taken, and the motion passed.

AYES: Trustees Fox, Garrett, Sayen

NAYS: None

ABSTENTION: None

B. INFORMATION / DISCUSSION

B1. Chief Financial Officer Report

Kimberly Miranda, Chief Financial Officer

B1a. AHS August 2025 Financial Report

B1b. St. Rose June 2025 Financial Report

Trustee Sayen arrived at 4:09pm.

Trustee Fox asked why the Eastmont Dental numbers were low. Mr. Fratzke said some negotiations were ramping up and there were volume expectations, once they were through with all of that they would be back on target.

Trustee Fox asked about Medicare being part of the payor mix. Ms. Miranda said it was consistent with the aging population. A lot of folks were shying away from managed Medicare. AHS had not been able to accept assigned lives for Medicare. That should change as they improve access. They may be able to go after that piece of the business.

Trustee Garrett asked if the managed Medicare had lower reimbursement rates. Ms. Miranda said managed Medicare was about 100% but it was difficult to get paid. Many providers won't take it anymore.

Trustee Fox asked why the settlement was recorded as other revenue. Ms. Miranda said it was old revenue, and they didn't have a way to post it on the accounts. If they were able to identify it at the claim level, they would absolutely post it.

Ms. Miranda clarified that they were presenting the extended NNB forecast because of the looming medical cuts as a result of the Federal budget. The graph shows a cycle. In recent years, AHS had paid off the NNB by year-end, but then it goes straight up at the beginning of the fiscal year. When the supplementals come in starting in January, it would get paid back down. Next year will be different, they will go over the NNB about \$80M. The HPAC realignment was worth about \$40M and they would have to pay back the money they got two years ago. That will not be offset this year because no current year funding will be received - \$40M.

Trustee Garrett asked if there was an update to the conversations with the County to raise the NNB. Mr. Jackson said they had no updates to share. They had held some level-setting conversations with the County and were working on setting up a more formal meeting. The Supervisors were all aware of the situation and one Supervisor has voiced their support.

Trustee Garrett asked about the status of the sub-acute certification for St. Rose. Mr. Fratzke said they should have it very soon.

Trustee Fox said it was good to see some of the numbers improving, such as Length of Stay, a favorable variance on expenses, and volume increases.

C. ACTION / DISCUSSION

C1.DISCUSSION: Alameda Hospital Seismic Planning Budget Update

Kimberly Miranda, Chief Financial Officer

Trustee Fox asked if the parcel tax revenue was still being reflected in the budget. Ms. Mesina said it was part of the Government Payors.

Trustee Fox asked if the sunseting of the SNF passthrough was something they originally knew about. Ms. Miranda said they wanted to use those funds as a reserve or for a special project, so they didn't include it in the break-even analysis. The budget looks like it broke even, but they used the one-time money from the SNF pass through. Also not in the budget was the additional \$1M for the MOU negotiation. If they had not used the SNF pass through and if they had known about the MOU, they would be \$15M below the target.

Trustee Fox asked if the positive impacts (parcel tax increase, reduced length of stay, higher ED visits, and relocated elective surgery) were in the Alameda Hospital budget. Ms. Miranda said they were.

Trustee Sayen said in his experience when labor was over budget they had a hiring freeze. But at AHS when they had 22 people over budget, they called it a creep. He asked what the process was. Mr. Fratzke said there was management of the hiring process. If there was an increase, they went back to study it. They were asking the site CAO's to develop a plan for some type of expense reductions at each of the sites. Mr. Jackson said they did not as a general rule just do a hiring freeze because it could negatively impact their ability to do the work. The committee reviewed each position to look at return on investment and mission criticality.

Trustee Fox asked how the Alameda financial projection compared to the budget. Ms. Miranda said they didn't consider expected items such as COLAs to be variances, so they looked at material changes and compared that to the budget.

Trustee Fox said the expenses in the forecast were \$147M and in the budget they were \$163M. Ms. Miranda said there were 22 more FTEs, as discussed. They talked about the \$1M above the regular COLA as a result of the MOU negotiations with CNA.

Trustee Fox said it seemed like a big increase over what was expected. He asked if they should be looking at AHS as a whole, or Alameda Hospital alone as they go toward 2030. Ms. Miranda said it was a good question. Where it really made a difference was if they were leaving a patient in a bed at Highland, they were having to pay the expense but not getting any revenue. Whereas if

they were able to shift that patient to Alameda it would help Highland. They also talked about shifting surgeries to where they had capacity to improve efficiency.

Trustee Fox said if they isolated Alameda they were about \$15M a year behind what the original target was when they approved the budget for the seismic project. The Board looked at AHS as a whole in terms of whether they were meeting financial goals. It was up to leadership to manage Alameda and every location to as close to break-even as possible. He said he hoped to continue to look at this annually between now and 2030.

Trustee Garrett said he was excited about the work the COT was doing. They knew cuts were coming and they had to do the work to prepare now.

D. ACTION / DISCUSSION: Contracts

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

D1. New agreement between Hayward Sisters Hospital doing business as St. Rose Hospital and Nelson T. Lewis Construction Co., Inc. for catheterization lab upgrade. The term of this agreement is effective October 15, 2025 through June 15, 2026. The estimated impact of this agreement is \$3,197,080.

Mario Harding, Chief Administrative Officer

Trustee Fox asked if the Fremont Bank money was a loan or a grant or something different. Mr. Fratzke said it was a donation. Mr. Harding said Fremont Bank made the original commitment for the project back in 2022, but it never got started. He had a meeting with the Fremont Bank Foundation to ask them to recommit to the project.

Trustee Fox asked if the current catheterization lab would be used until the new lab was up. Mr. Harding said the existing lab was end of life, but they've maintained it and would bring it down after the new one is built.

D2. New agreement with ePlus Technology Inc. for provision of data loss protection services. The term of this agreement is effective date last signed for a 3-year term. The estimated impact of this agreement is \$1,800,000.

Christine Yang, Chief Information Officer

Trustee Fox asked if they had someone providing the service now. Ms. Yang said this was new technology for data loss prevention and a cloud access gateway.

D3. Renewal agreement with Switch, Ltd. for provision of data center services. The term of this agreement is effective February 16, 2026 through February 15, 2031. The estimated impact of this agreement is \$1,509,294.

Christine Yang, Chief Information Officer

Trustee Garrett asked about the length of the contract. Ms. Yang said it was for a cage in Las Vegas, and the contract allowed us to keep the price for five years.

D4.New agreement with Lescure Company, Inc. for architectural and structural work for the Alameda Hospital HVAC replacement project. The term of this agreement is effective November 1, 2025 through March 31, 2027. The estimated impact of this agreement is \$1,668,200.

Mark Fratzke, Chief Operating Officer

D5.New agreement with Matrix HG, Inc. for installation of COVID prevention HVAC upgrades at John George Psychiatric Hospital. The term of this agreement is effective November 1, 2025 through October 31, 2026. The estimated impact of this agreement is \$1,214,436.

Mark Fratzke, Chief Operating Officer

Trustee Garrett moved and Trustee Sayen seconded to approve agenda item D.

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

AYES: Trustees Fox, Garrett, Sayen

NAYS: None

ABSTENTION: None

E. DISCUSSION: Committee Planning, Issues Tracking


















TRUSTEE COMMENTS

ADJOURNMENT: 5:19



September 2025 Financial Report Finance Committee - November 5, 2025

September-2025

	Metric	FY2026 Goal YTD	Actual YTD	YTD	Trend Lines
Volume					
	Total Adjusted Discharges	7,906	8,277	●	
	Total Adjusted Patient Days	91,628	92,208	●	
Revenue Cycle					
	Collection Ratio	19.5%	19.3%	●	
	Cash as % of Net Revenue	100.0%	106.2%	●	
	Gross Days in Patient Receivables	62.0	62.8	●	
Labor					
	Productivity %	100.0%	101.0%	●	
	Registry as % of Total FTEs	3.9%	4.2%	●	
	Overtime % excl Company 30	4.5%	5.7%	●	
	Total FTEs	5,115	5,181	●	
	FTE per Adjusted Discharge	0.96	0.93	●	
	*Labor Cost/FTE w/o GASB	\$238,296	\$241,987	●	
Profitability					
	Total Cost per Adjusted Discharge	\$50,616	\$48,775	●	
	Total Cost per Adjusted Patient Days	\$4,367	\$4,378	●	
	Net Income	\$6,359	\$8,875	●	
	EBIDA Margin	3.5%	4.1%	●	
	NNB (Net Negative Balance)	<\$95M	-\$36,214	●	
	Net Position	>\$0	-\$51,223	●	
Capital					
	Capital Spent	\$7,318	\$4,512	●	
	% of Capital Spent		61.7%		

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

	Sep-25	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
GENERAL ACUTE											
Patient Days	5,708	6,290	-582	-9.2%	17,747	18,764	-1,017	-5.4%	18,531	-784	-4.2%
Discharges	1,202	1,203	-1	-0.1%	3,777	3,610	167	4.6%	3,581	196	5.5%
Average Length of Stay	4.7	5.2	0.5	9.2%	4.7	5.2	0.5	9.6%	5.2	0.5	9.2%
CMI	1.649	1.658	-0.009	-0.5%	1.596	1.655	-0.059	-3.5%	1.654	-0.058	-3.5%
Emergency Visits	9,497	8,926	571	6.4%	28,584	26,527	2,057	7.8%	27,229	1,355	5.0%
Trauma Cases	317	368	-51	-13.8%	976	994	-18	-1.8%	1,038	-62	-6.0%
Observation Equivalent Days	674	671	3	0.5%	1,979	2,070	-91	-4.4%	1,976	3	0.2%
Total Surgeries	732	676	56	8.3%	2,131	2,143	-12	-0.6%	2,324	-193	-8.3%
PSYCH											
Psych Patient Days	2,027	2,039	-12	-0.6%	6,156	6,035	121	2.0%	5,986	170	2.8%
Psych Discharges	230	226	4	1.6%	647	670	-23	-3.5%	645	2	0.3%
Average Length of Stay	8.8	9.0	0.2	2.1%	9.5	9.0	-0.5	-5.7%	9.3	-0.2	-2.5%
PES Equivalent Days	767	711	55	7.8%	2,333	2,179	154	7.1%	2,179	154	7.1%
REHAB											
Rehab Patient Days	769	778	-9	-1.1%	2,122	2,198	-76	-3.5%	2,108	14	0.7%
Rehab Discharges	54	59	-5	-8.2%	160	166	-6	-3.8%	154	6	3.9%
Average Length of Stay	14.2	13.2	-1	-7.7%	13.3	13.2	0	-0.3%	13.7	0.4	3.1%

	Sep-25	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
SNF with Sub-Acute											
Average Daily Census	278.3	275.7	2.6	1.0%	278.1	275.7	2.5	0.9%	271.6	6.5	2.4%
Occupancy %	96%	95%	0%		96%	95%	0%		94%	0%	
Bed Holds	82	73	9	11.8%	128	280	-152	-54.3%	278	-150	-54.0%
Total Clinic Visits	36,495	34,884	1,611	4.6%	105,935	109,881	-3,946	-3.6%	102,372	3,563	3.5%
FQHC Visits	30,778	29,562	1,216	4.1%	89,084	92,020	-2,936	-3.5%	85,081	4,003	4.7%
Non-FQHC Visits	5,717	5,322	395	7.4%	16,851	17,861	-1,010	-5.7%	17,291	-440	-2.5%
PAYOR MIX											
Insurance %	6.6%	7.9%	-1.3%		6.6%	7.4%	-0.8%		7.3%	-0.7%	
Medi-Cal %	61.6%	60.5%	1.1%		60.0%	61.9%	-2.0%		62.1%	-2.0%	
Medicare %	27.5%	26.0%	1.5%		29.2%	25.7%	3.4%		26.5%	2.7%	
Other Govt %	1.4%	2.2%	-0.8%		1.4%	1.7%	-0.4%		1.6%	-0.3%	
Self-Pay %	2.9%	3.4%	-0.6%		2.9%	3.2%	-0.3%		2.5%	0.4%	
Total Payor Mix %	100.0%	100.0%	0.0%		100.0%	100.0%	0.0%		100.0%	0.0%	

- Favorable YTD revenue variance of \$6.6M.
 - Net patient revenue exceeding budget (\$1.8M); although the collection percentage was 0.3% below budget, it was offset by higher volumes.
 - SAC law settlement on older claims (\$3.1M).
 - Alliance P4P (\$1.2M)

- Unfavorable YTD expense variance of \$3.5M.
 - Labor costs unfavorable by \$7.2M from unfavorable staff wages and registry (\$5.7M), health insurance (\$3.0M) offset by favorable provider wages and contracts (\$1.5M).
 - Non-labor cost favorable by \$3.6M with the largest positive variances in materials and supplies (\$2.0M) and purchased services (\$1.9).
 - Lower costs associated with fewer patient days/LOS and trauma cases.

	September 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	\$ 138,113	\$ 134,250	\$ 3,863	2.9%	\$ 413,524	\$ 406,883	\$ 6,641	1.6%	\$ 380,071	8.8%
Operating expense	133,654	133,307	(347)	(0.3)%	403,709	400,167	(3,542)	(0.9)%	380,464	(6.1)%
Operating income (loss)	4,459	943	3,516	372.9%	9,815	6,716	3,099	46.1%	(393)	2597.5%
Other non-operating activity	(273)	(89)	(184)	(206.7)%	(940)	(357)	(583)	(163.3)%	(348)	(169.9)%
Net Income (loss)	\$ 4,186	\$ 854	\$ 3,332	390.2%	\$ 8,875	\$ 6,359	\$ 2,516	39.6%	\$ (741)	1297.2%
EBIDA adjustments	2,713	2,585	128		7,984	8,062	(78)		11,116	
EBIDA	\$ 6,899	\$ 3,439	\$ 3,460		\$ 16,859	\$ 14,421	\$ 2,438		\$ 10,375	
Operating Margin	3.2%	0.7%	2.5%		2.4%	1.7%	0.7%		(0.1)%	
EBIDA Margin	5.0%	2.6%	2.4%		4.1%	3.5%	0.6%		2.7%	

- Gross patient service revenue is favorable driven by outpatient services.
 - General Acute inpatient days are below budget and Length of Stay (LOS) improved to 4.7.
 - CMI 0.5% lower than budget and 3.5% YTD; consistent with lower LOS.
 - Trauma 13.8% below budget and 1.8% YTD.
 - Inpatient surgery 6.5% above budget and below 2.0% YTD.
 - ED visits 6.4% above budget and 7.8% YTD.
 - Outpatient surgery favorable 9.8% MTD and 0.7% YTD.
 - SNF average daily census 1.0% favorable MTD and YTD; bed holds exceeding plan.
 - JGP days 0.6% below budget and above 2.0% YTD; PES favorable both MTD and YTD.
- NPSR Collection ratio YTD was 19.3% which is lower than expected.
 - Commercial Payer mix below budget offset by higher volumes
 - Rate increases for government and Managed Medi-Cal were included in budget evenly and have not been realized.

	September 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	\$ 218,188	\$ 219,706	\$ (1,518)	(0.7)%	\$ 659,571	\$ 658,388	\$ 1,183	0.2%	\$ 633,304	4.1%
Outpatient service revenue	160,977	145,744	15,233	10.5%	475,011	445,219	29,793	6.7%	432,328	9.9%
Professional service revenue	41,659	41,513	146	0.4%	123,570	127,745	(4,175)	(3.3)%	119,937	3.0%
Gross patient service revenue	420,824	406,963	13,861	3.4%	1,258,152	1,231,351	26,801	2.2%	1,185,568	6.1%
Deductions from revenue	(339,659)	(327,410)	(12,249)	(3.7)%	(1,015,657)	(990,647)	(25,010)	(2.5)%	(956,770)	6.2%
Net patient service revenue	81,165	79,553	1,612	2.0%	242,495	240,704	1,791	0.7%	228,798	(6.0)%
Collection % - NPSR	19.3%	19.5%	(0.2)%		19.3%	19.5%	(0.2)%		19.3%	
Capitation and HPAC	4,470	4,548	(77)	(1.7)%	13,443	13,643	(201)	(1.5)%	13,752	(2.2)%
Other government programs	46,776	45,415	1,361	3.0%	137,201	136,245	956	0.7%	121,876	12.6%
Other operating revenue	5,702	4,734	967	20.4%	20,385	16,291	4,094	25.1%	15,645	30.3%
Total operating revenue	\$ 138,113	\$ 134,250	\$ 3,863	2.9%	\$ 413,523	\$ 406,884	\$ 6,640	1.6%	\$ 380,071	8.8%

- Other government programs favorable by \$1.4M from Alliance P4P (\$1.2M) and FEMA (\$0.2M). YTD, favorable by \$1.0 million from Alliance P4P (\$1.2M) and offset by other programs (\$0.2M).
- Other operating revenue favorable by \$1.0M from higher retail pharmacy (\$0.8M), SRH management fee not included in the budget (\$0.3M), other favorable miscellaneous operating revenue (\$0.2M) offset by unfavorable grant revenue (\$0.3M). YTD, favorable driven by the settlement on low pay patient accounts (\$3.1M) and SRH management (\$0.9M).

	September 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Net patient service revenue	81,165	79,553	1,612	2.0%	242,495	240,704	1,791	0.7%	228,798	(6.0)%
Capitation and HPAC	4,470	4,548	(77)	(1.7)%	13,443	13,643	(201)	(1.5)%	13,752	(2.2)%
Medi-Cal Waiver	8,502	8,474	29	0.3%	25,496	25,421	76	0.3%	28,372	(10.1)%
Measure A and parcel tax	12,760	12,760	0	0.0%	38,279	38,279	0	0.0%	38,356	(0.2)%
Supplemental Programs	25,515	24,182	1,333	5.5%	73,425	72,546	879	1.2%	55,148	33.1%
Other government programs	46,776	45,415	1,361	3.0%	137,200	136,245	955	0.7%	121,876	12.6%
Grant Revenue	1,056	1,376	(320)	(23.2)%	3,037	3,785	(748)	(19.8)%	3,123	(2.8)%
Other Operating Revenue	4,646	3,359	1,287	38.3%	17,348	12,506	4,842	38.7%	12,522	38.5%
Other operating revenue	5,702	4,734	967	20.4%	20,385	16,291	4,094	25.1%	15,645	30.3%
Total operating revenue	\$ 138,113	\$ 134,250	\$ 3,863	2.9%	\$ 413,522	\$ 406,884	\$ 6,639	1.6%	\$ 380,071	8.8%

- Purchased services favorable from outside medical services (\$1.2M), software licenses (\$0.9M) offset by unfavorable variance (\$0.4M) spread across various departments. The ambulance vendor refunded overpayments after sending duplicate invoices from their sister company (\$1.2M). YTD, favorable from outside medical services (\$1.8M), software licenses (\$1.1M) offset by unfavorable variance in HIM coding (\$0.7M) and the remaining variance (\$0.3M) spread across various departments. The HIM coding variance is partially offset by the positive variance in registry.
- Material and supplies favorable from pharmaceuticals (\$0.4M), non-medical supplies (\$0.4M) offset by unfavorable variance in surgical supplies (\$0.3M). YTD, favorable from pharmaceuticals (\$1.0M), medical supplies (\$0.6M), non-medical supplies (\$0.6M) offset by surgical supplies (\$0.2M).

	September 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 103,516	\$ 100,791	\$ (2,725)	(2.7)%	\$ 315,321	\$ 308,142	\$ (7,179)	(2.3)%	\$ 293,754	(7.3)%
Purchased services	8,646	10,393	1,747	16.8%	25,593	27,494	1,901	6.9%	23,267	(10.0)%
Materials and supplies	12,898	13,371	473	3.5%	37,696	39,707	2,011	5.1%	36,570	(3.1)%
Facilities	3,220	3,367	147	4.4%	10,482	9,338	(1,144)	(12.3)%	8,838	(18.6)%
Depreciation and amortization	2,431	2,483	52	2.1%	7,013	7,666	653	8.5%	10,729	34.6%
General and administrative	2,943	2,902	(41)	(1.4)%	7,604	7,820	216	2.8%	7,306	(4.1)%
Total operating expense	\$ 133,654	\$ 133,307	\$ (347)	(0.3)%	\$ 403,709	\$ 400,167	\$ (3,542)	(0.9)%	\$ 380,464	(6.1)%

- Facilities favorable from utilities (\$0.3M) offset by higher equipment/facility repairs (\$0.2M). YTD, unfavorable from higher equipment/facility repairs (\$1.7M) and offset by lower utilities (\$0.6M). Approximately \$0.7M of the unfavorable repairs variance is the result of FY25 invoices that were not accrued in June 2025. An audit adjustment for FY25 was booked and will reduce FY26 expense in October by \$0.7M.
- Depreciation and amortization approximates budget with offsetting variance between equipment depreciation and amortization. YTD, favorable from lower equipment depreciation (\$1.3M) offset by higher lease and software amortization (\$0.6M).
- General and administrative approximates budget for month. YTD, favorable from timing of recruitment expense (\$0.2M).

	September 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 103,516	\$ 100,791	\$ (2,725)	(2.7)%	\$ 315,321	\$ 308,142	\$ (7,179)	(2.3)%	\$ 293,754	(7.3)%
Purchased services	8,646	10,393	1,747	16.8%	25,593	27,494	1,901	6.9%	23,267	(10.0)%
Materials and supplies	12,898	13,371	473	3.5%	37,696	39,707	2,011	5.1%	36,570	(3.1)%
Facilities	3,220	3,367	147	4.4%	10,482	9,338	(1,144)	(12.3)%	8,838	(18.6)%
Depreciation and amortization	2,431	2,483	52	2.1%	7,013	7,666	653	8.5%	10,729	34.6%
General and administrative	2,943	2,902	(41)	(1.4)%	7,604	7,820	216	2.8%	7,306	(4.1)%
Total operating expense	\$ 133,654	\$ 133,307	\$ (347)	(0.3)%	\$ 403,709	\$ 400,167	\$ (3,542)	(0.9)%	\$ 380,464	(6.1)%

- Salaries and wages (staff) and registry unfavorable from higher FTEs (48 FTEs/\$0.6M) and higher rate (\$2.3M). YTD, higher FTE (86 FTEs/\$3.5M) and higher rate (\$2.2M).
- Providers are favorable for the month and YTD. Employed Providers now include physicians and other providers, such as midwives and CRRTs. Variances by specialty detailed on subsequent slide.
 - Salaries and wages (providers) favorable from lower FTEs (17 FTEs/\$0.6M) offset by unfavorable rate (\$0.3M). YTD, lower FTEs (20 FTEs/\$2.2 M) offset by higher rate (\$0.3M).
 - Physician contract services approximate budget for month and unfavorable YTD.

	September 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	\$ 63,033	\$ 59,310	\$ (3,723)	(6.3)%	\$ 188,171	\$ 180,615	\$ (7,556)	(4.2)%	\$ 171,394	(9.8)%
Salaries and wages (providers)	10,381	10,715	334	3.1%	31,254	33,170	1,916	5.8%	30,584	(2.2)%
Registry	3,376	4,175	799	19.1%	10,863	12,720	1,857	14.6%	12,627	14.0%
Physician contract services	3,675	3,768	93	2.5%	11,241	10,829	(412)	(3.8)%	11,163	0.0%
Employee benefits (taxes, insurance)	15,570	15,308	(262)	(1.7)%	49,247	46,566	(2,681)	(5.8)%	44,910	(9.7)%
Retirement	7,481	7,515	34	0.5%	24,545	24,242	(303)	(1.2)%	23,077	(6.4)%
Total labor costs	\$ 103,516	\$ 100,791	\$ (2,725)	(2.7)%	\$ 315,321	\$ 308,142	\$ (7,179)	(2.3)%	\$ 293,754	(7.3)%
Compensation ratio	75.0%	75.1%	0.1%		76.3%	75.7%	-0.6%		77.3%	
Paid FTEs - staff	4,749	4,670	(79)	(1.7)%	4,693	4,593	(100)	(2.2)%	4,604	(1.9)%
Paid FTEs - providers	289	306	17	5.6%	286	306	20	6.6%	282	(1.3)%
Paid FTEs - registry	186	217	31	14.3%	202	216	14	6.5%	206	2.1%
Total FTEs	5,224	5,193	(31)		5,181	5,115	(66)		5,092	

- Hospital coverage exceeding budget
 - ED costs over budget consistent with higher volumes
- Other specialties below budget consistent with lower than budget FTE

Budget Variances by Physician Specialty
(in thousands)

Specialty	Current Month - Sep 2025			Year to Date		
	Salaries	Contract	Total	Salaries	Contract	Total
General Surgery	0	(312)	(312)	0	(632)	(632)
ED	(10)	(212)	(222)	258	(860)	(602)
Hospitalist	19	(29)	(10)	22	(124)	(102)
General Dentistry	65	0	65	231	0	231
Medical Oncology	0	152	152	0	247	247
Psychiatry	12	112	124	121	250	371
Wellness Centers	90	(23)	67	462	(72)	390
OB/GYN	89	32	121	352	76	429
Neurosurgery	0	198	198	0	594	594
Other	68	175	244	470	109	579
	<u>\$ 334</u>	<u>\$ 93</u>	<u>\$ 428</u>	<u>\$ 1,916</u>	<u>\$ (412)</u>	<u>\$ 1,504</u>

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

September 2025 Financial Report

Expense Highlights – Labor

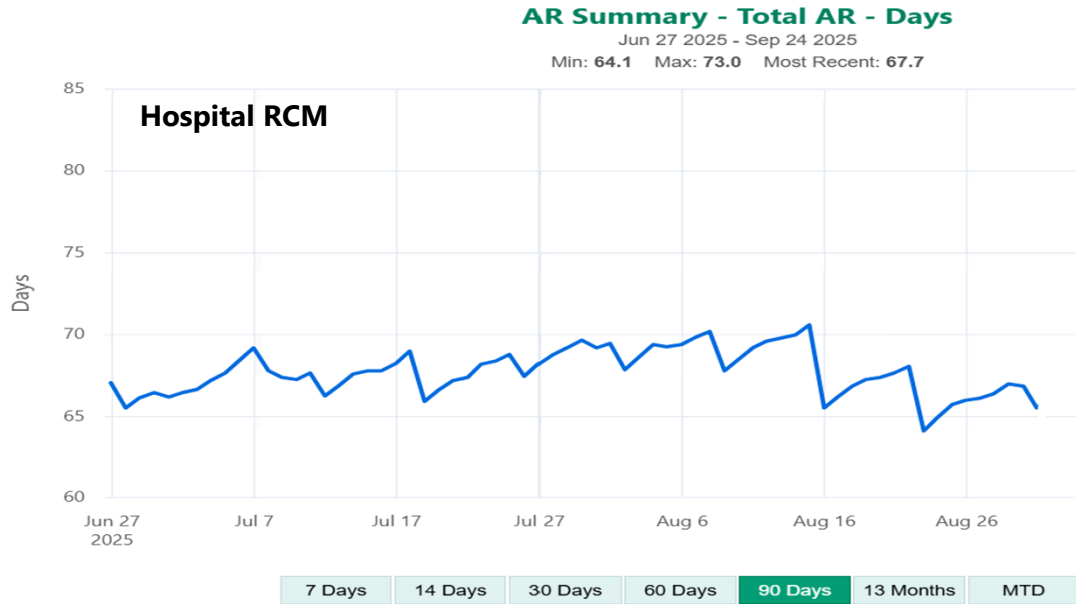
- Employee Benefits unfavorable from higher self-funded health (\$1.1M) offset by lower Kaiser premium (\$0.3M), FICA (\$0.3M), and other benefits (\$0.2M). YTD, unfavorable from higher self-funded health (\$4.3M) offset by lower Kaiser premium (\$0.8M), FICA (\$0.6M), and other benefits (\$0.2M).
- Retirement approximates budget. YTD, unfavorable from ACERA (\$0.7M) offset by favorable variance from AHMG retirement plan (\$0.4M).

	September 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	\$ 63,033	\$ 59,310	\$ (3,723)	(6.3)%	\$ 188,171	\$ 180,615	\$ (7,556)	(4.2)%	\$ 171,394	(9.8)%
Salaries and wages (providers)	10,381	10,715	334	3.1%	31,254	33,170	1,916	5.8%	30,584	(2.2)%
Registry	3,376	4,175	799	19.1%	10,863	12,720	1,857	14.6%	12,627	14.0%
Physician contract services	3,675	3,768	93	2.5%	11,241	10,829	(412)	(3.8)%	11,163	0.0%
Employee benefits (taxes, insurance)	15,570	15,308	(262)	(1.7)%	49,247	46,566	(2,681)	(5.8)%	44,910	(9.7)%
Retirement	7,481	7,515	34	0.5%	24,545	24,242	(303)	(1.2)%	23,077	(6.4)%
Total labor costs	\$ 103,516	\$ 100,791	\$ (2,725)	(2.7)%	\$ 315,321	\$ 308,142	\$ (7,179)	(2.3)%	\$ 293,754	(7.3)%
Compensation ratio	75.0%	75.1%	0.1%		76.3%	75.7%	-0.6%		77.3%	
Paid FTEs - staff	4,749	4,670	(79)	(1.7)%	4,693	4,593	(100)	(2.2)%	4,604	(1.9)%
Paid FTEs - providers	289	306	17	5.6%	286	306	20	6.6%	282	(1.3)%
Paid FTEs - registry	186	217	31	14.3%	202	216	14	6.5%	206	2.1%
Total FTEs	5,224	5,193	(31)		5,181	5,115	(66)		5,092	

- Days in Cash are 2.9 and higher than year-end; typically, below 5.0 days.
- Gross AR Days increased 0.8 days, and Net AR Days increased 2.7 days. See next slide for additional detail.
- Days in Accounts Payable decreased due to timing of the check run and implementation of Hyland/Onbase (automation of AP processes). The target is 30 days.
- Net Position is negative \$51.2M and decreased \$9.0M from June 30, 2025 reflecting YTD Net Income.
- Net Negative Balance is a payable of \$36.2M. NNB consists of the liquidity facility (loan) of \$63.3M offset by the restricted cash of \$27.1M; and is expected to be below the June 30, 2026 credit ceiling of \$95.0M at the end of the fiscal year.

	<u>Sep-25</u>	<u>Aug-25</u>	<u>FY 2025</u>
Days in cash	2.9	1.8	1.2
Gross days in patient receivable	62.8	62.0	62.4
Net days in patient receivable	47.4	44.7	45.5
Due from/(to) third-party payors	\$ 282,422	\$ 220,760	\$ 154,653
Due from/(to) County	\$ (49,259)	\$ (25,188)	\$ 39,481
Days in accounts payable	32.5	35.0	38.1
% of AP over 60 days	3.5%	3.0%	10.6%
Net position - fund balance/(deficit)	\$ (51,223)	\$ (55,411)	\$ (60,267)
Net negative balance - receivable/(payable)	\$ (36,214)	\$ 4,834	\$ 26,631

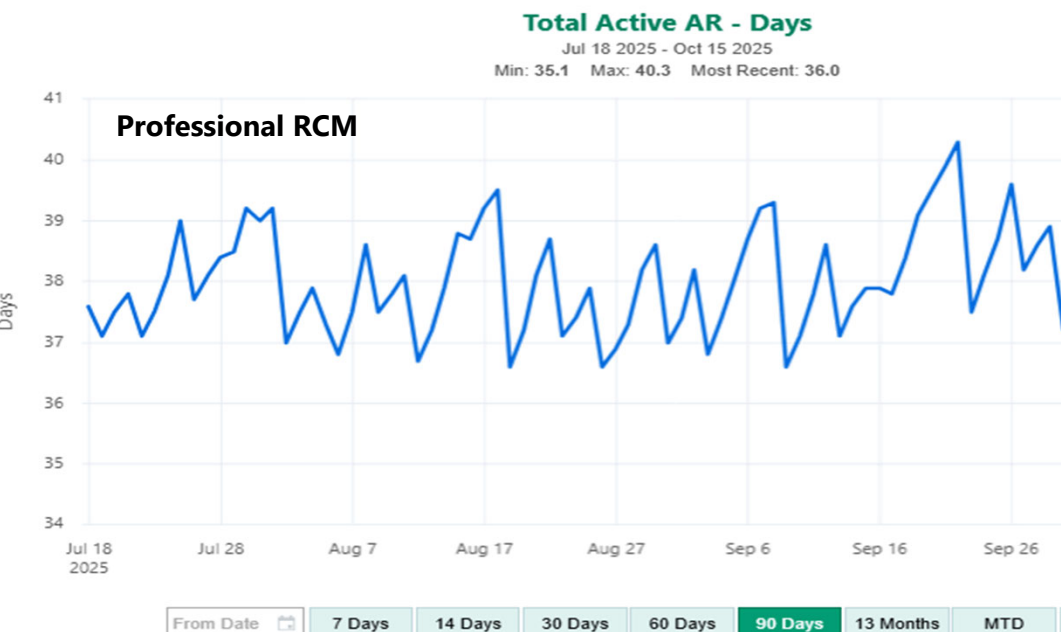
Trending Graph



Hospital Revenue Cycle Key Indicators

- HB AR Days increased by 1.3 days compared to prior month.
 - HB AR Days target is 57.0
 - August AR Days 66.0, September AR Days 67.3
- September collections were \$55.0M. Lower than the average of the prior twelve months at \$62.1M.
- The federal government shut-down has not had a significant impact on Medicare payments through September.

Trending Graph



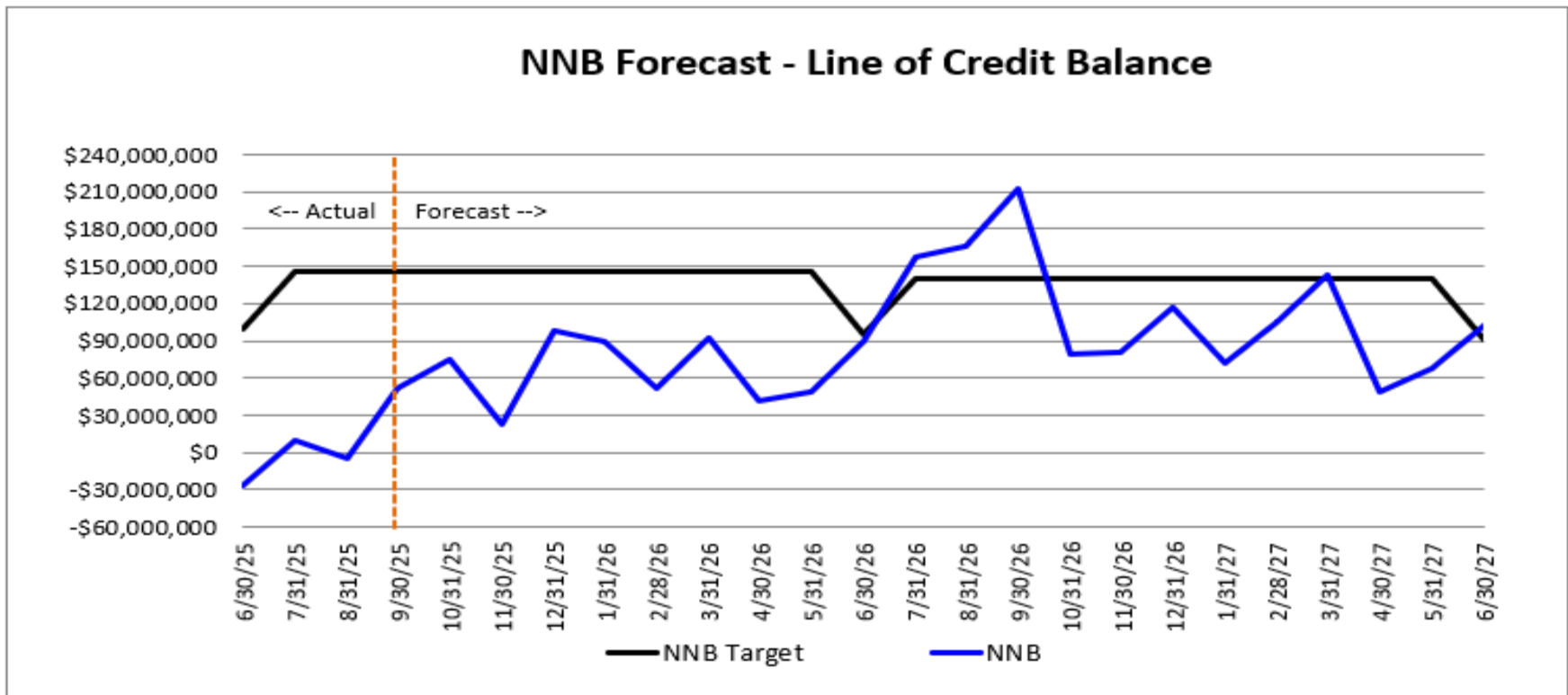
Professional Revenue Cycle Key Indicators

- PB AR Days decreased by 1.8 days compared to prior month.
 - PB AR Days target is 33.0
 - August AR Days 37.4, September AR Days 37.3
- September collections were \$11.8M. Higher than average of the prior twelve months at \$11.2M.

- FY26 patient collections approximately 15.8 % higher than the same period in FY25.
- No payments received from the County for JGP in September.
 - JGP FY25 contract with the County was amended from \$49.2M to \$74.2M; final FY25 payment was paid in October 2025 for \$0.9M.
 - FY26 interim contract executed for \$81.4M.

PATIENT COLLECTIONS (in thousands)							
	Behavioral Health	Epic	Total FY 2026	FY 2025	FY 2024	FY 2023	FY 2022
Jul	11,928	67,883	79,811	72,694	79,592	74,260	59,732
Aug	28,651	82,136	110,787	79,768	69,313	58,590	57,374
Sep	-	66,819	66,819	69,741	63,322	76,063	61,968
Oct	-	-	-	76,783	63,122	59,796	49,923
Nov	-	-	-	78,747	57,781	56,939	52,057
Dec	-	-	-	94,631	63,867	67,018	68,121
Jan	-	-	-	89,014	68,757	71,452	62,292
Feb	-	-	-	68,511	75,852	57,886	52,269
Mar	-	-	-	91,851	54,720	65,320	62,888
Apr	-	-	-	74,892	61,895	55,307	56,235
May	-	-	-	74,339	102,015	63,795	69,591
Jun	-	-	-	72,211	71,208	70,027	53,187
Total	40,579	216,838	257,417	943,182	831,444	776,453	705,637
% change between fiscal years			15.8%	13.4%	7.1%	10.0%	

- FY2026 forecast reflects AHS operations consistent with the approved budget and is expected to be compliant at 6/30/26 and slightly over 6/30/27.
 - The NNB improved by \$9.3M over last month.
 - Patient receipts continue to be strong.
 - AB85 Realignment funding received for \$4.1M; not previously in forecast.
- Items that were added to forecast.
 - St. Rose funding for IGT contribution of \$10.0M for FY2025 and FY2026 pending Trustees' approval.
 - St. Rose expected to access the line of credit starting in January 2026 and repaid in full by June 2026.



- GPP CY2025 Q3 (in October) was updated from \$25.7M to \$26.5M based on DHCS notification.
- All other activity has remained constant with the prior forecast.
- Prior year activity for the AB915, Medi-Cal FQHC and Physician SPA settlements are reflected in bottom table as the final settlement and timing are unknown. The Old Waiver FY2011 is expected to finalize in November 2025.

Material Items Included in NNB Forecast										
(in thousands)										
	Oct-25	Nov-25	Jan-26	Feb-26	Mar-26	FY26 Q4	FY27 Q1	FY27 Q2	FY27 Q3	FY27 Q4
GPP (quarterly)	\$ 8,063	\$ -	\$ 20,100	\$ 18,474	\$ 5,600	\$ 25,700	\$ 23,551	\$ 23,551	\$ 28,651	\$ 19,700
EPP (semi-annual)	21,000	-	-	-	-	21,000	-	75,351	-	39,510
QIP	34,364	-	-	-	-	34,364	-	51,000	-	51,000
Medi-Cal Rate Range	-	-	-	45,800	-	-	-	-	51,300	-
Medi-Cal Waiver (fy11)	-	29,169	-	-	-	-	-	-	-	-
BHCS (JGP/Alameda County) - fy26	-	18,252	6,084	6,084	6,084	18,251	12,671	-	-	-
BHCS (JGP/Alameda County) - fy27	-	-	-	-	-	-	-	18,900	18,900	25,200
HPAC	-	10,800	-	-	10,800	21,600	-	21,600	10,800	10,800
AB85 Realignment	(41,670)	-	-	-	-	-	-	4,800	-	-
SNF DP-NF (final pmt Jan-27)	-	-	25,797	-	-	-	-	-	26,000	-
St. Rose Hospital LOC	-	-	3,000	3,000	3,000	(9,000)	-	-	-	-
Donation to St. Rose Hospital	-	-	-	-	10,000	-	-	-	10,000	-
	<u>\$ 21,757</u>	<u>\$ 58,221</u>	<u>\$ 54,981</u>	<u>\$ 73,358</u>	<u>\$ 35,484</u>	<u>\$ 111,915</u>	<u>\$ 36,222</u>	<u>\$ 195,202</u>	<u>\$ 145,651</u>	<u>\$ 146,210</u>

Prior Year Reimbursement Settlements		
Waiver recoupment (fy11)	\$ 29,169	Payment expected in Nov-25
AB915 (fy14-fy20)	(17,000)	TBD
Medi-Cal FQHC recoupment (fy08 - fy13)	(40,000)	TBD
Physician SPA (fy08 - fy13)	(25,100)	TBD
	<u>\$ (52,931)</u>	

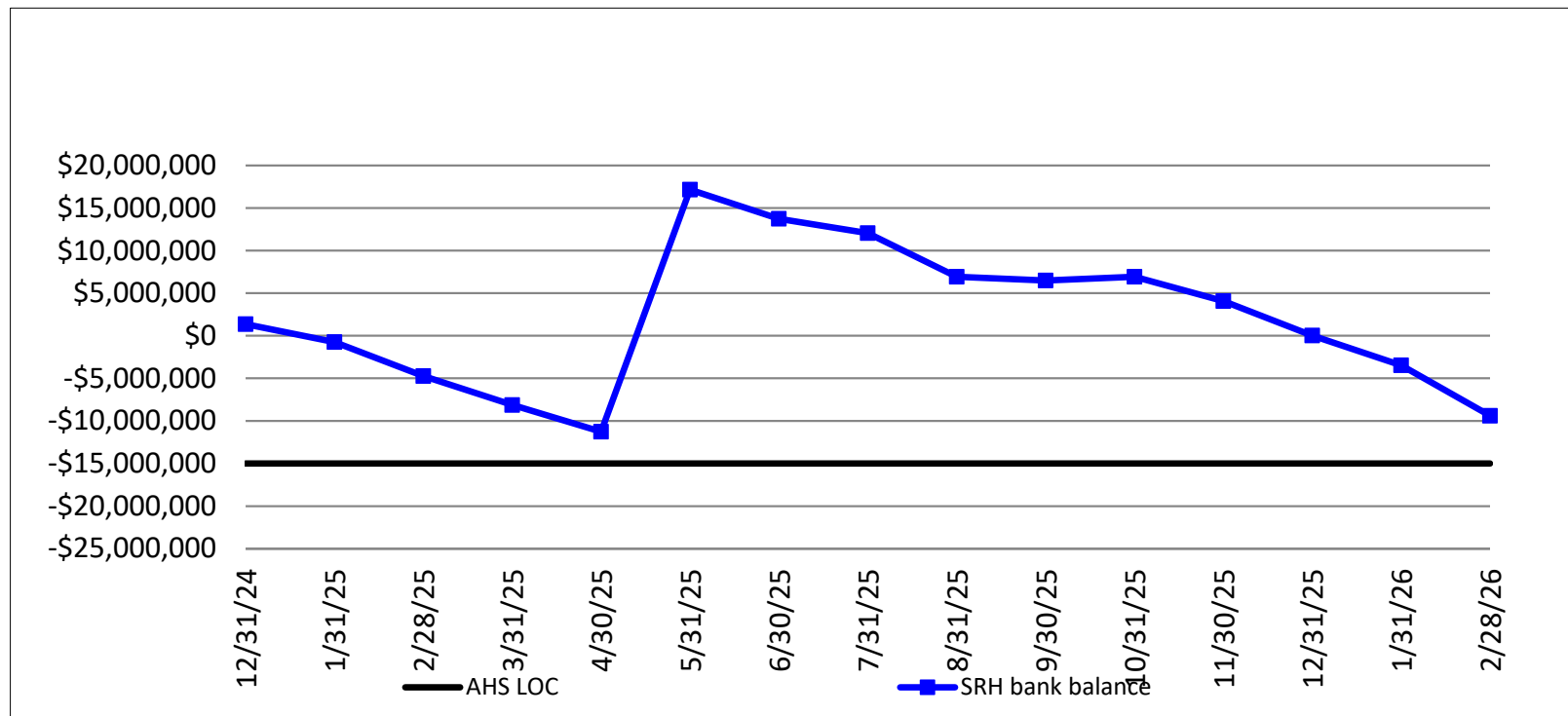
August 2025 Consolidated Results Financial Summary & YTD Highlights

- SRH's YTD net income is \$5.2M, \$23.4M favorable to budget
 - The budget did not include the full donation of the local share for the IGT; receipt of IGT funding in May 2025 (\$30.3M), exceeding budget by \$23.2M.
 - Net patient service revenue variance, favorable 2.4%, driven by timing of supplemental revenue (DSH payments).
 - Expenses favorable overall (\$861M), savings driven by Sub Acute delays opening/lower census, partially offset by high health benefits.
- MOB's YTD net income is \$462.8K, exceeding budget by \$133K (40.4%)
 - Rent revenue higher than budget from additional tenant (LaFamilia)
 - Still deferring repairs.
- Foundation's YTD net loss is \$578.7K, unfavorable by \$680.6K driven by the \$1M donation to St. Rose Hospital, partially offset by The Dee Jordan Trust (\$300K) and another donation/grant of \$50K from DAFgiving360 in honor of Victor Verbinski.

	August 31, 2025				Year-To-Date			
	Actual	Budget	Var (\$)	Var (%)	Actual	Budget	Var (\$)	Var (%)
Total Net Patient Service Revenue	\$9,614	\$8,742	\$871	10.0%	\$94,934	\$92,708	\$2,226	2.4%
Total Other Revenue	\$175	\$936	(\$761)	-81.3%	\$40,621	\$17,333	23,288	134.4%
TOTAL OPERATING REVENUE	\$9,788	\$9,678	\$110	1.1%	\$135,555	\$110,041	\$25,514	23.2%
Less: Operating Expenses	\$11,776	\$11,509	(\$267)	-2.3%	\$125,904	\$126,764	861	0.7%
EBITDA	(\$1,988)	(\$1,831)	(\$157)	8.6%	\$9,651	(\$16,723)	\$26,375	-157.7%
Total Non-Operating Exp/(Income)	\$385	\$382	\$3	0.8%	\$4,585	\$4,321	\$264	6.1%
Restr Donation - (AA Geropsych)	\$0	\$292	(\$292)	-100.0%	\$0	\$3,208	(3,208)	-100.0%
NET INCOME/(LOSS)	(\$2,372)	(\$1,921)	(\$452)	23.5%	\$5,067	(\$17,836)	\$22,903	-128.4%

August 2025 Cash Flow Projection

- SRH started drawing down from AHS LOC in January 2025 and has borrowed \$11M through May 6, 2025. Interest was accrued on the County's cost of fund rate. Total amount drawn, along with the interest incurred to date (\$109K), was paid off on June 12, 2025.
- SRF donated \$1M to SRH on April 16, 2025.
- IGT funding received on May 28, 2025 - \$30.3M
 - Paid in full AHS LOC (\$11M)
 - Continue catching up on paying vendors especially health benefit-related invoices
- The current projection indicates that the IGT will sustain SRH through the first quarter of Fiscal Year 2026. If volume and collections don't improve, drawing from the LOC will be necessary starting the early part of January 2026. We are still awaiting information regarding the new QAF program, which typically provides supplemental funding during the first quarter of the new fiscal year.



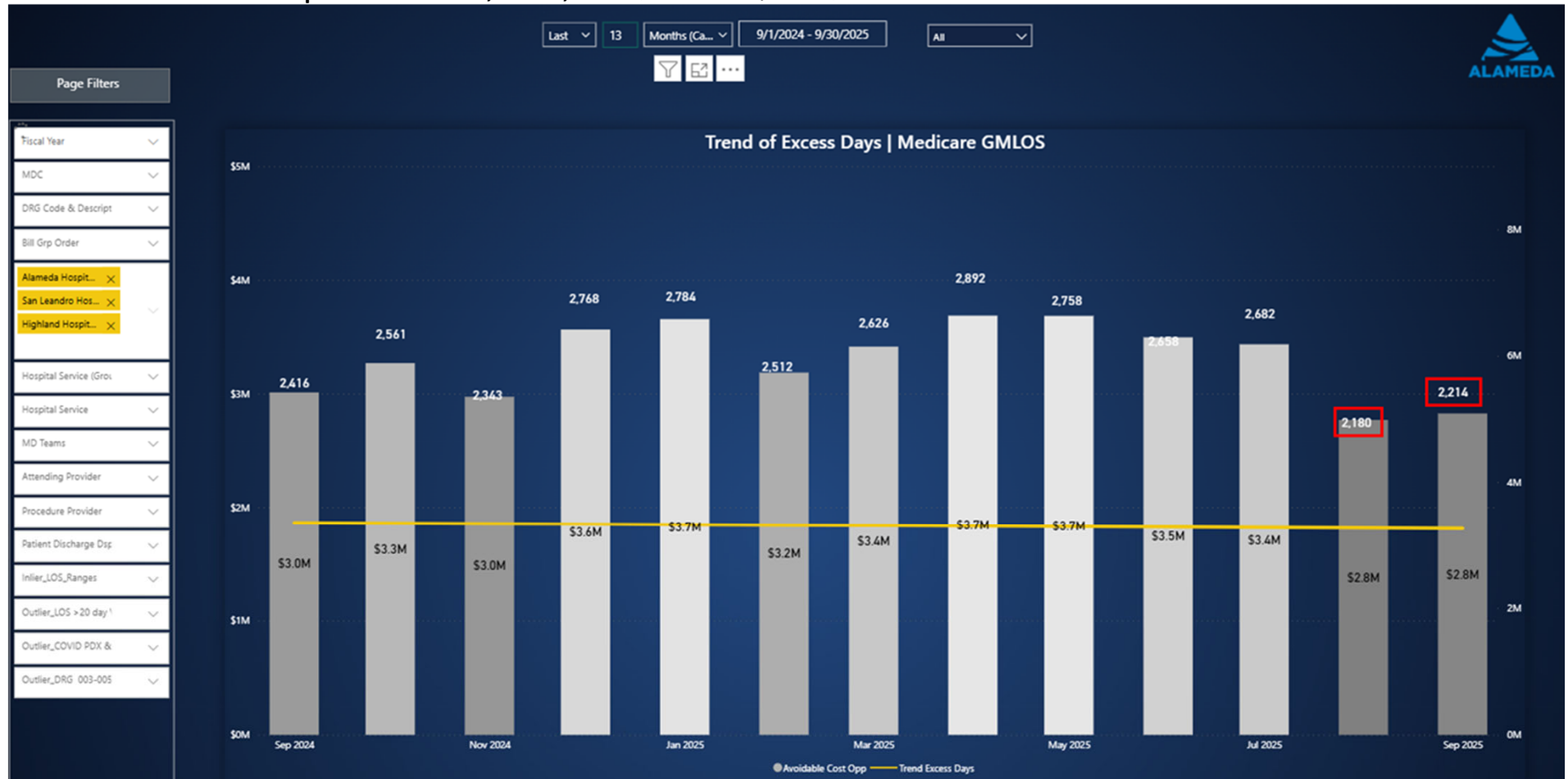
- Charge capture and CDI teams yielding significant improvement \$6M in Q1
- LOS work showing positive progress \$400k in Q1
- EWC dental expansion ramp up slower than plan
- Labor improvements behind target

GRIT Tracking

In Thousands

#	Project Name	FY2026 Target YTD Q1	FY2026 Budget YTD Q1	FY2026 Actual YTD Q1	Variance	Status
1	OP Non-FQ Charge Capture(Enterprise CDI)	\$1,485	\$1,485	\$4,366	\$2,881	
2	OR Charge Level	\$1,565	\$1,565	\$1,604	\$39	
3	Provider Productivity	\$183	\$0	\$0	\$0	
4	Reduce Overtime %	\$287	\$287	(\$690)	(\$978)	
5	Staffing Efficiency	\$2,194	\$2,194	\$0	(\$2,194)	
6	EWC Dental Expansion	\$2,277	\$2,277	\$1,363	(\$914)	
7	Decrease in Opportunity Days	\$899	\$899	\$395	(\$505)	
Grand Total		\$8,890	\$8,707	\$7,036	(\$1,671)	

Acute Care Hospitals: HGH, SLH, AH (excludes any rehab)



- LOS Variance Days | September: There were 2,214 excess days which is a 1.56% monthly Increase. This reflects the total # of actual days in a bed in excess of the allowed # of days compared to the Medicare acuity model benchmark.
- Medicare GMLOS Benchmark: Compares the total AHS patient population against the Federal regulatory guidelines (Medicare), regardless if the patient is a non-Medicare State (APR) payer or a Medicare Federal (MSDRG) payer.



MEMORANDUM

1411 East 31st Street
Oakland, CA 94602

TO: AHS Finance Committee
FROM: Kim Miranda, CFO
DATE: October 31, 2025
SUBJECT: September 2025 Financial Report

Financial Summary

Net Income for the month was \$4.2 million compared to a budget of \$0.9 million and favorable to budget by \$3.3 million and 390.2%. Operating Revenue was \$138.1 million and favorable to budget by \$3.9 million and 2.9%. Operating Expense was \$133.7 million and unfavorable to budget by \$0.3 million and 0.3%. Earnings before interest, depreciation, and amortization (EBIDA) were \$6.9 million and the EBIDA Margin was 5.0% compared to a budget EBIDA of \$3.4 million and a budget EBIDA Margin of 2.6%. For the month, EBIDA was favorable to budget by \$3.5 million.

	September 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	\$ 138,113	\$ 134,250	\$ 3,863	2.9%	\$ 413,524	\$ 406,883	\$ 6,641	1.6%	\$ 380,071	8.8%
Operating expense	133,654	133,307	(347)	(0.3)%	403,709	400,167	(3,542)	(0.9)%	380,464	(6.1)%
Operating income (loss)	4,459	943	3,516	372.9%	9,815	6,716	3,099	46.1%	(393)	2597.5%
Other non-operating activity	(273)	(89)	(184)	(206.7)%	(940)	(357)	(583)	(163.3)%	(348)	(169.9)%
Net Income (loss)	\$ 4,186	\$ 854	\$ 3,332	390.2%	\$ 8,875	\$ 6,359	\$ 2,516	39.6%	\$ (741)	1297.2%
EBIDA adjustments	2,713	2,585	128		7,984	8,062	(78)		11,116	
EBIDA	\$ 6,899	\$ 3,439	\$ 3,460		\$ 16,859	\$ 14,421	\$ 2,438		\$ 10,375	
Operating Margin	3.2%	0.7%	2.5%		2.4%	1.7%	0.7%		(0.1)%	
EBIDA Margin	5.0%	2.6%	2.4%		4.1%	3.5%	0.6%		2.7%	

Net Income year-to-date (YTD) was \$8.9 million compared to a budget of \$6.4 million and favorable to budget by \$2.5 million and 39.6%. Operating Revenue was \$413.5 million and favorable to budget by \$6.6 million and 1.6%. Operating Expense was \$403.7 million and unfavorable to budget by \$3.5 million and 0.9%. EBIDA was \$16.9 million and the EBIDA Margin was 4.1% compared to the budget EBIDA of \$14.4 million and a budget EBIDA Margin of 3.5%. For the year, EBIDA is favorable to budget \$2.4 million.

Operating Revenue

Gross Patient Service Revenue (patient charges) was \$420.8 million for the month and favorable to budget by \$13.9 million and 3.4%. Inpatient fell below budget by 0.7%. Outpatient charges and Professional fees were above budget by 10.5% and 0.4%, respectively. For the year, Gross Patient Service Revenue was \$1,258.2 million and favorable to budget by \$26.8 million and 2.2%. Inpatient and Outpatient charges were above budget by 0.2% and 6.7%, respectively, and Professional Fee charges fell below budget by 3.3%.

	September 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	\$ 218,188	\$ 219,706	\$ (1,518)	(0.7)%	\$ 659,571	\$ 658,388	\$ 1,183	0.2%	\$ 633,304	4.1%
Outpatient service revenue	160,977	145,744	15,233	10.5%	475,011	445,219	29,793	6.7%	432,328	9.9%
Professional service revenue	41,659	41,513	146	0.4%	123,570	127,745	(4,175)	(3.3)%	119,937	3.0%
Gross patient service revenue	420,824	406,963	13,861	3.4%	1,258,152	1,231,351	26,801	2.2%	1,185,568	6.1%
Deductions from revenue	(339,659)	(327,410)	(12,249)	(3.7)%	(1,015,657)	(990,647)	(25,010)	(2.5)%	(956,770)	6.2%
Net patient service revenue	81,165	79,553	1,612	2.0%	242,495	240,704	1,791	0.7%	228,798	(6.0)%
Collection % - NPSR	19.3%	19.5%	(0.2)%		19.3%	19.5%	(0.2)%		19.3%	
Capitation and HPAC	4,470	4,548	(77)	(1.7)%	13,443	13,643	(201)	(1.5)%	13,752	(2.2)%
Other government programs	46,776	45,415	1,361	3.0%	137,201	136,245	956	0.7%	121,876	12.6%
Other operating revenue	5,702	4,734	967	20.4%	20,385	16,291	4,094	25.1%	15,645	30.3%
Total operating revenue	\$ 138,113	\$ 134,250	\$ 3,863	2.9%	\$ 413,523	\$ 406,884	\$ 6,640	1.6%	\$ 380,071	8.8%

Inpatient charges were slightly lower than budget for the month driven by lower patient days. General Acute Length of Stay (LOS) is 4.7 for the month and the year which is better than budget, and prior year. The case mix index (CMI) was below budget for the month and year consistent with lower LOS. CMI is an indicator of the overall complexity of inpatient illness and services being provided. The favorable outpatient charge variance for the month and YTD were driven by Emergency Room visits which exceeded budget by 6.4% and 7.8%, respectively. Outpatient surgeries also exceeded budget for the month and for the year by 9.8% and 0.7%, respectively. Professional Fees were favorable for the month due to higher clinic visits which exceeded budget by 1,611 and 4.6%. For the year, Professional fees were below budget due to lower clinic visits by 3,946 and 3.6%. Physician wRVU were above budget by 13.7% for the month and 14.0% for the year driven by hospital services. Overall, adjusted patient days were higher than budget for the month and year. Adjusted discharges exceed budget by 3.5% for the month and 4.7% for the year; positively impacted by lower LOS.

Net Patient Revenue

Net Patient Service Revenue (NPSR) was \$81.2 million and favorable to budget by \$1.6 million and 2.0%. YTD, NPSR was \$242.5 million favorable compared to budget \$1.8 million and 0.7%. The collection ratio was 19.3% for the month and unfavorable to budget by 0.2% which is consistent with YTD. The commercial payer mix is 6.6% for the month and YTD which is unfavorable to budget. Trauma cases were below budget by for the month and YTD by 13.8% and 1.8%, respectively. Trauma cases tend to drive a higher commercial mix. Rate increases for Government and Alliance contracts have not occurred and were spread evenly in the budget. Collections on fully reserved accounts (over 270 days) were consistent with the trend.

Other Government Program Revenue

Other Government Program Revenue for the month was \$46.8 million and favorable to budget by \$1.4 million and 3.0% based on the transactions below.

- Pay-for-Performance (P4P) CY2024 incentive, from Alameda Alliance, increased revenue by \$1.2 million.
- FEMA COVID expenses claimed was awarded \$0.2 million.

For the year, the Other Government Program Revenue is \$137.2 million and favorable to budget by \$1.0 million and 0.7% based on the transactions below.

- Pay-for-Performance (P4P) revenue increased from successfully meeting CY2024 Alameda Alliance quality metrics for additional payment of \$1.2 million.
- FEMA revenue received for successful filing of Covid-related expenditure was \$0.2 million. Total FEMA receipts, starting in FY2024, are \$7.1 million.
- Prop 56 was lower than budget by \$0.5 million. The budget was based on FY25 receipts that included an overpayment from Alameda Alliance. It is anticipated that this unfavorable variance will continue for the remainder of the fiscal year.
- The remaining variance, netting to a positive \$0.1 million, is spread across several programs.

Other Operating Revenue

Other Operating Revenue for the month was \$5.7 million and favorable to budget by \$1.0 million and 20.4% based on the transactions below.

- Retail pharmacy revenue was favorable by \$0.8 million.
- St. Rose Hospital management fee favorable by \$0.3 million, which was not included in the budget.

For the year, Other Operating Revenue was \$20.4 million and favorable by \$4.1 million and 25.1% based on the transactions below.

- Payor settlement received on older patient accounts of \$3.1 million.
- Retail pharmacy revenue favorable by \$0.5 million.
- St. Rose Hospital management fee \$0.9 million, which was not included in the budget.
- Other operating revenue favorable by \$0.3 million.
- Offset by unfavorable grant revenue from timing differences of \$0.7 million.

Operating Expense

Operating Expense was \$133.7 million for the month and unfavorable to budget by \$0.3 million and 0.3% Physician contract services have been included with labor costs and are discussed in a subsequent section.

	September 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	\$ 103,516	\$ 100,791	\$ (2,725)	(2.7)%	\$ 315,321	\$ 308,142	\$ (7,179)	(2.3)%	\$ 293,754	(7.3)%
Purchased services	8,646	10,393	1,747	16.8%	25,593	27,494	1,901	6.9%	23,267	(10.0)%
Materials and supplies	12,898	13,371	473	3.5%	37,696	39,707	2,011	5.1%	36,570	(3.1)%
Facilities	3,220	3,367	147	4.4%	10,482	9,338	(1,144)	(12.3)%	8,838	(18.6)%
Depreciation and amortization	2,431	2,483	52	2.1%	7,013	7,666	653	8.5%	10,729	34.6%
General and administrative	2,943	2,902	(41)	(1.4)%	7,604	7,820	216	2.8%	7,306	(4.1)%
Total operating expense	\$ 133,654	\$ 133,307	\$ (347)	(0.3)%	\$ 403,709	\$ 400,167	\$ (3,542)	(0.9)%	\$ 380,464	(6.1)%

Non-labor expense variances net to a favorable variance of \$2.4 million for the month as follows:

- Purchased services for the month were favorable to budget by \$1.7 million and 16.8% driven by favorable variances in outside medical services (\$1.2 million), software licenses (\$0.9 million) offset by unfavorable variances across various categories (\$0.4 million). A refund was received from the ambulance vendor for duplicate invoices from their sister company after the company was reorganized (\$1.2 million).
- Materials and supplies were favorable to budget of \$0.5 million and 3.5% driven by favorable variances in pharmaceutical (\$0.4 million), computer/minor equipment (\$0.4 million) offset by unfavorable variance in surgery supplies (\$0.3 million).
- Facilities for the month were favorable to budget by \$0.1 million and 4.4% driven by favorable variances in equipment repairs (\$0.5 million), utilities (\$0.3 million) offset by facility repairs (\$0.7 million). Most of the facility variance was for Highland Hospital and related to prior year invoices which will be adjusted.
- Depreciation and amortization approximate budget driven by a favorable variance for equipment depreciation (\$0.4 million) offset by higher lease/software amortization (\$0.4 million).
- General and administrative costs approximate budget driven by favorable timing variance for recruitment (\$0.1 million) offset by higher insurance premiums (\$0.1 million).

For the year, Operating Expense was \$403.7 million and unfavorable to budget by \$3.5 million and 0.9%. Labor costs are discussed in a subsequent section. Non-labor expense variances net to a favorable variance of \$3.6 million as follows.

- Purchased services were favorable to budget by \$1.9 million and 6.9% driven by favorable variances in outside medical services (\$1.8 million) and software licensing (\$1.1 million) partially offset by unfavorable variances spread across various departments (\$0.3 million) and HIM coding (\$0.7 million). The HIM coding variance is partially offset by the positive variance in registry.
- Materials and supplies were favorable to budget by \$2.0 million and 5.1% driven by favorable variances in pharmaceuticals (\$1.0 million), other medical supplies (\$0.6 million), computer equipment (\$0.3 million), and other non-medical supplies (\$0.3 million), partially offset by unfavorable variance in surgical supplies (\$0.2 million).
- Facilities were unfavorable to budget by \$1.1 million and 12.3% driven by unfavorable variance in facility repairs (\$1.7 million) partially offset by a favorable variance for utilities (\$0.6 million). Approximately \$0.7 million of the unfavorable facility repair variance is the result of FY2025 invoices that were not accrued in June 2025. An audit adjustment for FY2025 was booked and will reduce the FY2026 expense in October.
- Depreciation and amortization were favorable to budget by \$0.7 million and 8.5% driven by favorable variance from timing of equipment depreciation (\$1.3 million) and offset by higher than anticipated amortization of leases and software agreements (\$0.6 million).
- General and administrative costs were favorable to budget by \$0.2 million and 2.8% driven by favorable variance for timing of recruitment (\$0.2 million).

Labor Costs

Labor costs for the month were \$103.5 million and unfavorable to budget by \$2.7 million and 2.7%. YTD, labor costs were \$315.3 million and unfavorable to budget by \$7.2 million and 2.3%. Starting in September 2025, physician contract services were moved to the labor cost section to show a complete picture of staffing utilized to provide direct patient care and support services.

Memorandum to AHS Finance Committee
September 2025 Operating Results

	September 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	\$ 63,033	\$ 59,310	\$ (3,723)	(6.3)%	\$ 188,171	\$ 180,615	\$ (7,556)	(4.2)%	\$ 171,394	(9.8)%
Salaries and wages (providers)	10,381	10,715	334	3.1%	31,254	33,170	1,916	5.8%	30,584	(2.2)%
Registry	3,376	4,175	799	19.1%	10,863	12,720	1,857	14.6%	12,627	14.0%
Physician contract services	3,675	3,768	93	2.5%	11,241	10,829	(412)	(3.8)%	11,163	0.0%
Employee benefits (taxes, insurance)	15,570	15,308	(262)	(1.7)%	49,247	46,566	(2,681)	(5.8)%	44,910	(9.7)%
Retirement	7,481	7,515	34	0.5%	24,545	24,242	(303)	(1.2)%	23,077	(6.4)%
Total labor costs	\$ 103,516	\$ 100,791	\$ (2,725)	(2.7)%	\$ 315,321	\$ 308,142	\$ (7,179)	(2.3)%	\$ 293,754	(7.3)%
Compensation ratio	75.0%	75.1%	0.1%		76.3%	75.7%	-0.6%		77.3%	
Paid FTEs - staff	4,749	4,670	(79)	(1.7)%	4,693	4,593	(100)	(2.2)%	4,604	(1.9)%
Paid FTEs - providers	289	306	17	5.6%	286	306	20	6.6%	282	(1.3)%
Paid FTEs - registry	186	217	31	14.3%	202	216	14	6.5%	206	2.1%
Total FTEs	5,224	5,193	(31)		5,181	5,115	(66)		5,092	

Total salary and wages (staff) and registry for the month were \$66.4 million and unfavorable to budget by \$2.9 million and 4.6% driven by higher volume (48 FTEs/\$0.6 million) and higher rates (\$2.3 million). YTD, this category was \$199.0 million and unfavorable by \$5.7 million and 2.9% driven by higher volume (86 FTEs/\$3.5 million) and higher rates (\$2.2 million). AHS is using UKG timekeeping to track registry utilization. At this point, timing differences occur between when invoices are paid, and the hours included to calculate FTE that are causing variances for the month.

Total salary and wages (providers) and physician contract services for the month were \$14.1 million and favorable to budget by \$0.4 million and 2.9%. YTD, this category was \$42.5 million and favorable to budget by \$1.5 million and 3.4%. Specialties with the largest negative variances for both the month and year were General Surgery and Emergency. As a reminder, contract providers do not provide hours to calculate an FTE.

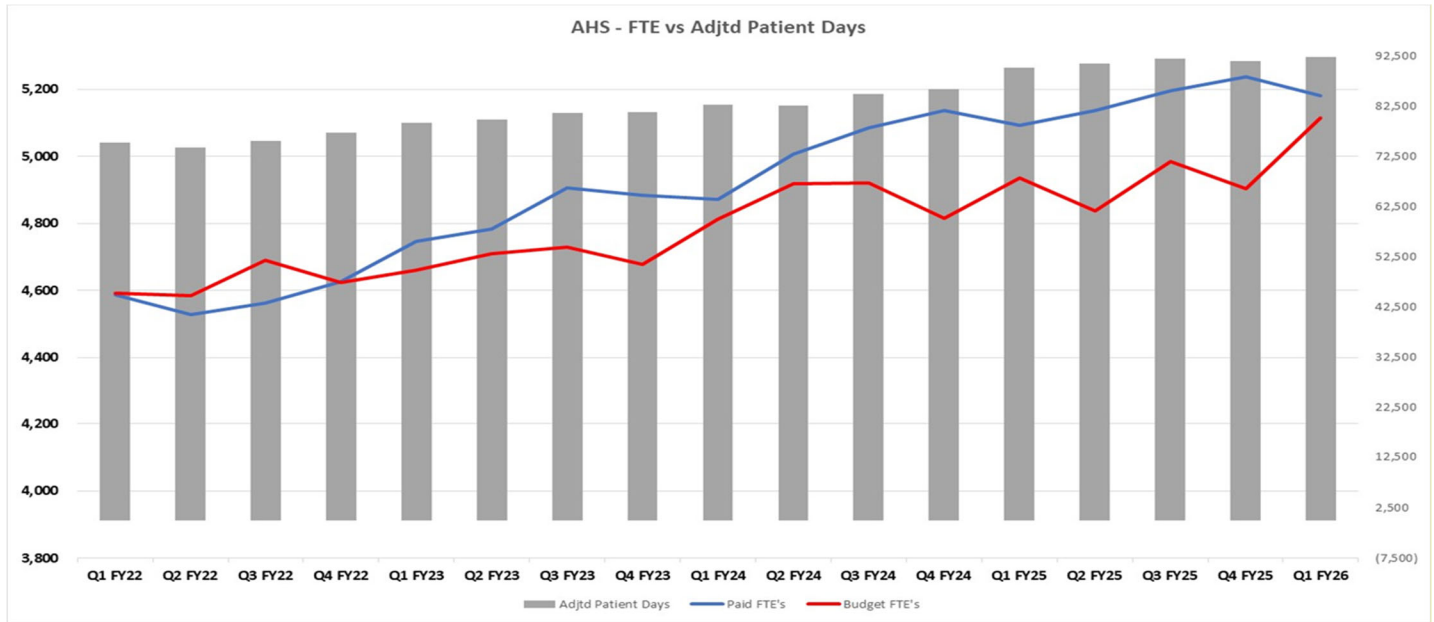
Employee benefits were unfavorable for the month by \$0.3 million and 1.7% driven by self-funded health insurance (\$1.1 million) offset by positive variance in FICA (\$0.3 million), Kaiser insurance plan (\$0.3 million), and other benefits (\$0.2 million). YTD, employee benefits were unfavorable to budget by \$2.7 million and 5.8% driven by self-funded health (\$4.3 million) offset by positive variances for Kaiser insurance plan (\$0.8 million), FICA (\$0.6 million), and other benefits (\$0.2 million).

Retirement approximate budget for the month. YTD, retirement expense was unfavorable \$0.3 million and 1.2% from ACERA (\$0.6 million) offset by positive variances for other AHS plans (\$0.3 million).

FTE Trending

For the month, Paid FTE was 5,224 compared to a budget of 5,193 which was unfavorable to budget by 31 and 0.6%. YTD, Paid FTE was 5,181 compared to a budget of 5,115 which was unfavorable to budget by 66 and 1.3%. The FTE trend graph reflects paid FTE and adjusted patient days (Total Gross Revenues / Inpatient Revenues = Outpatient Factor x Patient Days) by quarter beginning in FY2022. Overall, adjusted patient days (gray bars) have recovered to pre-COVID19 levels; however, growth of FTEs is outpacing the growth in adjustment patient days. As a reminder, pre-COVID19 adjusted patient days for FY2018 Q4 was approximately 83,000 with 4,400 FTEs.

Memorandum to AHS Finance Committee
September 2025 Operating Results



Balance Sheet and Financial Condition

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

	Sep-25	Aug-25	FY 2025
Days in cash	2.9	1.8	1.2
Gross days in patient receivable	62.8	62.0	62.4
Net days in patient receivable	47.4	44.7	45.5
Due from/(to) third-party payors	\$ 282,422	\$ 220,760	\$ 154,653
Due from/(to) County	\$ (49,259)	\$ (25,188)	\$ 39,481
Days in accounts payable	32.5	35.0	38.1
% of AP over 60 days	3.5%	3.0%	10.6%
Net position - fund balance/(deficit)	\$ (51,223)	\$ (55,411)	\$ (60,267)
Net negative balance - receivable/(payable)	\$ (36,214)	\$ 4,834	\$ 26,631

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 62.8 days and 0.8 days higher than last month due to lower cash receipts. Net Days in AR were 47.4 and 2.7 days higher than the previous month due to more net revenue per calendar day of 0.4%. 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. In August, a settlement of \$3.1 million was received and recorded as other operating income due to the age of the patient accounts.

Patient collections are reflected in the table below. Behavioral Health represents the County receipts under contract for JGP services which total \$40.6 million. AHS and the County executed the 2nd amendment in May 2025 increasing the FY2024 contract total from \$61.2 million to \$73.6 million. All remaining funds were paid in August 2025. Payments under the FY2025 contract which was also amended to increase the maximum from \$49.2 million to \$74.2 million, total \$73.4 million through September 2025. The final payment of \$0.8 million was received in October 2025. As a reminder the FY2023 contract was \$72.1 million, and AHS accrued at this higher level of reimbursement, which is now supported by the recent amendments. The FY 2026 interim contract was signed for \$81.4 million on October 13, 2025.

PATIENT COLLECTIONS (in thousands)							
	Behavioral Health	Epic	Total FY 2026	FY 2025	FY 2024	FY 2023	FY 2022
Jul	11,928	67,883	79,811	72,694	79,592	74,260	59,732
Aug	28,651	82,136	110,787	79,768	69,313	58,590	57,374
Sep	-	66,819	66,819	69,741	63,322	76,063	61,968
Oct	-	-	-	76,783	63,122	59,796	49,923
Nov	-	-	-	78,747	57,781	56,939	52,057
Dec	-	-	-	94,631	63,867	67,018	68,121
Jan	-	-	-	89,014	68,757	71,452	62,292
Feb	-	-	-	68,511	75,852	57,886	52,269
Mar	-	-	-	91,851	54,720	65,320	62,888
Apr	-	-	-	74,892	61,895	55,307	56,235
May	-	-	-	74,339	102,015	63,795	69,591
Jun	-	-	-	72,211	71,208	70,027	53,187
Total	40,579	216,838	257,417	943,182	831,444	776,453	705,637
% change between fiscal years			15.8%	13.4%	7.1%	10.0%	

Accounts Payable

Days in Accounts Payable are 32.5 at the end of the month and were 2.5 days lower than 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 3.5% 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

The information presented in the table below provides subsidiary information for Supplemental Program receivables and payables on the Balance Sheet. The net receivable balance for Supplemental Programs is \$282.4 million, which increased \$61.7 million over last month. Key items are noted below.

- Payment received for AB85 Realignment FY2024 (\$3.9 million).
- Payment received for Physician SPA FY2024 (\$2.7 million).
- Payment received for Alameda Alliance CY2024 Pay-for-Performance and HEI (\$1.2 million).
- Payment received for Medi-Cal SNF Cost Settlement CY2024 Q1 and Q2 (\$1.0 million).
- IGT funded for GPP CY2025 Q3 (\$38.6 million).
- Minor cost report adjustments and monthly accruals (\$31.9 million).

Memorandum to AHS Finance Committee
September 2025 Operating Results

Net Reimbursement Supplemental Programs					
as of 9/30/2025					
Programs	FY97-20	FY21-25	FY26	Net Balance	Comments
Medicare Cost Report	(1,617)	(4,676)	(166)	(6,458)	Older years pending disputed SSI ratio and outlier holds for both OPPS/IPPS services from CMS.
Medi-Cal P14 Waiver	4,225	(1,779)	(2,215)	231	P14 audits are in various stages of completion. Currently DHCS has finalized up to FY19.
Current Waiver (GPP & CalAIM)	-	33,012	25,210	58,222	Global Payment Program (GPP) subsidizing remaining uninsured. GPP extended to 2026 as CalAIM.
AB85 Realignment	0	(90,719)	-	(90,719)	Realignment reserves for HPAC amendment passing through the County for physical health for Medi-Cal and Indigent populations.
Physician SPA	(6,000)	1,160	2,835	(2,005)	Reconciliation based on P14 utilization file with the State. FY14-FY16 Finalized. Catch-up ACA interim payments began during FY22.
FQHC	(7,922)	(15,405)	(1,250)	(24,578)	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 FQ billing in March 2022.
Medi-Cal Managed Care EPP	0	130,480	16,932	147,412	EPP (Enhanced Payment Program). New supplemental program for services provided to Medi-Cal Managed Care.
Medi-Cal Managed Care QIP	0	134,819	13,283	148,102	QIP (Quality Incentive Program). New supplemental program for services provided to Medi-Cal Managed Care.
Medi-Cal Managed Care Rate Range	(0)	69,800	12,950	82,750	Subsidize rates for Medi-Cal Managed Care members in Alameda County.
Medi-Cal Managed Care GME	0	5,935	426	6,362	CMS approved in March 2020. GME is paying concurrently with fiscal year.
Medi-Cal Managed Care DP-NF Pass-Through	-	6,449	-	6,449	New payment program assisting AHS with LTC carve-in from FFS to managed care, time-limited CY2023 through CY2025. CY2023 disclosed and received Jan 2025.
Medi-Cal SNF Cost Settlement	0	926	105	1,031	The State began their reconciliation.
AB915	-	2,353	2,202	4,555	AB915/Medi-Cal Hospital OP cost settlement. DHCS began reconciling older years during FY23.
All Other Supplemental Programs	0	3,643	1,861	5,504	Hospital Fee, NDPH & P4P programs
Subtotal	\$ (11,313)	\$ 275,998	\$ 72,173	\$ 336,858	
Old Waiver (FY11 & FY12)	27,565	0	0	27,565	FY11 & FY12 will be finalized by December 2025.
AB915 (FY14-FY20)	(17,000)	0	0	(17,000)	FY14-FY20 Reserve pending on audits.
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	\$ (54,435)	\$ -	\$ -	\$ (54,435)	
Grand Total	\$ (65,749)	\$ 275,998	\$ 72,173	\$ 282,422	

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 significant liability estimates dating back more than 5 years as reflected at the bottom of the schedule. They include the old Medi-Cal Waiver, AB915, Physician SPA and Highland FQHC. Notification of FY2011 Waiver settlement was received in June 2025 from DHCS and adjustments were booked in June to eliminate

the reserves (\$4.8 million) and recognize receivable (\$27.6 million). The result was a favorable pick up of \$32.4 million. The preliminary settlement schedule varied from trend which warranted the reserve. However, when the pool finally settled among all the public hospital systems, the preliminary data proved to be valid. Also, AB915 was added to the section for FY2014 through FY2020 as the program audits are delayed by the State. The total estimated amount due is \$54.4 million.

Net County Receivable and Payable

Due To/From County of Alameda			
	Sep-25	Aug-25	FY 2025
Due from County of Alameda	\$ 32,376	\$ 24,799	\$ 45,740
Capital designation receivable	7,000	7,000	7,000
Due from County of Alameda	39,376	31,799	52,740
Due to County of Alameda	(3,590)	(2,878)	(2,379)
County IGT funding	(78,448)	(43,229)	-
Capital cost payable	(6,597)	(10,880)	(10,880)
Due to County of Alameda	(88,635)	(56,987)	(13,259)
Net due from/(to) County	\$ (49,259)	\$ (25,188)	\$ 39,481

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 FY2025 invoice was submitted to the County in June 2025.
- Inter-government transfers (IGT) are ongoing to draw down federal supplemental funding and once they have received the funds are returned 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 (\$6.6 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. AHS paid 90% for the FY2023 filing (\$4.3 million) in September 2025. 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 September 30, 2025, is negative \$51.2 million, which improved \$4.2 million over last month reflecting the net income for the month.

Net Negative Balance

The Net Negative Balance (NNB) or Line of Credit with the County is \$36.2 million payable on September 30, 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 (\$63.3 million payable) decreased by the County Restricted Cash Fund (\$27.1 million) which is included in Cash.

Contingencies

John George Pavilion (JGP)

The County continues to struggle with the implementation of new software, SmartCare. 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 to submit claims. The County has indicated it will ensure claims are paid even if the timely filing deadline means they cannot be federally matched. The County is paying claims based on the maximum contract amount; however, they are withholding approximately 20% pending resolution with the State. AHS has no information on how the maximum contract amounts were determined or the status of claims or if more adequate funding will happen. AHS and the County signed the FY2026 interim contract on October 13, 2025, which increased funding to \$81.4 million.

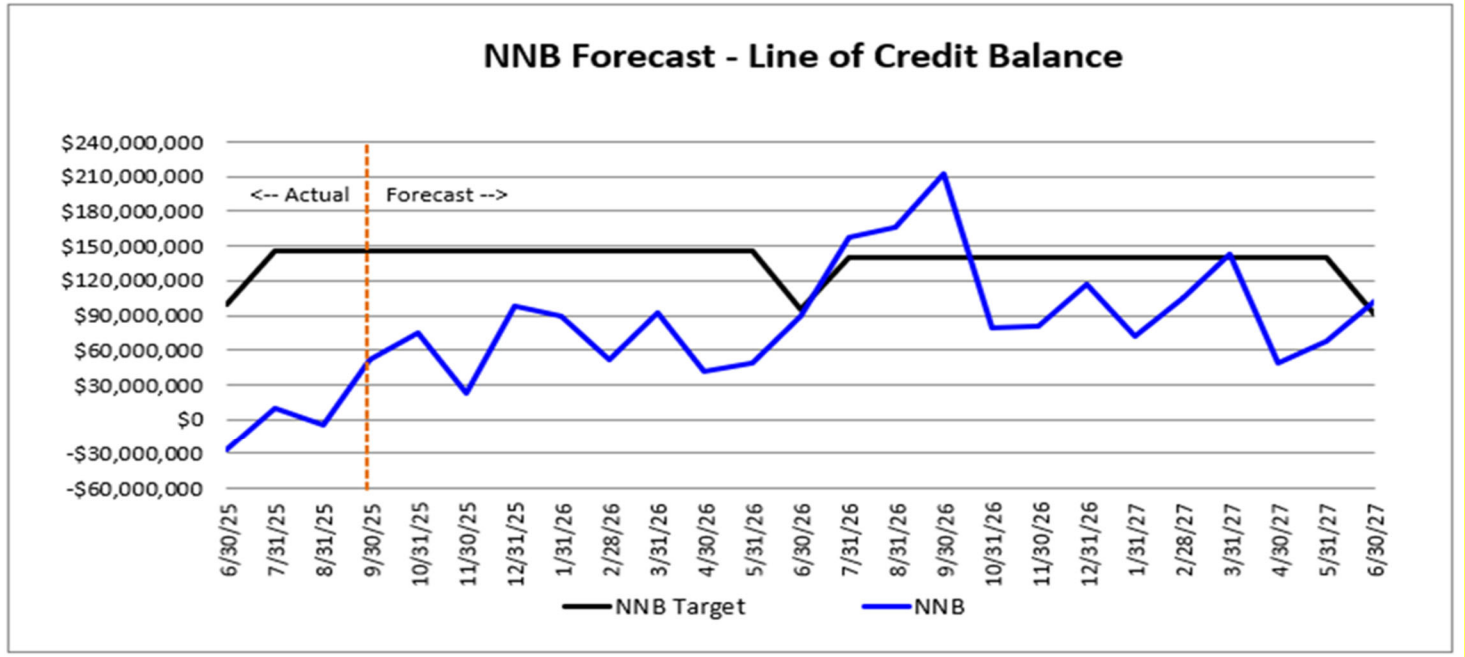
Highland Federally Qualified Healthcare Center (FQHC) Settlement

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, 2027 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 \$95.0 million on June 30, 2026 and slightly over the June 30, 2027 limit of \$90.0 million. The forecast reflects AHS operations consistent with the approved budget; however, the forecast updates as actual activity is reflected in the cashflow model. The forecast NNB for June 30, 2026 improved by \$9.3 million compared to the previous month’s forecast. The key factors were:

- Patient receipts continue to be strong, and
- AB85 Realignment was received (not previously in forecast) for additional \$4.1 million for FY2024.



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.

- GPP CY2025 Q3 increased from \$25.7 million to \$26.5 million based on DHCS notification.
- SRH will access the line of credit starting in January 2026 at a run rate of \$3.0 million per month with repayment expected in June 2026.
- SRH will need support to maximize the FY26 IGT funding. Donations of \$10.0 million were included for both years pending Trustees' approval.
- SRH FY2026 budget was approved on October 28, 2026 by the SRH Board of Directors.

The bottom portion of the table below reflects older year's liability estimates which are not included in the forecast (blue line) due to unknown timing for resolution. However, notice was received from DHCS that the FY11 Waiver settlement would be favorable resulting in a pickup of \$29.2 million expected in November which is incorporated in the cashflow forecast. AB915 for FY2014 through FY2020 was added to the schedule because program review for these fiscal years was delayed by the State (\$17.0 million). 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.

Memorandum to AHS Finance Committee
September 2025 Operating Results

Material Items Included in NNB Forecast										
(in thousands)										
	Oct-25	Nov-25	Jan-26	Feb-26	Mar-26	FY26 Q4	FY27 Q1	FY27 Q2	FY27 Q3	FY27 Q4
GPP (quarterly)	\$ 8,063	\$ -	\$ 20,100	\$ 18,474	\$ 5,600	\$ 25,700	\$ 23,551	\$ 23,551	\$ 28,651	\$ 19,700
EPP (semi-annual)	21,000	-	-	-	-	21,000	-	75,351	-	39,510
QIP	34,364	-	-	-	-	34,364	-	51,000	-	51,000
Medi-Cal Rate Range	-	-	-	45,800	-	-	-	-	51,300	-
Medi-Cal Waiver (fy11)	-	29,169	-	-	-	-	-	-	-	-
BHCS (JGP/Alameda County) - fy26	-	18,252	6,084	6,084	6,084	18,251	12,671	-	-	-
BHCS (JGP/Alameda County) - fy27	-	-	-	-	-	-	-	18,900	18,900	25,200
HPAC	-	10,800	-	-	10,800	21,600	-	21,600	10,800	10,800
AB85 Realignment	(41,670)	-	-	-	-	-	-	4,800	-	-
SNF DP-NF (final pmt Jan-27)	-	-	25,797	-	-	-	-	-	26,000	-
St. Rose Hospital LOC	-	-	3,000	3,000	3,000	(9,000)	-	-	-	-
Donation to St. Rose Hospital	-	-	-	-	10,000	-	-	-	10,000	-
	<u>\$ 21,757</u>	<u>\$ 58,221</u>	<u>\$ 54,981</u>	<u>\$ 73,358</u>	<u>\$ 35,484</u>	<u>\$ 111,915</u>	<u>\$ 36,222</u>	<u>\$ 195,202</u>	<u>\$ 145,651</u>	<u>\$ 146,210</u>
Prior Year Reimbursement Settlements										
Waiver recoupment (fy11)	\$ 29,169	Payment expected in Nov-25								
AB915 (fy14-fy20)	(17,000)	TBD								
Medi-Cal FQHC recoupment (fy08 - fy13)	(40,000)	TBD								
Physician SPA (fy08 - fy13)	(25,100)	TBD								
	<u>\$ (52,931)</u>									

ALAMEDA HEALTH SYSTEM (consolidated)
Statement of Revenues and Expenses
For the Period Ended September 30, 2025
(In Thousands)

	September 2025				Year-To-Date				FY 2025		
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance	YTD	Variance	% Variance
Operating revenue											
Net patient service revenue	\$ 81,165	\$ 79,553	\$ 1,612	2.0%	\$ 242,495	\$ 240,704	\$ 1,791	0.7%	\$ 228,798	\$ 13,697	6.0%
Capitation revenue	4,470	4,548	(78)	(1.7)%	13,443	13,643	(200)	(1.5)%	13,752	(309)	(2.2)%
Other government programs	46,776	45,415	1,361	3.0%	137,201	136,245	956	0.7%	121,876	15,325	12.6%
Other operating revenue	5,702	4,734	968	20.4%	20,385	16,291	4,094	25.1%	15,645	4,740	30.3%
Total operating revenue	138,113	134,250	3,863	2.9%	413,524	406,883	6,641	1.6%	380,071	33,453	8.8%
Operating expense											
Labor costs	103,516	100,791	(2,725)	(2.7)%	315,321	308,142	(7,179)	(2.3)%	293,754	(21,567)	(7.3)%
Purchased services	8,646	10,393	1,747	16.8%	25,593	27,494	1,901	6.9%	23,267	(2,326)	(10.0)%
Materials and supplies	12,898	13,371	473	3.5%	37,696	39,707	2,011	5.1%	36,570	(1,126)	(3.1)%
Facilities	3,220	3,367	147	4.4%	10,482	9,338	(1,144)	(12.3)%	8,838	(1,644)	(18.6)%
Depreciation and amortization	2,431	2,483	52	2.1%	7,013	7,666	653	8.5%	10,729	3,716	34.6%
General and administrative	2,943	2,902	(41)	(1.4)%	7,604	7,820	216	2.8%	7,306	(298)	(4.1)%
Total operating expense	133,654	133,307	(347)	(0.3)%	403,709	400,167	(3,542)	(0.9)%	380,464	(23,245)	(6.1)%
Operating income (loss)	4,459	943	3,516	372.9%	9,815	6,716	3,099	46.1%	(393)	10,208	2597.5%
Non-operating activity											
Interest income (expense)	(282)	(102)	(180)	(176.5)%	(971)	(396)	(575)	(145.2)%	(387)	(584)	(150.7)%
Other nonoperating revenue	9	13	(4)	(30.8)%	31	39	(8)	(20.5)%	39	(8)	(20.6)%
Total non-operating activity	(273)	(89)	(184)	(206.7)%	(940)	(357)	(583)	(163.3)%	(348)	(592)	(169.9)%
Net income (loss)	\$ 4,186	\$ 854	\$ 3,332	390.2%	\$ 8,875	\$ 6,359	\$ 2,516	39.6%	\$ (741)	\$ 9,616	1297.2%
EBIDA adjustments											
Interest income (expense)	282	102	180		971	396	575		387	584	
Depreciation and amortization	2,431	2,483	(52)		7,013	7,666	(653)		10,729	(3,716)	
Total EBIDA adjustments	2,713	2,585	128		7,984	8,062	(78)		11,116	(3,132)	
EBIDA	\$ 6,899	\$ 3,439	\$ 3,460		\$ 16,859	\$ 14,421	\$ 2,438		\$ 10,375	\$ 6,484	

ALAMEDA HEALTH SYSTEM (consolidated)

Balance Sheet

As of September 30, 2025

(In Thousands)

	Current Month	Prior Month	FYE 2025
ASSETS			
Cash & cash equivalents	\$ 12,750	\$ 7,430	\$ 14,556
Patient account receivables, net	111,700	102,855	101,401
Due from third-party payors	470,875	409,009	346,479
Due from County of Alameda	39,376	31,799	52,740
Due from State of California	26,883	25,711	25,635
Inventories	12,558	12,545	12,267
Other current assets	23,295	24,414	17,592
TOTAL CURRENT ASSETS	697,437	613,763	570,670
Restricted cash equivalents	27,133	27,133	27,133
Right-to-use lease assets, net	29,734	30,358	31,604
Right-of-use subscription assets, net	4,763	4,655	5,050
Capital assets - nondepreciable	9,021	9,021	9,021
Capital assets - depreciable, net	129,421	128,745	129,675
TOTAL NONCURRENT ASSETS	200,072	199,912	202,483
DEFERRED OUTFLOWS OF RESOURCES	105,415	105,415	105,415
TOTAL ASSETS & DEFERRED OUTFLOWS	\$ 1,002,924	\$ 919,090	\$ 878,568
LIABILITIES & NET ASSETS			
Accounts payable and accrued expenses	\$ 74,333	\$ 75,862	\$ 79,162
Accrued compensation	49,527	42,223	63,953
Due to third-party payors	188,453	188,249	191,826
Due to County of Alameda	88,635	56,987	13,259
Other Payables	43,357	41,887	37,834
TOTAL CURRENT LIABILITIES	444,305	405,208	386,034
Liquidity facility - County of Alameda	63,347	22,299	502
Net pension obligation	369,662	369,662	369,662
Post employment benefit asset	43,255	43,255	43,255
Accrued compensated absences, net of current portion	22,604	22,604	26,667
Self-insurance liabilities, net of current portion	39,820	39,820	39,820
Lease obligations, net of current portion	28,099	28,647	29,739
Subscription obligations, net of current portion	1,892	1,843	1,993
Other long-term liabilities	0	0	0
TOTAL LONG TERM LIABILITIES	568,679	528,130	511,638
DEFERRED INFLOWS OF RESOURCES	41,163	41,163	41,163
Fund balance - capital contribution	86,635	86,635	86,466
Fund balance - prior years	(146,733)	(146,733)	(166,072)
Current year income/(loss)	8,875	4,687	19,339
FUND BALANCE	(51,223)	(55,411)	(60,267)
TOTAL LIABILITIES, DEFERRED INFLOWS, & FUND BALANCE	\$ 1,002,924	\$ 919,090	\$ 878,568

ALAMEDA HEALTH SYSTEM (consolidated)
Statement of Cash Flows
For the Period Ended September 30, 2025
(in thousands)

	Current Month	Year-to Date	FYE 2025
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating income (loss)	\$ 4,459	\$ 9,815	\$ 23,794
Depreciation and amortization	2,431	7,013	36,849
Net changes in operating assets and liabilities:			
Patient account receivables, net	(8,845)	(10,299)	4,695
Due from/to third-party payors	(61,662)	(127,769)	(9,320)
Due from/to County	24,071	88,740	(14,681)
Due from State	(1,172)	(1,248)	(1,371)
Inventory	(13)	(291)	(280)
Other current assets	1,119	(5,703)	30
Accounts payable and accrued expenses	(1,527)	(4,829)	(6,325)
Accrued compensation	7,304	(14,426)	7,686
Other current payables	1,470	5,523	5,192
Net pension liability	-	-	(56,345)
Other postemployment benefits obligations	-	-	4,881
Other long-term liabilities	-	(4,063)	5,936
Deferred outflows/inflows	-	-	51,010
Net cash provided by (used in) operating activities	(32,365)	(57,537)	51,751
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES			
Change in liquidity facility	41,048	62,845	(4,599)
Interest payments on working capital loan	370	1,111	4,402
Receipts of rental income	9	31	(253)
Net cash provided by (used in) noncapital financing activities	41,427	63,987	(450)
CASH FLOWS FROM CAPITAL AND FINANCING ACTIVITIES			
Purchase and construction of capital assets	(2,001)	(3,927)	(19,936)
Proceeds from disposals of capital assets	0	0	0
Repayment of other long-term liabilities	0	0	(2,783)
Payments of lease liabilities	(572)	(1,748)	(6,730)
Interest payments on lease liabilities	91	277	1,232
Payments of subscription obligations	(517)	(668)	(4,532)
Interest payments on subscription obligations	28	49	128
Capital contributions and transfers	-	169	1,015
Net cash provided by (used in) capital and financing activities	(2,971)	(5,848)	(31,606)
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest and investment income	(771)	(2,408)	(9,964)
Net cash provided by (used in) investing activities	(771)	(2,408)	(9,964)
CHANGES IN CASH AND CASH EQUIVALENTS	5,320	(1,806)	9,731
CASH AND CASH EQUIVALENTS, beginning of period	34,563	41,689	31,958
CASH AND CASH EQUIVALENTS, end of period	\$ 39,883	\$ 39,883	\$ 41,689

ALAMEDA HEALTH SYSTEMS Volume Reports



Month: September

	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	30,457	30,133	324	1.1%	92,208	91,628	580	0.6%	90,213	1,995	2.2%
Total Adjusted Discharges	2,713	2,621	91	3.5%	8,277	7,906	371	4.7%	7,758	520	6.7%
GENERAL ACUTE											
Patient Days	5,708	6,290	-582	-9.2%	17,747	18,764	-1,017	-5.4%	18,531	-784	-4.2%
Discharges	1,202	1,203	-1	-0.1%	3,777	3,610	167	4.6%	3,581	196	5.5%
Average Daily Census	190.3	209.7	-19.4	-9.2%	192.9	204	-11.1	-5.4%	201.4	-8.5	-4.2%
Average Length of Stay	4.7	5.2	0.5	9.2%	4.7	5.2	0.5	9.6%	5.2	0.5	9.2%
Adjusted Patient Days	11,080	11,545	-466	-4.0%	33,980	34,768	-787	-2.3%	34,428	-447	-1.3%
Adjusted Discharges	2,333	2,209	125	5.6%	7,232	6,689	543	8.1%	6,653	579	8.7%
Occupancy %	64%	70%	-7%		65%	68%	-4%		68%	-3%	
CMI	1.649	1.658	-0.009	-0.5%	1.596	1.655	-0.059	-3.5%	1.654	-0.058	-3.5%
Emergency Visits	9,497	8,926	571	6.4%	28,584	26,527	2,057	7.8%	27,229	1,355	5.0%
Left Without Being Seen (LWBS)	455	571	116	25.5%	1,439	1,730	291	20.2%	1,929	490	34.1%
Trauma Cases	317	368	-51	-13.8%	976	994	-18	-1.8%	1,038	-62	-6.0%
Observation Equivalent Days	674	671	3	0.5%	1,979	2,070	-91	-4.4%	1,976	3	0.2%
Total Surgeries	732	676	56	8.3%	2,131	2,143	-12	-0.6%	2,324	-193	-8.3%
IP Surgeries	329	309	20	6.5%	972	992	-20	-2.0%	916	56	6.1%
OP Surgeries	403	367	36	9.8%	1,159	1,151	8	0.7%	1,408	-249	-17.7%
Deliveries	148	146	2	1.5%	472	427	45	10.5%	398	74	18.6%
PSYCH											
Psych Patient Days	2,027	2,039	-12	-0.6%	6,156	6,035	121	2.0%	5,986	170	2.8%
Psych Discharges	230	226	4	1.6%	647	670	-23	-3.5%	645	2	0.3%
Average Daily Census	67.6	68	-0.4	-0.6%	66.9	65.6	1.3	2.0%	65.1	1.8	2.8%
Average Length of Stay	8.8	9	0.2	2.1%	9.5	9	-0.5	-5.7%	9.3	-0.2	-2.5%
Adjusted Patient Days	2,522	2,503	18	0.7%	7,666	7,408	258	3.5%	7,398	267	3.6%
Adjusted Discharges	286	278	8	2.9%	806	823	-17	-2.1%	797	8	1.1%
PES Equivalent Days	767	711	55	7.8%	2,333	2,179	154	7.1%	2,179	154	7.1%
REHAB											
Rehab Patient Days	769	778	-9	-1.1%	2,122	2,198	-76	-3.5%	2,108	14	0.7%
Rehab Discharges	54	59	-5	-8.2%	160	166	-6	-3.8%	154	6	3.9%
Average Daily Census	25.6	25.9	-0.3	-1.1%	23.1	23.9	-0.8	-3.5%	22.9	0.2	0.7%
Average Length of Stay	14.2	13.2	-1	-7.7%	13.3	13.2	0	-0.3%	13.7	0.4	3.1%
Adjusted Patient Days	769	778	-9	-1.1%	2,122	2,198	-76	-3.5%	2,108	14	0.7%
Adjusted Discharges	54	59	-5	-8.2%	160	166	-6	-3.8%	154	6	3.9%
Occupancy %	92%	93%	0%		82%	85%	0%		82%	0%	

ALAMEDA HEALTH SYSTEMS Volume Reports



Month: September

	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											
SNF with Sub-Acute											
SNF Patient Days	8,349	8,270	79	1.0%	25,587	25,362	226	0.9%	24,985	602	2.4%
SNF Discharges	15	23	-8	-35.5%	49	71	-22	-31.4%	58	-9	-15.5%
Average Daily Census	278.3	275.7	2.6	1.0%	278.1	275.7	2.5	0.9%	271.6	6.5	2.4%
Average Length of Stay	556.6	355.9	-200.7	-56.4%	522.2	355.2	-167	-47.0%	430.8	-91.4	-21.2%
Adjusted Patient Days	8,620	8,282	338	4.1%	26,423	25,404	1,019	4.0%	25,751	672	2.6%
Adjusted Discharges	15	23	-8	-33.5%	51	72	-21	-29.2%	60	-9	-15.4%
Occupancy %	96%	95%	0%		96%	95%	0%		94%	0%	
Bed Holds	82	73	9	11.8%	128	280	-152	-54.3%	278	-150	-54.0%
TOTAL FTE, HOURS, WRVU											
Total Paid FTE	5,224	5,192	-31	-0.6%	5,181	5,115	-66	-1.3%	5,092	-89	-1.7%
Total Productive FTE	4,478	4,428	-50	-1.1%	4,498	4,406	-92	-2.1%	4,359	-139	-3.2%
Total Paid FTE per AOB	5.15	5.17	0.02	0.5%	5.17	5.14	-0.03	-0.7%	5.19	0.02	0.5%
Worked Hours Per APD	25.2	25.2	0	-0.1%	25.6	25.3	-0.4	-1.4%	25.4	-0.2	-0.9%
Worked Hours Per AD	283	290	7	2.3%	286	293	7	2.5%	295	10	3.3%
Physician wRVU	134,503	118,271	16,233	13.7%	402,271	352,815	49,456	14.0%	371,485	30,786	8.3%
Total Clinic Visits	36,495	34,884	1,611	4.6%	105,935	109,881	-3,946	-3.6%	102,372	3,563	3.5%
FQHC Visits	30,778	29,562	1,216	4.1%	89,084	92,020	-2,936	-3.5%	85,081	4,003	4.7%
Non-FQHC Visits	5,717	5,322	395	7.4%	16,851	17,861	-1,010	-5.7%	17,291	-440	-2.5%
PAYOR MIX											
Insurance %	6.6%	7.9%	-1.3%		6.6%	7.4%	-0.8%		7.3%	-0.7%	
Medi-Cal %	6.8%	8.6%	-1.9%		7.2%	9.6%	-2.5%		9.5%	-2.3%	
Medi-Cal MC %	54.8%	52.0%	2.9%		52.9%	52.3%	0.6%		52.6%	0.3%	
Medicare %	20.1%	18.5%	1.6%		22.0%	18.5%	3.4%		19.1%	2.9%	
Medicare MC %	7.4%	7.5%	-0.1%		7.2%	7.2%	-0.1%		7.4%	-0.2%	
Other Govt %	1.4%	2.2%	-0.8%		1.4%	1.7%	-0.4%		1.6%	-0.3%	
Self-Pay %	2.9%	3.4%	-0.6%		2.9%	3.2%	-0.3%		2.5%	0.4%	
Total Payor Mix %	100.0%	100.0%	0.0%		100.0%	100.0%	0.0%		100.0%	0.0%	

ALAMEDA HEALTH SYSTEMS Volume Reports



Month: September

	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 Patient Days	4,167	4,519	-352	-7.8%	12,680	13,145	-465	-3.5%	12,912	-232	-1.8%
Total Discharges	760	784	-24	-3.1%	2,407	2,281	126	5.5%	2,201	206	9.4%
Total Adjusted Patient Days	7,585	7,829	-244	-3.1%	22,824	23,111	-288	-1.2%	22,610	214	0.9%
Total Adjusted Discharges	1,383	1,359	25	1.8%	4,333	4,011	322	8.0%	3,854	478	12.4%
GENERAL ACUTE											
Patient Days	4,167	4,519	-352	-7.8%	12,680	13,145	-465	-3.5%	12,912	-232	-1.8%
Discharges	760	784	-24	-3.1%	2,407	2,281	126	5.5%	2,201	206	9.4%
OP Factor	1.8267	1.7377	-0.089	-5.1%	1.8065	1.7644	-0.0421	-2.4%	1.7568	-0.0497	-2.8%
Average Daily Census	138.9	150.6	-11.7	-7.8%	137.8	142.9	-5.1	-3.5%	140.3	-2.5	-1.8%
Average Length of Stay	5.5	5.8	0.3	4.9%	5.3	5.8	0.5	8.6%	5.9	0.6	10.2%
Adjusted Patient Days	7,612	7,853	-242	-3.1%	22,907	23,192	-286	-1.2%	22,684	223	1.0%
Adjusted Discharges	1,388	1,363	25	1.9%	4,348	4,025	324	8.0%	3,867	482	12.5%
Occupancy %	82%	89%	-7%		82%	85%	-3%		83%	-1%	
Emergency Visits	4,865	4,552	313	6.9%	14,657	13,280	1,377	10.4%	13,592	1,065	7.8%
Left Without Being Seen (LWBS)	308	526	218	70.8%	970	1,581	611	63.0%	1,554	584	60.2%
Trauma Cases	317	368	-51	-13.8%	976	994	-18	-1.8%	1,038	-62	-6.0%
Observation Equivalent Days	235	298	-62	-20.9%	722	959	-237	-24.7%	828	-106	-12.8%
Total Surgeries	487	439	48	10.8%	1,464	1,398	66	4.7%	1,364	100	7.3%
IP Surgeries	265	250	15	5.8%	798	791	7	0.9%	737	61	8.3%
OP Surgeries	222	189	33	17.5%	666	607	59	9.7%	627	39	6.2%
Deliveries	148	146	2	1.5%	472	427	45	10.5%	398	74	18.6%
TOTAL FTE, HOURS, WRVU											
Total Paid FTE	1,891	1,855	-36	-1.9%	1,858	1,806	-52	-2.9%	1,812	-46	-2.6%
Total Productive FTE	1,605	1,577	-28	-1.8%	1,610	1,552	-59	-3.8%	1,539	-72	-4.7%
Total Paid FTE per AOB	7.48	7.11	-0.37	-5.2%	7.49	7.19	-0.3	-4.2%	7.37	-0.12	-1.6%
Worked Hours Per APD	36.3	34.5	-1.8	-5.1%	37.1	35.3	-1.8	-5.1%	35.8	-1.3	-3.7%
Worked Hours Per AD	199	199	0	0.0%	195	203	8	3.9%	210	14	6.9%
Physician wRVU	4	7	-4	-49.4%	10	17	-7	-39.8%	16	-6	-37.0%
OTHER STATS											
GI Procedures	489	334	155	46.4%	1,177	1,051	126	11.9%	1,043	134	12.8%
Cardiac Procedures	172	54	118	220.1%	437	180	257	142.2%	169	268	158.6%
HGH Cath Lab and IR Procedures	998	545	453	83.0%	2,474	1,420	1,054	74.2%	1,730	744	43.0%
Total Clinic Visits											
Specialty	1543	1178	365	31.0%	4,658	3,652	1,006	27.5%	4,011	647	16.1%
Behavioral Health	839	699	140	20.0%	2,331	3,292	-961	-29.2%	2,889	-558	-19.3%
PAYOR MIX											
Insurance %	7.2%	8.6%	-1.4%		7.2%	8.6%	-1.4%		8.4%	-1.2%	
Medi-Cal %	8.2%	8.9%	-0.7%		7.5%	10.2%	-2.7%		9.9%	-2.5%	
Medi-Cal MC %	52.6%	51.4%	1.2%		51.3%	52.0%	-0.7%		52.6%	-1.3%	
Medicare %	19.3%	16.5%	2.8%		21.2%	16.3%	4.9%		16.8%	4.5%	
Medicare MC %	7.8%	7.9%	-0.1%		7.9%	7.3%	0.5%		7.5%	0.4%	
Other Govt %	1.6%	2.1%	-0.5%		1.5%	2.0%	-0.5%		1.9%	-0.4%	
Self-Pay %	3.4%	4.6%	-1.3%		3.5%	3.5%	-0.1%		3.0%	0.5%	
Total Payor Mix %	100.0%	100.0%	0.0%		100.0%	100.0%	0.0%		100.0%	0.0%	
CAMPUS CMI											
CMI Highland	1.76	1.746	0.014	0.8%	1.677	1.744	-0.067	-3.9%	1.744	-0.067	-3.9%

ALAMEDA HEALTH SYSTEMS Volume Reports



Month: September

	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 Patient Days	5,931	5,980	-49	-0.8%	🔴	18,451	18,468	-17	-0.1%		18,194	257	1.4%	🟢
Total Discharges	236	203	33	16.3%	🟢	713	651	62	9.4%	🟢	661	52	7.9%	🟢
Total Adjusted Patient Days	9,162	8,921	241	2.7%	🟢	28,146	27,333	813	3.0%	🟢	27,706	440	1.6%	🟢
Total Adjusted Discharges	365	303	62	20.4%	🟢	1,088	964	123	12.8%	🟢	1,007	81	8.1%	🟢
GENERAL ACUTE														
Patient Days	793	860	-67	-7.8%	🔴	2,667	2,767	-100	-3.6%	🔴	2,861	-194	-6.8%	🔴
Discharges	225	191	34	17.7%	🟢	687	615	72	11.7%	🟢	637	50	7.8%	🟢
OP Factor	1.9471	1.8488	-0.098	-5.3%	🔴	1.8974	1.8213	-0.076	-4.2%	🔴	1.8772	-0.02	-1.1%	🔴
Average Daily Census	26.4	28.7	-2.2	-7.8%	🔴	29	30.1	-1.1	-3.6%	🔴	31.1	-2.1	-6.8%	🔴
Average Length of Stay	3.5	4.5	1	21.6%	🟢	3.9	4.5	0.6	13.7%	🟢	4.5	0.6	13.6%	🟢
Adjusted Patient Days	1,544	1,590	-46	-2.9%	🔴	5,060	5,040	21	0.4%	🟢	5,371	-310	-5.8%	🔴
Adjusted Discharges	438	353	85	23.9%	🟢	1,304	1,120	183	16.3%	🟢	1,196	108	9.0%	🟢
Occupancy %	40%	43%	-3%		🔴	44%	46%	-2%		🔴	47%	-3%		🔴
Emergency Visits	1,743	1,609	134	8.3%	🟢	5,286	4,844	442	9.1%	🟢	5,009	277	5.5%	🟢
Left Without Being Seen (LWBS)	60	0	-60	-100.0%	🔴	180	0	-180	-100.0%	🔴	114	-66	-36.7%	🔴
Observation Equivalent Days	250	206	44	21.2%	🟢	635	555	80	14.4%	🟢	592	43	7.3%	🟢
Total Surgeries	24	12	12	93.3%	🟢	55	52	3	5.4%	🟢	297	-242	-81.5%	🔴
IP Surgeries	16	12	4	28.8%	🟢	41	52	-11	-21.4%	🔴	53	-12	-22.6%	🔴
OP Surgeries	8	0	8	0.0%		14	0	14	0.0%		244	-230	-94.3%	🔴
SNF with Sub-Acute														
SNF Patient Days	5,138	5,120	18	0.4%	🟢	15,784	15,701	83	0.5%	🟢	15,333	451	2.9%	🟢
SNF Discharges	11	12	-1	-6.9%	🔴	26	36	-10	-28.2%	🔴	24	2	8.3%	🟢
SNF OP Factor	1.0079	1.0017	-0.006	-0.6%	🔴	1.0076	1.0017	-0.006	-0.6%	🔴	1.0051	-0.003	-0.3%	🔴
Average Daily Census	171.3	170.7	0.6	0.4%	🟢	171.6	170.7	0.9	0.5%	🟢	166.7	4.9	2.9%	🟢
Average Length of Stay	467.1	433.5	-33.6	-7.7%	🔴	607.1	433.4	-173.7	-40.1%	🔴	638.9	31.8	5.0%	🟢
Adjusted Patient Days	5,179	5,128	50	1.0%	🟢	15,904	15,727	178	1.1%	🟢	15,411	493	3.2%	🟢
Adjusted Discharges	11	12	-1	-6.3%	🔴	26	36	-10	-27.8%	🔴	24	2	8.6%	🟢
Occupancy %	95%	94%	0%			95%	94%	0%			92%	0%		
Bed Holds	50	41	9	22.4%	🟢	38	179	-141	-78.7%	🔴	175	-137	-78.3%	🔴
TOTAL FTE, HOURS, WRVU														
Total Paid FTE	637	618	-19	-3.1%	🔴	631	613	-18	-2.9%	🔴	601	-30	-5.0%	🔴
Total Productive FTE	545	532	-13	-2.4%	🔴	549	531	-18	-3.4%	🔴	514	-34	-6.7%	🔴
Total Paid FTE per AOB	2.09	2.08	-0.01	-0.4%	🔴	2.06	2.06	0	0.1%		2	-0.07	-3.3%	🔴
Worked Hours Per APD	10.2	10.2	0	0.3%	🟢	10.2	10.2	0	-0.4%	🔴	9.8	-0.5	-5.0%	🔴
Worked Hours Per AD	256	301	45	14.9%	🟢	265	289	24	8.4%	🟢	269	3	1.3%	🟢
Total Clinic Visits														
Specialty	1,430	1,211	219	18.0%	🟢	4,350	3,761	589	15.6%	🟢	3,846	504	13.1%	🟢
PAYOR MIX														
Insurance %	6.5%	8.7%	-2.2%			7.2%	7.7%	-0.5%			8.1%	-0.9%		
Medi-Cal %	4.9%	5.2%	-0.3%			5.4%	6.4%	-0.9%			7.4%	-2.0%		
Medi-Cal MC %	52.1%	51.5%	0.5%			51.5%	50.3%	1.1%			50.2%	1.3%		
Medicare %	22.4%	21.7%	0.7%			24.1%	22.3%	1.9%			22.7%	1.4%		
Medicare MC %	10.1%	10.4%	-0.4%			8.2%	10.2%	-2.0%			10.3%	-2.1%		
Other Govt %	1.3%	2.1%	-0.7%			1.4%	1.5%	-0.1%			1.3%	0.1%		
Self-Pay %	2.8%	0.5%	2.3%			2.2%	1.7%	0.5%	🟢		0.1%	2.1%		
Total Payor Mix %	100.0%	100.0%	0.0%			100.0%	100.0%	0.0%			100.0%	0.0%		
CAMPUS CMI														
CMI Alameda	1.38	1.427	-0.047	-3.3%	🔴	1.401	1.471	-0.07	-4.8%	🔴	1.469	-0.068	-4.6%	🔴

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Month: September

	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 Patient Days	1,517	1,688	-171	-10.1%	4,522	5,050	-528	-10.5%	4,866	-344	-7.1%	
Total Discharges	271	287	-16	-5.4%	843	880	-37	-4.2%	897	-54	-6.0%	
Total Adjusted Patient Days	3,293	3,383	-90	-2.7%	9,775	10,180	-405	-4.0%	9,944	-170	-1.7%	
Total Adjusted Discharges	588	574	14	2.4%	1,822	1,773	49	2.7%	1,833	-11	-0.6%	
GENERAL ACUTE												
Patient Days	748	910	-162	-17.8%	2,400	2,852	-452	-15.9%	2,758	-358	-13.0%	
Discharges	217	228	-11	-4.7%	683	714	-31	-4.3%	743	-60	-8.1%	
OP Factor	2.625	2.3623	-0.263	-11.1%	2.5583	2.3494	-0.209	-8.9%	2.3799	-0.178	-7.5%	
Average Daily Census	24.9	30.3	-5.4	-17.8%	26.1	31	-4.9	-15.9%	30	-3.9	-13.0%	
Average Length of Stay	3.4	4	0.6	13.8%	3.5	4	0.5	12.1%	3.7	0.2	5.3%	
Adjusted Patient Days	1,963	2,150	-187	-8.7%	6,140	6,701	-561	-8.4%	6,564	-424	-6.5%	
Adjusted Discharges	570	538	32	5.9%	1,747	1,676	71	4.2%	1,768	-21	-1.2%	
Occupancy %	40%	48%	-9%		41%	49%	-8%		48%	-6%		
Emergency Visits	2,889	2,766	123	4.5%	8,641	8,403	238	2.8%	8,628	13	0.2%	
Left Without Being Seen (LWBS)	87	45	-42	-47.9%	289	149	-140	-48.3%	261	-28	-9.7%	
Observation Equivalent Days	189	167	22	13.0%	622	556	66	11.8%	556	66	11.9%	
Total Surgeries	221	224	-3	-1.4%	612	693	-81	-11.7%	663	-51	-7.7%	
IP Surgeries	48	46	2	4.1%	133	149	-16	-10.8%	126	7	5.6%	
OP Surgeries	173	178	-5	-2.8%	479	544	-65	-12.0%	537	-58	-10.8%	
REHAB												
Rehab Patient Days	769	778	-9	-1.1%	2,122	2,198	-76	-3.5%	2,108	14	0.7%	
Rehab Discharges	54	59	-5	-8.2%	160	166	-6	-3.8%	154	6	3.9%	
Rehab OP Factor	1	1	0	0.0%	1	1	0	0.0%	1	0	0.0%	
Average Daily Census	25.6	25.9	-0.3	-1.1%	23.1	23.9	-0.8	-3.5%	22.9	0.2	0.7%	
Average Length of Stay	14.2	13.2	-1	-7.7%	13.3	13.2	0	-0.3%	13.7	0.4	3.1%	
Adjusted Patient Days	769	778	-9	-1.1%	2,122	2,198	-76	-3.5%	2,108	14	0.7%	
Adjusted Discharges	54	59	-5	-8.2%	160	166	-6	-3.8%	154	6	3.9%	
Occupancy %	92%	93%	0%		82%	85%	0%		82%	0%		
Bed Holds	0	-2	2	-100.0%	2	0	2	0.0%	0	2	0.0%	
TOTAL FTE, HOURS, WRVU												
Total Paid FTE	471	479	8	1.8%	478	468	-9	-2.0%	466	-11	-2.4%	
Total Productive FTE	406	408	2	0.5%	407	398	-10	-2.5%	392	-15	-3.9%	
Total Paid FTE per AOB	4.29	4.25	-0.04	-0.9%	4.49	4.23	-0.26	-6.2%	4.32	-0.18	-4.2%	
Worked Hours Per APD	21.1	20.7	-0.5	-2.3%	21.9	20.5	-1.4	-6.7%	20.7	-1.2	-5.7%	
Worked Hours Per AD	118	122	3	2.8%	118	118	0	0.3%	112	-5	-4.5%	
PAYOR MIX												
Insurance %	6.2%	8.1%	-2.0%		5.9%	6.6%	-0.7%		6.3%	-0.4%		
Medi-Cal %	1.2%	7.7%	-6.5%		6.0%	9.0%	-3.0%		9.0%	-3.0%		
Medi-Cal MC %	57.8%	48.8%	9.1%		49.8%	48.8%	1.0%		48.5%	1.3%		
Medicare %	22.2%	22.6%	-0.3%		25.6%	22.8%	2.8%		23.3%	2.3%		
Medicare MC %	8.6%	7.4%	1.2%		8.4%	8.3%	0.1%		8.5%	-0.1%		
Other Govt %	1.6%	2.2%	-0.6%		1.8%	1.4%	0.4%		1.4%	0.4%		
Self-Pay %	2.4%	3.2%	-0.9%		2.5%	3.1%	-0.6%		2.9%	-0.4%		
Total Payor Mix %	100.0%	100.0%	0.0%		100.0%	100.0%	0.0%		100.0%	0.0%		
CAMPUS CMI												
CMI San Leandro	1.472	1.554	-0.082	-5.3%	1.46	1.483	-0.024	-1.6%	1.482	-0.022	-1.5%	

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	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 Patient Days	2,027	2,039	-12	-0.6%	6,156	6,035	121	2.0%	5,986	170	2.8%	
Total Discharges	230	226	4	1.6%	647	670	-23	-3.5%	645	2	0.3%	
Total Adjusted Patient Days	2,436	2,434	2	0.1%	7,407	7,197	210	2.9%	7,165	241	3.4%	
Total Adjusted Discharges	276	270	6	2.2%	778	799	-21	-2.6%	772	6	0.8%	
PSYCH												
Psych Patient Days	2,027	2,039	-12	-0.6%	6,156	6,035	121	2.0%	5,986	170	2.8%	
Psych Discharges	230	226	4	1.6%	647	670	-23	-3.5%	645	2	0.3%	
Psych OP Factor	1.244	1.2278	-0.016	-1.3%	1.2452	1.2275	-0.018	-1.4%	1.2359	-0.009	-0.8%	
Average Daily Census	67.6	68	-0.4	-0.6%	66.9	65.6	1.3	2.0%	65.1	1.8	2.8%	
Average Length of Stay	8.8	9	0.2	2.1%	9.5	9	-0.5	-5.7%	9.3	-0.2	-2.5%	
Adjusted Patient Days	2,522	2,503	18	0.7%	7,666	7,408	258	3.5%	7,398	267	3.6%	
Adjusted Discharges	286	278	8	2.9%	806	823	-17	-2.1%	797	8	1.1%	
PES Equivalent Days	767	711	55	7.8%	2,333	2,179	154	7.1%	2,179	154	7.1%	
PES Visits	881	796	85	10.7%	2,527	2,528	-1	0.0%	2,525	2	0.1%	
PES Hours	18,401	16,770	1,631	9.7%	55,993	49,477	6,516	13.2%	52,291	3,702	7.1%	
PES Hours per Visit	21	21	0	0.9%	22	20	-3	-13.2%	21	-1	-7.0%	
TOTAL FTE, HOURS, WRVU												
Total Paid FTE	405	387	-18	-4.7%	396	372	-24	-6.5%	382	-13	-3.5%	
Total Productive FTE	349	328	-20	-6.2%	343	318	-26	-8.1%	329	-15	-4.5%	
Total Paid FTE per AOB	4.99	4.77	-0.22	-4.6%	4.92	4.75	-0.17	-3.5%	4.91	-0.01	-0.1%	
Worked Hours Per APD	24.5	23.1	-1.4	-6.1%	24.4	23.2	-1.2	-5.0%	24.1	-0.3	-1.1%	
Worked Hours Per AD	216	208	-8	-3.9%	232	209	-23	-11.0%	224	-8	-3.6%	
Physician wRVU	8,576	8,350	225	2.7%	24,931	26,830	-1,899	-7.1%	26,711	-1,780	-6.7%	
PAYOR MIX												
Insurance %	6.9%	5.8%	1.2%		4.9%	4.6%	0.3%		4.1%	0.8%		
Medi-Cal %	8.8%	11.3%	-2.5%		9.9%	11.8%	-1.8%		11.7%	-1.8%		
Medi-Cal MC %	58.4%	50.4%	8.1%		57.8%	52.3%	5.5%		52.0%	5.8%		
Medicare %	21.8%	21.8%	0.0%		23.1%	21.7%	1.5%		23.7%	-0.5%		
Medicare MC %	3.4%	4.3%	-0.9%		3.5%	3.6%	-0.1%		3.7%	-0.2%		
Other Govt %	-0.6%	4.2%	-4.7%		-0.9%	1.5%	-2.4%		0.7%	-1.6%		
Self-Pay %	1.3%	2.3%	-1.1%		1.7%	4.6%	-2.9%		4.2%	-2.5%		
Total Payor Mix %	100.0%	100.0%	0.0%		100.0%	100.0%	0.0%		100.0%	0.0%		
CAMPUS CMI												
CMI Behavioral Health	1.402	1.317	0.085	6.4%	1.391	1.33	0.062	4.6%	1.33	0.061	4.6%	

ALAMEDA HEALTH SYSTEMS Volume Reports



Month: September

	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 Patient Days	3,211	3,150	61	1.9%	9,803	9,661	142	1.5%	9,652	151	1.6%	
Total Discharges	4	11	-7	-65.0%	23	35	-12	-34.6%	34	-11	-32.4%	
Total Adjusted Patient Days	4,203	4,216	-13	-0.3%	12,733	13,118	-385	-2.9%	13,027	-294	-2.3%	
Total Adjusted Discharges	5	15	-10	-65.8%	30	48	-18	-37.4%	46	-16	-34.9%	
SNF with Sub-Acute												
SNF Patient Days	3,211	3,150	61	1.9%	9,803	9,661	142	1.5%	9,652	151	1.6%	
SNF Discharges	4	11	-7	-65.0%	23	35	-12	-34.6%	34	-11	-32.4%	
SNF OP Factor	1.074	1.0011	-0.073	-7.3%	1.075	1.0017	-0.073	-7.3%	1.0721	-0.003	-0.3%	
Average Daily Census	107	105	2	1.9%	106.6	105	1.5	1.5%	104.9	1.6	1.6%	
Average Length of Stay	802.8	275.6	-527.1	-191.3%	426.2	274.7	-151.5	-55.2%	283.9	-142.3	-50.1%	
Adjusted Patient Days	3,449	3,154	295	9.4%	10,539	9,678	861	8.9%	10,348	191	1.8%	
Adjusted Discharges	4	11	-7	-62.5%	25	35	-11	-29.8%	36	-12	-32.2%	
Occupancy %	98%	96%	0%		98%	96%	0%		96%	0%		
Bed Holds	32	33	-1	-1.6%	90	102	-12	-11.3%	103	-13	-12.6%	
TOTAL FTE, HOURS, WRVU												
Total Paid FTE	300	294	-6	-2.1%	295	294	-1	-0.5%	297	2	0.7%	
Total Productive FTE	256	250	-7	-2.6%	255	253	-3	-1.0%	257	2	0.6%	
Total Paid FTE per AOB	2.14	2.09	-0.05	-2.5%	2.13	2.06	-0.07	-3.5%	2.1	-0.03	-1.6%	
Worked Hours Per APD	10.4	10.1	-0.3	-3.0%	10.5	10.1	-0.4	-4.1%	10.4	-0.2	-1.7%	
Worked Hours Per AD	8387	2797	-5590	-199.9%	4495	2783	-1712	-61.5%	2945	-1550	-52.6%	
Total Clinic Visits												
Behavioral Health	1,893	2,227	-334	-15.0%	5,476	7,135	-1,659	-23.3%	6,515	-1,039	-15.9%	
Rehab	12	6	6	100.0%	36	21	15	71.4%	30	6	20.0%	
PAYOR MIX												
Insurance %	0.6%	0.8%	-0.2%		1.6%	0.9%	0.7%		1.4%	0.2%		
Medi-Cal %	5.9%	7.0%	-1.2%		4.5%	6.8%	-2.3%		8.3%	-3.7%		
Medi-Cal MC %	75.6%	69.7%	5.9%		77.2%	69.1%	8.1%		68.2%	9.0%		
Medicare %	17.5%	19.8%	-2.3%		16.1%	20.0%	-3.9%		19.3%	-3.2%		
Medicare MC %	1.6%	2.6%	-1.0%		1.1%	2.7%	-1.7%		2.7%	-1.6%		
Other Govt %	0.1%	-0.1%	0.2%		0.1%	0.1%	0.0%		0.2%	-0.1%		
Self-Pay %	-1.2%	0.2%	-1.4%		-0.6%	0.4%	-1.0%		-0.1%	-0.5%		
Total Payor Mix %	100.0%	100.0%	0.0%		100.0%	100.0%	0.0%		100.0%	0.0%		

Fiscal Year 2026 Budget

Board of Directors



➤ Revenue

- Overall increase in charge master at 4.54% starting 10/1/2025.
 - ED increase - 6%
 - All other services – 4%

➤ Volume

- Retain GI cases (100) and Neuro cases (35) transferred last year.
- Sub Acute license expected around second quarter; ramp up starts January, 2026.
- All other volumes consistent with FY2025.

➤ Supplemental Funding

- SCA provided assumptions
 - QAF – Phase IX (Jan25-Dec25) CMS approval is expected by end of 2025 or 1st quarter of 2026.
 - QAF – Phase X (Jan26-Dec26) DHCS started pulling relevant data and HCAI started preparing a model.
 - DSH – 55.31% expected reductions beginning SFY 2026-2027

➤ Labor Expenses

- Salaries and wages are projected to increase by an average of 4.5% in upcoming year due primarily to union contracts that include negotiated wage adjustments.
- In addition, a modest salary adjustments for non-represented are also planned to address/prevent pay disparities as a result of the negotiated union increases.
- Estimated total amount of increases - \$2.0M

➤ **Labor Expenses (continuation)**

- Budgeted FTEs based on current staffing
 - Registry – adjusted for hired management positions: HR, Surgery, Radiology, ER/ICU
- Benefits based on Alliant’s estimates - \$1.3M
- Overtime was budgeted for a 50% reduction with total elimination in non-patient facing departments. This adjustment reflects the organization’s continuous efforts to improve operational efficiency and align expenditures with current financial realities.

➤ **Supplies and Purchased Services**

- CPI assumed to be 3%
 - Subacute increased based on volume

➤ **Professional Fees/Contracted Physicians**

- AHS management fee calculated based on existing agreement and estimated collections (\$2.9M).
- Physician contracts based on contracts in place, with rate adjustments including the following proposed additions/changes: (\$942K)
 - **Associate CMO**, Effective 1/1/2026, offset by cancellation of current medical directorship contract (supporting Case Management/UM), (.5 FTE/20hrs week) ending December 2025.
 - **GI**, Effective 1/1/2026, currently no coverage. This is for 24/7/365 call coverage. Since January 2025, over 100 GI patients were transferred to outside facilities.

➤ **Professional Fees/Contracted Physicians** (continuation)

- **Neurology**, Effective 1/1/2026, this is for 24/7/365 call coverage. Since January 2025, over 35 neuro patients were transferred to outside facilities
- **Orthopedics**, Effective 11/1/2025, anticipated increase.
- **Nephrology**, Effective 11/1/2025, this is for 24/7/365 call coverage. Existing group, West Coast Kidney Institute has existing coverage at Alameda and San Leandro hospitals. Existing dialysis director agreement will be eliminated, partly offsetting the cost.
- **Morrison Healthcare**, Café management, started July 15, 2025 (\$74K)

➤ **Depreciation**

- Budgeted at 6% (\$250K) increase, due to capitalization of Sub Acute project.

➤ **General Administrative**

- Budgeted at 5% increase, due to increasing insurance premiums and taxes.

➤ **Medical Office Building, Inc. (MOB)**

- Rental revenue is the only source of cash flow for MOB, projected at \$1.7M, derived directly from signed lease agreements. Annual rent escalations of 3% are applied as outlined in the agreements. Assuming expiring tenant contract will be renewed or will move to month-to-month agreement.
- The assumptions of 3% increase in operating expenses will clearly be covered by the projected rent revenue.

➤ **St. Rose Hospital Foundation (SRF)**

- Contribution reflects a decrease in projected donation. Last year's one-time donations of \$350K are not budgeted.
- Projected to incur losses of \$895K due to a \$1.0M donation to St. Rose, similar to what occurred in FY2025.

Consolidated Financial Statement

Fiscal Year 2026 Proposed Budget (In Thousands)

	Projected 2025*	Proposed BUDGET 2026	Var (\$)	Var (%)
Total Net Patient Service Revenue	\$100,944	\$104,044	\$3,100	3.1%
Total Other Revenue	\$40,956	\$39,095	(\$1,861)	-4.5%
TOTAL OPERATING REVENUE	\$141,900	\$143,139	\$1,239	0.9%
Less: Operating Expenses	\$130,390	\$138,719	\$8,330	6.4%
EBITDA	\$11,510	\$4,420	(\$7,091)	-61.6%
 Total Non-Operating Exp/(Income)	 \$5,070	 \$5,393	 \$323	 6.4%
Non-Recurring Items	(\$4,728)	\$0	\$4,728	-100.0%
NET INCOME/(LOSS)	\$1,713	(\$973)	(\$2,686)	-156.8%

**Projected 2025 excludes:*

- Closed departments: Labor & Delivery and Nursery
- Severance pay paid to Alecto and Director of Nursing , \$3.2M
- Sub Acute: Projected to improve Census, up to maximum of 15 patients
- Other Operating Revenue: Includes IGT/Measure A; MOB Rent Revenue & SRF Donations

Fiscal Year 2026 Proposed Budget – Patient Services Revenue (In Thousands)

	Projected 2025	Proposed BUDGET 2026	Var (\$)	Var (%)
Gross Patient Revenue				
Inpatient	\$287,507	\$299,484	\$11,977	4%
Outpatient	\$149,878	\$157,526	\$7,648	5%
Sub Acute**	2,424	11,352	\$8,928	368%
Gross Patient Service Revenue	\$439,809	\$468,361	\$28,552	6%
Less: Total Deductions	362,334	388,683	26,348	7%
Net Patient Service Revenue	\$77,475	\$79,679	\$2,204	3%
 Collection Ratio	 17.6%	 17.0%		

- Gross Revenues increase overall 7%
 - CDM increase by 4.54% starting 10/1/2025
 - Sub Acute charges were developed using a staggered census model. Patient volumes are expected to increase throughout the year.

Fiscal Year 2026 Proposed Budget – Supplemental Funding & Other Revenue (In Thousands)

	Projected 2025*	Proposed BUDGET 2026	Var (\$)	Var (%)
HQAF Provider Fee	\$19,239	\$20,640	\$1,401	7.3%
SB DSH	\$4,230	\$3,725	(\$505)	-11.9%
Supplemental Patient Revenue	\$23,469	\$24,365	\$896	3.8%
Other Operating Revenue	\$40,956	\$39,095	(\$1,861)	-4.5%
Total Operating Revenue	\$141,900	\$143,139	\$1,239	0.9%

- The Big Bill (HR1) has changed the applicable standards under which CMS is reviewing the CY2025 HQAF program, but the precise impact is highly uncertain. Currently, the amount will stay equivalent to most recent CY2025 estimate by SCA and not to increase for FY2026 budget year.
- SCA provided \$0.5M estimated reduction due to Medicaid DSH cut effective October 1, 2025.
- Alameda County Measure A funding consistent with prior year
 - IGT maximum funding available - \$36.984M
 - Other revenue: Cafeteria, OP Pharmacy, Opioid-related grant program revenue, etc. - \$412K
- MOB rent revenue - \$1.7M
- Foundation donation - \$1.0M

Fiscal Year 2026 Proposed Budget – Operating Expenses (Excluding Labor) (In Thousands)

	Projected 2025*	Proposed BUDGET 2026	Var (\$)	Var (%)
Operating Expenses				
Labor	83,693	88,840	\$5,147	6%
Professional Fees****	11,731	14,064	2,333	20%
Purchased Services	6,473	6,644	171	2%
Materials and supplies	10,837	11,264	427	4%
Facilities	4,438	4,514	75	2%
HQAF Provider Fee	10,370	10,440	70	1%
General Administrative	2,847	2,954	106	4%
Total Operating Expenses	\$130,390	138,719	\$8,330	6%

➤ Professional Fees

- Associate CMO (offset) – effective January 2026
- GI (new) - effective January 2026
- Neurology (new) - effective January 2026
- Ortho (increased rate) - effective November 2025
- Severance pay paid to Alecto and Director of Nursing , \$3.2M
- Morrison Healthcare, Cafeteria management

➤ **Purchased Services** – 3% increase (\$171K), accounted for rising contractual rates, inflationary cost pressures and continuation of essential service agreements necessary to support daily operation.

➤ **Materials and Supplies** – 3% increase (\$337K), reflected the impact of inflation and vendor price increases

➤ **Facilities** – 3% increase (\$75K), accounted for higher costs associated with building maintenance, utilities and other facility-related services to sustain efficient and safe operation.

➤ **General Administrative** – 5% increase (\$106K), accounted for inflationary adjustments and growth in costs necessary to support core administrative functions.

Fiscal Year 2026 Proposed Budget – Labor Expenses (In Thousands)

	Projected 2025	Proposed BUDGET 2026	Var (\$)	Var (%)
Salaries & Wages	\$63,641	68,162	\$4,522	7.1%
Benefits	\$17,321	\$18,648	\$1,326	7.7%
Registry & Contract Labor	\$2,730	\$2,030	(\$701)	-25.7%
Total Labor Costs	\$83,693	\$88,840	\$5,147	6.2%
 FTE's	 542.2	 550.5		

- **Salaries and Wages – average rate increase 4.5%**
 - Non-Union - effective 10/1/2025, excluding recently hired management positions (in market)
 - Teamsters – effective 10/1/2025
 - Stationary Engineers Local 39 - effective 1/1/2026
 - ESC Local 20 - effective 2/1/2026
 - CNA - effective 6/1/2026
- **Benefits** – 7.7% increase, projected increases in health claims, retirement plan contributions and other employee-related benefit costs.
- **Registry and contract labor** – 25.7% decrease (\$701K). The significant reduction is primarily attributed to the successful recruitment and onboarding of key management positions that were previously filled through temporary or contract arrangement – HR, Surgery, Radiology, ER and ICU.

Fiscal Year 2026 Proposed Budget – Non-Operating Expenses/(Income) (In Thousands)

	Projected 2025	Proposed BUDGET 2026	Var (\$)	Var (%)
Depreciation Expense	\$4,079	4,327	\$248	6.1%
Interest Expense	\$1,366	\$1,436	\$69	5.1%
Donation Expense	\$1,000	\$1,006	\$6	0.6%
Non Operating Cost/(Income)	(\$1,376)	(\$1,376)	(\$0)	0.0%
Total Non-Operating Exp/(Income)	\$5,070	\$5,393	\$323	6.4%

- Depreciation to increase due to capitalized projects
- Interest expense expected to increase due to growing unpaid AHS management fee
- Donation expense by Foundation; non-operating income for the Hospital - \$1.0M
- Investment income is expected to remain consistent with prior year.

Fiscal Year 2026 Proposed Budget - Volume

	Actual 2023	Actual 2024	Actual 2025	Proposed BUDGET 2026	Variance	Var (%)
PATIENT DAYS						
Acute	14,392	12,834	11,316	11,386	70	1%
Sub Acute	0	0	1,112	1,112	0	0%
Total	14,392	12,834	12,428	12,498	70	1%
AVERAGE DAILY CENSUS						
Acute	39.4	35.1	31.0	31.0	0.0	0%
Sub Acute*	0.0	0.0	5.2	5.2	0.0	0%
Total	39.4	35.1	36.2	36.2	0.0	0%
DISCHARGES						
Acute	3,484	3,335	3,206	3,241	35	1%
Sub Acute	0	0	30	30	0	0%
Total	3,484	3,335	3,236	3,271	35	1%
Average Length of Stay (ALOS)	4.3	4.0	3.6	3.6	0.0	0%
Geometric Mean Length of Stay (GMLOS)	3.7	3.9	3.9	3.9	0.0	0%
Case Mix Index (CMI)	1.5518	1.4960	1.5430	1.5430	0.0000	0%
OUTPATIENT SERVICES						
Emergency Visits	25,771	26,421	26,216	26,251	35	0.1%
Surgeries	1,126	1,055	975	975	0	0%
Inpatient	694	592	558	558	0	0%
Outpatient	432	463	417	417	0	0%
GI Lab Procedures	290	126	0	65	65	100%
Cath Lab Procedures	568	532	573	573	0	0%

**Sub Acute Budgeted Census:*

- 1st Quarter – 7 patients
- 2nd Quarter – 9 patients
- 3rd Quarter – 11 patients
- 4th Quarter – 15 patients

Fiscal Year 2026 Proposed Budget – Capital Expenditures

- **Capital Freeze**
 - Limit to maintenance capital for the first three years
 - Capital expenditure not budgeted; release capital as growth targets achieved
- **Cath Lab**
 - Approved Cath Lab project (\$5.2M), anticipated to begin in November, no other capital expenditures are in process
- **BCHIP funding approved - \$62.4M**
 - Building a 20-bed inpatient medical psychiatry unit
 - Building a 20-bed geriatric psychiatry unit

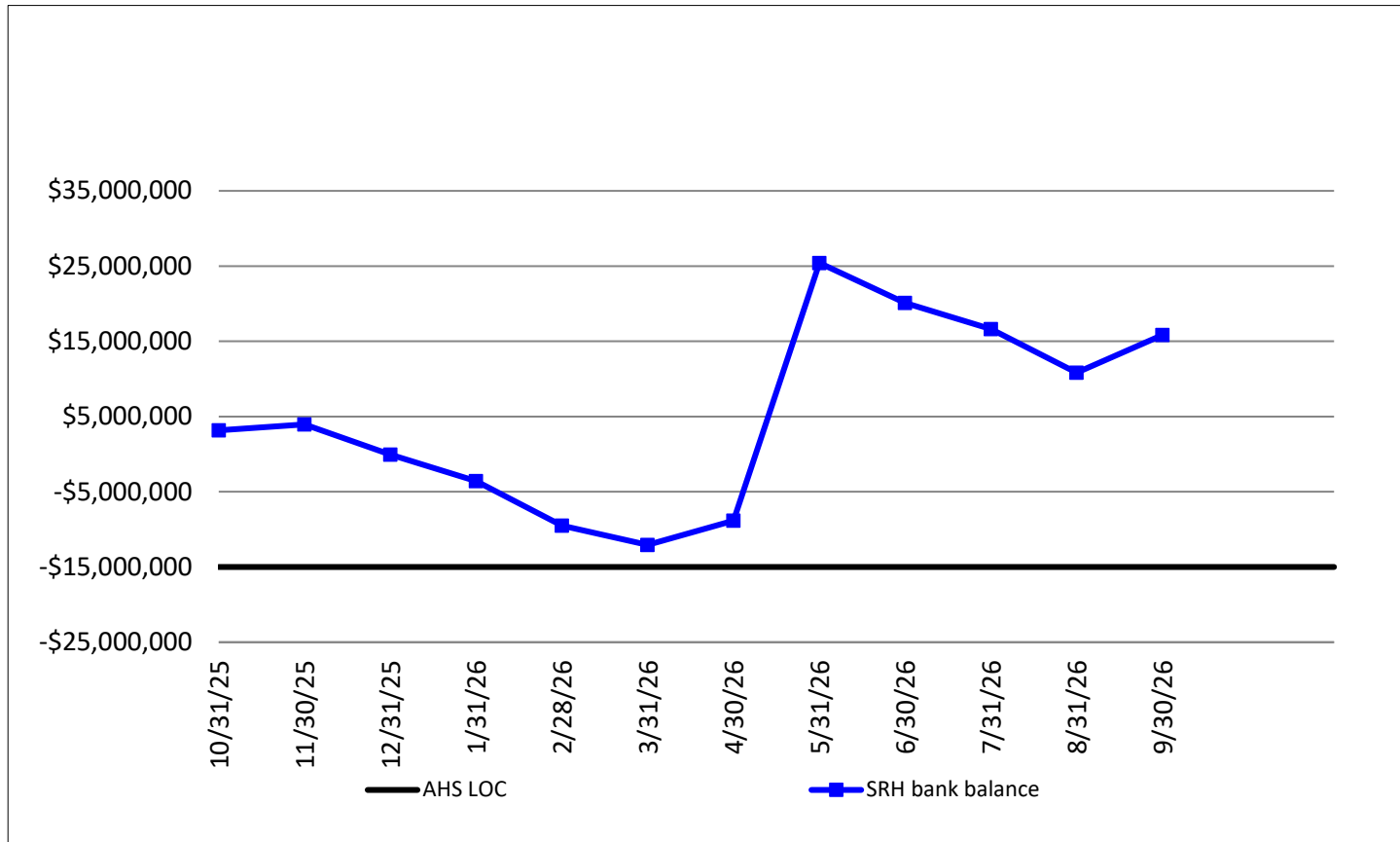
	FY2022	FY2023	FY2024	FY2025
Land Improvements	9,169	80,790	-	-
Building & Building Improvements*	3,563,372	2,080,715	159,528	5,473,357
Capital Leases	182,909	-	718,673	-
Automobiles	33,834	-	-	-
Furniture	-	19,183	-	-
Equipment	625,132	1,218,833	612,100	61,712
Computer Hardware	7,974	98,299	123,946	15,391
Computer Software	51,218	313,869	42,800	61,632
Work-in-Progress	794,571	794,571	307,998	193,936
	5,268,179	4,606,260	1,965,044	5,806,028

*FY2022 - Includes Donation of Radiation Oncology Building to SRH (based on VMG appraisal) - \$3.1M

*FY2023 - Includes Donation of Bay Valley Building to SRH (based on appraised value) - \$1.8M

*FY2025 - Includes capitalized Sub Acute project - \$5.4M

Fiscal Year 2026 Proposed Budget – Projected Cash Flow



- St. Rose has \$15.0M line of credit with AHS and is projecting to draw funds starting January 2026.
- St. Rose is expected to pay off the balance with the IGT funding which is expected to be received in May 2026, same timing as last year.

➤ **Planning for St. Rose**

Projected IGT Funding - SFY 2026-2027 (In Thousands)	
Maximum amount for St. Rose Hospital	<u>36,984,000</u>
Contribution from County through Measure A	7,000,000
Contribution from _____	-
Contribution from _____	-
Contribution from _____	-
Source TBD	<u>11,492,000</u>
Non Federal financial participation	<u>18,492,000</u>
Federal Financial participation - 50%	<u>18,492,000</u>
	<u>36,984,000</u>

Chief Operating Officer Report



Acute Rehabilitation Overview 11/5/25

Richard Espinoza, NHA, CAO Post-Acute Services

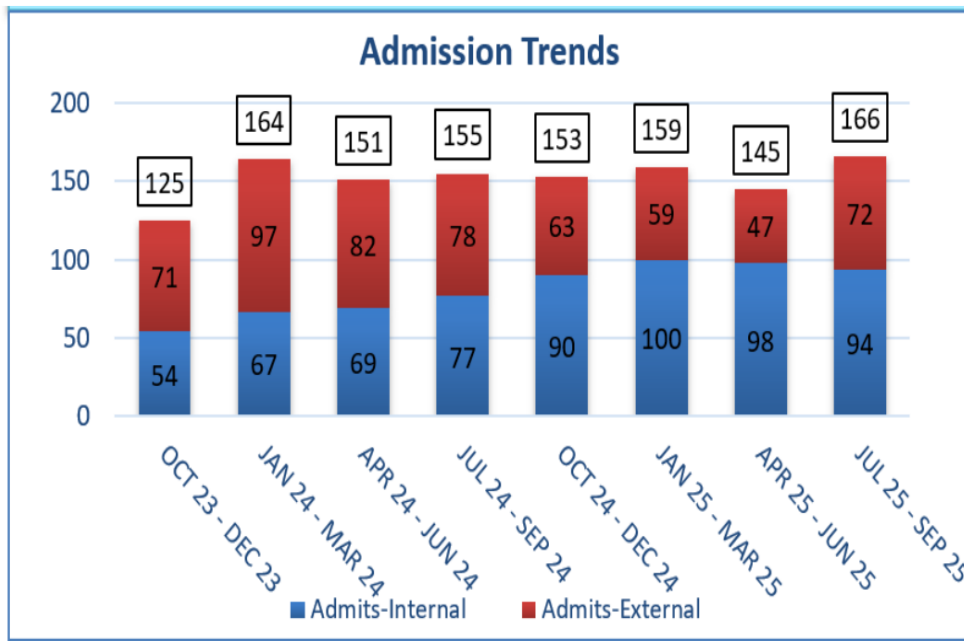
Commission on Accreditation of Rehabilitation Facilities

- The AHS ARU has been CARF accredited for 9 years – each accreditation achieving the highest level 3-year accreditation cycle.
- Most recent CARF accreditation good through September 30, 2026.

Accreditations in:

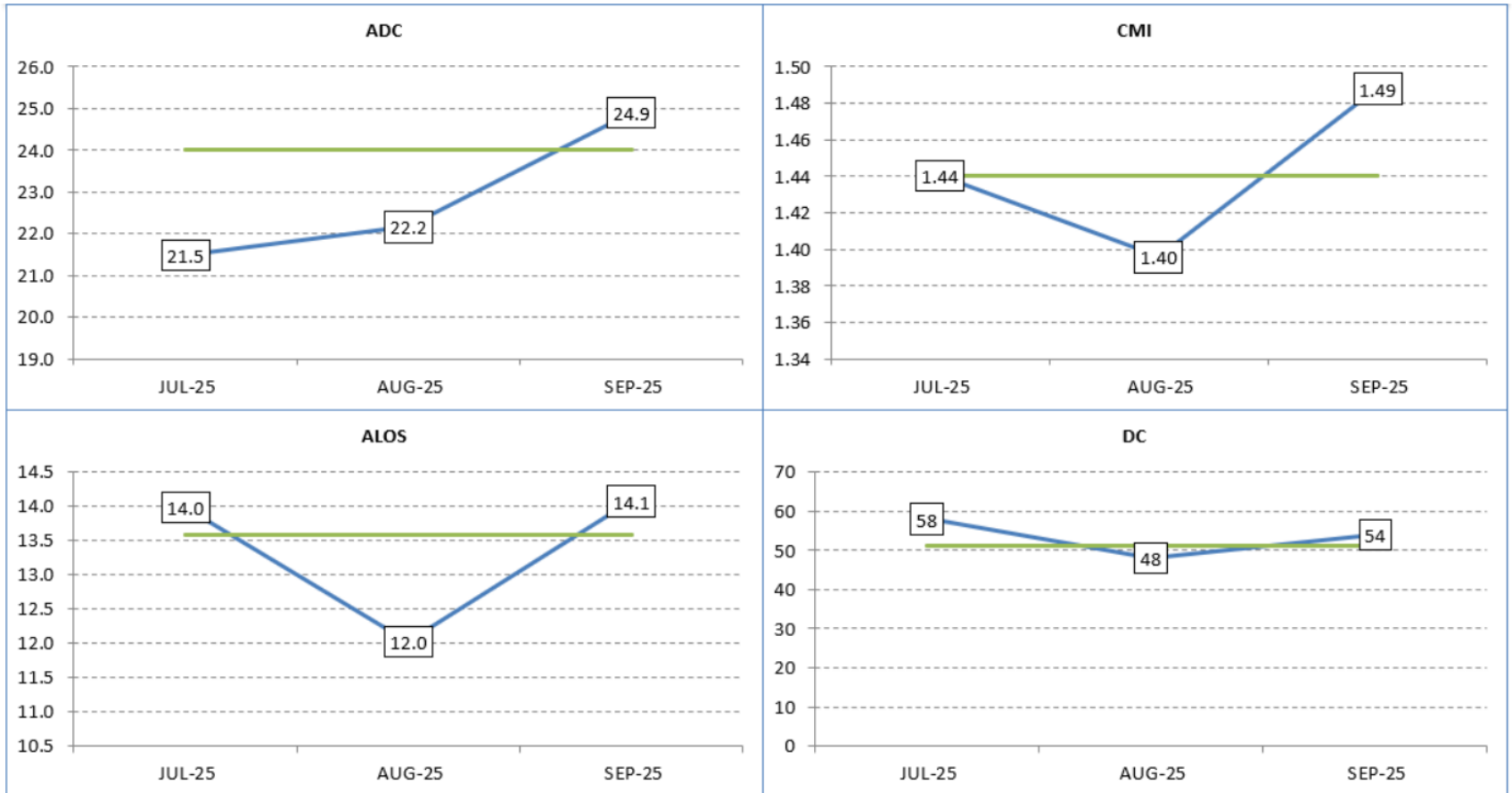
- Adult Rehabilitation Program
- Stroke Specialty Program
- Goal of adding Spinal Cord Injury Specialty Program in 2026
- *“CARF assists service providers in demonstrating value by the quality of their services and meeting internationally-recognized organizational and program standards.” CARF website*
-

Admissions Same Store Growth



	JUL 24 - SEP 24	JUL 25 - SEP 25	% Total	Var
Admits - Internal	77	94	56.6%	22.1%
Admits - External	78	72	43.4%	-7.7%
Admits - Total	155	166	100.0%	7.1%

Key Performance Indicators July-Sept 2025



ARU Monthly Quality Metrics

Falls #	2
Fall Rate (Falls per 1000 patient days)	2.61 (Goal is 5.0)
CAUTI	0
C-Diff	0
Med Errors	0
Pressure injuries	0
WPV	0

September 2025

- 2 falls for the month
- Goal is to be at zero as best as possible
- Zero CAUTI
- Zero C-Diff
- Zero Med Errors
- Zero HAPI
- Zero Workplace Violence

Comparative Data

FY 26 Q1 Comparative Data			
	San Leandro ARU	Region Average	National Average
Discharge to Acute	4.4%	8.2%	9.0%
Discharge to SNF	23.1%	7.6%	8.9%
Discharge to Community	71.9%	83.8%	81.6%
Case Mix Index	1.42	1.43	1.42
Avg. LOS	13.4 days	12.9 days	12.7 days

Discharge to Acute:	Better than regional/national data
Discharge to <u>SNF</u> :	Largely due to clinical complexity and social determinants of health, i.e. lack of family support, unable to care for oneself at home
Discharge to Community:	Due to higher number discharging to <u>SNF</u>
Case Mix Index:	Equal to other sites
ALOS:	slightly higher – largely due to clinical complexity and social determinants of health
Some differences:	Medicare/Medi-Cal percentages of census
<u>QAPI</u> :	Ongoing fine tuning of processes and support housing services to closer align with regional and national benchmarks

Operational Plus

- Advanced equipment:
 - Exoskeleton (external skeletal suit)
 - Zero Gravity overhead system
- Patient satisfaction scores
- Physical Plant – newer unit in the market
- Medical Director – newer programs, mind/body work

ARU Press Ganey Details

Goal of 91%



Monthly ARU data

Generated: 10/15/2025 7:15 AM ET
Received Date Range: 9/1/2025 - 9/30/2025
Alameda Health System (11797)

Inpatient Rehabilitation

Questions	Mean	n
Overall	93.40	3
Diet and Meals Overall †	100.00	2
Quality of food †	100.00	2
Nurses Overall	91.67	3
Courtesy and respect of nurses	91.67	3
Nurses kept you informed	100.00	2
Physical Therapy Overall	100.00	2
Courtesy and respect of PT	100.00	2
PT expl treatmt/progress	100.00	2
Occupational Therapy Overall	100.00	2
Courtesy and respect of OT	100.00	2
OT expl treatmt/progress	100.00	2
Speech Therapy Overall	100.00	2
Courtesy and respect of ST	100.00	2
ST expl treatmt / progress	100.00	2
Rehabilitation Doctors Overall	91.67	3
Courtesy and respect of doctors	91.67	3
Doctors kept you informed	91.67	3
Discharge Overall	100.00	2
Care team explained discharge plans	100.00	2
Training given re home care	100.00	2
Personal Issues Overall	91.67	3
Staff concern for privacy	100.00	2
Your feeling of safety and security	91.67	3
Staff concern for questions/worries	100.00	2
Staff promptness: resp. to requests	100.00	2
Overall Assessment Overall	100.00	2
Overall Assessment Overall †	100.00	2
Staff worked together care for you	100.00	2
Overall cleanliness of hospital †	100.00	2
Staff prepared to function at home	100.00	2
Overall rating of care	100.00	2
Likelihood of recommending	100.00	2

CMG Tracking Report

Avg Hospital Specific Rate	33,651.68		
	Payer	Sep 2025	Jul 2025 to Sep 2025
Discharges			
	Medicare	22	59
	Non-Medicare	32	101
Total		54	160
Average Case Mix Index			
	Medicare	1.5899	1.5144
	Non-Medicare	1.4179	1.4013
Average Case Mix Index		1.4879	1.4430
Gross Reimbursement	Medicare	1,177,034.64	3,006,703.13
Transfer Payment Reduction	Medicare	(95,492.70)	(198,096.06)
Net Reimbursement	Medicare	1,081,541.94	2,808,607.07
Truncation %	Medicare	8.11%	6.59%
Net Revenue per Discharge	Medicare	49,161.00	47,603.51
Net Revenue per Patient Day	Medicare	3,605.14	3,591.57

Acute Rehab Ops

STATEMENT OF OPERATIONS

	Cost Report 06/30/24	Actuals 06/30/25
NET PATIENT REVENUE	\$ 36,567,466	\$ 39,953,486
TOTAL EXPENSE <i>(Nursing & Therapy Salaries with Benefits, LP Fee, etc):</i>	\$ 20,035,903	\$ 21,543,595
CONTRIBUTION	\$ 16,531,563	\$ 18,409,891

KEY OPERATING STATISTICS AND ASSUMPTIONS

CENSUS DETAILS

Bed Capacity	28	28
Average Daily Census	20.94	22.94
Occupancy Percentage	75%	82%

Discharges	579	612
Patient Days	7,642	8,374
Average Length of Stay	13.20	13.68

CASE MIX INDEX - ACUITY	1.4565	1.4943
-------------------------	--------	--------

ESTIMATED REVENUE PER DISCHARGE - MEDICARE

Medicare - Net	\$ 48,402	\$ 46,205
Medicare Payment Efficiency %	93.69%	91.80%

ESTIMATED REVENUE PER DAY - NON-MEDICARE

Medicaid	\$ 4,471	\$ 4,605
Commercial	\$ 5,812	\$ 5,986

Thank you

Questions?

DISCUSSION: St Rose Year One Review

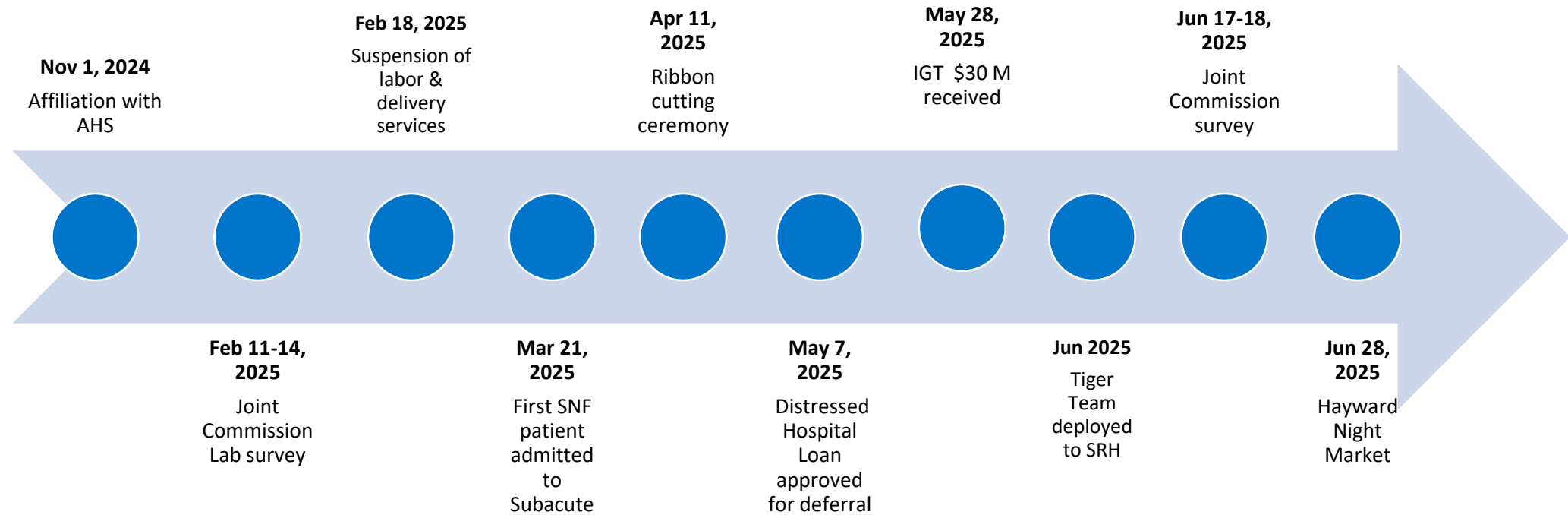
St. Rose Hospital Affiliation

One year retrospective

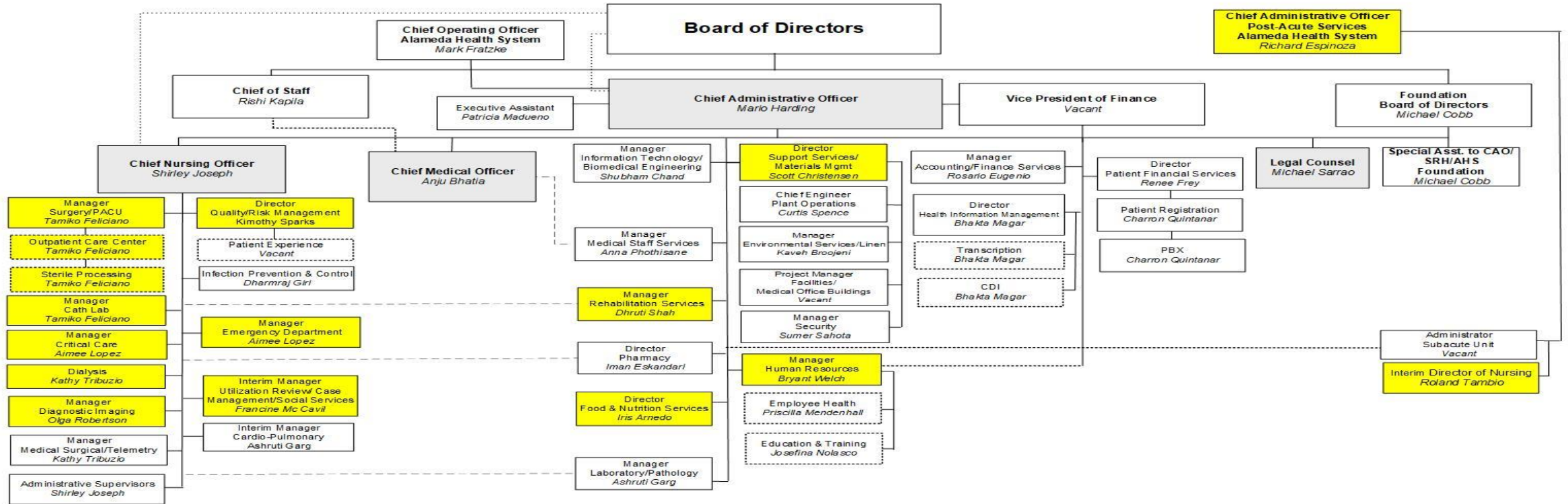
Board Finance Committee
November 5, 2025



Annual Milestones



ORGANIZATIONAL CHART



*Highlighted boxes represent leadership changes since the affiliation – 10 new leaders/0 vacancies

Legend:
Oversight ——— Direct ——— Clinical & Operational Oversight - - - - -

Updated September 2025

End of FY Financial

	August 31, 2025				Year-To-Date			
	Actual	Budget	Var (\$)	Var (%)	Actual	Budget	Var (\$)	Var (%)
Total Net Patient Service Revenue	\$9,614	\$8,742	\$871	10.0%	\$94,934	\$92,708	\$2,226	2.4%
Total Other Revenue	\$175	\$936	(\$761)	-81.3%	\$40,621	\$17,333	23,288	134.4%
TOTAL OPERATING REVENUE	\$9,788	\$9,678	\$110	1.1%	\$135,555	\$110,041	\$25,514	23.2%
Less: Operating Expenses	\$11,776	\$11,509	(\$267)	-2.3%	\$125,904	\$126,764	861	0.7%
EBITDA	(\$1,988)	(\$1,831)	(\$157)	8.6%	\$9,651	(\$16,723)	\$26,375	-157.7%
Total Non-Operating Exp/(Income)	\$385	\$382	\$3	0.8%	\$4,585	\$4,321	\$264	6.1%
Restr Donation - (AA Geropscych)	\$0	\$292	(\$292)	-100.0%	\$0	\$3,208	(3,208)	-100.0%
NET INCOME/(LOSS)	(\$2,372)	(\$1,921)	(\$452)	23.5%	\$5,067	(\$17,836)	\$22,903	-128.4%

Quality - HCAHPS/Patient Experience

Description	FY 2024 (Before AHS Affiliation)	Q4 2024	Q1 2025	Q2 2025	FY 2025 YTD (After AHS Affiliation)
Likelihood to Recommend Hospital	70.9	72	75.8	76.9	73.6
Communication with Nurses	80.1	79.8	80.1	72.1	78.4
Communication with Doctors	77.7	82.4	76.3	69.8	77.5
Responsiveness of the Hospital Staff	69.9	76.8	71.4	65.8	71.4
Overall Hospital Ratings	73.3	71.4	75.2	62.0	69.8

Quality Slide - Culture of Safety 2025

Key Drivers of Culture & Engagement (Green is good)

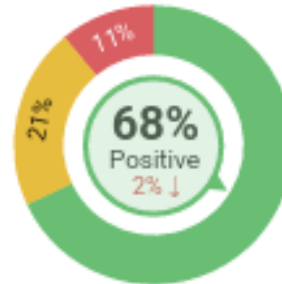
IMPROVEMENT READINESS

The learning environment effectively fixes defects.



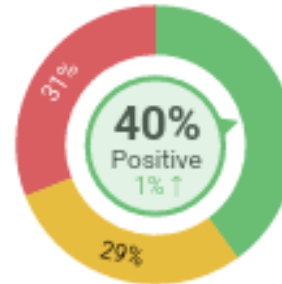
LOCAL LEADERSHIP

Regularly makes time to provide positive feedback to me.



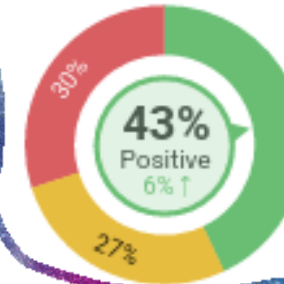
BURNOUT CLIMATE

People in this work setting are burned out from their work.



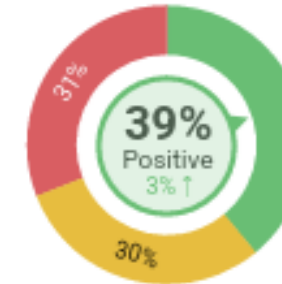
TEAMWORK

Dealing with difficult colleagues is consistently a part of my job.



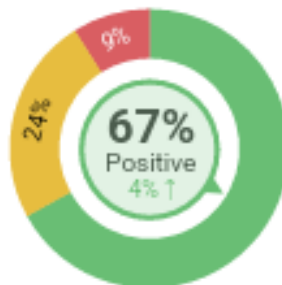
TEAMWORK

Communication breakdowns are common in this work setting.



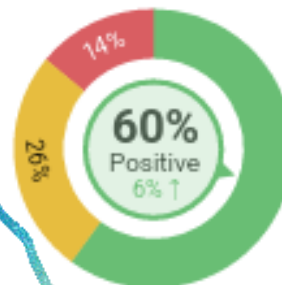
SAFETY CLIMATE

The culture makes it easy to learn from the errors of others.



SAFETY CLIMATE

I would feel safe being treated here as a patient.



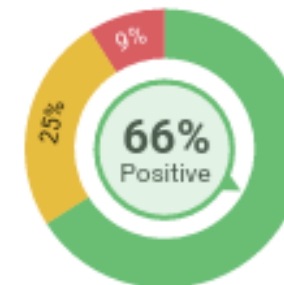
WORK / LIFE BALANCE

Worked through a day/shift without any breaks.



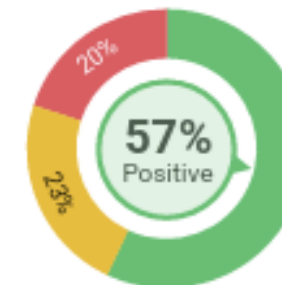
GROWTH OPPORTUNITIES

I have the feeling that I can achieve something.



INTENTIONS TO LEAVE

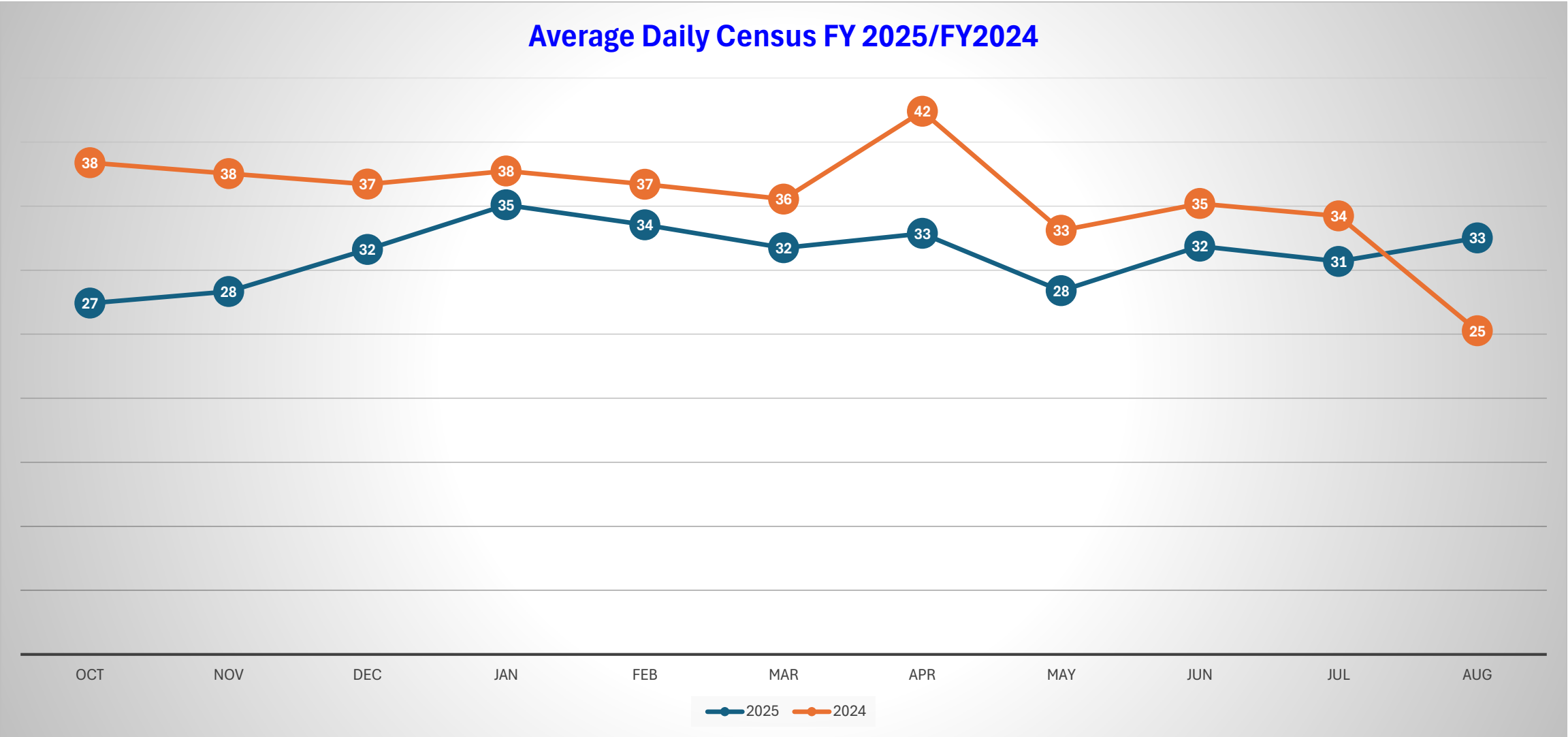
I often think about leaving this job.



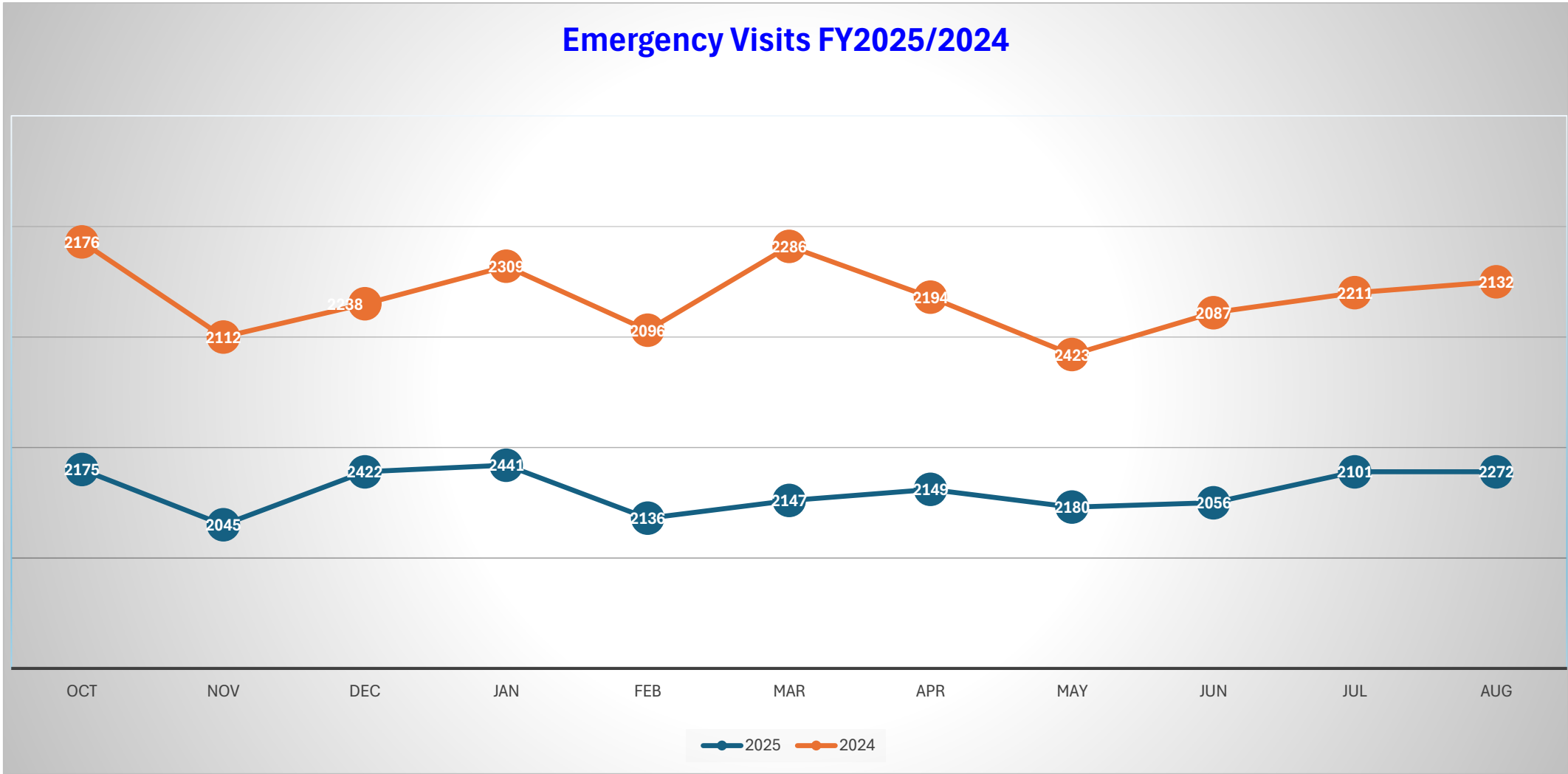
2025 SRH Interfacility Transfer Report

Transfers	Jan 2025	Feb 2025	Mar 2025	Q1 2025	Apr 2025	May 2025	Jun 2025	Q2 2025	Jul 2025	Aug 2025	Q3 2025	Total
Psychiatric	27	21	31	79	23	29	20	72	37	44	81	232
GI	12	10	11	33	11	13	14	38	12	17	29	100
Kaiser	5	10	7	22	8	11	6	25	8	5	13	60
Pediatric	7	4	8	19	8	10	12	30	4	6	10	59
Neuro	4	0	6	10	6	7	6	19	2	4	6	35
OB	0	1	5	6	1	5	2	8	4	5	9	23
Trauma	0	1	3	4	0	2	1	3	0	4	4	11
Cardiology	3	2	0	5	0	0	1	1	1	1	2	8
Hand Surgeon	0	0	2	2	0	1	1	2	1	1	2	6
ENT	0	0	0	0	2	2	1	5	1	0	1	6
IR	1	1	0	2	0	0	1	1	2	0	2	5
Ophthalmology	1	1	0	2	1	0	1	2	0	1	1	5
Vascular	0	0	1	1	0	0	1	1	0	1	1	3
Endocrinology	0	0	1	1	0	0	1	1	0	0	0	2
Orthopedic	0	0	0	0	1	0	0	1	0	1	1	2
Urology	0	0	0	0	1	0	0	1	0	1	1	2
Maxillofacial	0	0	0	0	1	0	1	2	0	0	0	2
ED to ED	0	0	0	0	0	0	0	0	1	1	2	2
Thoracic	0	0	0	0	0	1	0	1	0	0	0	1
Podiatry	0	0	0	0	0	1	0	1	0	0	0	1
Pulmonologist	0	1	0	1	0	0	0	0	0	0	0	1
Burn Specialist	0	0	0	0	0	0	1	1	0	0	0	1
Hematology	0	0	0	0	0	0	0	0	1	0	1	1
Surgery (unspecified)	0	0	0	0	0	0	0	0	1	0	1	1
Cardiothoracic Surgery	0	0	0	0	0	0	0	0	0	1	1	1
Total Transfers	60	52	75	187	63	82	70	215	75	93	168	570

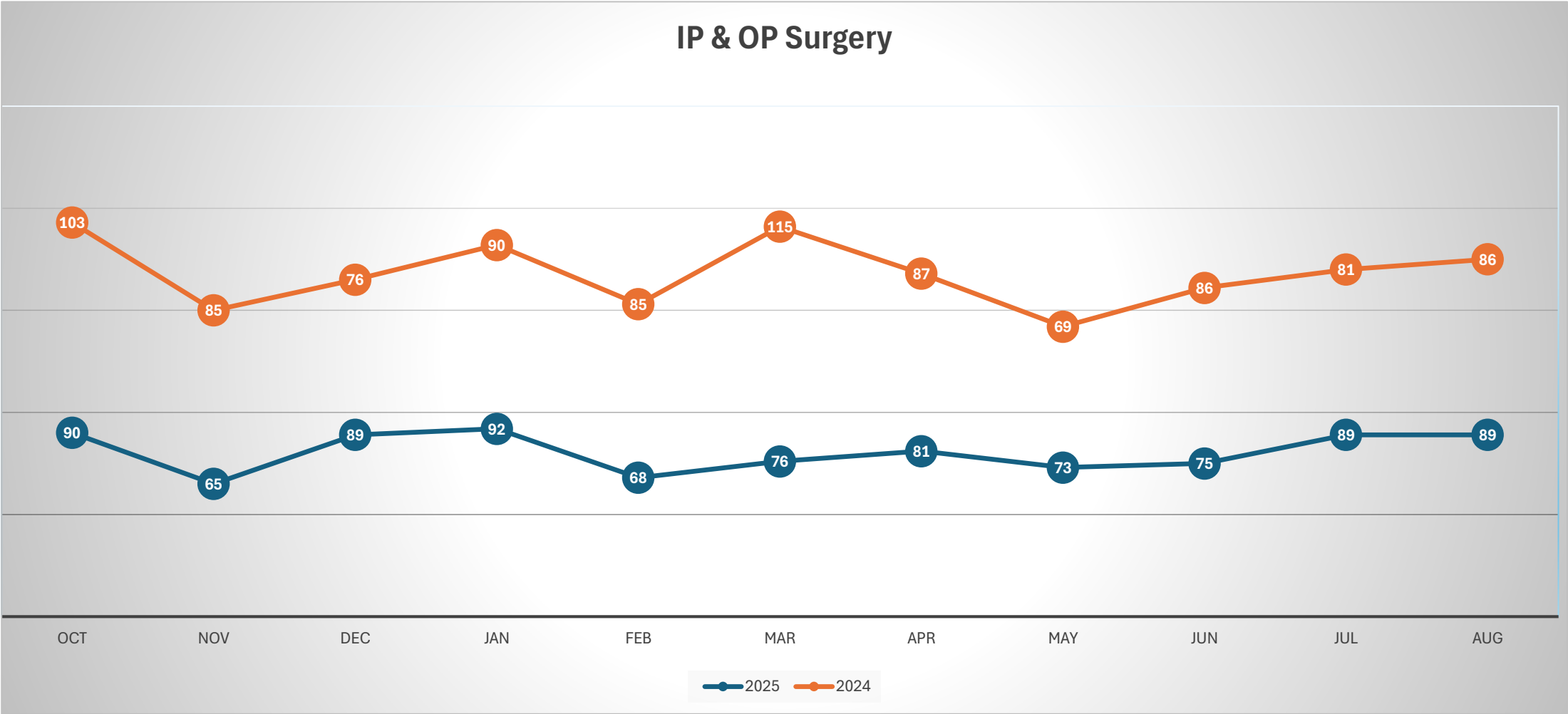
Hospital Statistics (FY2025 vs. FY2024)



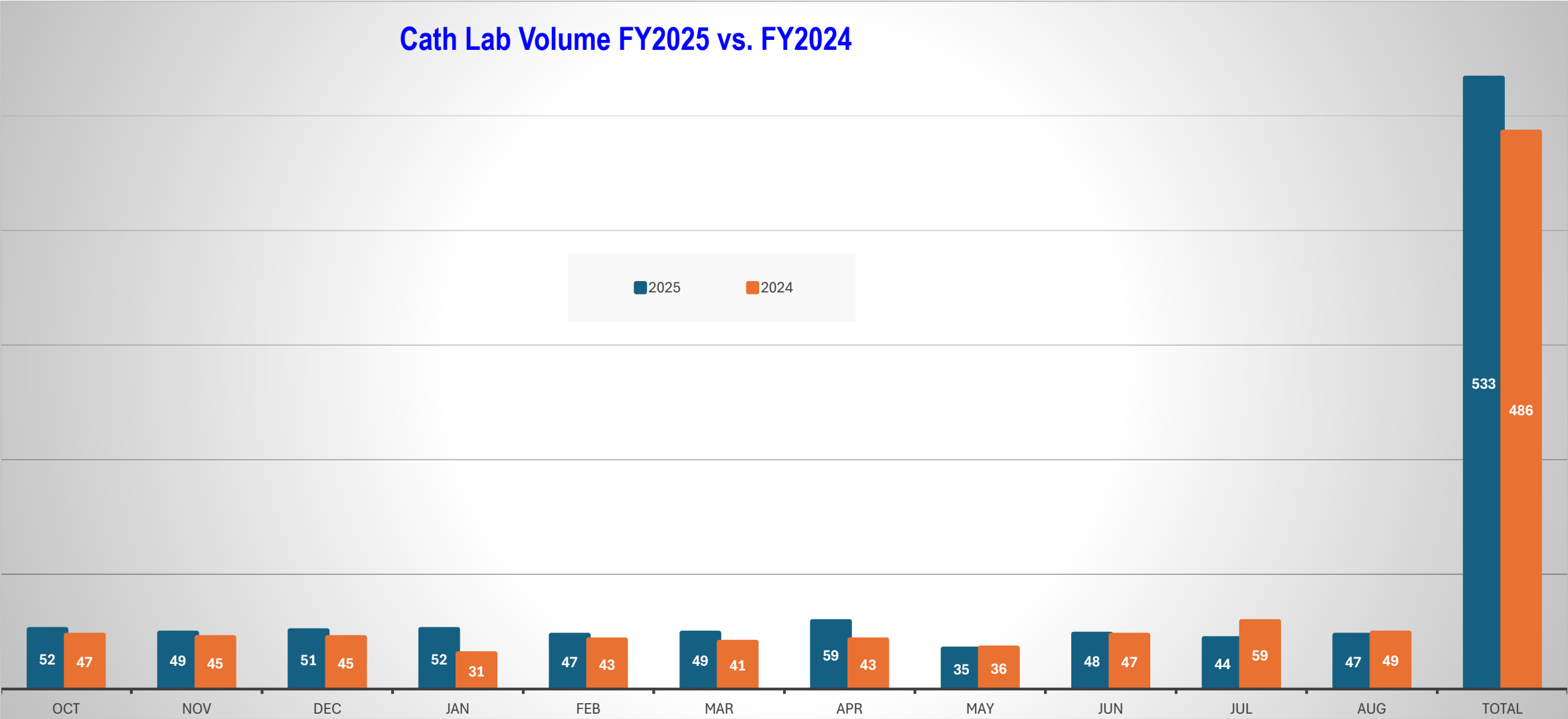
Hospital Statistics (FY2025 vs. FY2024)



Hospital Statistics (FY2025 vs. FY2024)



Hospital Statistics (FY2025 vs. FY2024)



Sustainability Strategies

- BHCIP Funding and Units
- External healthcare campus partnership
- Cath lab development
- IT infrastructure support (switches) to support EPIC implementation



ACTION / DISCUSSION: Contracts

Contract Approvals

November 2025

1. Renewal agreement with Symplr Care Management LLC for provision of patient safety and quality reporting software applications. The term of this agreement is effective January 1, 2026 through December 31, 2028. The estimated impact of this agreement is \$1,112,847.

Christine Yang, Chief Information Officer

2. New agreement with LAZ Parking California, LLC for provision of parking services. The term of this agreement is effective January 1, 2026 through December 31, 2028. The estimated impact of this agreement is \$6,937,194.

Mark Fratzke, Chief Operating Officer

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

Board of Trustees Contract Summary November 2025

Contractor/Vendor Name:	Symplr Care Management LLC ("Symplr")
Description:	<p>Alameda Health System (AHS) is seeking Board approval to enter into a 3-year agreement with Symplr Care Management LLC, a subsidiary of Symplr, a leading U.S. healthcare operations software company headquartered in Houston, Texas. Established in 2006, Symplr provides a suite of enterprise healthcare software solutions used by more than 9,000 healthcare organizations nationwide, including the majority of U.S. hospitals. Its products support compliance, credentialing, workforce management, contract management, quality improvement, and care management operations.</p> <p>AHS' Quality & Patient Safety team currently relies on Symplr's Midas suite of tools to track, review, and improve patient care across the system. Since 2013, AHS has maintained an agreement ("Agreement") with Symplr for two modules—Midas Care Management and Midas DataVision—which have been critical for managing patient safety events, monitoring utilization, aggregating data for quality reporting, and ensuring compliance with state and federal requirements. In 2022, AHS added a third module, Midas Statit, which enhances AHS's capabilities in automating provider peer review and performance monitoring, analytics, and quality benchmarking. Together, these three tools provide an integrated approach to improving patient outcomes, supporting regulatory reporting, and advancing the organization's continuous improvement efforts. The Agreement includes hosting, system maintenance, software updates, and technical support for all three modules.</p> <p>Per terms of the proposed 3-year renewal agreement ("Renewal"), AHS has negotiated lower annual rate increases than in the current Agreement. Renewal rate increases will be limited to 3% annually compared to the 6% or higher annual rate increases under the current Agreement. This represents a meaningful reduction from historical escalation rates, helping AHS stabilize software costs while expanding system functionality.</p> <p>Approval of this Renewal ensures AHS's continued access to essential software that underpins its quality and patient safety programs, enhances analytic capacity through the addition of the Statit module, and provides long-term cost control. The proposed Renewal value is \$1,112,847 over the 3-year term. AHS recommends Board approval of the Symplr agreement to maintain and strengthen these critical tools that support regulatory compliance, data-driven quality improvement, and the delivery of safe, high-quality patient care throughout the AHS system.</p>
Contract Type and Term:	<p>Renewal</p> <p>January 1, 2026 through December 31, 2028</p>
Termination Clause:	In the event of a party's breach of any material term of this agreement or any respective attachment, the non-breaching party has the right to terminate, by providing 30 days' written notice, the respective Attachment and the license granted thereunder.

Board of Trustees Contract Summary November 2025

Total Spend with Vendor:	Description		Board Approval		Total	
	3-Year Renewal Agreement (Midas Care Management, Midas Statit, and Midas DataVision Services)				\$1,112,847	
	Total Requested Amount:		Approval Requested		\$1,112,847	
Cost Savings	This new 3-year agreement locks in all 3 Symplr modules – Care Management, DataVision, and Statis—at a 3% annual increase from 2026 through 2028, helping control rising software costs while ensuring continued access to essential quality and compliance tools. AHS staff negotiated improved terms after Symplr’s initial proposal of a 3-year, 5% annual increase with auto-renewal, and a subsequent 5-year, 2% offer that still included auto-renewal. The final agreement—3 years at 3% with no auto-renewal—meets AHS’s financial and operational goals and is significantly better than prior increases of 6–12% for the Care Management and DataVision modules of the Symplr platform in 2023–2024.					
Fiscal Implications:	Cost has been included in FY 26 budget.					
Reasons for Recommendation:	AHS staff recommends approval of this agreement because it secures ongoing access to essential software that supports AHS’s quality, safety, and regulatory compliance functions while adding enhanced performance analytics. The new agreement also provides cost savings by replacing a high-escalation evergreen contract with a fixed-term arrangement that limits annual increases to 3 percent.					
Impacted Facilities:	JGPH	Highland	Fairmont	San Leandro	Alameda	Clinic(s)
	X	X	X	X	X	X
Administrative Review:	Vice President Applications					
Prior BOT Review/Action:	N/A					
Executive Sponsor	Chief Information Officer					

Contractor/Vendor Name:	LAZ Parking California, LLC ("LAZ Parking" or "LAZ")
Description:	<p>In recognition of Alameda Health System's ("AHS") continued efforts to maintain high quality services while minimizing fiscal impact, AHS partnered with Vizient, our Group Purchasing Organization ("GPO") to solicit quotes for the existing parking, shuttle and valet services offered at Highland, San Leandro and Alameda Hospitals ("HGH", "SLH" and "AH", respectively, "Hospitals", collectively). Quotes were obtained from 3 vendors: Douglas Parking, Metropolis California, LLC ("Incumbent"), and LAZ Parking California, LLC.</p> <p>Upon careful review, AHS leadership determined that LAZ Parking was best positioned to meet our parking services needs going forward. LAZ Parking has 43 years of experience in the industry and an extensive healthcare portfolio under which LAZ manages the parking needs for over 180 Healthcare systems, which is part of their 5,300 site portfolio.</p> <p>In addition to providing valet parking services at Hospitals, LAZ Parking will provide kiosk parking management, HGH shuttle services to/from local BART stations, and employee parking permit management services (collectively, "Parking Services"). Under the new Agreement, LAZ will manage 1,114 parking spaces and provide valet services for approximately 800 cars per month at the Hospitals. Parking staff providing services at AHS facilities will be represented by Teamsters Local 853 with 90% living in Alameda County. LAZ has stated that they have a strong relationship with the Teamsters, as they collaborate at another healthcare parking location in Oakland. Total costs are partially offset by annual parking revenue in the amount of ~ \$1.5M.</p> <p>As a member of the Vizient Group Purchasing Organization ("GPO"), AHS receives discounts on goods and services purchased from vendors who are also members of the GPO. LAZ Parking is a GPO vendor, which results in additional savings in the form of a small share-back rebate to AHS amounting to approximately \$135K annually.</p> <p>AHS leadership remains firmly committed to delivering high-quality service to both patients and staff. Following a thorough assessment of parking and shuttle service needs at AHS facilities, AHS leadership evaluated the feasibility of managing these services internally through AHS operations. This assessment included hiring AHS staff and bringing the service fully in-house. The analysis concluded that internal operation would result in an estimated \$1.5 million increase in annual expenditures compared to the cost of contracting.</p> <p>Based on the above, AHS leadership recommends entering into a parking services agreement with LAZ Parking. Board approval is respectfully requested to proceed with this agreement, which includes the scope of services outlined below.</p> <ul style="list-style-type: none">• HGH<ul style="list-style-type: none">○ Parking and valet service at Koret Building Garage and Upper Vallecito Lot

	<ul style="list-style-type: none">○ Parking and valet service at Highland Care Pavilion (“HCP”) garage and the offsite lot○ Shuttle service including stops at Lake Merritt Bart station, the offsite lot, and HGH campus○ Parking permit management services○ Transportation Assistance for patients by Golf Cart <ul style="list-style-type: none">● AH<ul style="list-style-type: none">○ Parking and valet services○ Shuttle services for Seismic Project● SLH<ul style="list-style-type: none">○ Services as-needed												
Contract Type and Term:	Services Agreement January 1, 2026 – December 31, 2028												
Termination Clause:	Without Cause Termination: AHS may terminate without cause upon 30 days’ notice. Vendor may terminate without cause upon 60 days’ notice.												
Total Spend with Vendor:	<table><tr><th>Description</th><th>Board Approval</th><th>Total</th></tr><tr><td>Parking Services Agreement (1/1/26 – 12/31/28)</td><td>Approval Requested</td><td>\$6,606,851</td></tr><tr><td>5% Contingency</td><td>Approval Requested</td><td>\$330,343</td></tr><tr><td>Total Estimated Spend:</td><td>Approval Requested</td><td>\$6,937,194</td></tr></table>	Description	Board Approval	Total	Parking Services Agreement (1/1/26 – 12/31/28)	Approval Requested	\$6,606,851	5% Contingency	Approval Requested	\$330,343	Total Estimated Spend:	Approval Requested	\$6,937,194
Description	Board Approval	Total											
Parking Services Agreement (1/1/26 – 12/31/28)	Approval Requested	\$6,606,851											
5% Contingency	Approval Requested	\$330,343											
Total Estimated Spend:	Approval Requested	\$6,937,194											
Estimated Cost Savings:	AHS leadership negotiated \$146,000 in savings through negotiated reductions in vendor rates. AHS will also realize ~ \$135,000 annually in additional savings from Vizient rebates.												
Fiscal Implications:	<p>The proposed agreement will be accounted for in future budget requests.</p> <p>While this agreement is included in the budget, these services generate revenue in the amount of ~ \$1.5M annually from the collection of garage parking fees and staff parking-permit fees, the value of which is remitted to AHS. As a result, this agreement is partially self-funding resulting in a total net cost over the 3-year term of \$2,437,194.</p>												
Reasons for Recommendation:	LAZ Parking has proven itself to be a high-performing service provider in the Bay Area for multiple Healthcare systems. Through the assessment process, LAZ has demonstrated the ability to quickly and reliably adjust service delivery to support our changing needs.												
Impacted Facilities:	<table><tr><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>X</td><td></td><td>X</td><td>X</td><td></td></tr></table>	JGPH	Highland	Fairmont	San Leandro	Alameda	Clinic(s)		X		X	X	
JGPH	Highland	Fairmont	San Leandro	Alameda	Clinic(s)								
	X		X	X									
Coordination with Medical Staff:	N/A												

Administrative Review:	VP of Support Services
Prior BOT Review/Action:	N/A
Executive Sponsor	Chief Operating Officer

MONTHLY REPORT
LIFETIME VENDOR SPEND - NOVEMBER 2025

Vendor Name	Revised Contract Term	Proposed Contract Spend	Total Lifetime Vendor Spend (including proposed contract)	Proposed Contract Description	Status
Anderson Flooring	9/25/2025 – 12/01/2025	\$205,895.00	\$3,516,220.00	Common Areas/Hallways. Remove and dispose of existing carpet tile and rubber base. Furnish and install Bentley Ground Rules 20mil LVT color Wait Your Turn. Furnish and install 4" rubber cove base. Furnish and install rubber transitions as needed. Work to be done on regular night time shift hours Monday-Friday. ADD ALT to moisture	Executed
26CAP002 Lescure Company	10/10/2025 -5/01/2026	\$445,400.00	\$4,549,206.00	This proposal is for the Alameda Hospital Medical Vacuum System Replacement.	Executed
Health Advocate LLC	5/1/2018 – 10/31/2026	\$ -	\$2,948,091.27	The vendor has 73 accounts remaining, in various stages of completion. We want to extend this contract to cover their access to patient account information and payment of any contingency fees related to these remaining accounts. The current agreement expires 6/30/2025 and we'll need this amendment to have no specific end date, but to end upon the completion of the all 73 accounts.	Executed
Symplr Care Management LLC	10/1/2025 - 9/30/2026	\$ -	\$1,885,182.32	This contract provides AHS with a Gold support package at no cost, which includes dedicated vendor project management and system engineering support for the upcoming Midas Care Management platform upgrade. The package is being provided at \$0 cost as a goodwill offering to address past quality issues, and will ensure AHS's Midas platform is properly upgraded and	Executed

ALAMEDA HEALTH SYSTEM**BOT Previously Approved Contracts - FY26 (July 1, 2025 - June 30, 2026)**

#	Vendor	Amount Requiring BOT Approval	Start Date	Ending Date	BOT approved Date	Agenda Summary	Expectation	Executive Sponsor
1	Alliance HealthCare Services, Inc. dba Alliance HealthCare Radiology	\$3,333,044	4/23/2025	4/22/2028	FC - 7-2-25 BOT Approved 7-9-25	Provision of mobile imaging services.		Chief Operating Officer
2	CareFusion Solutions, LLC	\$7,206,000	8/19/2025	8/18/1930	FC - 7-2-25 BOT Approved 7-9-25	Provision of infusion pumps and supplies.		Chief Clinical Officer
3	East Oakland Community Project	\$1,593,600	8/1/2025	7/31/2028	FC - 7-2-25 BOT Approved 7-9-25	Provision of respite care services.		Chief Clinical Officer
4	The Regents of the University of California on behalf of the University of California, San Francisco, Department of Neurological Surgery	\$7,594,371	8/1/2025	7/31/2027	FC - 7-2-25 BOT Approved 7-9-25	Provision of neurological surgery professional services.		Chief Medical Officer
5	Entisys Solutions, Inc. dba E360	\$1,499,410	9/29/2025	9/28/2028	FC - 9-3-25 BOT Approved 9-17-25	Citrix virtual access platform		Chief Information Officer
6	GuidePoint Security LLC	\$1,457,310	9/30/2025	6/30/2028	FC - 9-3-25 BOT Approved 9-17-25	Arctic Wolf cybersecurity monitoring and recovery services		Chief Information Officer
7	Xerox, Inc.	\$3,983,160	11/1/2025	10/31/1930	FC - 9-3-25 BOT Approved 9-17-25	Printer equipment and services.		Chief Information Officer
8	Anthem Blue Cross Life and Health Insurance Company	\$5,930,739	1/1/2025	12/31/2027	FC - 9-3-25 BOT Approved 9-17-25	Third-party administrator services for AHS employee health insurance plan.		Chief Human Resources Officer
9	Cardea Health	\$6,394,800	10/1/2025	9/30/2028	FC - 9-3-25 BOT Approved 9-17-25	Respite housing services.		Chief Clinical Officer
10	Lifepoint Rehabilitation of California, LLC	\$4,211,233	10/1/2025	9/30/2028	FC - 9-3-25 BOT Approved 9-17-25	Inpatient rehabilitation management services.		Chief Operating Officer
11	McKesson Corporation	\$447,180,000	4/1/2026	3/31/1931	FC - 9-3-25 BOT Approved 9-17-25	Wholesale pharmaceutical supply services.		Chief Clinical Officer
12	Quest Diagnostics	\$13,280,743	3/1/2022	2/28/2026	FC - 9-3-25 BOT Approved 9-17-25	Reference laboratory services.		Chief Clinical Officer
13	Nelson T. Lewis Construction Co., Inc.	\$3,197,080	10/15/2025	6/15/2026	FC - 10-1-25 BOT Approved 10-8-25	St. Rose Hospital cath lab upgrade.		St. Rose Chief Administrative Officer

14	ePlus Technology, Inc.	\$1,800,000	11/1/2025	10/31/2028	FC - 10-1-25 BOT Approved 10-8-25	Data loss protection services.		Chief Information Officer
15	Switch, Ltd.	\$1,509,294	2/16/2026	2/15/1931	FC - 10-1-25 BOT Approved 10-8-25	Data center services.		Chief Information Officer
16	Lescure Company, Inc.	\$1,668,200	11/1/2025	3/31/2027	FC - 10-1-25 BOT Approved 10-8-25	Architectural and structural work for Alameda Hospital HVAC replacement project.		Chief Operating Officer
17	Matrix HG, Inc.	\$1,214,436	11/1/2025	10/31/2026	FC - 10-1-25 BOT Approved 10-8-25	Installation of COVID prevention HVAC upgrades at JGPH.		Chief Operating Officer
Total Amount for FY 25 year to date		\$513,053,420						