FINANCE COMMITTEE MEETING
WEDNESDAY, JANUARY 7, 2026
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=89261670106
Meeting ID: 936 145 7125
Password: 20200513

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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 and November 5, 2025 Finance Committee Meeting

B. INFORMATION / DISCUSSION

B1. Chief Financial Officer Report
Kimberly Miranda, Chief Financial Officer
B1a. AHS October/November 2025 Financial Report
B1b. St. Rose September Year End 2025 Financial Report

C. ACTION / DICUSSION

C1. DISCUSSION: Update on COT/Long Range Financial Plan
Alexander Gallo, Vice President Financial Transformation

D. ACTION / DICUSSION: Contracts

D1. Renewal agreement with Agiliti Health, Inc. for provision of equipment management and rental services. The term of this agreement is effective February 1, 2026 through January 31, 2029. The estimated impact of this agreement is $9,138,690.
Mark Fratzke, Chief Operating Officer

D2. Renewal agreement with VTP Holdings, LLC for provision of PICC line services. The terms of this agreement is February 1, 2026 through January 31, 2029. The estimated impact of this agreement is $1,620,000.
Romoanetia Lofton, Chief Clinical Officer

D3. New agreement with SMITH-KARNG ARCHITECTURE for provision of architectural and engineering services for the inpatient medical detox unit remodel at San Leandro Hospital. The term of this agreement is January 15, 2026 through January 15, 2029. The estimated impact of this agreement is $1,492,525.
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.

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 / DICUSSION

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 sunsetting 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. 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 / DICUSSION: 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

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

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

THE MEETING WAS CALLED TO ORDER AT 4:00 pm

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Alan E. Fox, Greg Garrett, David Sayen (arrived at 4:05), Sblend Sblendorio

ABSENT: None

PUBLIC COMMENT: None

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

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

Trustee Fox requested clarification on agenda item C1 in the second paragraph. The second and third paragraphs seemed to contradict each other. Ms. Jojola Gonsalves confirmed that they would review the minutes and bring them back at the next meeting for approval.

> Trustee Fox asked if the sunsetting 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

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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.

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

Trustee Fox asked if there was any new information on when the Alameda Alliance would be able to start paying the contract rate again. Mr. Jackson said they asked to meet with AHS later this month regarding the rate adjustments.

Trustee Garrett asked about the Royal Ambulance variance. Ms. Metzger said that Royal Ambulance split into two companies. And AHS ended up with some duplicate billing because the invoice numbers were different and the system did not catch it. They ended up with a $1.2M repayment over about nine months.

Trustee Sayen asked what the attraction to the self-funded plan was to cause so many employees to shift from Kaiser. Ms. Metzger said the self-funded plan had no employee contribution, unlike the other plans.

Trustee Fox asked if they were going to be able to reduce the overtime as the year went on. Ms. Metzger said the actual overtime was 5.6% and the target was 4.5%. Ms. Mesina said they were looking at overtime. Mr. Fratzke said it was going to be tough going into the next quarter and it could be closer to Spring when they saw the turnaround.

Trustee Garrett said the charge capture improvements were important to note as it was 300% better than budget.

B2. Chief Operating Officer Report

Mark Fratzke, Chief Operating Officer
Richard Espinoza, CAO Post Acute
B1a. Acute Rehab and Physical Therapy

Trustee Fox asked if they were going to add brain injuries to the Commission on Accreditation of Rehabilitation Facilities accreditations in addition to the Spinal Cord Injury Specialty Program they were adding in 2026. Mr. Espinoza said there was a Traumatic Brain Injury Specialty Program as well and they were looking at potentially adding it. Serious head injuries were currently being treated.

Trustee Fox complimented Mr. Espinoza on the high patient satisfaction scores for September and asked if he knew what Sutter's scores were. Mr. Espinoza said he didn't know what their

scores were but would be interested in finding out. Trustee Fox asked if AHS had a way to inform the community about the scores. Mr. Espinoza said they did share the scores when referrals were coming into the unit. But they needed to work on sharing it more globally. Mr. Jackson suggested they engage PACE in this.

Trustee Sayen said before they advertised for more business they should consider if they actually needed more business, given that utilization was at 82%. Mr. Espinoza confirmed they had room to grow the census. They had opportunity to be full more frequently. They have expanded the catchment area with clinical liaisons around the Bay.

Trustee Fox asked if AHS would get a credit for having a lower than average transfer back into Acute. Mr. Espinoza said that would be correct.

Trustee Fox asked if the 'total expense' was the total direct expense, or variable expense. Mr. Espinoza said it was all the expenses affiliated with that unit as well as overhead. Trustee Fox said if they looked at the $18M contribution in the aggregate and divided it by the 612 discharges, that was $30,000 per patient. Mr. Espinoza said that was the Case Mix Group through Medicare and also the reimbursement through Medi-Cal. Trustee Fox said this was a very profitable area that should be grown if possible.

Trustee Fox asked what was needed to further grow the service. Mr. Espinoza said the unit was in a strong place. They needed to consider where the marketing efforts could be best focused to grow the census. He felt that from an equipment perspective they were well stocked and they had a good number of clinical liaisons. They were working on expanding the insurance companies they were contracted with so they could avoid turning people away.

Trustee Fox asked if they were able to offer an equivalent rate when a patient had insurance that was not in one of our plans. Ms. Metzger said they worked with Sandra Wellington's team to determine what could be done. Mr. Espinoza said sometimes they could get a letter of agreement to do a one-off for a patient.

C. ACTION / DICUSSION

C1.DISCUSSION: St Rose Year One Review

Mark Fratzke, Chief Operating Officer

Trustee Fox asked if the St. Rose staff had been generally accepting of the transition. Mr. Fratzke said they had. He found that team to be very resilient and optimistic. They were willing to be part of the solution to fix things.

Trustee Sblendorio said he was interested in hearing what they have done to rebuild the brand and make St. Rose the place members of the community want to use. Mr. Fratzke said they have done a lot of outreach to the physicians in the area and on the campus to try to understand their concerns with the hospital. They were trying to fix some of those things. They have sent postcards to the community marketing the ED's low wait times. That has led to mixed results. Mr. Jackson said that Dr. Akileswaran has spoken to the medical staff to find out what they

needed to start driving their business back. One of the things they've mentioned is the EMR connectivity with lab results for example. Christine Yang was working on a plan for that. They were also now preparing to submit data to Leapfrog. They were not doing so before, which could cause Leapfrog to report lower scores since they do not have accurate data.

Trustee Garrett asked to hear an update on the external healthcare partnerships. Mr. Fratzke said they could bring that back early next year.

C2.DISCUSSION: St Rose Budget FY 26
Kimberly Miranda, Chief Financial Officer

Trustee Fox asked if the DSH reductions were statutory or if there were conditions at St. Rose that was causing the behavior. Ms. Metzger said that they were seeing the same thing on the AHS side.

Trustee Fox said a targeted 50% reduction in overtime was very aggressive. Mr. Fratzke said he'd have to look at that. He could comment on it at the full Board meeting.

Trustee Garret asked about the occupancy in the Medical Office Building, Inc. Mr. Aminy said they had quite a few vacancies. They were working with the broker for a strategy around the buildings to sell the buildings across the street. The buildings on the campus were pretty full. Several of the clinics were preparing to expand.

Trustee Fox said for the most part they were holding the volume flat. Ms. Metzger agreed and spoke about rate increases with the union contract.

Trustee Garrett moved and Trustee Sblendorio seconded to recommend approval of the St. Rose Budget FY26 to the Board of Trustees.

ACTION: A motion was made and seconded to recommend approval of the St. Rose Budget FY26 to the Board of Trustees. A roll call was taken, and the motion passed.
AYES: Trustees Fox, Garrett, Sayen, Sblendorio
NAYS: None

D. ACTION / DICUSSION: Contracts

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

D1.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

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

Trustee Sayen moved and Trustee Sblendorio 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, Sblendorio
NAYS: None
ABSTENTION: None

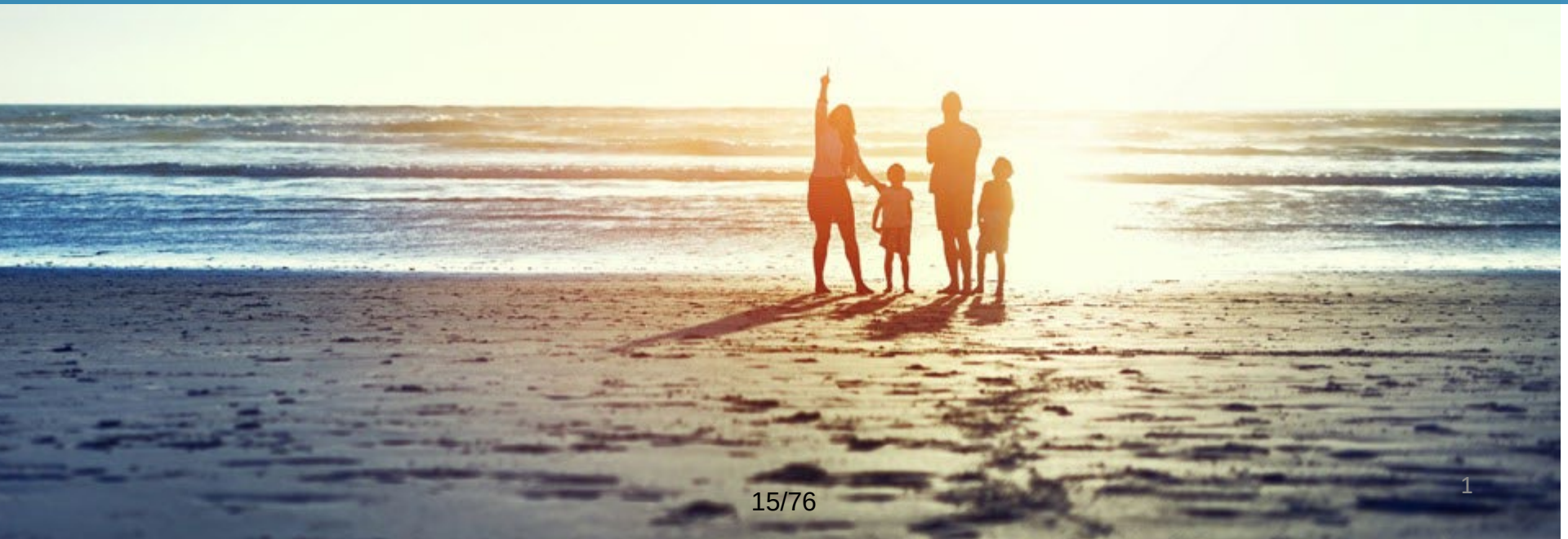
E. DISCUSSION: Committee Planning, Issues Tracking

TRUSTEE COMMENTS

ADJOURNMENT 6:52

ALAMEDA HEALTH SYSTEM

November 2025 Financial Report
Finance Committee, January 7, 2026



October 2025 Highlights
Finance Committee dark in December.

- October revenue unfavorable $2.0M. Lower NPR ($2.3M) driven by volume offset by retail pharmacy.
- Favorable YTD revenue variance of $4.6M.
  - Net patient revenue below budget ($0.5M); collection percentage was 0.3% below budget.
  - SAC law settlement on older claims ($3.1M).
  - Alliance P4P ($1.2M).
- October expenses unfavorable $1.5M due to labor $1.8M (111 FTE variance and self funded heath plan), pharmaceuticals ($1.9M) partially offset by OMS ($1.0M), security ($0.3M) and facilities timing ($0.6M).
- YTD unfavorable expense variance of $5.0M.
  - Labor costs unfavorable by $8.9M from unfavorable staff wages and registry ($6.3M)/FTE variance of 78, employee benefits ($4.2M) offset by favorable provider wages and contracts ($1.6M).
  - Non-labor cost favorable by $3.9M with variances in outside medical services ($2.8) and software licenses/hosting fees ($0.9M).
    - Lower costs associated with fewer patient days/LOS and trauma cases.
    - OMS trending consistent with FY25 spend. Ambulance credit from FY25.

	October 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	$ 137,263	$ 139,294	$ (2,031)	(1.5)%	$ 550,785	$ 546,177	$ 4,608	0.8%	$ 510,636	7.9%
Operating expense	138,020	136,556	(1,464)	(1.1)%	541,730	536,721	(5,009)	(0.9)%	512,703	(5.7)%
Operating income (loss)	**(757)**	**2,738**	**(3,495)**	**(127.6)%**	**9,055**	**9,456**	**(401)**	**(4.2)%**	**(2,067)**	**538.1%**
Other non-operating activity	(505)	(1,099)	594	54.0%	(1,444)	(1,456)	12	0.8%	(1,176)	(22.8)%
Net Income (loss)	**$ (1,262)**	**$ 1,639**	**$ (2,901)**	**(177.0)%**	**$ 7,611**	**$ 8,000**	**$ (389)**	**(4.9)%**	**$ (3,243)**	**334.7%**
EBIDA adjustments	2,920	3,587	(667)		10,904	11,650	(746)		15,444	
EBIDA	**$ 1,658**	**$ 5,226**	**$ (3,568)**		**$ 18,515**	**$ 19,650**	**$ (1,135)**		**$ 12,201**	
Operating Margin	(0.6)%	2.0%	(2.6)%		1.6%	1.7%	(0.1)%		(0.4)%	
EBIDA Margin	1.2%	3.8%	(2.6)%		3.4%	3.6%	(0.2)%		2.4%	

November 2025 Financial Report
Finance Dashboard

November-2025

	Metric	FY2026 Goal YTD	Actual YTD	YTD	Trend Lines
Volume					
	Total Adjusted Discharges	13,133	13,658		
	Total Adjusted Patient Days	151,696	152,954		
Revenue Cycle					
	Collection Ratio	19.5%	19.3%		
	Cash as % of Net Revenue	100.0%	105.7%		
	Gross Days in Patient Receivables	62.0	62.7		
Labor					
	Productivity %	100.0%	98.4%		
	Registry as % of Total FTEs	4.2%	4.0%		
	Overtime % excl Company 30	4.5%	5.6%		
	Total FTEs	5,125	5,193		
	FTE per Adjusted Discharge	0.96	0.93		
	*Labor Cost/FTE w/o GASB	$236,093	$231,838		
Profitability					
	Total Cost per Adjusted Discharge	$50,590	$49,165		
	Total Cost per Adjusted Patient Days	$4,380	$4,390		
	Net Income	$8,048	$5,534		
	EBIDA Margin	3.3%	2.8%		
	NNB (Net Negative Balance)	<$95M	-$60,007		
	Net Position	>$0	-$56,096		
Capital					
	Capital Spent	$12,196	$8,658		
	% of Capital Spent		71.0%		

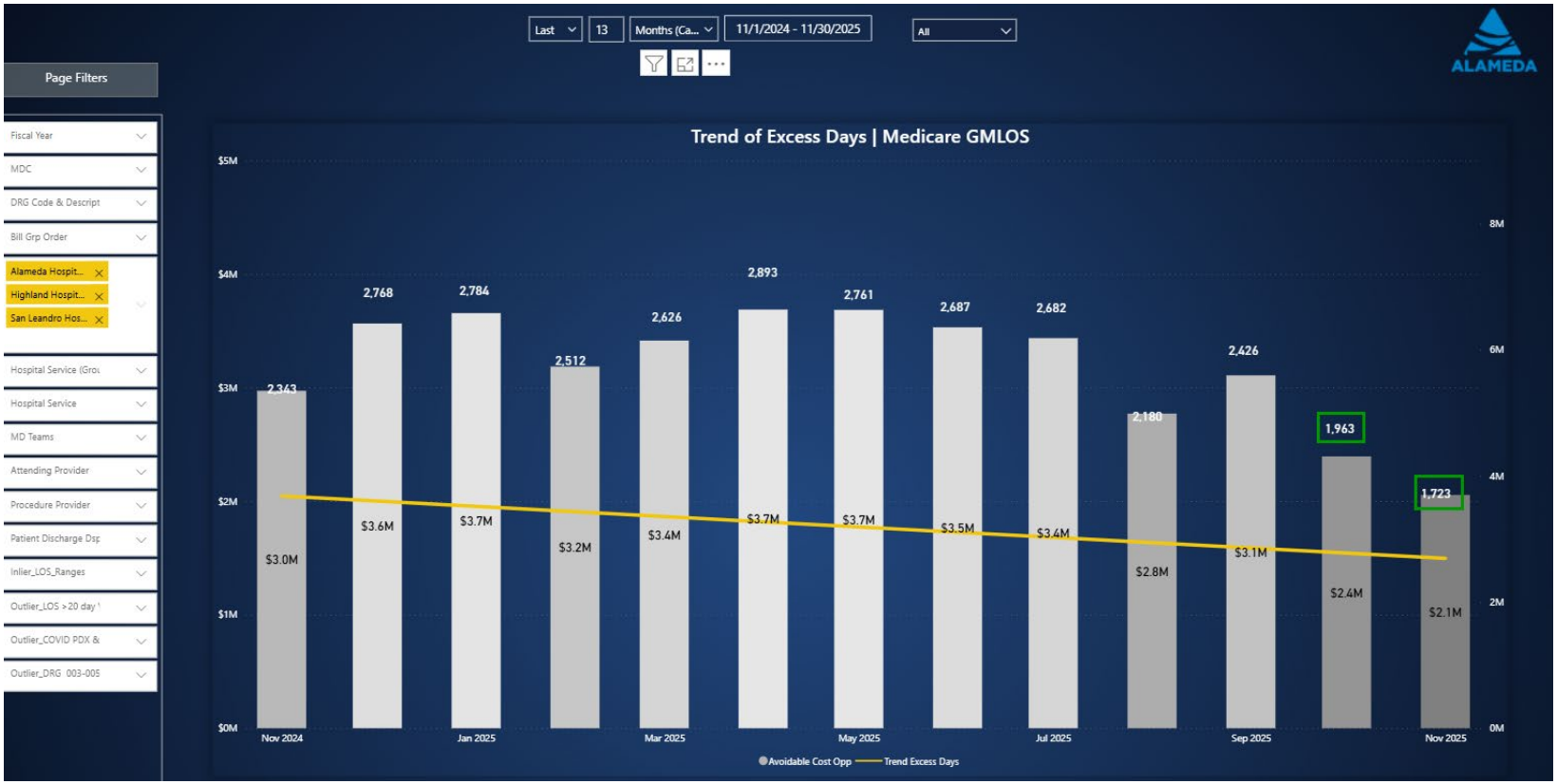
*Labor costs excludes contracted physicians; Includes Registry travel & housing costs

November 2025 Financial Report
Volume Highlights – Part 1

	November 2025				FY2026 year-to-date				FY2025 year-to-date		
	Actual	Budget	Var	% Var	Actual	Budget	Var	% Var	Actual	Var	% Var
Campus: AHS ALL CAMPUS											
Total Adjusted Patient Days	29,831	28,840	991	3.4%	152,954	151,696	1,258	0.8%	150,276	2,678	1.8%
Total Adjusted Discharges	2,584	2,494	90	3.6%	13,658	13,133	525	4.0%	13,115	543	4.1%
Physician wRVU	124,465	144,578	-20,113	-13.9%	666,350	631,322	35,028	5.5%	652,487	13,863	2.1% #
FQHC & Other Clinic Visits	31,045	33,099	-2,054	-6.2%	177,560	184,328	-6,768	-3.7%	172,685	4,875	2.8%
GENERAL ACUTE											
Patient Days	5,699	6,088	-389	-6.4%	29,241	31,300	-2,059	-6.6%	30,911	-1,670	-5.4%
Discharges	1,168	1,178	-10	-0.9%	6,193	6,037	156	2.6%	6,064	129	2.1%
Average Length of Stay	4.9	5.2	0.3	5.6%	4.7	5.2	0.5	8.9%	5.1	0.4	7.4%
CMI	1.639	1.598	0.041	2.6%	1.602	1.656	-0.054	-3.3%	1.656	-0.054	-3.3%
Emergency Visits	8,925	8,309	616	7.4%	46,903	43,821	3,082	7.0%	44,965	1,938	4.3%
Trauma Cases	328	260	68	26.4%	1,570	1,577	-7	-0.4%	1,620	-50	-3.1%
Observation Equivalent Days	711	566	144	25.5%	3,415	3,409	6	0.2%	3,241	173	5.4%
Surgeries	601	522	79	15.2%	3,428	3,459	-31	-0.9%	3,803	-375	-9.9%
PSYCH											
Psych Patient Days	1,979	1,904	75	4.0%	10,187	9,959	228	2.3%	9,860	327	3.3%
Psych Discharges	203	211	-8	-4.0%	1,069	1,106	-37	-3.3%	1,094	-25	-2.3%
Average Length of Stay	9.7	9.0	-0.7	-8.3%	9.5	9.0	-0.5	-5.8%	9.0	-0.5	-5.7%
PES Equivalent Days	644	493	151	30.6%	3,741	3,404	337	9.9%	3,404	337	9.9%

November 2025 Financial Report
Medicare GMLOS Benchmark – Trend of Excess Days

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



- <u>LOS Variance Days | November:</u> There were 1,723 excess days which is a decrease. This reflects the total # of actual days in a bed in excess of the allowed # of days compared to the Medicare acuity model benchmark.
- <u>Medicare GMLOS Benchmark:</u> 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.

November 2025 Financial Report
Volume Highlights – Part 2

	November 2025				FY2026 year-to-date				FY2025 year-to-date		
	Actual	Budget	Var	% Var	Actual	Budget	Var	% Var	Actual	Var	% Var
Campus: AHS ALL CAMPUS											
REHAB											
Rehab Patient Days	686	625	61	9.8%	3,498	3,553	-55	-1.5%	3,387	111	3.3%
Rehab Discharges	52	47	5	10.0%	272	269	3	1.2%	256	16	6.3%
Average Length of Stay	13.2	13.2	0	0.2%	12.9	13.2	0.4	2.7%	13.2	0.4	2.8%
SNF with Sub-Acute											
SNF Patient Days	8,269	8,270	-1	0.0%	42,422	42,177	245	0.6%	41,895	527	1.3%
Average Daily Census	275.6	275.7	0.0	0.0%	277.3	275.7	1.6	0.6%	273.8	3.4	1.3%
Occupancy %	95.0%	95.0%	0.0%	0.0%	96.0%	95.0%	0.0%	0.0%	94.0%	0.0%	0.0%
Bed Holds	61	72	-11	-15.1%	299	404	-105	-26.1%	402	-103	-25.6%
PAYOR MIX											
Insurance %	6.0%	6.0%	0.1%		6.6%	7.2%	-0.6%		7.1%	-0.5%	
Medi-Cal %	58.7%	60.0%	-1.3%		60.1%	61.3%	-1.2%		61.5%	-1.4%	
Medicare %	30.4%	28.1%	2.3%		28.9%	26.4%	2.5%		27.1%	1.8%	
Other Govt %	1.2%	2.4%	-1.2%		1.4%	1.8%	-0.4%		1.7%	-0.3%	
Self-Pay %	3.7%	3.5%	0.2%		3.0%	3.3%	-0.3%		2.7%	0.3%	
Total Payor Mix %	100.0%	100.0%	0.0%		100.0%	100.0%	0.0%		100.0%	0.0%	

November 2025 Financial Report
YTD Highlights

- Favorable YTD revenue variance of $4.6M.
  - Net patient revenue above budget ($2.1M), collection percentage was 0.1% below budget.
  - Other government programs below budget ($2.9M) from Measure A adjustment.
  - Other operating income above budget ($5.0M) from SAC law settlement on older claims ($3.1M) and Alliance P4P ($1.2M).

- Unfavorable YTD expense variance of $7.1M.
  - Labor costs unfavorable by $12.5M from unfavorable staff wages and registry ($8.7M), employee benefits ($5.2M) offset by favorable provider wages and contracts ($1.4M).
  - Non-labor cost favorable by $5.4M with the largest positive variances in outside medical services ($2.9) and software licenses/hosting fees ($1.4M).
    - Overall, lower costs associated with fewer patient days/LOS and trauma cases.

	November 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	$ 128,113	$ 128,121	$ (8)	(0.0)%	$ 678,898	$ 674,301	$ 4,597	0.7%	$ 632,290	7.4%
Operating expense	129,766	127,683	(2,083)	(1.6)%	671,495	664,405	(7,090)	(1.1)%	635,830	(5.6)%
Operating income (loss)	**(1,653)**	**438**	**(2,091)**	**(477.4)%**	**7,403**	**9,896**	**(2,493)**	**(25.2)%**	**(3,540)**	**309.1%**
Other non-operating activity	(426)	(392)	(34)	(8.7)%	(1,869)	(1,848)	(21)	(1.1)%	(1,498)	(24.8)%
Net Income (loss)	**$ (2,079)**	**$ 46**	**$ (2,125)**	**(4619.6)%**	**$ 5,534**	**$ 8,048**	**$ (2,514)**	**(31.2)%**	**$ (5,038)**	**209.9%**
EBIDA adjustments	2,694	2,868	(174)		13,599	14,518	(919)		18,860	
EBIDA	**$ 615**	**$ 2,914**	**$ (2,299)**		**$ 19,133**	**$ 22,566**	**$ (3,433)**		**$ 13,822**	
Operating Margin	(1.3)%	0.3%	(1.6)%		1.1%	1.5%	(0.4)%		(0.6)%	
EBIDA Margin	0.5%	2.3%	(1.8)%		2.8%	3.3%	(0.5)%		2.2%	

November 2025 Financial Report
Net Patient Services Revenue Highlights

- Gross patient service revenue is favorable driven by outpatient services.
  - General Acute inpatient days and discharges below budget and Length of Stay improving.
  - High acuity month with CMI 2.6% above budget and Trauma cases up 26.4%. YTD CMI below budget and trauma approximates budget.
    - Inpatient surgery above budget 5.1% and YTD below budget 6.3%.
  - ED visits 7.4% above budget and 7.0% YTD and Outpatient surgery above budget 23.3% and 3.8% YTD.
  - Clinic visits below budget 8.5% and 4.1% YTD.
  - SNF average daily census on target and favorable 0.6% YTD.
  - JGP days 4.0% above budget and 2.3% YTD; PES busy month and YTD up 9.9%.

- NPSR Collection ratio YTD was 19.4% and slightly below target.
  - Rate increases for government and Managed Medi-Cal were included in budget evenly and have not been realized.
  - Favorable settlement for Highland FY26 Medicare cost report ($1.9M).

	November 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	$ 206,890	$ 204,756	$ 2,134	1.0%	$ 1,087,162	$ 1,092,544	$ (5,383)	(0.5)%	$ 1,049,764	3.6%
Outpatient service revenue	147,726	130,174	17,552	13.5%	783,234	730,652	52,583	7.2%	709,851	10.3%
Professional service revenue	37,830	40,988	(3,158)	(7.7)%	204,878	215,341	(10,462)	(4.9)%	206,537	(0.8)%
Gross patient service revenue	392,446	375,918	16,528	4.4%	2,075,275	2,038,537	36,737	1.8%	1,966,151	5.6%
Deductions from revenue	(316,442)	(302,434)	(14,008)	(4.6)%	(1,674,723)	(1,640,044)	(34,679)	(2.1)%	(1,584,162)	5.7%
Net patient service revenue	**76,004**	**73,484**	**2,520**	**3.4%**	**400,551**	**398,493**	**2,058**	**0.5%**	**381,989**	**(4.9)%**
Collection % - NPSR	19.4%	19.5%	(0.1)%		19.3%	19.5%	(0.2)%		19.4%	
Capitation and HPAC	4,470	4,540	(70)	(1.5)%	22,387	22,729	(342)	(1.5)%	23,016	(2.7)%
Other government programs	42,493	45,415	(2,922)	(6.4)%	225,003	227,075	(2,072)	(0.9)%	201,576	11.6%
Other operating revenue	5,146	4,682	464	9.9%	30,957	26,004	4,954	19.1%	25,709	20.4%
Total operating revenue	**$ 128,113**	**$ 128,122**	**$ (9)**	**(0.0)%**	**$ 678,898**	**$ 674,300**	**$ 4,598**	**0.7%**	**$ 632,290**	**7.4%**

November 2025 Financial Report
Governmental and Other Revenue Highlights

- Other government programs unfavorable from Measure A adjustment ($2.5M) and Prop 56 ($0.4M). YTD unfavorable from Measure A FY2026 Q1 adjustment ($2.5M) and Prop56 ($1.0M) offset by favorable variance for Alameda Alliance P4P ($1.2M) and FEMA ($0.2M).
- Other operating revenue favorable from higher retail pharmacy ($0.1M) and SRH management fee ($0.3M). YTD, favorable driven by the settlement on low pay patient accounts ($3.1M), SRH management fee excluded from the budget ($1.7M) and higher retail pharmacy ($1.1M) offset by unfavorable grant activity ($1.2M).

	November 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Net patient service revenue	76,004	73,484	2,520	3.4%	400,551	398,493	2,058	0.5%	381,989	(4.9)%
Capitation and HPAC	4,470	4,540	(70)	(1.5)%	22,387	22,729	(342)	(1.5)%	23,016	(2.7)%
Medi-Cal Waiver	8,475	8,474	1	0.0%	42,473	42,368	105	0.2%	46,349	(8.4)%
Measure A and parcel tax	10,288	12,760	(2,472)	(19.4)%	61,326	63,798	(2,472)	(3.9)%	63,927	(4.1)%
Supplemental Programs	23,730	24,182	(452)	(1.9)%	121,203	120,910	294	0.2%	91,301	32.8%
Other government programs	**42,493**	**45,415**	**(2,922)**	**(6.4)%**	**225,002**	**227,075**	**(2,073)**	**(0.9)%**	**201,576**	**11.6%**
Grant Revenue	1,405	1,376	29	2.1%	5,374	6,582	(1,209)	(18.4)%	6,288	(14.5)%
Other Operating Revenue	3,741	3,306	434	13.1%	25,584	19,421	6,163	31.7%	19,420	31.7%
Other operating revenue	**5,146**	**4,682**	**464**	**9.9%**	**30,957**	**26,004**	**4,954**	**19.1%**	**25,709**	**20.4%**
Total operating revenue	**$ 128,113**	**$ 128,122**	**$ (9)**	**(0.0)%**	**$ 678,898**	**$ 674,300**	**$ 4,598**	**0.7%**	**$ 632,290**	**7.4%**

November 2025 Financial Report
Expense Highlights excluding Labor

- Purchased services favorable from software licensing ($0.5M), clinical services ($0.5M), emergency food/shelter ($0.3M), security ($0.2M), and other purchased services ($0.4M) spread across various departments. YTD, favorable from outside medical services ($2.9M), software licenses/hosting fees ($1.4M), security services ($0.8M) and emergency food/shelter ($0.2M).
  - The favorable variance in outside medical services is expected to continue for the remainder of the fiscal year. The budget was based on higher ambulance services which were the result of duplicate invoices between sister companies. A refund of $1.2 million was received in June 2025.
- Material and supplies unfavorable from pharmaceuticals ($0.7M). Medical and surgical supplies approximated budget for the month. YTD unfavorable due to pharmaceuticals ($1.5M) offset by favorable medical supplies ($0.8M) and non-medical supplies ($0.2M).

	November 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	$ 101,238	$ 97,634	$ (3,604)	(3.7)%	$ 520,415	$ 507,877	$ (12,538)	(2.5)%	$ 485,721	(7.1)%
Purchased services	7,651	9,542	1,891	19.8%	42,415	47,790	5,375	11.2%	41,935	(1.1)%
Materials and supplies	12,652	12,082	(570)	(4.7)%	66,362	65,850	(512)	(0.8)%	63,175	(5.0)%
Facilities	3,405	3,213	(192)	(6.0)%	17,913	17,139	(774)	(4.5)%	15,601	(14.8)%
Depreciation and amortization	2,336	2,463	127	5.2%	11,755	12,605	850	6.7%	17,297	32.0%
General and administrative	2,484	2,749	265	9.6%	12,635	13,144	509	3.9%	12,101	(4.4)%
Total operating expense	**$ 129,766**	**$ 127,683**	**$ (2,083)**	**(1.6)%**	**$ 671,495**	**$ 664,405**	**$ (7,090)**	**(1.1)%**	**$ 635,830**	**(5.6)%**

November 2025 Financial Report
Expense Highlights excluding Labor (part 2)

- Facilities unfavorable from facility repairs ($0.5M) offset by favorable utilities ($0.3M). YTD, unfavorable from facility repairs ($2.2M) offset by favorable utilities ($1.1M) and rental equipment ($0.3M). Facility repairs occurred at Highland Hospital ($1.2M), Alameda Hospital ($0.8M), and San Leandro Hospital ($0.3M).
- Depreciation and amortization favorable from lower equipment depreciation ($0.4M) offset by higher lease and software amortization ($0.3M). YTD, favorable from lower equipment depreciation ($2.1M) offset by higher lease and software amortization ($1.3M).
- General and administrative favorable from recruitment expense ($0.2M). YTD, favorable from timing of recruitment expense ($0.4M).

	November 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	$ 101,238	$ 97,634	$ (3,604)	(3.7)%	$ 520,415	$ 507,877	$ (12,538)	(2.5)%	$ 485,721	(7.1)%
Purchased services	7,651	9,542	1,891	19.8%	42,415	47,790	5,375	11.2%	41,935	(1.1)%
Materials and supplies	12,652	12,082	(570)	(4.7)%	66,362	65,850	(512)	(0.8)%	63,175	(5.0)%
Facilities	3,405	3,213	(192)	(6.0)%	17,913	17,139	(774)	(4.5)%	15,601	(14.8)%
Depreciation and amortization	2,336	2,463	127	5.2%	11,755	12,605	850	6.7%	17,297	32.0%
General and administrative	2,484	2,749	265	9.6%	12,635	13,144	509	3.9%	12,101	(4.4)%
Total operating expense	**$ 129,766**	**$ 127,683**	**$ (2,083)**	**(1.6)%**	**$ 671,495**	**$ 664,405**	**$ (7,090)**	**(1.1)%**	**$ 635,830**	**(5.6)%**

November 2025 Financial Report
Expense Highlights – Labor

- Staff wage and registry unfavorable from higher FTEs (180 FTEs/$2.3M) and higher rate ($0.7M). YTD, higher FTE (96 FTEs/$6.2M) and higher rate ($2.4M).
- Providers are favorable for the month and YTD. AHMG and other providers, such as midwives and CRRTs are included as provider within AHS entity.
  - Provider salaries favorable from lower FTEs (17 FTEs/$0.6M) and favorable rate ($0.2M). YTD, lower FTEs (18 FTEs/$3.1M) offset by higher rate ($0.7M). Recruitment unrealized.
  - Physician contract services unfavorable for month and YTD. See subsequent slide for detail.
- Employee Benefits unfavorable from higher self-funded health ($1.5M) offset by lower other benefits ($0.3M) and Kaiser premium ($0.2M). YTD, unfavorable from higher self-funded health ($7.6M) offset by lower Kaiser premium ($1.4M), FICA ($1.1M), and other benefits ($0.3M).
- Retirement approximates budget. YTD, unfavorable from ACERA ($0.9M) and union plans ($0.2M) offset by favorable variance from AHMG retirement plan ($0.7M).

	November 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	$ 60,007	$ 56,025	$ (3,982)	(7.1)%	$ 301,791	$ 289,306	$ (12,485)	(4.3)%	$ 275,060	(9.7)%
Salaries and wages (providers)	12,061	12,847	786	6.1%	63,082	65,346	2,264	3.5%	61,520	(2.5)%
Registry	3,026	4,012	986	24.6%	17,291	21,066	3,775	17.9%	21,315	18.9%
Physician contract services	3,980	3,574	(406)	(11.4)%	18,806	17,924	(882)	(4.9)%	18,295	0.0%
Employee benefits (taxes, insurance)	15,521	14,528	(993)	(6.8)%	81,086	76,251	(4,835)	(6.3)%	73,396	(10.5)%
Retirement	6,643	6,648	5	0.1%	38,359	37,984	(375)	(1.0)%	36,136	(6.2)%
Total labor costs	**$ 101,238**	**$ 97,634**	**$ (3,604)**	**(3.7)%**	**$ 520,415**	**$ 507,877**	**$ (12,538)**	**(2.5)%**	**$ 485,721**	**(7.1)%**
Compensation ratio	79.0%	76.2%	-2.8%		76.7%	75.3%	-1.4%		76.8%	
Paid FTEs - staff	4,665	4,479	(186)	(4.2)%	4,650	4,545	(105)	(2.3)%		
Paid FTEs - providers	376	393	17	4.3%	347	365	18	4.9%		
Paid FTEs - registry	203	209	6	2.6%	206	215	9	4.1%		
Total FTEs	5,244	5,081	(163)	(3.2)%	5,203	5,125	(78)	(1.5)%	5,093	

November 2025 Financial Report
Provider Expenses Variance

November 2025 YTD				
		Provider Dollars		
	Service Type	YTD Actual	YTD Budget	Variance
Salaries	AHMG/SEIU	42,546	44,317	1,771
	UAPD Dental	853	1,322	469
	UAPD Primary Care	3,728	4,578	850
	UAPD Psych	5,147	5,255	108
	GME	178	56	(121)
	APPs	10,631	9,818	(813)
	Total Salaries	**63,082**	**65,346**	**2,264**
Contracts	Locums/Registry	1,712	1,095	(618)
	UCSF Contracts	7,944	7,534	(411)
	GME Contracts	1,633	1,563	(70)
	Other Physician Contracts	7,517	7,733	216
	Total Contracts	**18,806**	**17,924**	**(882)**
Total Physician Expense		**81,888**	**83,270**	**1,382**

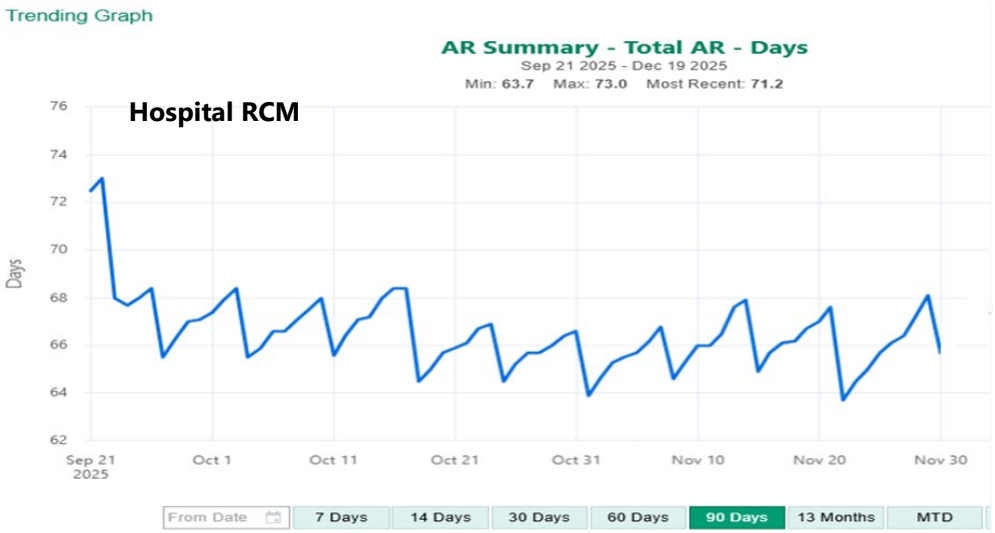
- New format for reporting, consistent with AHMG fully consolidated within AHS financial entity.
- Major variance in provider salaries from unrealized recruitment in the FY2026 budget.
- Major variance for contracts is locums.

November 2025 Financial Report
Balance Sheet Key Metrics

- Days in Cash are 5.1 days and higher than year-end; typically, below 5.0 days.
- Gross AR Days increased 3.0 days and Net AR Days increased 0.1 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 $56.1M and decreased $5.7M from June 30, 2025 reflecting YTD Net Income.
- Net Negative Balance is a payable of $60.0M. NNB consists of the liquidity facility (loan) of $88.1M offset by the restricted cash of $28.1M; and is expected to be below the June 30, 2026 credit ceiling of $95.0M at the end of the fiscal year.

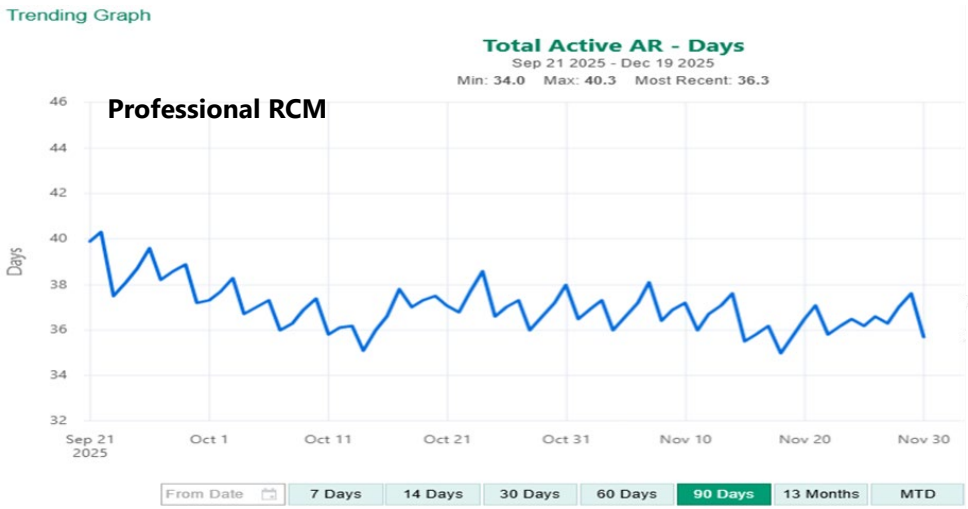
	Nov-25	Oct-25	FY 2025
Days in cash	5.1	1.7	2.9
Gross days in patient receivable	62.7	59.7	62.4
Net days in patient receivable	45.1	45.0	43.8
Due from/(to) third-party payors	$ 328,889	$ 228,706	$ 158,555
Due from/(to) County	$ (57,420)	$ 36,559	$ 49,680
Days in accounts payable	27.0	30.1	38.3
% of AP over 60 days	0.8%	0.7%	4.0%
Net position - fund balance/(deficit)	$ (56,096)	$ (54,019)	$ (61,798)
Net negative balance - receivable/(payable)	$ (60,007)	$ (48,605)	$ 26,949

November 2025 Financial Report
AR Trending



Hospital Revenue Cycle Key Indicators

- HB AR Days increased by 2.5 days compared to prior month.
  - HB AR Days target is 57.0
  - November AR Days 66.4, October AR Days 63.9
- November collections were $59.3M. Lower than the average of the prior twelve months at $62.4M.
- An AR Reduction Task Force will be launched in January 2026 to bring in more cash quickly.
- Inpatient CDI is under review to determine improvements for specific DRGs that may not capture all complication or comorbidity.



Professional Revenue Cycle Key Indicators

- PB AR Days decreased by 0.5 days compared to prior month.
  - PB AR Days target is 33.0
  - November AR Days 36.0, October AR Days 36.5
- November collections were $12.1M. Higher than average of the prior twelve months at $11.4M.
- Enterprise CI launched to address provider clinical documentation along with charge automation and usage of Epic tools.

November 2025 Financial Report
Patient Collections

- FY26 patient collections approximately 12.1 % higher than the same period in FY25.
- Received payments for JGP in November is $11.6M for the FY26 contract executed for $81.4M.
  - JGP FY25 contract with the County was amended from $49.2M to $74.2M. The maximum contract has been paid.
  - Since the conversion to SmartCare/CALAIM in July 2023, the County began withholding approximately 20% of AHS invoices for provided services.

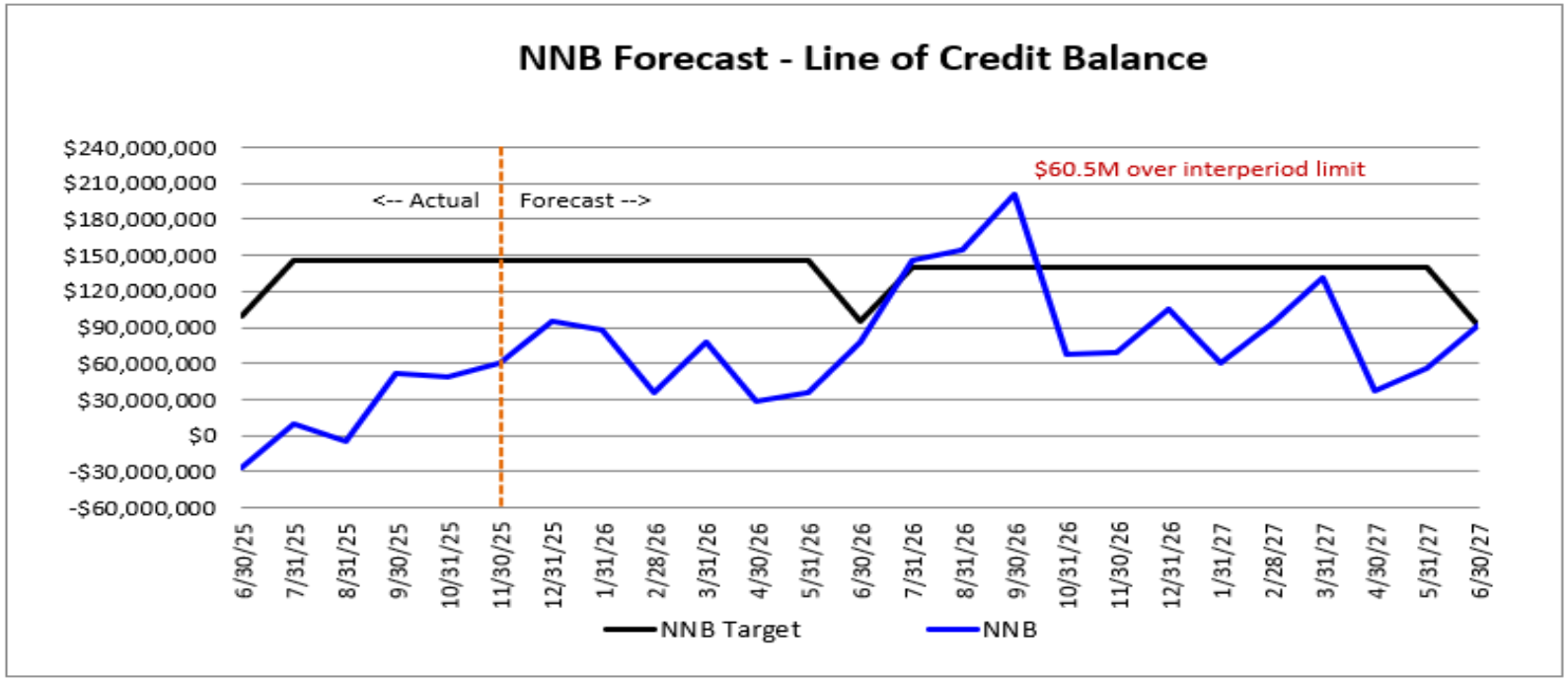
PATIENT COLLECTIONS
(in thousands)

	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	868	82,323	83,191	76,783	63,122	59,796	49,923
Nov	11,569	71,370	82,939	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	**53,016**	**370,531**	**423,547**	**943,182**	**831,444**	**776,453**	**705,637**
% change between fiscal years			12.1%	13.4%	7.1%	10.0%	

November 2025 Financial Report
Line of Credit (NNB) Forecast through 6/30/26

- FY2026 forecast reflects AHS operations consistent with the approved budget and is expected to be compliant at 6/30/26 below $95M and 6/30/27 below $90M. AHS is expected to exceed the inter-period limit by $60.5M early next FY. Forecast shows increased debt for the entire fiscal year if immediate action is not taken. H1 and other state impacts are not included in the forecast model which projects based on current cashflow. LRSP is underway.
  - The NNB improved by $11.6M over last report.
  - Patient receipts continue to be strong offset by a delay in receiving CY2025 Hospital Fee receipts.

- Items that are included in forecast.
  - St. Rose funding for IGT contribution of $10.5M 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.



November 2025 Financial Report
Material Items Impacting NNB Forecast

- GPP CY2025 Q3B (in December) for $18.5M was moved from February 2026 to December 2025 based on DHCS notification.
- 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 was delayed and expected to finalize in February 2026.

Material Items Included in NNB Forecast
(in thousands)

	Dec-25	Jan-26	Feb-26	Mar-26	FY26 Q4	FY27 Q1	FY27 Q2	FY27 Q3	FY27 Q4
GPP (quarterly)	$ 18,474	$ 20,100	$ -	$ 5,600	$ 25,700	$ 23,551	$ 23,551	$ 28,651	$ 19,700
EPP (semi-annual)	-	-	-	-	21,000	-	75,351	-	39,510
QIP	-	-	-	-	34,364	-	51,000	-	51,000
Medi-Cal Rate Range	-	-	45,800	-	-	-	-	51,300	-
BHCS (JGP/Alameda County) - fy26	12,167	6,084	6,084	6,084	18,251	12,671	-	-	-
BHCS (JGP/Alameda County) - fy27	-	-	-	-	-	-	18,900	18,900	25,200
HPAC	-	-	-	10,800	21,600	-	21,600	10,800	10,800
AB85 Realignment	-	-	-	-	-	-	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	-	-	-	10,507	-	-	-	10,507	-
	$ 30,641	$ 54,981	$ 54,884	$ 35,991	$ 111,915	$ 36,222	$ 195,202	$ 146,158	$ 146,210

Prior Year Reimbursement Settlements

Waiver recoupment (fy11)	$ 29,169	Payment delayed to Feb-26
AB915 (fy14-fy20)	(17,000)	TBD
Medi-Cal FQHC recoupment (fy08 - fy13)	(40,000)	TBD
Physician SPA (fy08 - fy13)	(25,100)	TBD
	$ (52,931)	

St. Rose Hospital
An ALAMEDA HEALTH SYSTEM Affiliate

September 2025 FYE Consolidated Results Financial Summary & YTD Highlights

- SRH's YTD net income is $1.4M, $21.7M 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 3.4%, driven by timing of supplemental revenue (DSH payments).
  - Expenses unfavorable overall ($1.2M), driven by high health benefits and three expected settlement claims partially offset by Sub Acute delays opening/lower census.

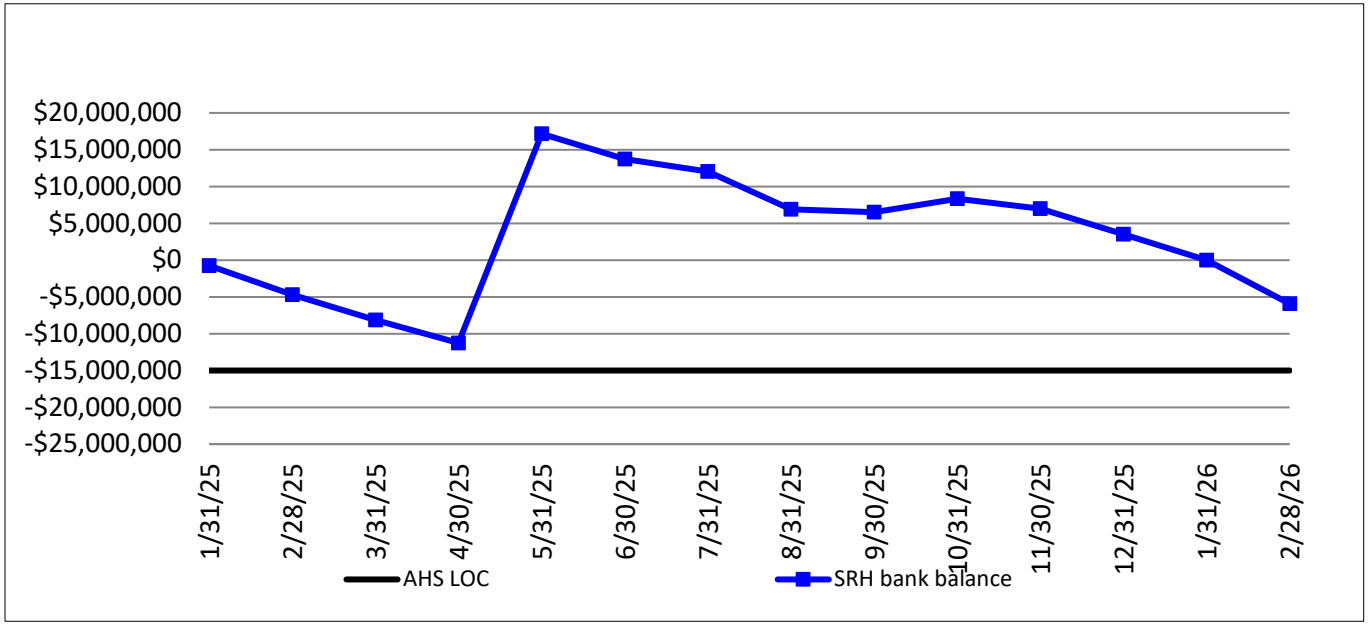
- MOB's YTD net income is $0.6M, exceeding budget by $0.2M
  - Rent revenue higher than budget from additional tenant (LaFamilia).
  - Still deferring repairs.

- Foundation's YTD net loss is $0.6M, unfavorable by $0.7M driven by the $1M donation to St. Rose Hospital, partially offset by The Dee Jordan Trust ($0.3M) and another donation/grant of $0.05M from DAFgiving360 in honor of Victor Verbinski.

	September 30,2025				Year-To-Date			
	Actual	**Budget**	**Var ($)**	**Var (%)**	**Actual**	**Budget**	**Var ($)**	**Var (%)**
Total Net Patient Service Revenue	$9,944	$8,742	$1,202	13.7%	$104,878	$101,450	$3,428	3.4%
Total Other Revenue	$346	$922	($576)	-62.5%	$40,967	$18,255	22,712	124.4%
TOTAL OPERATING REVENUE	**$10,291**	**$9,665**	**$626**	**6.5%**	**$145,846**	**$119,706**	**$26,140**	**21.8%**
Less: Operating Expenses	$13,567	$11,522	($2,045)	-17.7%	$139,470	$138,286	($1,184)	-0.9%
EBITDA	**($3,276)**	**($1,858)**	**($1,418)**	**76.4%**	**$6,375**	**($18,581)**	**$24,956**	**-134.3%**
Total Non-Operating Exp/(Income)	$399	$386	$13	3.3%	$4,983	$4,707	$276	5.9%
Restr Donation - (AA Geropscych)	$0	$292	($292)	-100.0%	$0	$3,500	($3,500)	-100.0%
NET INCOME/(LOSS)	**($3,675)**	**($1,952)**	**($1,723)**	**88.3%**	**$1,392**	**($19,788)**	**$21,180**	**-107.0%**

September 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 cash situation has improved driven by donation by Stanford in November ($1M). SRH expects to draw from the LOC in 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.



ALAMEDA HEALTH SYSTEM

1411 East 31st Street
Oakland, CA 94602

MEMORANDUM

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

Financial Summary

	November 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	$ 128,113	$ 128,121	$ (8)	(0.0)%	$ 678,898	$ 674,301	$ 4,597	0.7%	$ 632,290	7.4%
Operating expense	129,766	127,683	(2,083)	(1.6)%	671,495	664,405	(7,090)	(1.1)%	635,830	(5.6)%
Operating income (loss)	**(1,653)**	**438**	**(2,091)**	**(477.4)%**	**7,403**	**9,896**	**(2,493)**	**(25.2)%**	**(3,540)**	**309.1%**
Other non-operating activity	(426)	(392)	(34)	(8.7)%	(1,869)	(1,848)	(21)	(1.1)%	(1,498)	(24.8)%
Net Income (loss)	**$ (2,079)**	**$ 46**	**$ (2,125)**	**(4619.6)%**	**$ 5,534**	**$ 8,048**	**$ (2,514)**	**(31.2)%**	**$ (5,038)**	**209.9%**
EBIDA adjustments	2,694	2,868	(174)		13,599	14,518	(919)		18,860	
EBIDA	**$ 615**	**$ 2,914**	**$ (2,299)**		**$ 19,133**	**$ 22,566**	**$ (3,433)**		**$ 13,822**	
Operating Margin	(1.3)%	0.3%	(1.6)%		1.1%	1.5%	(0.4)%		(0.6)%	
EBIDA Margin	0.5%	2.3%	(1.8)%		2.8%	3.3%	(0.5)%		2.2%	

Net Income for the month was a loss of $2.1 million compared to a breakeven budget and unfavorable to budget $2.1 million and 4619.6%. Operating Revenue was $128.1 million and approximates budget. Operating Expense was $129.8 million and unfavorable to budget by $2.1 million and 1.6%. Earnings before interest, depreciation, and amortization (EBIDA) were $0.6 million and the EBIDA Margin was 0.5% compared to a budget EBIDA of $2.9 million and a budget EBIDA Margin of 2.3%. For the month, EBIDA was unfavorable to budget by $2.3 million.

Net Income year-to-date (YTD) was $5.5 million compared to a budget of $8.0 million and unfavorable to budget by $2.5 million and 31.2%. Operating Revenue was $678.9 million and favorable to budget by $4.6 million and 0.7%. Operating Expense was $671.5 million and unfavorable to budget by $7.1 million and 1.1%. EBIDA was $19.1 million and the EBIDA Margin was 2.8% compared to the budget EBIDA of $22.6 million and a budget EBIDA Margin of 3.3%. For the year, EBIDA is unfavorable to budget $3.4 million.

Operating Revenue

	November 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	$ 206,890	$ 204,756	$ 2,134	1.0%	$ 1,087,162	$ 1,092,544	$ (5,383)	(0.5)%	$ 1,049,764	3.6%
Outpatient service revenue	147,726	130,174	17,552	13.5%	783,234	730,652	52,583	7.2%	709,851	10.3%
Professional service revenue	37,830	40,988	(3,158)	(7.7)%	204,878	215,341	(10,462)	(4.9)%	206,537	(0.8)%
Gross patient service revenue	392,446	375,918	16,528	4.4%	2,075,275	2,038,537	36,737	1.8%	1,966,151	5.6%
Deductions from revenue	(316,442)	(302,434)	(14,008)	(4.6)%	(1,674,723)	(1,640,044)	(34,679)	(2.1)%	(1,584,162)	5.7%
Net patient service revenue	**76,004**	**73,484**	**2,520**	**3.4%**	**400,551**	**398,493**	**2,058**	**0.5%**	**381,989**	**(4.9)%**
Collection % - NPSR	19.4%	19.5%	(0.1)%		19.3%	19.5%	(0.2)%		19.4%	
Capitation and HPAC	4,470	4,540	(70)	(1.5)%	22,387	22,729	(342)	(1.5)%	23,016	(2.7)%
Other government programs	42,493	45,415	(2,922)	(6.4)%	225,003	227,075	(2,072)	(0.9)%	201,576	11.6%
Other operating revenue	5,146	4,682	464	9.9%	30,957	26,004	4,954	19.1%	25,709	20.4%
Total operating revenue	**$ 128,113**	**$ 128,122**	**$ (9)**	**(0.0)%**	**$ 678,898**	**$ 674,300**	**$ 4,598**	**0.7%**	**$ 632,290**	**7.4%**

Gross Patient Revenue

Gross Patient Service Revenue (patient charges) was $392.4 million for the month and favorable to budget by $16.5 million and 4.4%. Inpatient and Outpatient charges were above budget by 1.0% and 13.5%, respectively. Professional fees were below budget by 7.7%. For the year, Gross Patient Service Revenue was $2.1 billion and favorable to budget by $36.7 million and 1.8%. Outpatient charges were above budget by 7.2%. Inpatient and Professional Fee charges were below budget by 0.5% and 4.9%, respectively. Inpatient charges were slightly higher than budget for the month driven by volume of trauma cases, inpatient surgeries, and the resulting higher case mix index (CMI) offset by lower patient days and discharges. The CMI was above budget for the month and is below budget YTD. CMI is an indicator of the overall complexity of inpatient illness and services being provided. General Acute Length of Stay (LOS) increased 0.2 to 4.9 for the month, trending consistently with the CMI. Noteworthy, LOS is trending better than the budget and prior year which indicates patients are staying fewer days than the expected LOS. Favorable outpatient charge variance for the month and YTD were driven by Emergency Room visits which exceeded budget by 7.4% and 7.0%, respectively. Outpatient surgeries also exceeded budget for the month and YTD by 23.3% and 3.8%, respectively. Professional Fees were unfavorable for the month and YTD due to lower clinic visits, which missed budget by 2,054 and 6.2% and 4,875 and 2.8%, respectively. Volumes were lower in November due to holidays. The largest variances were Eastmont dental (606 visits) and Highland OB Clinc (526 visits). Physician wRVU were below budget by 13.9% for the month due to fewer visits and above budget by 5.5% 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 3.6% for the month and 4.0% for the year; positively impacted by lower LOS.

Net Patient Revenue

Net Patient Service Revenue (NPSR) was $76.0 million and favorable to budget by $2.5 million and 3.4%. YTD, NPSR was $400.6 million favorable compared to budget $2.1 million and 0.5%. The collection ratio was 19.4% for the month and unfavorable to budget by 0.1%, which was slightly higher than the 19.3% YTD. Improving the collection percentage this month was a favorable settlement for the FY2025 AHS Medicare cost report of $1.9 million. Trauma cases tend to drive a higher commercial mix; however, the commercial payer mix was 6.0% and at budget for the month. YTD, commercial payor mix was 6.6% and unfavorable to budget by 0.6%. Trauma cases were above budget for the month and below YTD by 26.4% and 0.4%, respectively. 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 $42.5 million and unfavorable to budget by $2.9 million and 6.4% based on the transactions below.

- Measure A FY2026 Q1 decreased based on receipts by $2.5 million.
- Prop 56 was lower than budget by $0.4 million.

For the year, the Other Government Program Revenue is $225.0 million and unfavorable to budget by $2.1 million and 0.9% based on the transactions below.

- Measure A FY2026 Q1 decreased based on receipts by $2.5 million.
- 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 $1.0 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.

Other Operating Revenue

Other Operating Revenue for the month was $5.1 million and favorable to budget by $0.5 million and 9.9% based on the transactions below.

- Retail pharmacy revenue was favorable by $0.1 million.
- St. Rose Hospital management fee favorable by $0.3 million, which was not included in the budget.
- The remaining variance, netting to a positive $0.1 million, is spread across many programs.

For the year, Other Operating Revenue was $31.0 million and favorable by $5.0 million and 19.1% based on the transactions below.

- Payor settlement received on older patient accounts of $3.1 million.
- Retail pharmacy revenue favorable by $1.1 million.
- St. Rose Hospital management fee $1.7 million, which was not included in the budget.
- Offset by unfavorable grant revenue from timing differences of $1.2 million.

Operating Expense

	November 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	$ 101,238	$ 97,634	$ (3,604)	(3.7)%	$ 520,415	$ 507,877	$ (12,538)	(2.5)%	$ 485,721	(7.1)%
Purchased services	7,651	9,542	1,891	19.8%	42,415	47,790	5,375	11.2%	41,935	(1.1)%
Materials and supplies	12,652	12,082	(570)	(4.7)%	66,362	65,850	(512)	(0.8)%	63,175	(5.0)%
Facilities	3,405	3,213	(192)	(6.0)%	17,913	17,139	(774)	(4.5)%	15,601	(14.8)%
Depreciation and amortization	2,336	2,463	127	5.2%	11,755	12,605	850	6.7%	17,297	32.0%
General and administrative	2,484	2,749	265	9.6%	12,635	13,144	509	3.9%	12,101	(4.4)%
Total operating expense	**$ 129,766**	**$ 127,683**	**$ (2,083)**	**(1.6)%**	**$ 671,495**	**$ 664,405**	**$ (7,090)**	**(1.1)%**	**$ 635,830**	**(5.6)%**

Operating Expense was $129.8 million for the month and unfavorable to budget by $2.1 million and 1.6%. Non-labor expense variances net to a favorable variance of $1.5 million for the month as follows (Labor costs are discussed in a subsequent section):

- Purchased services for the month were favorable to budget by $1.9 million and 19.8% driven by favorable variances in software licenses ($0.5 million), clinical services ($0.5 million), emergency food/shelter ($0.3 million), security ($0.2 million) and other favorable variances across various categories ($0.4 million).
- Materials and supplies were unfavorable to budget of $0.6 million and 4.7% driven by unfavorable variances in pharmaceutical ($0.7 million) offset by a favorable variance in non-medical supplies ($0.1 million). Medical and surgical supplies were on budget for the month.
- Facilities for the month were unfavorable to budget by $0.2 million and 6.0% driven by unfavorable variance in building repairs ($0.5 million) offset by favorable variance in utilities ($0.3 million). Most of the facility variance was for Highland Hospital.
- Depreciation and amortization were favorable to budget by $0.1 million and 5.2% driven by a favorable variance for equipment depreciation ($0.4 million) offset by higher lease/software amortization ($0.3 million).
- General and administrative costs were favorable to budget by $0.3 million and 9.6% driven by favorable timing variance for recruitment ($0.2 million) and remaining variance ($0.1 million) spread across various categories.

For the year, Operating Expense was $671.5 million and unfavorable to budget by $7.1 million and 1.1%. Non-labor expense variances net to a favorable variance of $5.4 million as follows (Labor costs are discussed in a subsequent section).

- Purchased services were favorable to budget by $5.4 million and 11.2% driven by favorable variances in outside medical services ($2.9 million), software licensing ($1.4 million), security ($0.8 million), and emergency food/shelter ($0.2 million). The favorable variance in outside medical services is expected to continue for the remainder of the fiscal year. The budget was based on higher ambulance services which were the result of duplicate invoices between sister companies. A refund of $1.2 million was received in June 2025.
- Materials and supplies were unfavorable to budget by $0.5 million and 0.8% driven by unfavorable variance in pharmaceuticals ($1.5 million) offset by favorable variances in other medical supplies ($0.8 million) and computer equipment ($0.2 million).
- Facilities were unfavorable to budget by $0.8 million and 4.5% driven by unfavorable variance in facility repairs ($2.2 million) offset by a favorable variance for utilities ($1.1 million) and rental equipment ($0.3 million). The facility repairs occurred at Highland Hospital ($1.1 million), Alameda Hospital ($0.8 million), and San Leandro Hospital ($0.3 million).
- Depreciation and amortization were favorable to budget by $0.9 million and 6.7% driven by favorable variance from timing of equipment depreciation ($2.2 million) and offset by higher than anticipated amortization of leases and software agreements ($1.3 million).
- General and administrative costs were favorable to budget $0.5 million and 3.9% driven by favorable variance for timing of recruitment ($0.4 million) and the remaining variance ($0.1 million) spread across various categories.

Labor Costs

	November 2025				Year-To-Date				FY 2025	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	$ 60,007	$ 56,025	$ (3,982)	(7.1)%	$ 301,791	$ 289,306	$ (12,485)	(4.3)%	$ 275,060	(9.7)%
Salaries and wages (providers)	12,061	12,847	786	6.1%	63,082	65,346	2,264	3.5%	61,520	(2.5)%
Registry	3,026	4,012	986	24.6%	17,291	21,066	3,775	17.9%	21,315	18.9%
Physician contract services	3,980	3,574	(406)	(11.4)%	18,806	17,924	(882)	(4.9)%	18,295	0.0%
Employee benefits (taxes, insurance)	15,521	14,528	(993)	(6.8)%	81,086	76,251	(4,835)	(6.3)%	73,396	(10.5)%
Retirement	6,643	6,648	5	0.1%	38,359	37,984	(375)	(1.0)%	36,136	(6.2)%
Total labor costs	**$ 101,238**	**$ 97,634**	**$ (3,604)**	**(3.7)%**	**$ 520,415**	**$ 507,877**	**$ (12,538)**	**(2.5)%**	**$ 485,721**	**(7.1)%**
Compensation ratio	79.0%	76.2%	-2.8%		76.7%	75.3%	-1.4%		76.8%	
Paid FTEs - staff	4,665	4,479	(186)	(4.2)%	4,650	4,545	(105)	(2.3)%		
Paid FTEs - providers	376	393	17	4.3%	347	365	18	4.9%		
Paid FTEs - registry	203	209	6	2.6%	206	215	9	4.1%		
Total FTEs	5,244	5,081	(163)	(3.2)%	5,203	5,125	(78)	(1.5)%	5,093	

Labor costs for the month were $101.2 million and unfavorable to budget by $3.6 million and 3.7%. YTD, labor costs were $520.4 million and unfavorable to budget by $12.5 million and 2.5%. Starting in September 2025, physician contract services were moved to the labor cost section to show a complete picture of staffing.

Total staff wages and registry costs for the month were $63.0 million and unfavorable to budget by $3.0 million and 5.0% driven by higher volume (180 FTEs/$2.3 million) and higher rates ($0.7 million). YTD, this category was $319.1 million and unfavorable by $8.7 million and 2.8% driven by higher volume (96 FTEs/$6.2 million) and higher rates ($2.4 million). AHS is using UKG timekeeping to track registry utilization. At this point, timing differences occur between when registry invoices are paid, and the hours included to calculate FTE, causing variances for the month. This category exceeded budget by 186 as follows:

- Sub-acute registry catch up – 58 FTEs
- GRIT initiative not realized – 45 FTEs
- Volume driven based on current labor standards – 41 FTEs
- Departments exceeding labor standards - 35 FTEs
- New FTE, not included in the budget - 7 FTEs

Total provider wages and physician contract services for the month were $16.0 million and favorable to budget by $0.4 million and 2.3%. YTD, this category was $81.9 million and favorable to budget by $1.4 million and 1.7%. The positive variance is driven by unrealized recruitment that was included in the budget. Contract physician was driven by locum usage. As a reminder, contract providers do not provide hours to calculate an FTE.

Employee benefits were unfavorable for the month by $1.0 million and 6.8% driven by self-funded health insurance ($1.5 million) offset by positive variances in Kaiser insurance plan ($0.2 million), other benefits ($0.2 million), and worker compensation ($0.1 million). YTD, employee benefits were unfavorable to budget by $4.8 million and 6.3% driven by self-funded health ($7.6 million) offset by positive variances for Kaiser insurance plan ($1.4 million), FICA ($1.1 million), and other benefits ($0.3 million).

Retirement approximate budget for the month. YTD, retirement expense was unfavorable $0.4 million and 1.2% from ACERA ($0.9 million), union plans ($0.2 million) offset by positive variance for AHMG plan ($0.7 million).

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

	Nov-25	Oct-25	FY 2025
Days in cash	5.1	1.7	2.9
Gross days in patient receivable	62.7	59.7	62.4
Net days in patient receivable	45.1	45.0	43.8
Due from/(to) third-party payors	$ 328,889	$ 228,706	$ 158,555
Due from/(to) County	$ (57,420)	$ 36,559	$ 49,680
Days in accounts payable	27.0	30.1	38.3
% of AP over 60 days	0.8%	0.7%	4.0%
Net position - fund balance/(deficit)	$ (56,096)	$ (54,019)	$ (61,798)
Net negative balance - receivable/(payable)	$ (60,007)	$ (48,605)	$ 26,949

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 62.7 days and 3.0 days higher than last month due to lower gross revenue per calendar day of 2.0%. Net Days in AR were 45.1 and consistent with the previous month. 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.
- Enterprise CI launched to address providers' clinical documentation along with charge automation and usage of Epic tools. Inpatient CDI is under review to determine improvements for specific DRGs that may not be coded to include complication or comorbidity.
- Inpatient charge reconciliation is in process for women's services, bedside procedures, implants, and Code Blue.
- An AR Reduction Task Force will be launched in January 2026 to bring in more cash quickly.
- EPIC posted collections were lower in November due to holiday.

Patient collections are reflected in the table below. Behavioral Health represents the County receipts under contract for JGP services which total $53.0 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. All remaining funds were paid 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 FY2026 interim contract was signed for $81.4 million on October 13, 2025. Payments on the FY2026 contract total $11.6 million through November 2025. AHS has not received information on how the maximum contract amount was determined and the County is unable to provide reports

from their new billing system, SmartCare. AHS is unable to trend, research or follow up on payment denials or other discrepancies leading to underpayment. The County continues to withhold approximately 20 percent of the amount due on the invoices submitted for payment.

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	868	82,323	83,191	76,783	63,122	59,796	49,923
Nov	11,569	71,370	82,939	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	**53,016**	**370,531**	**423,547**	**943,182**	**831,444**	**776,453**	**705,637**
% change between fiscal years			12.1%	13.4%	7.1%	10.0%	

Accounts Payable
Days in Accounts Payable are 27.0 at the end of the month and were 3.1 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 0.8% 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 $328.9 million, which increased $100.2 million over last month. Key items are noted below.

- Payment received for Old Waiver FY2012 IGT ($2.0 million).
- IGT funded for GPP CY2025 Q3B ($26.9 million).
- IGT funded for Voluntary Rate Range CY2024 ($41.9 million).
- Recognized revenue for FY2025 Medicare cost reports based on filed reports ($2.8 million).
- Minor cost report adjustments and monthly accruals ($30.6 million).

Estimates are necessary to record supplemental income because the ultimate amount that may be collected under the program is uncertain, dependent on costs for services that were ultimately provided, quality metrics achieved, Medi-Cal enrollment, and our ability to identify and claim related costs.

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 FY2011Waiver 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 Reimbursement Supplemental Programs

as of 11/30/2025

Programs	FY97-20	FY21-25	FY26	Net Balance	Comments
Medicare Cost Report	(1,617)	(1,780)	(277)	(3,674)	Older years pending disputed SSI ratio and outlier holds for both OPPS/IPPS services from CMS.
Medi-Cal P14 Waiver	4,225	(1,780)	(3,692)	(1,246)	P14 audits are in various stages of completion. Currently DHCS has finalized up to FY19.
Current Waiver (GPP & CalAIM)	-	13,212	53,370	66,581	Global Payment Program (GPP) subsidizing remaining uninsured. GPP extended to 2026 as CalAIM.
AB85 Realignment	0	(45,311)	-	(45,311)	Realignment reserves for HPAC amendment passing through the County for physical health for Medi-Cal and Indigent populations.
Physician SPA	(6,000)	1,160	4,725	(115)	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)	(2,084)	(25,411)	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	88,215	28,221	116,435	EPP (Enhanced Payment Program). New supplemental program for services provided to Medi-Cal Managed Care.
Medi-Cal Managed Care QIP	0	72,826	33,209	106,035	QIP (Quality Incentive Program). New supplemental program for services provided to Medi-Cal Managed Care.
Medi-Cal Managed Care Rate Range	(0)	111,717	21,583	133,300	Subsidize rates for Medi-Cal Managed Care members in Alameda County.
Medi-Cal Managed Care GME	0	5,935	6,179	12,114	CMS approved in March 2020. GME is paying concurrently with fiscal year.
Medi-Cal Managed Care DP-NF Pass-Through	-	10,749	-	10,749	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	175	1,101	The State began their reconciliation.
AB915	-	2,353	3,670	6,023	AB915/Medi-Cal Hospital OP cost settlement. DHCS began reconciling older years during FY23.
All Other Supplemental Programs	0	3,643	3,100	6,743	Hospital Fee, NDPH & P4P programs
Subtotal	**$ (11,313)**	**$246,460**	**$148,178**	**$ 383,325**	
Old Waiver (FY11 & FY12)	27,565	0	0	27,565	FY11 & FY12 will be finalized by Feb 2026.
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)**	**$246,460**	**$148,178**	**$ 328,889**	

Net County Receivable and Payable

Due To/From County of Alameda	Nov-25	Oct-25	FY 2025
Due from County of Alameda	$ 24,188	$ 49,617	$ 54,713
Capital designation receivable	7,000	7,000	7,000
Due from County of Alameda	**31,188**	**56,617**	**61,713**
Due to County of Alameda	(2,002)	(2,263)	(1,153)
County IGT funding	(80,009)	(11,199)	-
Capital cost payable	(6,597)	(6,597)	(10,880)
Due to County of Alameda	**(88,608)**	**(20,059)**	**(12,033)**
Net due from/(to) County	**$ (57,420)**	**$ 36,558**	**$ 49,680**

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. Two large IGTs were funded in November 2025 for GPP FY2025 Q3B ($26.9 million) and Voluntary Rate Range CY2024 ($41.9 million)
- 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 spent $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. AHS is not aware of any additional expenditures made by the County.

Net Position

The Net Position or Fund Balance of AHS as of November 30, 2025, is negative $56.1 million, which improved $5.5 million over last fiscal year on June 30, 2025 reflecting the YTD net income.

Net Negative Balance

The Net Negative Balance (NNB) or Line of Credit with the County is $60.0 million payable on November 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 ($88.1 million payable) decreased by the County Restricted Cash Fund ($28.1 million) which is included in Cash.

Contingencies

John George Pavilion (JGP)

The County continues to struggle with the implementation of new software, SmartCare, for claims beginning in July, 2023 under Cal Aim. JGP technical and professional 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. There is a twelve-month timely filing requirement to submit claims and the County struggled to meet this billing window, primarily for professional fees. 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 up to the annual 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.

Highland Federally Qualified Healthcare Center (FQHC) Settlement

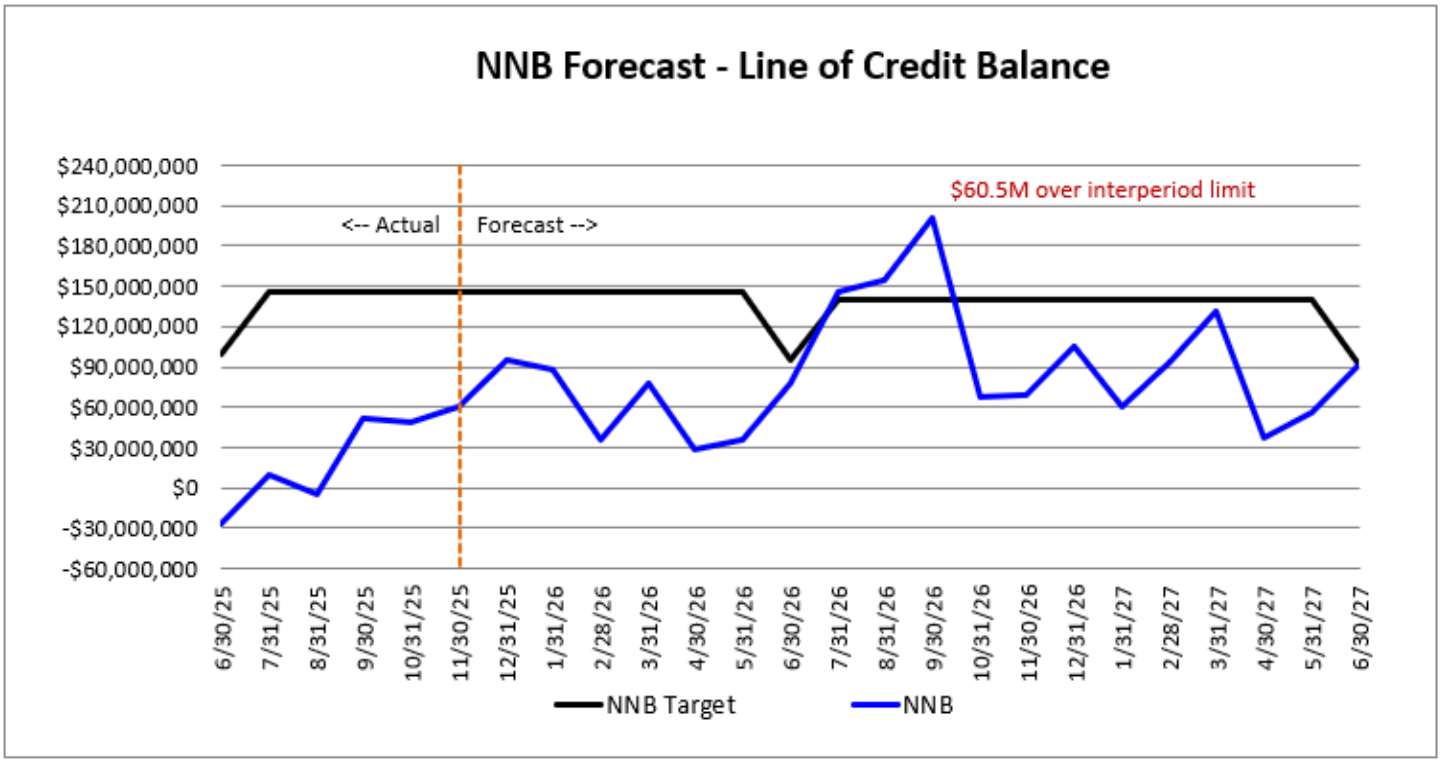
The State reached out to AHS inquiring about a new application that AHS submitted to establish the dental clinic located at Highland as a new FQHC. The State wanted to understand the new application request which started a conversation that ultimately resulted in the State verbally agreeing AHS could 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 to $90.0 million on June 30, 2027. The forecast indicates AHS will exceed the inter-period limit by up to $60.5 million during the first quarter of fiscal year 2027 if actions are not taken to improve performance. The forecast reflects AHS operations consistent with the approved budget; however, the forecast updates as actual activity is reflected in the cashflow model. The approved FY2026 budget required cashflow in excess of operations which is causing the organization to incur nearly $100 million in debt by year-end. As a reminder, the BOT approved the FY2026 budget with the understanding that administration would take immediate action to prevent AHS from maximizing the NNB as projected and to work with the County to modify the existing NNB agreement.

The forecast NNB for June 30, 2026 improved by $11.6 million compared to the September financial report. The key factors were as follows:

- Continued strong patient receipts offset by a delay in receiving CY2025 Hospital Fee receipts ($7.4 million) from FY2026 to FY2027.



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 Q3B for $18.5 million was moved from February 2026 to December 2025.
- All other activity remained constant with the prior forecast.
- H1 and other State changes are expected to have a material and significant impact on AHS and Medi-Cal funding. Models are too fluid and are not included in the forecast, which primarily relies on current cashflow to project future cashflows.

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 or $38.9M 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.

Material Items Included in NNB Forecast
(in thousands)

	Dec-25	Jan-26	Feb-26	Mar-26	FY26 Q4	FY27 Q1	FY27 Q2	FY27 Q3	FY27 Q4
GPP (quarterly)	$ 18,474	$ 20,100	$ -	$ 5,600	$ 25,700	$ 23,551	$ 23,551	$ 28,651	$ 19,700
EPP (semi-annual)	-	-	-	-	21,000	-	75,351	-	39,510
QIP	-	-	-	-	34,364	-	51,000	-	51,000
Medi-Cal Rate Range	-	-	45,800	-	-	-	-	51,300	-
BHCS (JGP/Alameda County) - fy26	12,167	6,084	6,084	6,084	18,251	12,671	-	-	-
BHCS (JGP/Alameda County) - fy27	-	-	-	-	-	-	18,900	18,900	25,200
HPAC	-	-	-	10,800	21,600	-	21,600	10,800	10,800
AB85 Realignment	-	-	-	-	-	-	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	-	-	-	10,507	-	-	-	10,507	-
	$ 30,641	$ 54,981	$ 54,884	$ 35,991	$ 111,915	$ 36,222	$ 195,202	$ 146,158	$ 146,210

Prior Year Reimbursement Settlements

Waiver recoupment (fy11)	$ 29,169	Payment delayed to Feb-26
AB915 (fy14-fy20)	(17,000)	TBD
Medi-Cal FQHC recoupment (fy08 - fy13)	(40,000)	TBD
Physician SPA (fy08 - fy13)	(25,100)	TBD
	$ (52,931)	

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

	November 2025				Year-To-Date				FY 2025		
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance	YTD	Variance	% Variance
Operating revenue											
Net patient service revenue	$ 76,004	$ 73,484	$ 2,520	3.4%	$ 400,551	$ 398,493	$ 2,058	0.5%	$ 381,989	$ 18,562	4.9%
Capitation revenue	4,470	4,540	(70)	(1.5)%	22,387	22,729	(342)	(1.5)%	23,016	(629)	(2.7)%
Other government programs	42,493	45,415	(2,922)	(6.4)%	225,003	227,075	(2,072)	(0.9)%	201,576	23,427	11.6%
Other operating revenue	5,146	4,682	464	9.9%	30,957	26,004	4,953	19.0%	25,709	5,248	20.4%
Total operating revenue	**128,113**	**128,121**	**(8)**	**(0.0)%**	**678,898**	**674,301**	**4,597**	**0.7%**	**632,290**	**46,608**	**7.4%**
Operating expense											
Labor costs	101,238	97,634	(3,604)	(3.7)%	520,415	507,877	(12,538)	(2.5)%	485,721	(34,694)	(7.1)%
Purchased services	7,651	9,542	1,891	19.8%	42,415	47,790	5,375	11.2%	41,935	(480)	(1.1)%
Materials and supplies	12,652	12,082	(570)	(4.7)%	66,362	65,850	(512)	(0.8)%	63,175	(3,187)	(5.0)%
Facilities	3,405	3,213	(192)	(6.0)%	17,913	17,139	(774)	(4.5)%	15,601	(2,312)	(14.8)%
Depreciation and amortization	2,336	2,463	127	5.2%	11,755	12,605	850	6.7%	17,297	5,542	32.0%
General and administrative	2,484	2,749	265	9.6%	12,635	13,144	509	3.9%	12,101	(534)	(4.4)%
Total operating expense	**129,766**	**127,683**	**(2,083)**	**(1.6)%**	**671,495**	**664,405**	**(7,090)**	**(1.1)%**	**635,830**	**(35,665)**	**(5.6)%**
Operating income (loss)	**(1,653)**	**438**	**(2,091)**	**(477.4)%**	**7,403**	**9,896**	**(2,493)**	**(25.2)%**	**(3,540)**	**10,943**	**309.1%**
Non-operating activity											
Interest income (expense)	(358)	(405)	47	11.6%	(1,844)	(1,913)	69	3.6%	(1,563)	(281)	(18.0)%
Other nonoperating revenue	(68)	13	(81)	(623.1)%	(25)	65	(90)	(138.5)%	65	(90)	(138.4)%
Total non-operating activity	**(426)**	**(392)**	**(34)**	**(8.7)%**	**(1,869)**	**(1,848)**	**(21)**	**(1.1)%**	**(1,498)**	**(371)**	**(24.8)%**
Net income (loss)	**$ (2,079)**	**$ 46**	**$ (2,125)**	**(4619.6)%**	**$ 5,534**	**$ 8,048**	**$ (2,514)**	**(31.2)%**	**$ (5,038)**	**$ 10,572**	**209.9%**
EBIDA adjustments											
Interest income (expense)	358	405	(47)		1,844	1,913	(69)		1,563	281	
Depreciation and amortization	2,336	2,463	(127)		11,755	12,605	(850)		17,297	(5,542)	
Total EBIDA adjustments	2,694	2,868	(174)		13,599	14,518	(919)		18,860	(5,261)	
EBIDA	**$ 615**	**$ 2,914**	**$ (2,299)**		**$ 19,133**	**$ 22,566**	**$ (3,433)**		**$ 13,822**	**$ 5,311**	

ALAMEDA HEALTH SYSTEM (consolidated)
Balance Sheet
As of November 30, 2025
(In Thousands)

	Current Month	Prior Month	FYE 2025
ASSETS			
Cash & cash equivalents	$ 21,522	$ 7,515	$ 14,556
Patient account receivables, net	103,031	105,568	101,401
Due from third-party payors	475,247	377,693	338,189
Due from County of Alameda	31,188	56,617	61,713
Due from State of California	27,028	28,262	25,635
Inventories	12,631	12,644	12,267
Other current assets	23,741	24,919	20,054
TOTAL CURRENT ASSETS	**694,388**	**613,218**	**573,815**
Restricted cash equivalents	28,099	28,099	27,781
Right-to-use lease assets, net	28,615	30,690	31,604
Right-of-use subscription assets, net	10,896	9,290	8,190
Capital assets - nondepreciable	9,021	9,021	9,021
Capital assets - depreciable, net	130,851	130,768	129,675
TOTAL NONCURRENT ASSETS	**207,482**	**207,868**	**206,271**
DEFERRED OUTFLOWS OF RESOURCES	**105,570**	**105,570**	**105,570**
TOTAL ASSETS & DEFERRED OUTFLOWS	**$ 1,007,440**	**$ 926,656**	**$ 885,656**
LIABILITIES & NET ASSETS			
Accounts payable and accrued expenses	$ 78,759	$ 78,841	$ 89,527
Accrued compensation	61,328	56,399	65,654
Due to third-party payors	146,358	148,987	179,634
Due to County of Alameda	88,608	20,058	12,033
Other Payables	51,065	50,160	43,509
TOTAL CURRENT LIABILITIES	**426,118**	**354,445**	**390,357**
Liquidity facility - County of Alameda	88,106	76,704	832
Net pension obligation	369,632	369,632	370,400
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	41,231	41,231	41,231
Lease obligations, net of current portion	27,111	27,549	29,739
Subscription obligations, net of current portion	4,277	4,053	3,771
Other long-term liabilities	0	0	0
TOTAL LONG TERM LIABILITIES	**596,216**	**585,028**	**515,895**
DEFERRED INFLOWS OF RESOURCES	**41,202**	**41,202**	**41,202**
Fund balance - capital contribution	86,653	86,653	86,484
Fund balance - prior years	(148,283)	(148,283)	(166,072)
Current year income/(loss)	5,534	7,611	17,790
FUND BALANCE	**(56,096)**	**(54,019)**	**(61,798)**
TOTAL LIABILITIES, DEFERRED INFLOWS, & FUND BALANCE	**$ 1,007,440**	**$ 926,656**	**$ 885,656**

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

	Current Month	Year-to Date	FYE 2025
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating income (loss)	$ (1,653)	$ 7,403	$ 20,942
Depreciation and amortization	2,336	11,755	37,542
Net changes in operating assets and liabilities:			
Patient account receivables, net	2,537	(1,630)	4,695
Due from/to third-party payors	(100,183)	(170,334)	(13,222)
Due from/to County	93,979	107,100	(24,880)
Due from State	1,234	(1,393)	(1,371)
Inventory	13	(364)	(280)
Other current assets	1,178	(3,687)	(2,432)
Accounts payable and accrued expenses	(82)	(10,769)	4,040
Accrued compensation	4,931	(4,326)	9,387
Other current payables	905	7,556	10,867
Net pension liability	-	(768)	(55,607)
Other postemployment benefits obligations	-	-	4,881
Other long-term liabilities	-	(4,063)	7,347
Deferred outflows/inflows	-	-	50,894
Net cash provided by (used in) operating activities	**5,195**	**(63,520)**	**52,803**
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES			
Change in liquidity facility	11,402	87,274	(4,269)
Interest payments on working capital loan	370	2,053	3,604
Proceeds from grants for COVID-19 pandemic	-	-	-
Receipts of rental income	(68)	(25)	(253)
Net cash provided by (used in) noncapital financing activities	**11,704**	**89,302**	**(918)**
CASH FLOWS FROM CAPITAL AND FINANCING ACTIVITIES			
Purchase and construction of capital assets	(1,391)	(7,981)	(19,936)
Proceeds from disposals of capital assets	0	0	0
Repayment of other long-term liabilities	0	0	(2,783)
Payments of lease liabilies	1,036	(2,747)	(6,730)
Interest payments on lease liabilities	89	456	1,232
Payments of subscription obligations	(1,809)	(4,042)	(6,587)
Interest payments on subscription obligations	10	78	131
Capital contributions and transfers	-	169	1,033
Net cash provided by (used in) capital and financing activities	**(2,065)**	**(14,067)**	**(33,640)**
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest and investment income	(827)	(4,431)	(7,866)
Net cash provided by (used in) investing activities	**(827)**	**(4,431)**	**(7,866)**
CHANGES IN CASH AND CASH EQUIVALENTS	**14,007**	**7,284**	**10,379**
CASH AND CASH EQUIVALENTS, beginning of period	35,614	42,337	31,958
CASH AND CASH EQUIVALENTS, end of period	**$ 49,621**	**$ 49,621**	**$ 42,337**

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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: AHS ALL CAMPUS											
Total Adjusted Patient Days	29,831	28,840	991	3.4%	152,954	151,696	1,258	0.8%	150,276	2,678	1.8%
Total Adjusted Discharges	2,584	2,494	90	3.6%	13,658	13,133	525	4.0%	13,115	543	4.1%
GENERAL ACUTE											
Patient Days	5,699	6,088	-389	-6.4%	29,241	31,300	-2,059	-6.6%	30,911	-1,670	-5.4%
Discharges	1,168	1,178	-10	-0.9%	6,193	6,037	156	2.6%	6,064	129	2.1%
Average Daily Census	190	202.9	-13	-6.4%	191.1	204.6	-13.5	-6.6%	202	-10.9	-5.4%
Average Length of Stay	4.9	5.2	0.3	5.6%	4.7	5.2	0.5	8.9%	5.1	0.4	7.4%
Adjusted Patient Days	10,909	10,996	-88	-0.8%	56,013	57,650	-1,636	-2.8%	57,165	-1,151	-2.0%
Adjusted Discharges	2,236	2,128	107	5.0%	11,863	11,120	743	6.7%	11,214	649	5.8%
Occupancy %	64%	68%	-4%	-6.4%	64%	69%	-5%	-6.6%	68%	-4%	-5.4%
CMI	1.639	1.598	0.041	2.6%	1.602	1.656	-0.054	-3.3%	1.656	-0.054	-3.3%
Emergency Visits	8,925	8,309	616	7.4%	46,903	43,821	3,082	7.0%	44,965	1,938	4.3%
Left Without Being Seen (LWBS)	338	400	62	18.3%	2,217	2,609	392	17.7%	3,034	817	36.9%
Trauma Cases	328	260	68	26.4%	1,570	1,577	-7	-0.4%	1,620	-50	-3.1%
Observation Equivalent Days	711	566	144	25.5%	3,415	3,409	6	0.2%	3,241	173	5.4%
IP Surgeries	246	234	12	5.1%	1,505	1,606	-101	-6.3%	1,539	-34	-2.2%
OP Surgeries	355	288	67	23.3%	1,923	1,853	70	3.8%	2,264	-341	-15.1%
Total Surgeries	601	522	79	15.2%	3,428	3,459	-31	-0.9%	3,803	-375	-9.9%
Deliveries	121	139	-18	-12.8%	725	722	3	0.4%	678	47	6.9%
PSYCH											
Psych Patient Days	1,979	1,904	75	4.0%	10,187	9,959	228	2.3%	9,860	327	3.3%
Psych Discharges	203	211	-8	-4.0%	1,069	1,106	-37	-3.3%	1,094	-25	-2.3%
Psych OP Factor	1.1998	1.1778	-0.022	-1.9%	1.2328	1.2207	-0.0121	-1.0%	1.229	-0.0038	-0.3%
Average Daily Census	66	63.5	2.5	4.0%	66.6	65.1	1.5	2.3%	64.4	2.1	3.3%
Average Length of Stay	9.7	9	-0.7	-8.3%	9.5	9	-0.5	-5.8%	9	-0.5	-5.7%
Adjusted Patient Days	2,374	2,242	132	5.9%	12,559	12,157	402	3.3%	12,118	441	3.6%
Adjusted Discharges	244	249	-5	-2.2%	1,318	1,350	-32	-2.4%	1,345	-27	-2.0%
PES Equivalent Days	644	493	151	30.6%	3,741	3,404	337	9.9%	3,404	337	9.9%
PES Visits	801	711	90	12.7%	4,050	4,063	-13	-0.3%	4,056	-6	-0.1%
PES Hours	15,446	12,207	3,239	26.5%	89,794	79,250	10,544	13.3%	81,695	8,099	9.9%
PES Hours per Visit	19	17	-2	-12.3%	22	20	-3	-13.7%	20	-2	-10.1%
REHAB											
Rehab Patient Days	686	625	61	9.8%	3,498	3,553	-55	-1.5%	3,387	111	3.3%
Rehab Discharges	52	47	5	10.0%	272	269	3	1.2%	256	16	6.3%
Rehab OP Factor	1	1	0	0.0%	1	1	0	0.0%	1	0	0.0%
Average Daily Census	22.9	20.8	2	9.8%	22.9	23.2	-0.4	-1.5%	22.1	0.7	3.3%
Average Length of Stay	13.2	13.2	0	0.2%	12.9	13.2	0.4	2.7%	13.2	0.4	2.8%
Adjusted Patient Days	686	625	61	9.8%	3,498	3,553	-55	-1.5%	3,387	111	3.3%

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Adjusted Discharges	52	47	5	10.0%	272	269	3	1.2%	256	16	6.3%
Occupancy %	82%	74%	0%	0.0%	82%	83%	0%	0.0%	79%	0%	0.0%
Bed Holds	2	0	2	0.0%	5	0	5	0.0%	0	5	0.0%
Paid FTE	71	66	-6	-8.7%	71	73	2	2.4%	70	-1	-0.8%
Productive FTE	63	53	-9	-17.4%	61	62	1	1.3%	60	-1	-0.9%
Paid FTE per AOB	3.11	3.14	0.03	1.0%	3.1	3.13	0.03	0.8%	3.17	0.08	2.4%
Worked Hours per APD	15.7	14.6	-1	-7.0%	15.2	15.1	0	-0.3%	15.6	0.4	2.3%
Worked Hours per AD	207	194	-13	-6.7%	195	200	5	2.5%	206	10	5.1%
SNF with Sub-Acute											
SNF Patient Days	8,269	8,270	-1	0.0%	42,422	42,177	245	0.6%	41,895	527	1.3%
SNF Discharges	18	23	-5	-22.8%	87	119	-32	-26.8%	96	-9	-9.4%
SNF OP Factor	1.0326	1.0015	-0.0311	-3.1%	1.0343	1.0017	-0.0325	-3.2%	1.0301	-0.0041	-0.4%
Average Daily Census	275.6	275.7	0	0.0%	277.3	275.7	1.6	0.6%	273.8	3.4	1.3%
Average Length of Stay	459.4	354.6	-104.8	-29.5%	487.6	354.9	-132.7	-37.4%	436.4	-51.2	-11.7%
Adjusted Patient Days	8,539	8,283	256	3.1%	43,875	42,250	1,625	3.8%	43,158	718	1.7%
Adjusted Discharges	19	23	-5	-20.4%	90	119	-29	-24.4%	99	-9	-9.0%
Occupancy %	95%	95%	0%	0.0%	96%	95%	0%	0.0%	94%	0%	0.0%
Bed Holds	61	72	-11	-15.1%	299	404	-105	-26.1%	402	-103	-25.6%
TOTAL FTE, HOURS, WRVU											
Total Paid FTE	5,245	5,080	-165	-3.3%	5,204	5,125	-78	-1.5%	5,087	-116	-2.3%
Total Productive FTE	4,461	4,288	-173	-4.0%	4,517	4,425	-92	-2.1%	4,390	-127	-2.9%
Total Paid FTE per AOB	5.27	5.28	0.01	0.2%	5.21	5.17	-0.04	-0.7%	5.18	-0.03	-0.5%
Worked Hours Per APD	25.6	25.5	-0.1	-0.6%	25.8	25.5	-0.3	-1.2%	25.5	-0.3	-1.1%
Worked Hours Per AD	296	295	-1	-0.4%	289	295	5	1.9%	293	4	1.2%
Physician wRVU	124,465	144,578	-20,113	-13.9%	666,350	631,322	35,028	5.5%	652,487	13,863	2.1%
TOTAL CLINIC VISITS	31,045	33,099	-2,054	-6.2%	177,560	184,328	-6,768	-3.7%	172,685	4,875	2.8%
FQHC Visits	26,057	28,264	-2,207	-7.8%	149,624	155,756	-6,132	-3.9%	144,577	5,047	3.5%
Non-FQHC Visits	4,988	4,835	153	3.2%	27,936	28,572	-636	-2.2%	28,108	-172	-0.6%
PAYOR MIX											
Insurance %	6.04%	5.99%	0.05%		6.61%	7.17%	-0.56%		7.07%	-0.45%	
Medi-Cal %	58.71%	60.02%	-1.31%		60.13%	61.30%	-1.17%		61.49%	-1.36%	
Medicare %	30.38%	28.12%	2.26%		28.86%	26.38%	2.48%		27.07%	1.79%	
Other Govt %	1.17%	2.38%	-1.21%		1.39%	1.83%	-0.43%		1.70%	-0.30%	
Self-Pay %	3.70%	3.49%	0.21%		3.01%	3.33%	-0.32%		2.68%	0.33%	
Total Payor Mix %	100.00%	100.00%	0.00%		100.00%	100.00%	0.00%		100.00%	0.00%	
CAMPUS CMI											
CMI Alameda	1.453	1.454	-0.001	-0.1%	1.394	1.449	-0.054	-3.7%	1.447	-0.052	-3.6%
CMI Highland	1.735	1.667	0.069	4.1%	1.691	1.75	-0.058	-3.3%	1.75	-0.059	-3.4%
CMI San Leandro	1.458	1.472	-0.014	-1.0%	1.449	1.493	-0.044	-2.9%	1.492	-0.043	-2.9%
CMI Behavioral Health	1.31	1.367	-0.057	-4.2%	1.362	1.341	0.021	1.6%	1.34	0.021	1.6%

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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: HIGHLAND											
Total Patient Days	3,883	4,152	-269	-6.5%	20,582	21,663	-1,081	-5.0%	21,401	-819	-3.8%
Total Discharges	740	721	19	2.7%	3,930	3,759	171	4.5%	3,751	179	4.8%
Total Adjusted Patient Days	7,056	7,252	-196	-2.7%	37,160	38,096	-937	-2.5%	37,498	-339	-0.9%
Total Adjusted Discharges	1,345	1,258	86	6.9%	7,095	6,611	484	7.3%	6,572	523	8.0%
GENERAL ACUTE											
Patient Days	3,883	4,152	-269	-6.5%	20,582	21,663	-1,081	-5.0%	21,401	-819	-3.8%
Discharges	740	721	19	2.7%	3,930	3,759	171	4.5%	3,751	179	4.8%
OP Factor	1.8231	1.7529	-0.0701	-4.0%	1.8117	1.7648	-0.0469	-2.7%	1.7581	-0.0536	-3.1%
Average Daily Census	129.4	138.4	-9	-6.5%	134.5	141.6	-7.1	-5.0%	139.9	-5.4	-3.8%
Average Length of Stay	5.2	5.8	0.5	8.9%	5.2	5.8	0.5	9.1%	5.7	0.5	8.2%
Adjusted Patient Days	7,079	7,279	-199	-2.7%	37,289	38,231	-942	-2.5%	37,625	-336	-0.9%
Adjusted Discharges	1,349	1,263	86	6.8%	7,120	6,634	486	7.3%	6,595	525	8.0%
Occupancy %	77%	82%	-5%	-6.5%	80%	84%	-4%	-5.0%	83%	-3%	-3.8%
Emergency Visits	4,696	4,253	443	10.4%	24,198	22,027	2,171	9.9%	22,588	1,610	7.1%
Left Without Being Seen (LWBS)	199	380	181	91.2%	1,431	2,405	974	68.0%	2,364	933	65.2%
Trauma Cases	328	260	68	26.4%	1,570	1,577	-7	-0.4%	1,620	-50	-3.1%
Observation Equivalent Days	245	268	-23	-8.7%	1,194	1,553	-359	-23.1%	1,334	-140	-10.5%
IP Surgeries	203	173	30	17.3%	1,237	1,244	-7	-0.5%	1,220	17	1.4%
OP Surgeries	203	154	49	32.2%	1,107	947	160	16.9%	985	122	12.4%
Total Surgeries	406	327	79	24.3%	2,344	2,191	153	7.0%	2,205	139	6.3%
Deliveries	121	139	-18	-12.8%	725	722	3	0.4%	678	47	6.9%
TOTAL FTE, HOURS, WRVU											
Total Paid FTE	2,045	1,798	-247	-13.7%	1,925	1,804	-122	-6.7%	1,815	-110	-6.1%
Total Productive FTE	1,735	1,506	-229	-15.2%	1,669	1,552	-117	-7.6%	1,558	-112	-7.2%
Total Paid FTE per AOB	8.69	7.44	-1.26	-16.9%	7.93	7.24	-0.68	-9.4%	7.4	-0.52	-7.0%
Worked Hours Per APD	42.1	35.6	-6.5	-18.4%	39.3	35.6	-3.7	-10.3%	36.3	-3	-8.2%
Worked Hours Per AD	221	205	-16	-7.8%	206	205	0	-0.2%	207	1	0.7%
Physician wRVU	7	3	5	175.6%	32	29	3	10.8%	29	4	13.0%
OTHER STATS											
GI Procedures	573	252	321	127.3%	1,972	1,561	411	26.3%	1,530	442	28.9%
Cardiac Procedures	65	51	14	28.1%	644	287	357	124.1%	319	325	101.9%
HGH Cath Lab and IR Procedures	469	408	61	14.9%	3,786	2,351	1,435	61.0%	3,632	154	4.2%
TOTAL CLINIC VISITS											
Specialty	1413	1059	354	33.4%	7,794	6,018	1,776	29.5%	6,547	1,247	19.0%
Behavioral Health	761	682	79	11.6%	3.978	4.768	-790	-16.6%	4,351	-373	-8.6%
PAYOR MIX											
Insurance %	6.02%	7.48%	-1.46%		7.09%	8.45%	-1.37%		8.21%	-1.12%	
Medi-Cal %	56.80%	57.97%	-1.18%		58.96%	61.12%	-2.16%		61.41%	-2.45%	
Medicare %	31.20%	27.47%	3.73%		28.80%	24.44%	4.37%		25.14%	3.66%	
Other Govt %	1.57%	2.48%	-0.91%		1.57%	2.16%	-0.58%		1.99%	-0.41%	
Self-Pay %	4.42%	4.61%	-0.19%		3.58%	3.83%	-0.26%		3.25%	0.32%	
Total Payor Mix %	100.00%	100.00%	0.00%		100.00%	100.00%	0.00%		100.00%	0.00%	
CAMPUS CMI											
CMI Highland	1.735	1.667	0.069	4.1%	1.691	1.75	-0.058	-3.3%	1.75	-0.059	-3.4%

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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: ALAMEDA											
Total Patient Days	5,962	6,073	-111	-1.8%	30,516	30,883	-367	-1.2%	30,521	-5	0.0%
Total Discharges	205	224	-19	-8.4%	1,162	1,121	41	3.6%	1,119	43	3.8%
Total Adjusted Patient Days	8,964	8,588	375	4.4%	46,523	45,014	1,510	3.4%	45,762	761	1.7%
Total Adjusted Discharges	308	316	-8	-2.6%	1,772	1,634	137	8.4%	1,678	94	5.6%
GENERAL ACUTE											
Patient Days	902	953	-51	-5.4%	4,437	4,772	-335	-7.0%	4,823	-386	-8.0%
Discharges	192	212	-20	-9.4%	1,110	1,061	49	4.6%	1,071	39	3.6%
OP Factor	1.8334	1.7072	-0.1262	-7.4%	1.8879	1.7741	-0.1137	-6.4%	1.837	-0.0508	-2.8%
Average Daily Census	30.1	31.8	-1.7	-5.4%	29	31.2	-2.2	-7.0%	31.5	-2.5	-8.0%
Average Length of Stay	4.7	4.5	-0.2	-4.4%	4	4.5	0.5	11.1%	4.5	0.5	11.2%
Adjusted Patient Days	1,654	1,627	27	1.6%	8,376	8,465	-89	-1.0%	8,860	-483	-5.5%
Adjusted Discharges	352	362	-10	-2.7%	2,096	1,882	213	11.3%	1,967	128	6.5%
Occupancy %	46%	48%	-3%	-5.4%	44%	47%	-3%	-7.0%	48%	-4%	-8.0%
Emergency Visits	1,580	1,408	172	12.2%	8,533	7,822	711	9.1%	8,123	410	5.0%
Left Without Being Seen (LWBS)	39	0	-39	-100.0%	283	0	-283	-100.0%	217	-66	-23.3%
Observation Equivalent Days	262	129	133	103.0%	1,175	911	264	29.0%	975	200	20.5%
IP Surgeries	15	21	-6	-27.4%	68	96	-28	-28.8%	84	-16	-19.0%
OP Surgeries	2	0	2	0.0%	21	0	21	0.0%	380	-359	-94.5%
Total Surgeries	17	21	-4	-17.7%	89	96	-7	-6.8%	464	-375	-80.8%
SNF with Sub-Acute											
SNF Patient Days	5,060	5,120	-60	-1.2%	26,079	26,111	-32	-0.1%	25,698	381	1.5%
SNF Discharges	13	12	1	10.1%	52	60	-8	-13.7%	48	4	8.3%
SNF OP Factor	1.0076	1.0015	-0.0061	-0.6%	1.0079	1.0017	-0.0062	-0.6%	1.0053	-0.0026	-0.3%
Average Daily Census	168.7	170.7	-2	-1.2%	170.5	170.7	-0.2	-0.1%	168	2.5	1.5%
Average Length of Stay	389.2	433.5	44.3	10.2%	501.5	433.4	-68.1	-15.7%	535.4	33.9	6.3%
Adjusted Patient Days	5,098	5,127	-29	-0.6%	26,284	26,155	129	0.5%	25,833	451	1.7%
Adjusted Discharges	13	12	1	10.7%	52	60	-8	-13.2%	48	4	8.6%
Occupancy %	93%	94%	0%	0.0%	94%	94%	0%	0.0%	93%	0%	0.0%
Bed Holds	42	29	13	42.4%	155	235	-80	-34.0%	230	-75	-32.6%
TOTAL FTE, HOURS, WRVU											
Total Paid FTE	658	615	-42	-6.8%	641	616	-25	-4.1%	596	-45	-7.5%
Total Productive FTE	584	528	-56	-10.5%	563	535	-28	-5.3%	518	-45	-8.7%
Total Paid FTE per AOB	2.2	2.15	-0.05	-2.4%	2.11	2.09	-0.02	-0.7%	1.99	-0.12	-5.8%
Worked Hours Per APD	11.2	10.5	-0.6	-5.9%	10.6	10.4	-0.2	-1.9%	9.9	-0.7	-6.9%
Worked Hours Per AD	325	286	-39	-13.5%	278	286	8	2.9%	270	-8	-2.9%
TOTAL CLINIC VISITS	1,238	1,133	105	9.2%	6,903	6,203	700	11.3%	6,444	459	7.1%
Specialty	1,238	1,133	105	9.2%	6,903	6,203	700	11.3%	6,444	459	7.1%
PAYOR MIX											
Insurance %	6.32%	5.25%	1.07%		7.19%	7.11%	0.08%		7.53%	-0.34%	-4.5%
Medi-Cal %	59.42%	57.99%	1.43%		58.12%	56.57%	1.56%		57.56%	0.56%	1.0%
Medicare %	32.32%	33.89%	-1.58%		31.98%	32.82%	-0.83%		33.12%	-1.13%	-3.4%
Other Govt %	0.22%	1.98%	-1.76%		1.03%	1.68%	-0.65%		1.41%	-0.38%	-26.9%
Self-Pay %	1.71%	0.88%	0.83%		1.67%	1.83%	-0.16%		0.38%	1.29%	342.1%
Total Payor Mix %	100.00%	100.00%	0.00%		100.00%	100.00%	0.00%		100.00%	0.00%	0.0%
CAMPUS CMI											
CMI Alameda	1.453	1.454	-0.001	-0.1%	1.394	1.449	-0.054	-3.7%	1.447	-0.052	-3.6%

ALAMEDA HEALTH SYSTEMS Volume Reports

ALAMEDA HEALTH SYSTEM

Month: November

	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	1,600	1,608	-8	-0.5%	7,720	8,418	-698	-8.3%	8,074	-354	-4.4%
Total Discharges	288	293	-5	-1.8%	1,425	1,486	-61	-4.1%	1,498	-73	-4.9%
Total Adjusted Patient Days	3,380	3,055	325	10.6%	16,546	16,753	-207	-1.2%	16,317	229	1.4%
Total Adjusted Discharges	608	557	51	9.2%	3,054	2,957	97	3.3%	3,027	27	0.9%
GENERAL ACUTE											
Patient Days	914	983	-69	-7.0%	4,222	4,865	-643	-13.2%	4,687	-465	-9.9%
Discharges	236	246	-10	-4.0%	1,153	1,217	-64	-5.3%	1,242	-89	-7.2%
OP Factor	2.468	2.1358	-0.3323	-15.6%	2.5206	2.2946	-0.226	-9.8%	2.3282	-0.1924	-8.3%
Average Daily Census	30.5	32.8	-2.3	-7.0%	27.6	31.8	-4.2	-13.2%	30.6	-3	-9.9%
Average Length of Stay	3.9	4	0.1	3.1%	3.7	4	0.3	8.4%	3.8	0.1	3.0%
Adjusted Patient Days	2,256	2,099	157	7.5%	10,642	11,163	-521	-4.7%	10,912	-270	-2.5%
Adjusted Discharges	582	525	57	10.9%	2,906	2,793	113	4.1%	2,892	15	0.5%
Occupancy %	48%	52%	-4%	-7.0%	44%	50%	-7%	-13.2%	49%	-5%	-9.9%
Emergency Visits	2,649	2,648	1	0.0%	14,172	13,972	200	1.4%	14,254	-82	-0.6%
Left Without Being Seen (LWBS)	34	20	-14	-42.4%	169	204	35	20.7%	453	284	168.0%
Observation Equivalent Days	204	169	35	20.6%	1,046	946	101	10.6%	933	114	12.2%
IP Surgeries	28	40	-12	-30.4%	200	267	-67	-25.1%	235	-35	-14.9%
OP Surgeries	150	134	16	11.6%	795	906	-111	-12.2%	899	-104	-11.6%
Total Surgeries	178	175	3	1.9%	995	1,173	-178	-15.2%	1,134	-139	-12.3%
REHAB											
Rehab Patient Days	686	625	61	9.8%	3,498	3,553	-55	-1.5%	3,387	111	3.3%
Rehab Discharges	52	47	5	10.0%	272	269	3	1.2%	256	16	6.3%
Rehab OP Factor	1	1	0	0.0%	1	1	0	0.0%	1	0	0.0%
Average Daily Census	22.9	20.8	2	9.8%	22.9	23.2	-0.4	-1.5%	22.1	0.7	3.3%
Average Length of Stay	13.2	13.2	0	0.2%	12.9	13.2	0.4	2.7%	13.2	0.4	2.8%
Adjusted Patient Days	686	625	61	9.8%	3,498	3,553	-55	-1.5%	3,387	111	3.3%
Adjusted Discharges	52	47	5	10.0%	272	269	3	1.2%	256	16	6.3%
Occupancy %	82%	74%	0%	0.0%	82%	83%	0%	0.0%	79%	0%	0.0%
Bed Holds	2	0	2	0.0%	5	0	5	0.0%	0	5	0.0%
TOTAL FTE, HOURS, WRVU											
Total Paid FTE	518	461	-57	-12.4%	490	469	-21	-4.5%	469	-21	-4.4%
Total Productive FTE	450	390	-60	-15.3%	420	400	-20	-5.0%	399	-21	-5.2%
Total Paid FTE per AOB	4.6	4.52	-0.07	-1.6%	4.53	4.28	-0.25	-5.9%	4.4	-0.13	-3.0%
Worked Hours Per APD	22.8	21.9	-0.9	-4.2%	22.2	20.9	-1.3	-6.4%	21.4	-0.8	-3.7%
Worked Hours Per AD	127	120	-7	-5.6%	120	118	-2	-1.7%	115	-5	-4.2%
PAYOR MIX											
Insurance %	7.61%	3.31%	4.31%		6.35%	6.03%	0.32%		5.78%	0.56%	
Medi-Cal %	52.77%	57.57%	-4.80%		55.61%	57.22%	-1.60%		56.99%	-1.38%	
Medicare %	34.49%	34.57%	-0.08%		33.45%	32.34%	1.11%		33.06%	0.39%	
Other Govt %	1.60%	1.74%	-0.15%		1.77%	1.29%	0.47%		1.37%	0.39%	
Self-Pay %	3.53%	2.81%	0.72%		2.82%	3.13%	-0.30%		2.79%	0.03%	
Total Payor Mix %	100.00%	100.00%	0.00%		100.00%	100.00%	0.00%		100.00%	0.00%	
CAMPUS CMI											
CMI San Leandro	1.458	1.472	-0.014	-1.0%	1.449	1.493	-0.044	-2.9%	1.492	-0.043	-2.9%

ALAMEDA HEALTH SYSTEMS Volume Reports

ALAMEDA HEALTH SYSTEM

Month: November

	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	1,979	1,904	75	4.0%	10,187	9,959	228	2.3%	9,860	327	3.3%
Total Discharges	203	211	-8	-4.0%	1,069	1,106	-37	-3.3%	1,094	-25	-2.3%
OP Factor	1.1679	1.156	-0.0119	-1.0%	1.1931	1.1882	-0.005	-0.4%	1.1928	-0.0003	0.0%
Total Adjusted Patient Days	2,311	2,201	111	5.0%	12,154	11,832	322	2.7%	11,761	393	3.3%
Total Adjusted Discharges	237	244	-7	-3.0%	1,275	1,314	-39	-2.9%	1,305	-29	-2.3%
PSYCH											
Psych Patient Days	1,979	1,904	75	4.0%	10,187	9,959	228	2.3%	9,860	327	3.3%
Psych Discharges	203	211	-8	-4.0%	1,069	1,106	-37	-3.3%	1,094	-25	-2.3%
Psych OP Factor	1.1998	1.1778	-0.022	-1.9%	1.2328	1.2207	-0.0121	-1.0%	1.229	-0.0038	-0.3%
Average Daily Census	66	63.5	2.5	4.0%	66.6	65.1	1.5	2.3%	64.4	2.1	3.3%
Average Length of Stay	9.7	9	-0.7	-8.3%	9.5	9	-0.5	-5.8%	9	-0.5	-5.7%
Adjusted Patient Days	2,374	2,242	132	5.9%	12,559	12,157	402	3.3%	12,118	441	3.6%
Adjusted Discharges	244	249	-5	-2.2%	1,318	1,350	-32	-2.4%	1,345	-27	-2.0%
PES Equivalent Days	644	493	151	30.6%	3,741	3,404	337	9.9%	3,404	337	9.9%
PES Visits	15,446	711	14,735	2072.4%	89,794	4,063	85,731	2110.0%	4,056	85,738	#######
PES Hours	15,446	12,207	3,239	26.5%	89,794	79,250	10,544	13.3%	81,695	8,099	9.9%
PES Hours per Visit	1	17	16	94.2%	1	20	19	94.9%	20	19	95.0%
TOTAL FTE, HOURS, WRVU											
Total Paid FTE	396	358	-38	-10.6%	397	369	-28	-7.6%	382	-15	-3.8%
Total Productive FTE	337	297	-41	-13.7%	343	316	-28	-8.8%	331	-12	-3.8%
Total Paid FTE per AOB	5.14	4.88	-0.26	-5.3%	5	4.77	-0.23	-4.8%	4.97	-0.02	-0.4%
Worked Hours Per APD	25	23.1	-1.9	-8.3%	24.7	23.3	-1.4	-5.9%	24.6	-0.1	-0.4%
Worked Hours Per AD	244	208	-36	-17.2%	235	210	-25	-12.1%	222	-14	-6.2%
Physician wRVU	4,456	7,444	-2,988	-40.1%	37,049	44,533	-7,484	-16.8%	44,335	-7,285	-16.4%
PAYOR MIX											
Insurance %	3.85%	6.40%	-2.55%		4.81%	5.27%	-0.46%		4.74%	0.07%	
Medi-Cal %	67.65%	66.34%	1.31%		65.90%	65.00%	0.90%		64.84%	1.06%	
Medicare %	27.56%	17.85%	9.71%		27.02%	24.20%	2.82%		26.06%	0.96%	
Other Govt %	-1.50%	5.67%	-7.17%		-0.14%	1.28%	-1.42%		0.67%	-0.81%	
Self-Pay %	2.44%	3.73%	-1.29%		2.41%	4.26%	-1.85%		3.69%	-1.28%	
Total Payor Mix %	100.00%	100.00%	0.00%		100.00%	100.00%	0.00%		100.00%	0.00%	
CAMPUS CMI											
CMI Behavioral Health	1.31	1.367	-0.057	-4.2%	1.362	1.341	0.021	1.6%	1.34	0.021	1.6%

ALAMEDA HEALTH SYSTEMS Volume Reports

ALAMEDA HEALTH SYSTEM

Month: November

	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	3,209	3,150	59	1.9%	16,343	16,066	277	1.7%	16,197	146	0.9%
Total Discharges	7	12	-5	-39.2%	36	59	-23	-38.5%	48	-12	-25.0%
OP Factor	1.2723	1.3255	0.0533	4.0%	1.3049	1.3604	0.0555	4.1%	1.3458	0.0409	3.0%
Total Adjusted Patient Days	4,083	4,176	-93	-2.2%	21,326	21,856	-531	-2.4%	21,798	-473	-2.2%
Total Adjusted Discharges	9	15	-6	-41.6%	47	80	-33	-41.1%	65	-18	-27.3%
SNF with Sub-Acute											
SNF Patient Days	3,209	3,150	59	1.9%	16,343	16,066	277	1.7%	16,197	146	0.9%
SNF Discharges	7	12	-5	-39.2%	36	59	-23	-38.5%	48	-12	-25.0%
SNF OP Factor	1.0742	1.0017	-0.0725	-7.2%	1.0783	1.0018	-0.0765	-7.6%	1.0711	-0.0072	-0.7%
Average Daily Census	107	105	2	1.9%	106.8	105	1.8	1.7%	105.9	1	0.9%
Average Length of Stay	458.4	273.7	-184.7	-67.5%	454	274.3	-179.7	-65.5%	337.4	-116.5	-34.5%
Adjusted Patient Days	3,447	3,155	292	9.2%	17,623	16,095	1,528	9.5%	17,349	274	1.6%
Adjusted Discharges	8	12	-4	-34.8%	39	59	-20	-33.9%	51	-13	-24.5%
Occupancy %	98%	96%	0%	0.0%	98%	96%	0%	0.0%	97%	0%	0.0%
Bed Holds	19	42	-23	-55.2%	144	170	-26	-15.0%	172	-28	-16.3%
Paid FTE	277	277	0	-0.1%	281	274	-7	-2.7%	288	7	2.3%
TOTAL FTE, HOURS, WRVU											
Total Paid FTE	300	295	-5	-1.6%	299	293	-6	-2.0%	296	-3	-0.8%
Total Productive FTE	254	249	-5	-1.9%	258	253	-5	-2.1%	257	-1	-0.5%
Total Paid FTE per AOB	2.2	2.12	-0.08	-3.9%	2.14	2.05	-0.09	-4.5%	2.08	-0.06	-3.1%
Worked Hours Per APD	10.7	10.2	-0.4	-4.2%	10.6	10.1	-0.5	-4.7%	10.3	-0.3	-2.7%
Worked Hours Per AD	4890	2801	-2089	-74.6%	4806	2774	-2032	-73.3%	3478	-1328	-38.2%
CLINIC / TELEHEALTH VISITS --											
Behavioral Health	1,477	1,894	-417	-22.0%	8,719	11,210	-2,491	-22.2%	10,435	-1,716	-16.4%
Rehab	8	15	-7	-46.4%	60	49	11	23.7%	58	2	3.4%
Clinic Visits	1,485	1,909	-424	-22.2%	8,779	11,258	-2,479	-22.0%	10,493	-1,714	-16.3%
Telehealth Behavioral Health	91	53	38	72.8%	482	325	157	48.3%	273	209	76.6%
Telehealth Visits	91	53	38	72.8%	482	325	157	48.3%	273	209	76.6%
TOTAL CLINIC VISITS	1,576	1,961	-385	-19.6%	9,261	11,583	-2,322	-20.0%	10,766	-1,505	-14.0%
PAYOR MIX											
Insurance %	0.95%	0.82%	0.13%		1.45%	0.88%	0.57%		1.07%	0.38%	
Medi-Cal %	75.18%	77.83%	-2.65%		79.50%	76.00%	3.50%		77.51%	1.99%	
Medicare %	17.18%	19.92%	-2.74%		18.02%	22.23%	-4.22%		21.54%	-3.53%	
Other Govt %	0.54%	0.31%	0.23%		0.27%	0.27%	-0.01%		0.22%	0.05%	
Self-Pay %	6.15%	1.13%	5.02%		0.77%	0.61%	0.16%		-0.33%	1.10%	
Total Payor Mix %	100.00%	100.00%	0.00%		100.00%	100.00%	0.00%		100.00%	0.00%	

ALAMEDA HEALTH SYSTEMS Volume Reports

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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: FQ CLINIC											
CLINIC VISITS											
Total by Site	26,057	28,264	-2,207	-7.8%	149,624	155,756	-6,132	-3.9%	144,577	5,047	3.5%
Highland FQHC	14,341	15,457	14,341	-7.2%	83,128	86,666	-3,538	-4.1%	83,608	-480	-0.6%
Eastmont Wellness Center	6,296	7,147	-851	-11.9%	36,743	39,596	-2,853	-7.2%	31,661	5,082	16.1%
Hayward Wellness Center	3,394	3,572	-178	-5.0%	18,336	18,087	249	1.4%	18,331	5	0.0%
Newark Wellness Center	2,026	2,088	-62	-3.0%	11,417	11,407	10	0.1%	10,977	440	4.0%
Total by Specialty	26,057	28,264	-2,207	-7.8%	149,624	155,756	-6,132	1.4%	144,577	5,047	3.5%
Primary Care	13,692	14,542	-850	-5.8%	77,138	77,769	-631	1.4%	77,285	-147	-0.2%
Behavioral Health	41	17	24	141.2%	243	137	106	1.4%	90	153	170.0%
Dental	2,905	3,393	-488	-14.4%	16473	19794	-3,321	1.4%	12142	4,331	35.7%
Specialty	9,419	10,312	-893	-8.7%	55,770	58,056	-2,286	1.4%	55,060	710	1.3%
PAYOR MIX											
Insurance %	3.03%	2.49%	0.54%		2.86%	2.47%	0.39%		2.55%	0.31%	
Medi-Cal %	76.81%	80.23%	-3.43%		77.95%	80.02%	-2.08%		78.39%	-0.44%	
Medicare %	15.40%	12.63%	2.77%		14.42%	12.89%	1.54%		14.31%	0.12%	
Other Govt %	1.89%	1.69%	0.20%		1.64%	1.70%	-0.05%		1.94%	-0.30%	
Self-Pay %	2.88%	2.96%	-0.08%		3.13%	2.93%	0.20%		2.82%	0.32%	
Total Payor Mix %	100.00%	100.00%	0.00%		100.00%	100.00%	0.00%		100.00%	0.00%	

ALAMEDA HEALTH SYSTEM

Financial Planning

Long Term Financial Plan

Alex Gallo
01.7.26
Finance Committee

Presentation Objectives

Shared Understanding and Alignment

The Long Term Plan will be a living tool. Presentation is for discussion purposes only and information is subject to change.

Presentation is not an approval of five year forecast.

Why a Long-Term Financial Plan Is Essential

A safety net system faces multi year structural pressures that cannot be managed through annual budgets alone, including reimbursement risk, labor cost growth, and capital needs.

A long term financial plan ensures these pressures are addressed in a way that protects patient care, advances health equity, and sustains our ability to serve as the safety net of the community.

Provides early visibility into sustainability risks, allowing leadership and the Board of Trustees to take proactive action over long term activities.

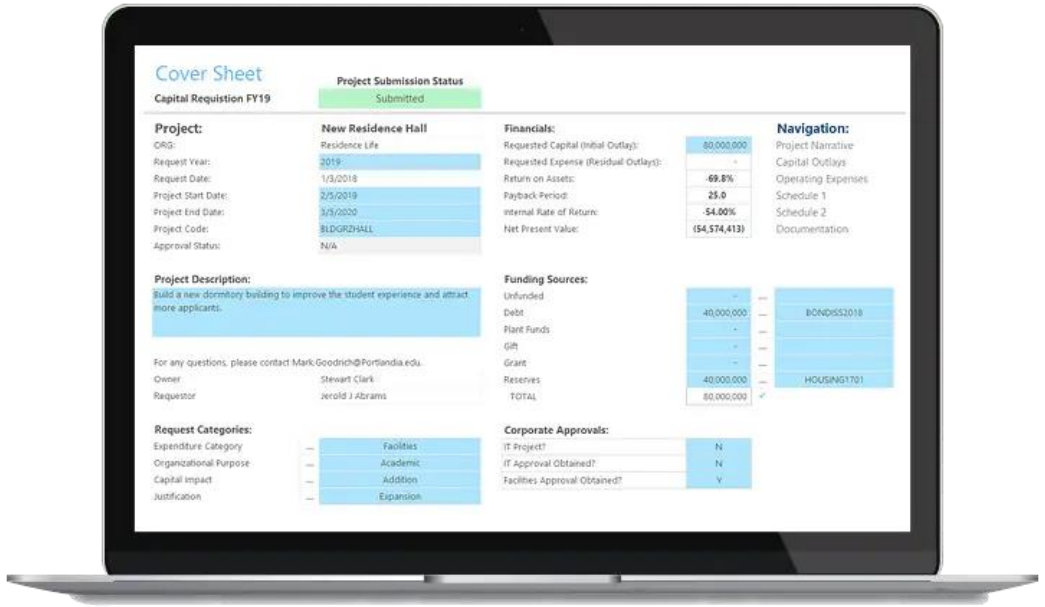
Creates a disciplined framework to prioritize initiatives and investments that protect access, quality, and the mission over time.

Aligns operating decisions, capital planning, and transformation efforts to ensure the system can continue serving the community through economic and policy cycles.

Decision Analysis Features

- Make quick adjustments by initiative to assess financial impact by year
- Multiple scenario evaluation – Expected, Optimistic, Conservative
- Multiple Roll Up Views – Dashboard summary vs. full financial statements

Takeaway: The tool allows leadership to actively shape the long-term financial narrative by testing strategic tradeoffs and understanding their downstream impact.



Feature Representative Image. Not actual Data.

Ongoing Oversight

Alignment Cadence

- Monthly linkage to EST, EOT, strategic planning and COT initiative intake.
- Quarterly linkage to AHS budget and capital planning processes
- Quarterly update to MEC and AHS Board of Trustees
- Semi-Annual updates to County BoS, and appropriate stakeholders.

Criteria for Initiatives

- $3m+/year annual impact
- 5 year planning horizon

Financial Risks (Same as FY26 Budget)

- Multi-year planning necessary to solve projected NNB deficits for long-term sustainability of the organization.
- Looming State and Federal cuts may significantly impact Medi-Cal payments. Contingency planning (separate from the current Budget proposal) underway to address potential funding cuts that may significantly undermine AHS financing.
  - State proposed funding cuts in Medi-Cal coverage for adult patients (age 19+) with UIS (unsatisfactory immigration status) will negatively affect estimated revenues for EWC Dental expansion project.
  - Proposed budget also significantly cuts rates to AHS FQHCs when treating same adult UIS patients.
- Supplemental revenue was based on information available through May 31, 2024.
  - DP-NF Pass-Through, a 3-year time-limited program assisting with transition of SNF services to Managed Care, must end 12/31/2025 under federal rules; revenues not yet received have been earmarked for capital investment.
  - Interim HPAC Amendment (1991 Realignment) funds not advanced during year, based on updated state estimates of "need" under statutory AB85 formula due to significant projected increases in EPP & QIP.
- Threat and perception of tariff increases may impede supplies and other components for capital projects.
- Global provider expense budget at $233.5M includes new FTE as AHS employs providers, requiring reduction in overtime, locums and SAN from current run rate spending.
  - New doctors' productivity may not reach median as planned.
- Achieve GRIT $26.8M necessary to close budget gap and fund the capital plan.
  - Adopting tighter labor standards aligned with external benchmarks for safety net organizations to ensure long term financial sustainability. WORC and Budget Oversight Committees are tasked with achieving GRIT staffing efficiencies ($8.8M).
- Cal Aim transition and County's conversion to a new billing system has impacted AHS' ability to get reimbursed for all the services provided. Budget 2026 assumes $72.1M for JGP reimbursement based on FY23 contract. It should be noted that this level of reimbursement is insufficient to cover costs.

Other Financing Threats (Presented 11/13/25 to Labor Partners)

State Budget Cuts, Partially in Response to HR 1

- State passed Medi-Cal cuts in June for FY 2025-26 before HR 1 was factored into their projections
  - Enrollment freeze & PPS cut Jan. 2026 for certain population
  - $30/mo. premiums from Jul. 2027
- More cuts are likely in FY 2026-27 budget, and they may take effect before Jul. 1
  - State needs HQAF/MCO Tax for budget and HR 1 affects those right now
- Alliance projects its enrollment to drop by 40,000 from Jul. 2025 to Jul. 2026
  - At least $350M medical expenses – impact to AHS via HPAC OMS?

Federal Lapses

- Cuts to Medicaid DSH, normally delayed for over a decade, went into effect Oct. 1, 2025
  - Additional $60M/yr. possible if not remedied
- Enhanced subsidies for ACA exchange plans lapsing next year
  - Average Covered CA premium set to double
  - Could send more people back to us as uncompensated care

$$ in Thousands

Key Initiatives Portfolio

The initiatives shown represent management's current portfolio of actions designed to stabilize performance in the near term while beginning to address longer term structural challenges. These initiatives are intentionally concentrated in FY26 and FY27.

The current initiative set to achieve the $100m Together initiative is critical and must be executed with discipline. $100m is the target and has not been reached – more work will be needed to activate initiatives to achieve the $100m. The included Ideation represents several concepts under exploration but AHS will need assistance from its partners to expand this list.

Second, it is not sufficient to offset anticipated external funding risks in the outer years. The organization must begin developing a second wave of multi year initiatives that directly address exposure to policy driven funding changes.

This list is primarily Efficiency based but later versions will need to expand to include sections for Growth and Transformation.

One Time Impact

Activated	One Time Impact	FY26	FY27	FY28	FY29	FY30
Non Labor Budget Cuts	2,000	2,000				
Revenue Cycle AR*	5,000	5,000				
St. Rose Donation	(10,000)	(10,000)				
Pause Non Essential Capex	3,500	3,500	(3,500)	0	0	0
SUBTOTAL	500	500	(3,500)	0	0	0

Ideation	One Time Impact	FY26	FY27	FY28	FY29	FY30
Tech Investment - FY27	(4,000)		(4,000)			
Tech Investment - FY28	(8,000)			(8,000)		
Tech Investment - FY29	(5,000)				(5,000)	
Infrastructure - FY27	(7,000)		(7,500)		(7,000)	
Infrastructure - FY28	(7,000)			(7,000)		
SUBTOTAL	(31,000)	0	(11,500)	(15,000)	(12,000)	0

Recurring Impact

Activated	Annual Impact	FY26	FY27	FY28	FY29	FY30
Rightsizing (Current)	35,000	16,277	35,000	35,000	35,000	35,000
Hiring Slowdown (Attrition)	2,000	2,000	2,000	2,000	2,000	2,000
Supply Chain Savings	2,500	1,500	2,500	2,500	2,500	2,500
Entity Break Even Plan	2,000	0	2,000	2,000	2,000	2,000
Revenue Cycle Improvements*	3,000	1,500	3,000	3,000	3,000	3,000
SUBTOTAL	44,500	21,277	44,500	44,500	44,500	44,500

Ideation	Annual Impact	FY26	FY27	FY28	FY29	FY30
St. Rose - Profitability (Stanford)	4,000	0	2,000	4,000	4,000	4,000
SUBTOTAL	4,000	0	2,000	4,000	4,000	4,000

Rollup

Activated	FY26	FY27	FY28	FY29	FY30
Total Activated	**21,777**	**41,000**	**44,500**	**44,500**	**44,500**
Target Savings	100,000	0			
GAP (CUMULATIVE)	(78,223)	(37,223)			

Notes:

GRIT Initiatives are not counted in long term plan as financial impact already covered in FY26 budget. Any impact from teams (e.g. Rev Cycle) are incremental to the savings reflected in the budget.

ALAMEDA HEALTH SYSTEM

NNB Reconciliation

This reconciliation reflects only initiatives that are fully committed and approved, excluding conceptual or unvetted actions. As a result, it provides a conservative view of near and mid term liquidity risk.

The analysis highlights a key pressure point in the middle years, with an approximately ninety-one million of debt emerging as early initiatives plateau and external pressures increase. AHS is projecting to exceed the NNB in the first quarter of FY27. COT initiatives materially improve the trajectory, but they are not currently sufficient on their own to fully offset the $100m gap.

Management faces two critical requirements. To avoid maximizing NNB in FY26, the system must achieve one hundred million in savings within that fiscal year. To remain viable and bridge to anticipated external funding relief, cumulative and recurring savings of one hundred million must be achieved by the end of FY27.

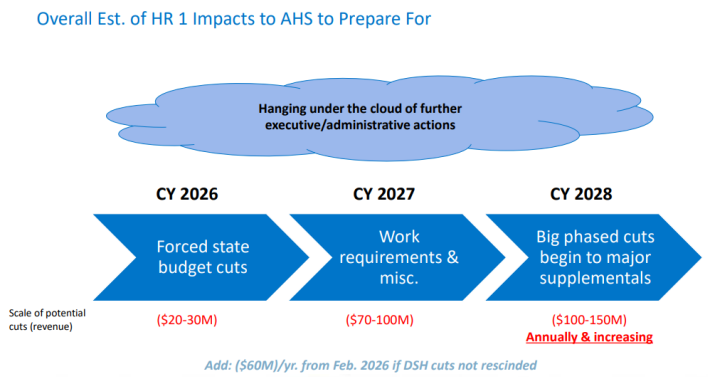
Net Negative Balance (NNB) Projection

(In thousands)

	Forecast 2025	Budget 2026	Projected 2027	Projected 2028	Projected 2029	Projected 2030
NNB reported 6/11/25 (budget presentation)	**$ 20,133**	**$ (109,459)**	**$ (147,841)**	**$ (193,380)**	**$ (186,803)**	**$ (168,691)**
Big Bill EBIDA impact		(7,762)	(33,337)	(67,717)	(90,401)	(113,888)
EPP payment acceleration			44,085	1,539	1,592	1,647
Supplemental payments earned in prior years		25,500	28,980	15,578	33,254	25,094
Subtotal - Current year changes	-	17,738	39,728	(50,600)	(55,555)	(87,147)
NNB cummulative change from prior periods			17,738	57,465	6,865	(48,690)
NNB, ending balance	**$ 20,133**	**$ (91,721)**	**$ (90,375)**	**$ (186,515)**	**$ (235,493)**	**$ (304,528)**
COT changes - cash impact						
Negotiated Cost of Living Increases			(78,566)	(64,053)	(29,907)	(29,907)
Committed initiatives		21,777	41,000	44,500	44,500	44,500
Subtotal - COT changes	-	21,777	(37,566)	(19,553)	14,593	14,593
Revised NNB, ending balance	**$ 20,133**	**$ (69,944)**	**$ (127,941)**	**$ (206,067)**	**$ (220,899)**	**$ (289,934)**
NNB Limit at June 30th	100,000	95,000	90,000	85,000	80,000	75,000
Under (Over) NNB Limit	120,133	25,056	(37,941)	(121,067)	(140,899)	(214,934)

18 Month Roadmap

- Mature project execution disciplines to ensure delivery of one hundred million dollars in **net savings by the end of FY26**, with clear ownership and accountability.
- Support organizational planning around FY28-30 to address funding gaps, including HR-1.
- Partner with senior leadership and key stakeholders to develop a prioritized list of 5 year high-impact initiatives by function that link to Programs: Efficiency (E.g. $100m Together), Growth and Transformation).
- Strengthen linkage between the long-term financial plan, the annual budget, and resource/capital planning to ensure alignment of resources and timing.
- Support transition to Strata system for more robust capability.



Efficiency Program

ALAMEDA HEALTH SYSTEM

THANK YOU

APPENDIX

Income Statement

	Final FY2024	Projected FY2025 (as of 6/11/25)	Projected FY2026	Projected FY2027	Projected FY2028	Projected FY2029	Projected FY2030
Operating revenue							
Gross charges	4,396,705	4,766,773	4,887,188	4,810,001	4,774,600	4,774,600	4,774,600
Contractual adjustments	(3,541,864)	(3,833,195)	(3,928,514)	(3,879,789)	(3,871,210)	(3,871,210)	(3,871,210)
Net patient service revenue	$ 854,841	$ 933,578	$ 958,674	$ 930,212	$ 903,390	$ 903,390	$ 903,390
Capitation revenue	51,451	55,418	53,640	53,640	53,640	53,640	53,640
Other government programs	497,798	544,008	541,316	549,361	533,115	514,667	500,709
Other operating revenue	55,254	60,527	59,353	59,353	59,353	59,353	59,353
Total operating revenue	**1,459,344**	**1,593,531**	**1,612,983**	**1,592,566**	**1,549,498**	**1,531,050**	**1,517,092**
Operating expense							
Labor costs	1,055,837	1,155,334	1,208,706	1,281,053	1,196,261	1,196,261	1,196,261
Physician contract services	47,488	42,190	43,639	43,639	43,639	43,639	43,639
Purchased services	106,138	103,493	105,518	105,518	105,518	105,518	105,518
Materials and supplies	138,106	154,442	158,391	158,391	158,391	158,391	158,391
Facilities	36,132	37,770	38,264	38,264	38,264	38,264	38,264
amort - ROU leases	6,112	7,683	7,375	6,377	4,242	4,242	4,242
amort - RTU software	965	2,238	1,187	1,187	1,187	1,187	1,187
depr - capital	33,971	27,370	20,983	20,983	20,983	20,983	20,983
Depreciation and amortization	41,048	37,291	29,545	28,547	26,412	26,412	26,412
General and administrative	29,786	44,553	33,166	33,166	33,166	33,166	33,166
Total operating expense	**1,454,535**	**1,575,073**	**1,617,229**	**1,688,578**	**1,601,651**	**1,601,651**	**1,601,651**
Operating income (loss)	**4,809**	**18,458**	**(4,246)**	**(96,012)**	**(52,153)**	**(70,601)**	**(84,559)**
Non-operating activity							
Interest income (expense)	(1,898)	(4,600)	(3,900)	(3,900)	(3,900)	(3,900)	(3,900)
Other nonoperating revenue	155	(253)	156	156	156	156	156
Covid-19 revenue	-	-	-	-	-	-	-
Total non-operating activity	**(1,743)**	**(4,853)**	**(3,744)**	**(3,744)**	**(3,744)**	**(3,744)**	**(3,744)**
Net income (loss)	**$ 3,066**	**$ 13,605**	**$ (7,990)**	**$ (99,756)**	**$ (55,897)**	**$ (74,345)**	**$ (88,303)**
EBIDA adjustments							
Interest income (expense)	1,898	4,600	3,900	3,900	3,900	3,900	3,900
Depreciation and amortization	41,048	37,291	29,545	28,547	26,412	26,412	26,412
Retirement (deferred)	(9,784)	-	-	-	-	-	-
Total EBIDA adjustments	33,162	41,891	33,445	32,447	30,312	30,312	30,312
EBIDA	**$ 36,228**	**$ 55,496**	**$ 25,455**	**$ (67,309)**	**$ (25,585)**	**$ (44,033)**	**$ (57,991)**
Operating Margin	0.3%	1.2%	(0.3)%	(6.0)%	(3.4)%	(4.6)%	(5.6)%
EBIDA Margin	2.5%	3.5%	1.6%	(4.2)%	(1.7)%	(2.9)%	(3.8)%
Collection % - NPSR	19.4%	19.6%	19.6%	19.3%	18.9%	18.9%	18.9%
Collection % - Total	33.2%	33.4%	33.0%	33.1%	32.5%	32.1%	31.8%
Compensation ratio	72.4%	72.5%	74.9%	80.4%	77.2%	78.1%	78.9%
FTEs	5,024	5,136	5,207	5,207	5,207	5,207	5,207

ALAMEDA HEALTH SYSTEM

Balance Sheet

	Final FY2024 at 6/30/24	Projected FY2025 at 6/30/25	Budget FY2026 at 6/30/26	Projection at 6/30/27	Projection at 6/30/28	Projection at 6/30/29	Projection at 6/30/30
ASSETS							
Cash & cash equivalents	$ 5,630	$ 11,376	$ 11,376	$ 11,376	$ 11,376	$ 11,376	$ 11,376
Patient account receivables, net	106,096	99,861	99,861	99,861	99,861	99,861	99,861
Due from third-party payors	313,969	344,704	378,108	350,543	346,459	321,627	298,860
Due from County of Alameda	39,869	36,030	36,030	36,030	36,030	36,030	36,030
Due from State of California	24,264	23,387	23,387	23,387	23,387	23,387	23,387
Inventories	11,987	11,948	11,948	11,948	11,948	11,948	11,948
Other current assets	17,622	21,664	21,664	21,664	21,664	21,664	21,664
TOTAL CURRENT ASSETS	**519,437**	**548,970**	**582,374**	**554,809**	**550,725**	**525,893**	**503,126**
Restricted cash equivalents	26,328	27,133	27,133	27,133	27,133	27,133	27,133
Right-to-use lease assets, net	39,085	31,402	24,027	17,650	13,408	9,166	4,924
Right-of-use subscription assets, net	869	2,925	1,738	551	(636)	(1,823)	(3,010)
Capital assets - nondepreciable	9,021	9,021	9,021	9,021	9,021	9,021	9,021
Capital assets - depreciable, net	136,930	129,595	137,883	148,751	149,353	150,370	151,387
TOTAL NONCURRENT ASSETS	**212,233**	**200,076**	**199,802**	**203,106**	**198,279**	**193,867**	**189,455**
DEFERRED OUTFLOWS OF RESOURCES	**167,665**	**167,665**	**167,665**	**167,665**	**167,665**	**167,665**	**167,665**
TOTAL ASSETS & DEFERRED OUTFLOWS	**$ 899,335**	**$ 916,711**	**$ 949,841**	**$ 925,580**	**$ 916,669**	**$ 887,425**	**$ 860,246**
LIABILITIES & NET ASSETS							
Accounts payable and accrued expenses	$ 85,488	$ 71,211	71,211	$ 71,211	$ 71,211	$ 71,211	$ 71,211
Accrued compensation	56,267	44,920	44,920	44,920	44,920	44,920	44,920
Due to third-party payors	168,636	197,247	134,185	139,080	93,915	93,730	89,511
Due to County of Alameda	15,069	10,361	10,361	10,361	10,361	10,361	10,361
Other Payables	32,642	39,880	39,880	39,880	39,880	39,880	39,880
TOTAL CURRENT LIABILITIES	**358,102**	**363,619**	**300,557**	**305,452**	**260,287**	**260,102**	**255,883**
Liquidity facility - County of Alameda	5,101	7,000	118,854	196,075	213,648	262,626	331,661
Net pension obligation	426,007	425,359	425,359	425,359	425,359	425,359	425,359
Post employment benefit asset	38,374	38,374	38,374	38,374	38,374	38,374	38,374
Accrued compensated absences, net of current portior	23,293	23,293	23,293	23,293	23,293	23,293	23,293
Self-insurance liabilities, net of current portion	37,258	39,820	39,820	39,820	39,820	39,820	39,820
Lease obligations, net of current portion	36,469	30,342	23,612	17,587	13,895	10,203	6,511
Subscription obligations, net of current portion	167	2,502	892	296	0	0	0
Other long-term liabilities	2,783	0	0	0	0	0	0
TOTAL LONG TERM LIABILITIES	**569,452**	**566,690**	**670,204**	**740,804**	**754,389**	**799,675**	**865,018**
DEFERRED INFLOWS OF RESOURCES	**52,403**	**52,403**	**52,403**	**52,403**	**52,403**	**52,403**	**52,403**
Fund balance - capital contribution	85,451	86,466	87,134	87,134	87,134	87,134	87,134
Fund balance - prior years	(169,139)	(166,072)	(152,467)	(160,457)	(260,213)	(316,110)	(390,455)
Current year income/(loss)	3,066	13,605	(7,990)	(99,756)	(55,897)	(74,345)	(88,303)
FUND BALANCE	**(80,622)**	**(66,001)**	**(73,323)**	**(173,079)**	**(228,976)**	**(303,321)**	**(391,624)**
TOTAL LIABILITIES, DEFERRED INFLOWS, & FUND BALANCE	**$ 899,335**	**$ 916,711**	**$ 949,841**	**$ 925,580**	**$ 838,103**	**$ 808,859**	**$ 781,680**

ALAMEDA HEALTH SYSTEM

Cash Flows

ALAMEDA HEALTH SYSTEM (consolidated)
Statement of Cash Flows
For the Period Ended June 30th
(in thousands)

	FY2024 at 6/30/24	FY2025 at 6/30/25	FY2026 at 6/30/26	FY2027 at 6/30/27	FY2028 at 6/30/28	FY2029 at 6/30/29	FY2030 at 6/30/30
CASH FLOWS FROM OPERATING ACTIVITIES							
Operating income (loss)	$ 4,809	$ 18,458	$ (4,246)	$ (96,012)	$ (52,153)	$ (70,601)	$ (84,559)
Depreciation and amortization	41,048	37,291	29,545	28,547	26,412	26,412	26,412
Net changes in operating assets and liabilities:							
Patient account receivables, net	(11,664)	6,235	-	-	-	-	-
Due from/to third-party payors	(72,070)	(2,124)	(96,466)	32,460	(41,081)	24,647	18,548
Due from/to County	(3,778)	(869)	-	-	-	-	-
Due from State	2,648	877	-	-	-	-	-
Inventory	(318)	39	-	-	-	-	-
Other current assets	242	(4,042)	-	-	-	-	-
Accounts payable and accrued expenses	11,238	(14,276)	-	-	-	-	-
Accrued compensation	16,540	(11,347)	-	-	-	-	-
Other current payables	2,572	7,238	-	-	-	-	-
Net pension liability	(87,151)	(648)	-	-	-	-	-
Other postemployment benefits obligations	4,703	-	-	-	-	-	-
Other long-term liabilities	8,608	2,562	-	-	-	-	-
Deferred outflows/inflows	72,675	-	-	-	-	-	-
Net cash provided by (used in) operating activities	**(9,898)**	**39,394**	**(71,167)**	**(35,005)**	**(66,822)**	**(19,542)**	**(39,599)**
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES							
Change in liquidity facility	38,104	1,899	111,854	77,221	17,573	48,978	69,035
Interest payments on working capital loan	2,655	3,239	2,792	3,032	3,198	3,495	3,495
Proceeds from grants for COVID-19 pandemic	-	-	-	-	-	-	-
Receipts of rental income	155	(253)	156	156	156	156	156
Net cash provided by (used in) noncapital financing activities	**40,914**	**4,885**	**114,802**	**80,409**	**20,927**	**52,629**	**72,686**
CASH FLOWS FROM CAPITAL AND FINANCING ACTIVITIES							
Purchase and construction of capital assets	(20,601)	(20,035)	(29,271)	(31,851)	(21,585)	(22,000)	(22,000)
Proceeds from disposals of capital assets	-	-	-	-	-	-	-
Repayment of other long-term liabilities	(3,977)	(2,783)	-	-	-	-	-
Payments of lease liabilies	(6,148)	(6,127)	(6,730)	(6,025)	(3,692)	(3,692)	(3,692)
Interest payments on lease liabilities	997	1,236	1,033	837	683	400	400
Payments of subscription obligations	(870)	(1,959)	(1,610)	(596)	(296)	0	0
Interest payments on subscription obligations	43	125	75	31	19	5	5
Capital contributions and transfers	385	1,015	668	-	-	-	-
Net cash provided by (used in) capital and financing activities	**(30,171)**	**(28,528)**	**(35,835)**	**(37,604)**	**(24,871)**	**(25,287)**	**(25,287)**
CASH FLOWS FROM INVESTING ACTIVITIES							
Interest and investment income	(5,593)	(9,200)	(7,800)	(7,800)	(7,800)	(7,800)	(7,800)
Net cash provided by (used in) investing activities	**(5,593)**	**(9,200)**	**(7,800)**	**(7,800)**	**(7,800)**	**(7,800)**	**(7,800)**
CHANGES IN CASH AND CASH EQUIVALENTS	**(4,748)**	**6,551**	**0**	**0**	**(78,566)**	**0**	**0**
CASH AND CASH EQUIVALENTS, beginning of period	36,706	31,958	38,509	38,509	38,509	(40,057)	(40,057)
CASH AND CASH EQUIVALENTS, end of period	**$ 31,958**	**$ 38,509**	**$ 38,509**	**$ 38,509**	**$ (40,057)**	**$ (40,057)**	**$ (40,057)**

ALAMEDA HEALTH SYSTEM

Big Bill Impact

	As of September 1, 2025	As of June 30 of each fiscal year BUDGET 2026	PROJECTED 2027	PROJECTED 2028	PROJECTED 2029	PROJECTED 2030
Big Bill impacts - federal actions	Medicaid Work Requirements					
	…Work requirements increasing uncompensated care	0	(7,929)	(23,787)	(23,787)	(23,787)
	…Work requirements decreasing patient utilization	0	(3,398)	(10,195)	(10,195)	(10,195)
	…Direct cost savings from decreased utilization	0	3,113	9,339	9,339	9,339
	…Work requirements reducing GME	0	(394)	(793)	(935)	(1,079)
	…reducing Rate-Range	0	0	0	(4,029)	(4,110)
	…reducing AB915, PNPP	0	0	(787)	(1,602)	(5,635)
	Subtotal Federal	0	(8,609)	(26,222)	(31,209)	(35,467)
	State Directed Payments caps					
	…EPP to Medicare equivalency (10% cut 2028, then 20%, etc.)	0	0	0	0	(9,772)
	…QIP to Medicare equivalency (same)	0	0	0	0	(12,198)
	Subtotal Directed	0	0	0	0	(21,970)
	Reduction to Emergency Medicaid FMAP (Immigration-Related	0	(5,833)	(10,000)	(10,000)	(10,000)
Big Bill impacts - state actions	State reductions to coverage & rates	(4,098)	(12,294)	(12,294)	(12,294)	(12,294)
	Reduction to AHS share of HQAF (Direct Grant)	(3,664)	(3,622)	(3,622)	(3,622)	(3,622)
	Subtotal State	(7,762)	(15,916)	(15,916)	(15,916)	(15,916)
	Total Big Bill impact	**(7,762)**	**(30,358)**	**(52,138)**	**(57,125)**	**(83,353)**

GRIT

Budget Approved 6/11/25

Growing Responsibly through Innovation & Teamwork (GRIT) Tracking

In Thousands

$36,869	$26,755

#	Project Name	Est. Timing	Description	Executive Dyad	Category	FY2026 Target	FY2026 Budget
Revenue Cycle						**$12,200**	**$12,200**
1	OP Non-FQ Charge Capture (Enterprise CDI)	FY2026	Baseline YTD February 2025 annualize. Number of Cases: Basline: 299,729 Target: 308,720 Cases Improving: 8,992 Gross Charge/Cases: $5, 407 Net/Cases: $661 Reimb at 12.2% Estimate Net Increase by $5.9M. Real time review of charges and documentation. Optimize documentation to capture all codable items to drive a higher charges and better reimbursement. Capture diagosis at time order is placed for non FQ outpatient services. Target 3% increase for FY2026	Kim Miranda	Quality	$5,940	$5,940
2	OR Charge Level	FY2026	AHS OR's were billing nearly 100% as HC OR Level 1. Director of Periop leading a workgroup to correctly build and implement Level 2,3 and 4 charges. Director worked with Rev cycle to ensure room level charge for complexity was billed at appropriate level using a rubric to determine complexity. (equivalent to in pt room charges by level of care; M/S vs ICU) level 1-3, added trauma level 4.	Jamie Weber	Quality	$6,260	$6,260
Physician Services						**$733**	**$0**
3	Provider Productivity	FY2026	Currently, GI (6 Physician FTEs), Ortho (8 physician & 10 APP FTEs) and Urology (3.8 Physician FTEs) have wRVUS in the 10th percentile to MGMA survey. - Gap of (82k) wRVUs to Median for these 3 specialties. - 25% improvement or increase of 21k wRVU would equate to +$733k in PB revenue	Dr. Beth Mahler	Stewardship	$733	$0
Other						**$4,500**	**$0**
4	FEMA	FY2026	Covid Nursing expenses denied by FEMA (April 2025) but under appeal	Kim Miranda	Stewardship	$4,500	$0

Growing Responsibly Through Innovation & Teamwork (GRIT)

#	Project Name	Est. Timing	Description	Executive Dyad	Category	FY2026 Target	FY2026 Budget
Operations						$15,839	$10,958
5	Supplies Savings Initiative	FY2026	Standardization of products, services and processes across AHS to improve efficiencie; negotiate better pricing.	Mark Fratzke	Stewardship	$4,000	$0
6	Rental Equipment Saving	FY2026	Biomed successfully implemented a cost-saving initiative in FY25 by eliminating rental expenses for Alaris infusion pumps and specialty mattresses through equipment purchases. The $513K investment was partially offset by $114K in savings from Alaris pump rentals, while the mattresses were funded under the FY25 Biomed Refresh budget. The total annual savings of $881K will be reflected in the Supply Chain & Materials Management department, as the rentals are budgeted under their cost center.	Christine Yang	Stewardship	$881	$0
7	Reduce Overtime %	FY2026	Baseline FY2025: 4.9% Budget FY2026: 4.5% Excludes Physicians	Ro Lofton	Stewardship	$1,148	$1,148
8	Staffing Efficiency	FY2026	Achieve median long-term productivity standards consistent with labor standard benchmarks for safety net hospital systems for FY2026 of 45 FTEs.	Mark Fratzke	Stewardship	$8,775	$8,775
9	EWC Dental Expansion	FY2026	EWC Dental expansion (opened in March 2025) provides new capacity for Adult Dental services (18K visits) and improves access for pediatrics dentistry as well. Budget metric is based on Net Income.	Dr. C. Ng	Stewardship	$1,035	$1,035

#	Project Name	Est. Timing	Description	Executive Dyad	Category	FY2026 Target	FY2026 Budget
Length of Stay						**$3,598**	**$3,598**
9	Decrease Acute Length of Stay (LOS)	FY2026	Baseline YTD December 2024 Annualized: AHS Total Basline Excess Days: 30,868 Target Excess Days: 28,469 Target Improve Days 2,399 Measurement based on opportunity days (LOS greater than Medicare GMLOS) * $1500/day in comparison to baseline as of December 2024.	RO Lofton/Dr. Andrea Wu	Quality	$3,598	$3,598
	Legth of Stay (LOS)HGH	FY2026	HGH Baseline Excess Days: 22,264 Target Excess Days: 20,653 Target Improve Days 1,611 LOS at 5.7; Estimated Saving of $2.4M				
	Legth of Stay (LOS)SLH	FY2026	SLH Baseline Excess Days: 4,056 Target Excess Days: 3,609 Target Improve Days 447 LOS at 3.6; Estimated Saving of $671K				
	Legth of Stay (LOS)AHD	FY2026	AH Baseline Excess Days: 4,548 Target Excess Days: 4,207 Target Improve Days 341 LOS at 4.4; Estimated Saving of $511K				
Grand Total						**$36,869**	**$26,755**

Contract Approvals
January 2026

1. Renewal agreement with Agiliti Health, Inc. for provision of equipment management and rental services. The term of this agreement is effective February 1, 2026 through January 31, 2029. The estimated impact of this agreement is $9,138,690.
Mark Fratzke, Chief Operating Officer

2. Renewal agreement with VTP Holdings, LLC for provision of PICC line services. The terms of this agreement is February 1, 2026 through January 31, 2029. The estimated impact of this agreement is $1,620,000.
Romoanetia Lofton, Chief Clinical Officer

Contract Approvals
January 2026

3. New agreement with SMITH-KARNG ARCHITECTURE for provision of architectural and engineering services for the inpatient medical detox unit remodel at San Leandro Hospital. The term of this agreement is January 15, 2026 through January 15, 2029. The estimated impact of this agreement is $1,492,525.
Mark Fratzke, Chief Operating Officer

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

Contractor/Vendor Name:	Agiliti Health, Inc. ("Agiliti")
Description:	In recognition of Alameda Health System's ("AHS") continued efforts to maintain high quality services while minimizing fiscal impact, AHS has partnered with Agiliti for biomedical and imaging maintenance services. We have also partnered with Agiliti for minor medical equipment management (IV pumps, wound vacs, beds and surfaces) at the Wilma Chan Highland Hospital Campus ("HGH") and equipment rentals across the system. AHS leadership reviewed the current equipment management and rental contract with Agiliti ("M360" or "Agreement") and determined that while it offered significant value to AHS, it did not encompass all the facilities, leading to elevated equipment rental costs and lost equipment. Per terms of the Agreement, Agiliti provides staff and round several times daily at the Highland campus locating equipment and beds as patients are discharged. This service is not currently available at Alameda and San Leandro Hospitals ("Community Hospitals") or wellness centers/clinics. AHS solicited quotes to identify the vendor best able to meet our needs in continuance of the services contemplated under the Agreement. Suppliers participating included Agiliti, US Medical Equipment and iMedical. Under the Agreement, Agiliti provides fixed levels of certain items for which AHS pays daily rental regardless of use. In their renewal quote, Agiliti proposed a pay-per-use model that even after adding staff to expand services to our Community Hospitals will save $1.2M over the contract's lifetime. Upon careful review of the quotes, AHS leadership determined that Agiliti was best positioned to meet our equipment management and rental service needs going forward. Agiliti has been our supplier since 2008 and has many years of experience in the industry and an extensive healthcare portfolio. 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. Agiliti is a GPO member which results in additional savings in the form of a small share-back rebate amounting to approximately $178K over the 3-year term of the proposed renewal agreement ("Renewal"). AHS leadership remains firmly committed to delivering high-quality service to both patients and staff. Following a thorough assessment of minor medical equipment service needs at AHS facilities, AHS leadership evaluated the feasibility of managing these services internally through AHS operations. This evaluation included assessment of bringing this service in-house as another option. When factoring in the costs associated, including hiring and training new AHS staff and acquisition of asset tracking software, AHS leadership determined total additional costs would exceed those quoted by Agiliti by an additional $330K over the 3-year renewal period and be coupled with a 6-9 month implementation period. Given the preceding, AHS leadership has determined that entering a Renewal with Agiliti on the terms outlined below is the best option and requests Board approval to proceed.

Contract Type and Term:	Services Agreement February 1, 2026 – January 31, 2029
Termination Clause:	Without Cause Termination: Either party may terminate this agreement without cause after 18 months from contract execution date, provided that 180 days' written notice is given.
Total Spend with Vendor:	

Description	Board Approval	Total
Equipment Management and Rental Services Agreement (2/1/26 – 1/31/29)	**Approval Requested**	**$8,703,514**
5% Contingency	**Approval Requested**	**$435,176**
Total Estimated Spend:	**Approval Requested**	**$9,138,690**

Estimated Cost Savings:	AHS leadership negotiated $1,214,813 in savings through negotiated reductions in vendor rates and utilization. Including negotiated reductions and the GPO rebate ($178K), AHS will realize total savings of $1.4M over the 3-year term of the proposed Renewal.
Fiscal Implications:	The proposed agreement is included in FY 26 budget and will be included in future years' budget requests.
Reasons for Recommendation:	Agiliti Health has proven itself to be a high-performing service provider to AHS for many years. Through the assessment process, Agiliti has demonstrated the willingness and ability to quickly and reliably adjust service delivery to support our changing needs.
Impacted Facilities:	

JGPH	Highland	Fairmont	San Leandro	Alameda	Clinic(s)
x	x	x	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

Contractor/Vendor Name:	VTP Holdings, LLC dba VIC the PICC ("VTP")
Description:	As part of standard care for patients with indicating diagnoses and treatment plans, AHS needs to place peripherally inserted central catheter ("PICC") lines in patients requiring intravenous access that can be used for a prolonged period of time for procedures such as long chemotherapy regimens, extended antibiotic therapy, or total parenteral nutrition. Proper insertion of PICC lines requires that it be performed by a trained and certified registered nurse. An ultrasound or chest X-ray, or the use of fluoroscopy, can be used during insertion and to confirm placement. The insertion is a sterile procedure requiring proper equipment and setting. Once placed, PICC lines require care and maintenance to prevent clots and to prevent the site from becoming a source of infection or sepsis. AHS utilizes an outside vendor to supplement our in-house PICC line-qualified staff, allowing AHS to maintain a base of in-house expertise deployed in our high-volume facilities during peak times coupled with vendor augmented staffing to address less frequent care needs during evenings/weekends and at our lower volume facilities. This ensures flexible and timely access for all patients while allowing space for AHS to maintain and continue to grow our existing in-house staff who are trained and experienced in this important skill. VTP is a Northern California-based provider of vascular access device related services, including insertion and troubleshooting of PICC lines with whom AHS has contracted for provision of PICC line placement and management services ("Services") since 2021. VTP continues to supplement AHS in-house provision of Services. AHS is in the process of further refining the ordering algorithm for outside services as it is not considered an emergent procedure, thus reducing the need to utilize outside services. AHS nursing is planning to increase its in-house staff that manages central venous access, further decreasing the need to use outside services In light of the ongoing need to maintain access to a flexible supplier of Services to supplement existing AHS in-house resources, AHS leadership is requesting Board approval to enter a renewal agreement ("Renewal") with VTP on the terms described below.
Contract Type and Term:	Professional Services Agreement. February 1, 2026 through January 31, 2029
Termination Clause:	Either party may terminate this Agreement upon a thirty (30) day written notice.
Total Spend with Vendor:	**Description**: **Renewal (2/01/2026 – 1/31/2029)** **Board Approval**: **Board approval requested** **Total**: **$1,620,000**
Estimated Cost Savings:	In the 4 years since the initial contract with VTP, annual utilization has been reduced $322,500 or by 39.5% reduction. By using in-house services, AHS has the opportunity to also control the supply chain-associated costs of the vascular access devices that would otherwise be provided by the vendor. Further expansion of in-house staffing qualified in the provision of Services to enhance coverage at our community hospitals (San Leandro and Alameda Hospitals) will further reduce VTP utilization and associated expenses going

	forward.

Fiscal Implications:	This expense has been included in the FY 26 budget.
Reasons for Recommendation:	As long as long-term medicinal therapy and fluids are a part of a patient's regimen, these services will be needed whether provided by a contractor or by in-house staff. Funding will ensure that patients will have access to long-term IV therapy, regardless of who does the procedure. These IV therapies include chemotherapy and IV antibiotics, necessary for very serious patient care regimens. VTP is a proven and reliable supplier of these essential services with a demonstrated ability to partner effectively with AHS.
Impacted Facilities:	

JGPH	Highland	Fairmont	San Leandro	Alameda	Clinic(s)
	x	x	x	x	

Coordination with Medical Staff:	The Providers have been satisfied with the Services provided by VTP. Having 24/7 availability of a company to provide Services has been crucial for the care of AHS patients.
Epic Coordination:	These procedures are currently documented in EPIC.
Administrative Review:	VP of Patient Care Administrative Services
Prior BOT Review/Action:	This vendor was approved in a previous Board Approved contract in November 2023.
Executive Sponsor	Chief Clinical Officer

Contractor/Vendor Name:	SMITH-KARNG ARCHITECTURE ("SKA")
Description:	Alameda Health System ("AHS") has secured funding through the Behavioral Health Continuum Infrastructure Program ("BHCIP"), supported by Proposition 1 bond funds, to expand behavioral health services on the San Leandro Hospital ("SLH") campus. This includes the establishment of a 10-bed inpatient Substance Use Disorder Detoxification unit ("Unit"- American Society of Addiction Medicine Level 3.7 – Medically Monitored Intensive Inpatient Withdrawal Management). The Unit will provide high intensity, medically monitored detoxification and stabilization services for patients with substance use disorders ("SUD"), particularly those with co-occurring stable medical and psychiatric conditions. This development addresses a critical gap in Alameda County's behavioral health continuum, offering essential inpatient addiction treatment where demand currently exceeds capacity. SKA, a healthcare-specialized architectural firm, has submitted a proposal for full architectural and engineering ("A/E") services for the 3rd Floor Inpatient Medical Detox Remodel project at SLH. The scope includes multi-phased design and construction oversight to remodel the existing unit, converting it into a secure inpatient medical detoxification unit. The project aligns with the BHCIP grant application documents (dated December 2024) and represents a component of the broader behavioral health expansion previously approved by the Board of Trustees. SKA acknowledges the grant's stipulations, including the requirement that the project be completed within 3 years of the funding award (estimated deadline: May 2028). In light of the secured BHCIP funding and the urgent need for expanded SUD treatment services, AHS leadership recommends that the Board of Trustees approve engagement of SKA for architectural and engineering services for the 3rd Floor Inpatient Medical Detox Unit remodel project at SLH as described below. This approval will enable timely advancement of the project in compliance with grant requirements.
Contract Type and Term:	Statement of Work ("SOW") #31 - Fee Proposal for SLH 3rd Floor Medi-Detox Remodel (December 2024 BHCIP Grant Application) January 15, 2026 – January 15, 2029
Termination Clause:	AHS may terminate without cause by providing 30 days' advance notice.
Total Spend with Vendor:	

Description	Board Approval	Estimated Total
Maximum Lump Sum Fee	Approval Requested	$1,492,525
Total	**Approval Requested**	**$1,492,525**

Estimated Cost Savings:	N/A
Fiscal Implications:	There is no net fiscal impact as total funding has been secured through the Behavioral Health Continuum Infrastructure Program (BHCIP), supported by Proposition 1 bond funds,

<table>
<tr><td></td><td>to expand behavioral health services in California. This proposal represents a portion of the expense for the total construction project.</td></tr>
<tr><td>Reasons for Recommendation:</td><td>Approval will enable timely advancement of the project in compliance with grant requirements.</td></tr>
<tr><td>Impacted Facilities:</td><td><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></td><td></td><td>X</td><td></td><td></td></tr></table></td></tr>
<tr><td>Coordination with Medical Staff:</td><td>Coordination and impact to the facility will be closely coordinated with the San Leandro Hospital Clinical teams as needed.</td></tr>
<tr><td>Administrative Review:</td><td>Primary: VP of Business Planning and VP of Support Services</td></tr>
<tr><td>Prior BOT Review/Action:</td><td>The Board of Trustees approved submittal of the application for this project prior to the December 2024 submission deadline.</td></tr>
<tr><td>Executive Sponsor:</td><td>Chief Operating Officer</td></tr>
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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
18	Symplr Care Management LLC	$1,112,847	1/1/2026	12/31/2028	FC - 11-5-25 BOT Approved 11-12-25	Patient safety and quality reporting software.		Chief Information Officer
19	LAZ Parking California, LLC	$6,937,194	1/1/2026	12/31/2028	FC - 11-5-25 BOT Approved 11-12-25	Parking services.		Chief Operating Officer
	Total Amount for FY 25 year to date	$521,103,461						