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PUBLIC NOTICE

CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

REGULAR MEETING AGENDA

WEDNESDAY, JUNE 4, 2014

6:30 P.M (CLOSED SESSION) | 7:30 P.M. (OPEN SESSION)

Location: Alameda Hospital (Dal Cielo Conference Room)
2070 Clinton Avenue, Alameda, CA 94501
Office of the Clerk: (510) 814-4001

Members of the public who wish to comment on agenda items will be given an opportunity before or during the consideration of each agenda item. Those wishing to comment must complete a speaker card indicating the agenda item that they wish to address and present to the District Clerk. This will ensure your opportunity to speak. Please make your comments clear and concise, limiting your remarks to no more than three (3) minutes.

I. Call to Order (6:30 p.m. – 2 East Board Room) — J. Michael McCormick

II. Roll Call — Kristen Thorson

III. General Public Comment

IV. Adjourn into Executive Closed Session

V. Closed Session Agenda

A. Call to Order
B. Discussion of Pooled Insurance Claims — Gov't Code Sec. 54956.95
C. Consultation with Legal Counsel Regarding Pending and Threatened Litigation — Gov't Code Sec. 54957.6
D. Instructions to Bargaining Representatives Regarding Salaries, Fringe Benefits and Working Conditions — Gov't Code Sec. 54956.9(a)
E. Discussion of Report Involving Trade Secrets — H & S Code Sec. 32106
F. Adjourn into Open Session

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

A. Announcements from Closed Session — J. Michael McCormick

VII. Regular Agenda

A. Consent Agenda — **ACTION ITEMS**

✓ 1) Acceptance of April 2014 Unaudited Financial Statements [enclosure] (pages 3-26)
✓ 2) Approval of April 8, 2014 Minutes (Regular) [enclosure] (pages 27-32)
✓ 3) Approval of May 7, 2014 Minutes (Regular) [enclosure] (pages 33-37)

B. Action Items

✓ 1) Approval of Resolution No. 2L: Levying the City of Alameda Health Care District Parcel Tax for the Fiscal Year 2014-2015

[enclosure] (pages 38-39)

✓ 2) Approval of Certification and Mutual Indemnification Agreement

[enclosure] (pages 40)

✓ 3) Approval of Resolution 2014-4L: Banking and Signature Authority and Revision to Policy 2008-0b: Signature Authority

[enclosure] (pages 41-46)

✓ 4) Approval of Revision to Resolution 2007-3E: Standard District Board Appointment Procedure

[enclosure] (pages 47-55)

✓ 5) Approval of Resolution 2014-3L: Notice of General District Election

[enclosure] (pages 56-61)

✓ 6) Authorization to Bind District Insurance Policies for Property, General Liability, Excess Liability and Directors and Officers/Fiduciary/Crime for 2014-2015

[enclosure] (pages 62-74)

✓ 7) Acceptance of District Board Meeting Calendar for July – December 2014

[enclosure] (pages 75)

8) Consideration of Any Changes to Alameda Hospital Pension Plan(s) to effectuate the transition of the District Workforce to AHS

D. District Board President's Report INFORMATIONAL — J. Michael McCormick

✓ 1) District Board Appointment Timeline

[enclosure] (pages 76)

E. Community Relations and Outreach Committee Report INFORMATIONAL — Tracy Jensen

1) Discussion on Expectations / Role of Committee

G. Alameda Health System and Alameda Hospital Update INFORMATIONAL — Deborah E. Stebbins, CAO

1) Update on System Financial and Quality Reporting to District

VIII. General Public Comments

IX. Board Comments

X. Adjournment

THE CITY OF ALAMEDA HEALTH CARE DISTRICT

ALAMEDA HOSPITAL

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD ENDING APRIL 30, 2014

CITY OF ALAMEDA HEALTH CARE DISTRICT
ALAMEDA HOSPITAL
April 30, 2014

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ALAMEDA HOSPITAL
MANAGEMENT DISCUSSION AND ANALYSIS
APRIL 2014

The management of Alameda Hospital (the "Hospital") has prepared this discussion and analysis in order to provide an overview of the Hospital's performance for the period ending April 30, 2014 in accordance with the Governmental Accounting Standards Board Statement No. 34, *Basic Financials Statements; Management's Discussion and Analysis for State and Local Governments.* The intent of this document is to provide additional information on the Hospital's financial performance as a whole.

Highlights

For the month of April, the Hospital experienced a combined net operating loss of $909,000 against a budgeted loss of $61,000. The major contributor to this loss is the lower acute discharges, patient days and outpatient registrations and low outpatient surgery. Total operating expenses were under budget by $17,000 which includes a one time pick up to rent expense of $308,000 assocciated with cancelation of accrued rent payments for South Shore facility. It has been determined that this property was deeded to the District in year 2002 and as a result, this rent expense is to be elimintated and prior periods reversed. Higher than budgeted health benefit expense and higher payroll are the two key categories that had negative budget variances in the month.

April had 207 acute discharges, which was 64 or 23.5% below budget of 271and lower than April 2013 which had 221 acute discharges. Total acute patient days were 891 or 191 (17.7%) below budget. The acute ALOS was up slightly from prior month at 4.3 and higher than budget of 4.0. Subacute days were also slightly better than budget by 5 days, skilled nursing days were up at South Shore 16 days and Waters Edge was at budget but with a lower medicare census.

Overall outpatient activity was mixed again this month. Outpatient registrations were down 4.8%, Emergency Room visits were under budget 2.6%, the Wound Care program was very busy exceeding budget by 176 visits 44.6%. Inpatient surgery had 12 cases more than budget and outpatient surgery was under budget by 118 cases (42.0%).

The overall Case Mix Index (CMI) in April was 1.32, higher than prior month at 1.26 and on par with the FY 2014 average of 1.32.

Cash and cash equivalents were $1.67 million at the end of April, down from prior month of $1.8 million. Total cash collections in April was just over $5.6 million a decrease from the prior month of $6.4 million.

Year to Date:

The year-to-date net operating loss is $3.67 million versus a budgeted net loss of $1.78 million.

YTD Acute discharges are 341 (13.9%) under budget and total discharges are 352 under budget. Acute patient days are 988 (10.0%) under budget but Long Term Care patient days are 1,087 above budget. Emergency and Wound Care visits are 567 under and 765 above budget respectively. Outpatient registrations are 251 under budget and total surgeries are 309 (14.6%) under budget with the majority of this coming from outpatient cases.

Total inpatient and outpatient gross revenues are under budget by $13.1 million (4.6%), most of this occurring in the last couple of months and total net patient revenue is under budget $3.3 million (5.1%).

Total Operating Expenses are under budget by $254,000 or (0.3%) with the most significant variance being Salaries related expenses $332,000 over budget. Offsetting this are Benefits, Supplies expense and a one time adjustement to rent expense which are all under budget year to date.

ACTIVITY

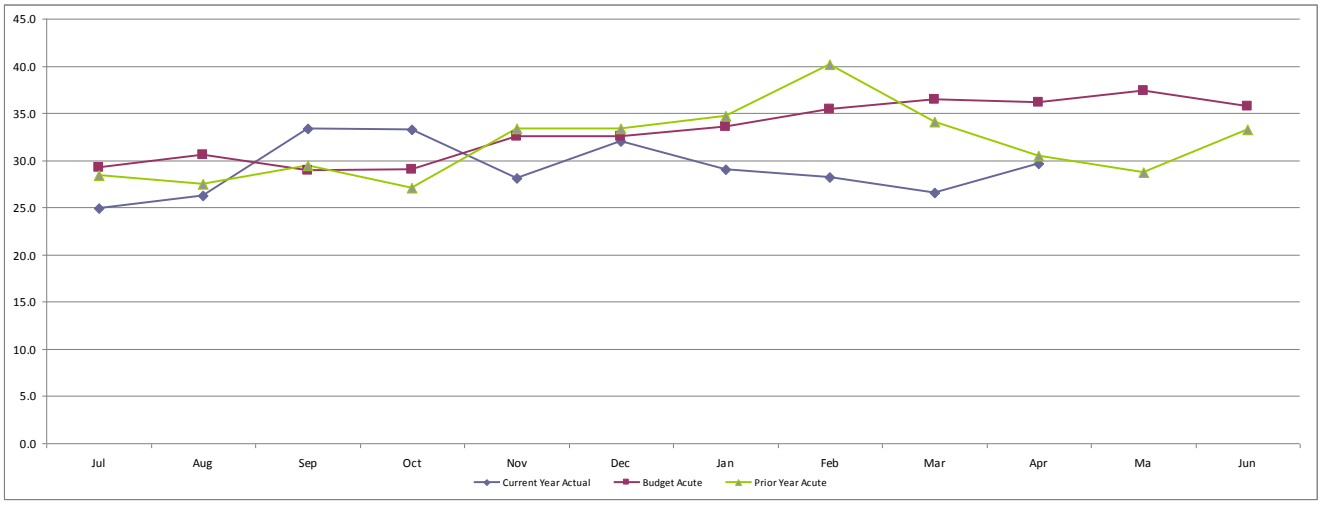
ACUTE, SUBACUTE AND SNF SERVICES

Overall, patient days were under budget this month by 2.8%. However, acute patient days were under budget by 191 days (17.7%), Subacute was over budget by 5 days (0.5%), South Shore was over 16 days (2.3%) and Waters Edge was over by 2 dayss (0.1%).

The acute ADC was 29.7, or 9.8 ADC below budget of 36.1ADC. The acute care program is comprised of the Critical Care Unit (3.8 ADC, 6.4% under budget), Telemetry / Definitive Observation Unit (11.5 ADC, 30.2% under budget) and Med/Surg Unit (13.5 ADC, 6.5% under budget).

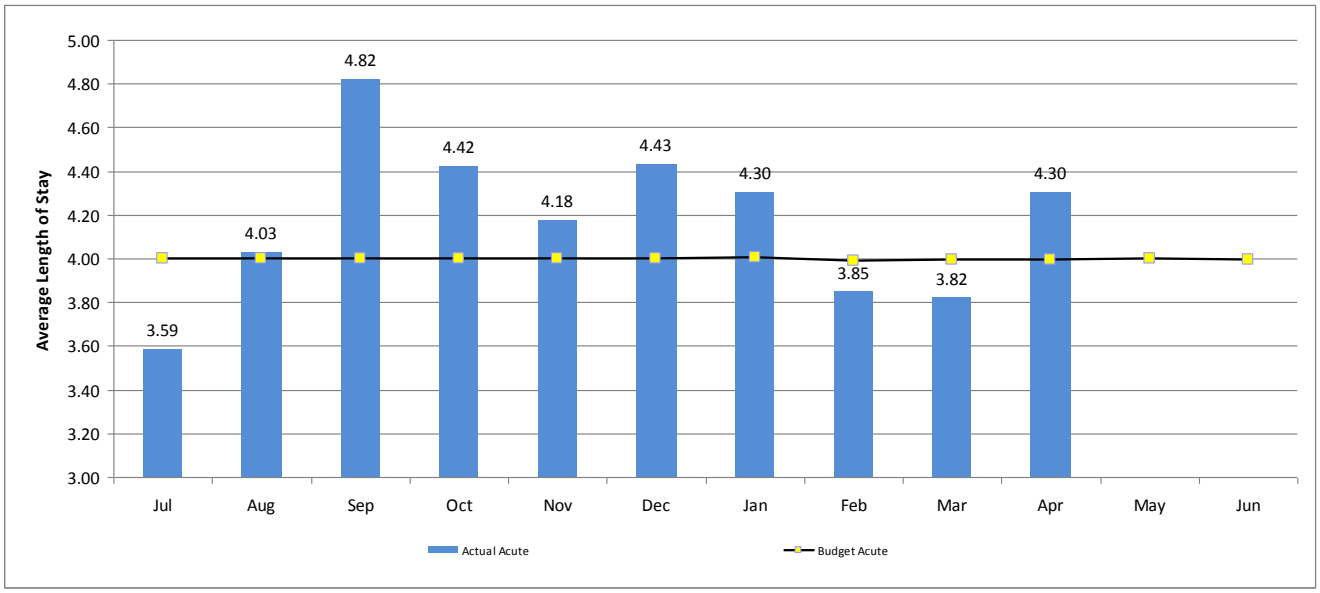
April acute census budget of 36.1 included a 5.5 ADC increase for referrals from AHS and we only had one AHS admissions during the month. Comparatively, the acute ADC in April 2013 was 30.5. It is our understanding in speaking with other area hospitals that acute discharges / ADC have been lower at their facilities as well over the past four to six months.

Acute Average Daily Census



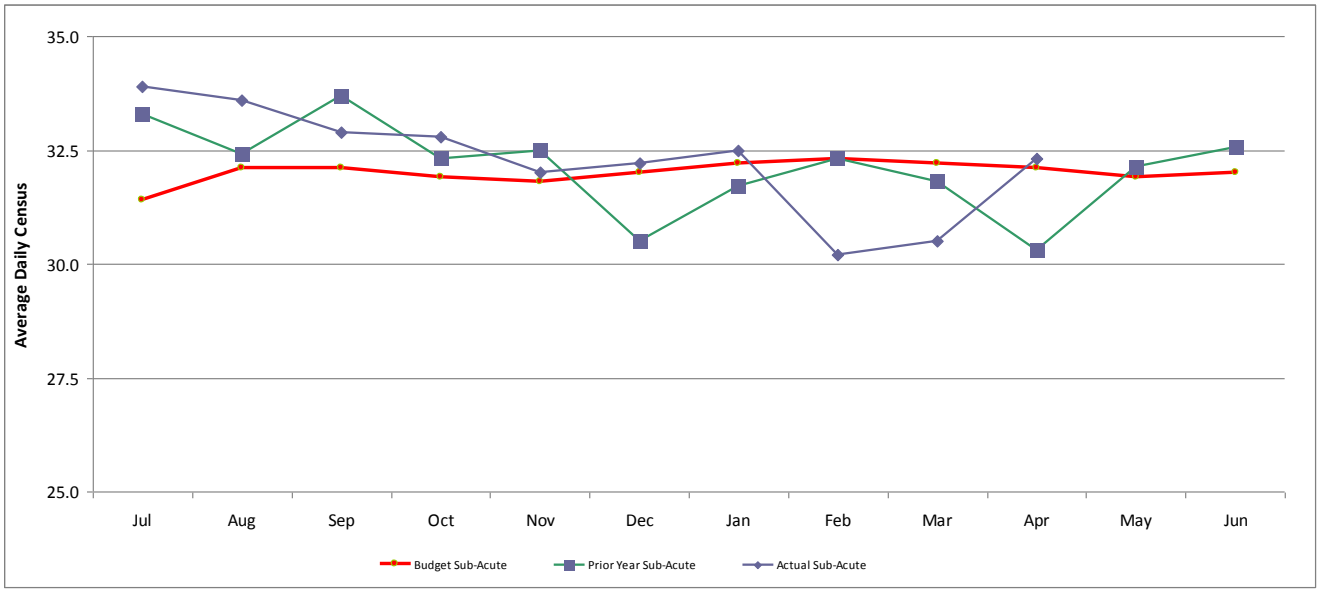
Average Length of Stay (ALOS)

The acute Average Length of Stay (ALOS) increased from 3.82 in March to 4.3 in April and is above the budget of 4.00. Management receives daily report updates on those patients with length of stays greater than five and continues to work with case management and members of the medical staff, including discussions at the UM Committee to try and better manage these and other utilization concerns. Managing length of stay has become more cricital as beginning in January acute Medi-Cal patients in the acute hospital begin getting paid on Medi-Cal DRG's. The graph below shows the ALOS by month compared to the budget.



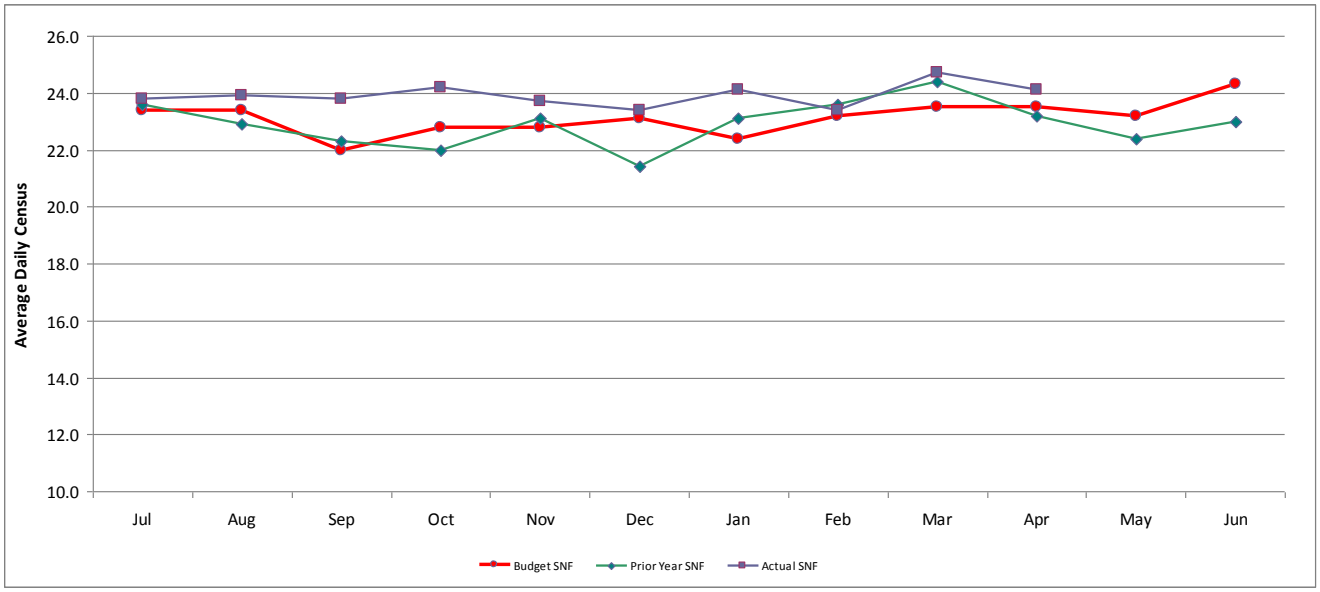
Subacute Average Daily Census

The Subacute program ADC was 32.3 versus budget of 32.1, over by .17 ADC or 0.5%. The graph below shows the Subacute ADC for the current fiscal year as compared to budget and the prior year.



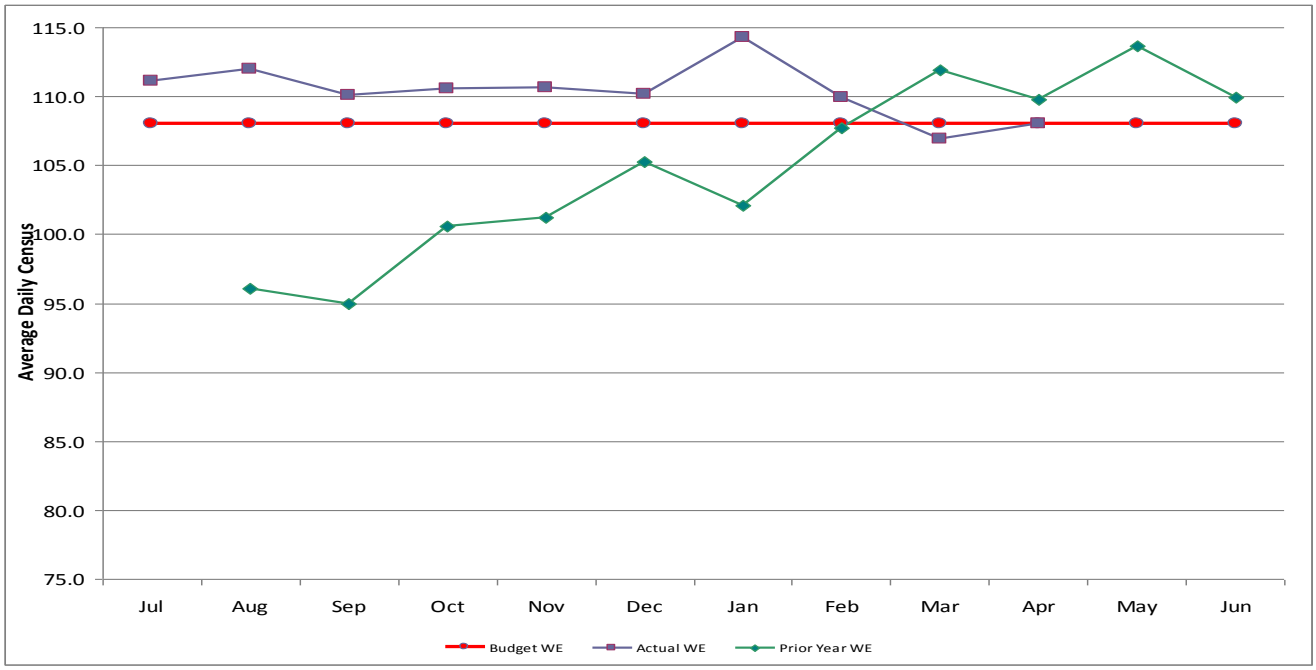
South Shore Skilled Nursing Average Daily Census

The South Shore ADC was 24.1 versus budget of 23.5, over by .53 ADC (2.3%) for the month. The graph below shows the South Shore monthly ADC as compared to budget and the prior year.



Waters Edge Skilled Nursing Average Daily Census

Waters Edge census was 108.1 ADC or 0.07% under the budget of 108.0. The Medicare census was 9.0 ADC and remains below the budgeted Medicare ADC of 16.2.

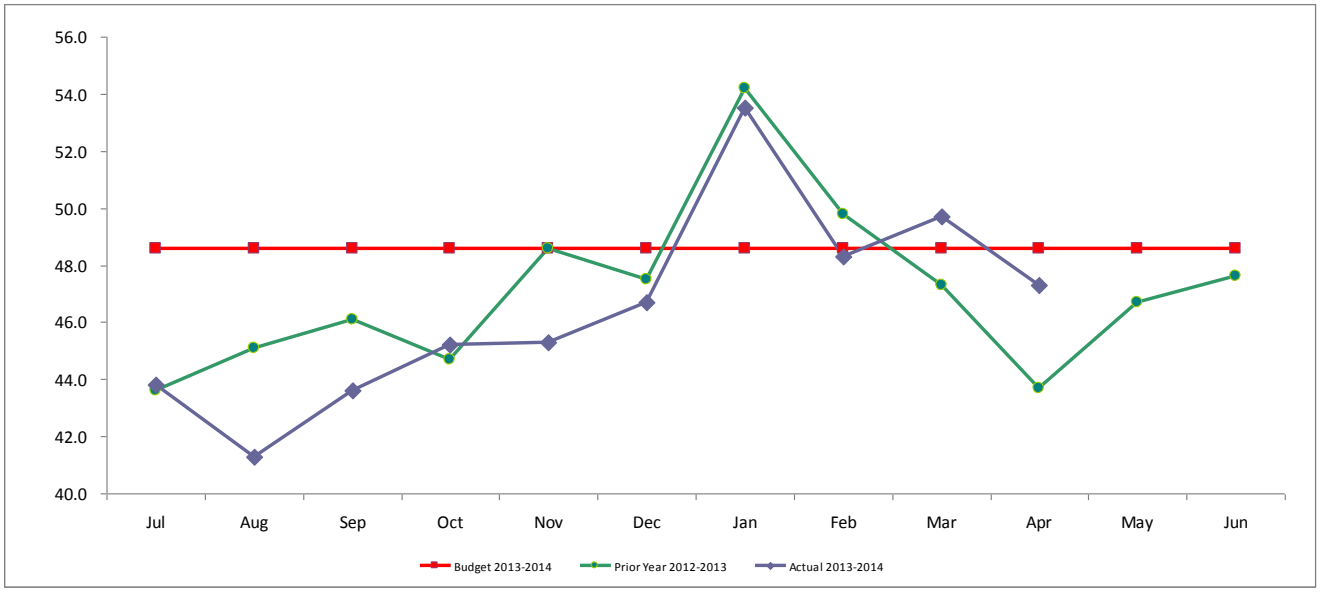


ANCILLARY SERVICES

Outpatient Services

Emergency Care Center (ECC) had 1,420 visits, 38 visits (2.6%) under the budget of 1,458. The inpatient admission rate from the ECC was 16% consistent with year to date. The following is the YTD trend ECC visits per day.

Emergency Care Visits Per Day



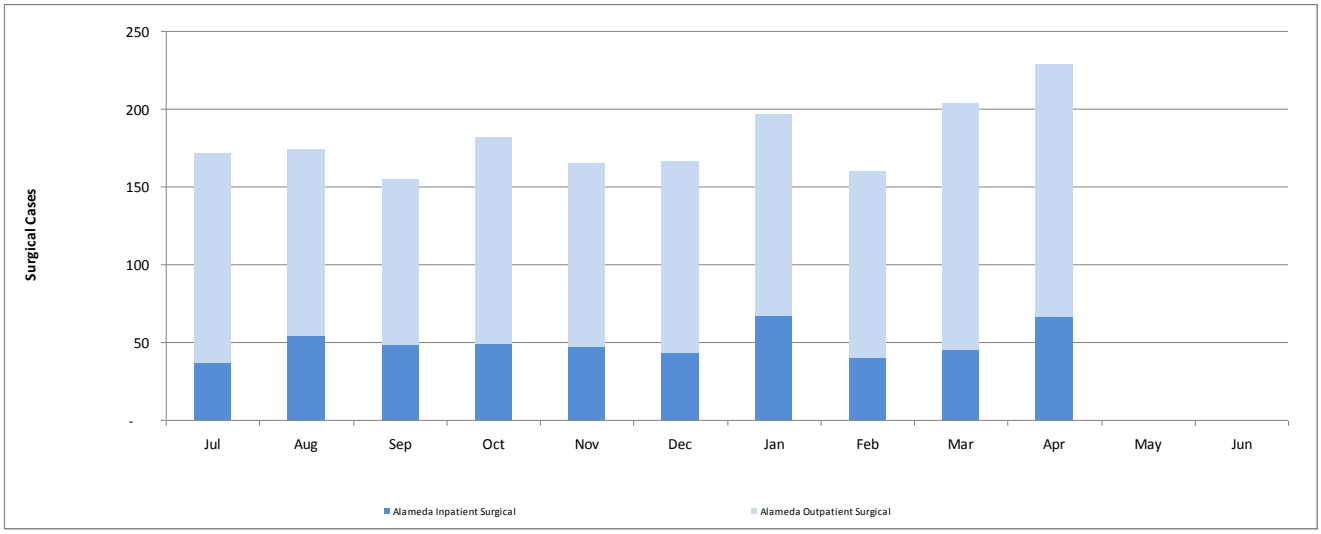
Outpatient registrations totaled 2,027 or 4.8% under budget. In April the number of patient visits were above budget in Wound Care (176), Ultrasound (17), Occupational Therapy (18), and CT (14). Visits were down in Laboratory (94) and Radiology (78).

Surgery

April had 229 total surgery cases which is 31.6% below the budget of 335 but higher than last year's case volume of 193. Inpatient cases were 12 above the budget of 54 and outpatient cases were 118 below the budget of 281. There were 45 cases performed by AHS surgeons versus a budget of 150. For the first four months AHS has completed 120 surgeries versus a budget of 327. Below is the payor mix of these new cases.

AHS Surgeries	YTD Quantity	Percent	Budget %
Medicare	6	5.0%	4.8%
Medicare Mgd	3	2.5%	0.0%
Medi-Cal	7	5.8%	24.2%
Medi-Cal Mgd/HPAC	103	85.8%	62.3%
Mgd Care	0	0.0%	1.7%
Self Pay	1		7.0%
	120	100.0%	100.0%

Surgical Cases



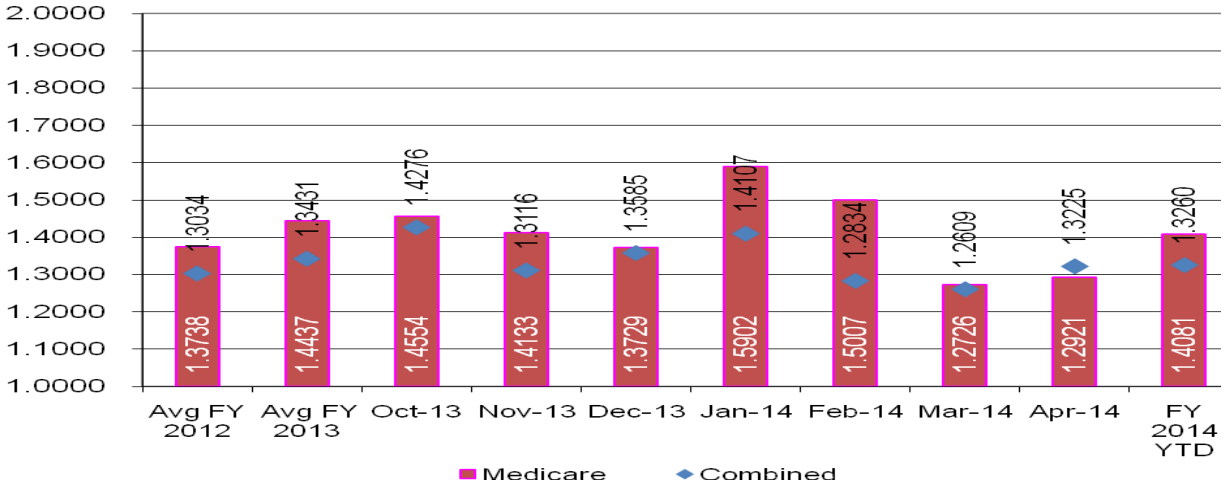
Payer Mix

The Hospital's overall payer mix for the quarter compared to budget is illustrated below and is inclusive of the Waters Edge revenue.

Total Payor Mix	2nd Quarter	Budget
Medicare	48.1%	46.0%
Medi-Cal	29.0%	27.4%
Managed Care	14.8%	16.3%
Other	3.4%	3.0%
Commerical	0.9%	3.0%
Self-Pay	3.8%	4.4%
Total	100.0%	100.0%

Case Mix Index

The Hospital's overall Case Mix Index (CMI) for April was 1.32, up from the prior month of 1.26. The Medicare CMI was 1.29, above the prior month of 1.27 but under YTD average of 1.41. The graph below shows the Medicare CMI for the Hospital during the current fiscal year as compared to the prior two years.



Revenue

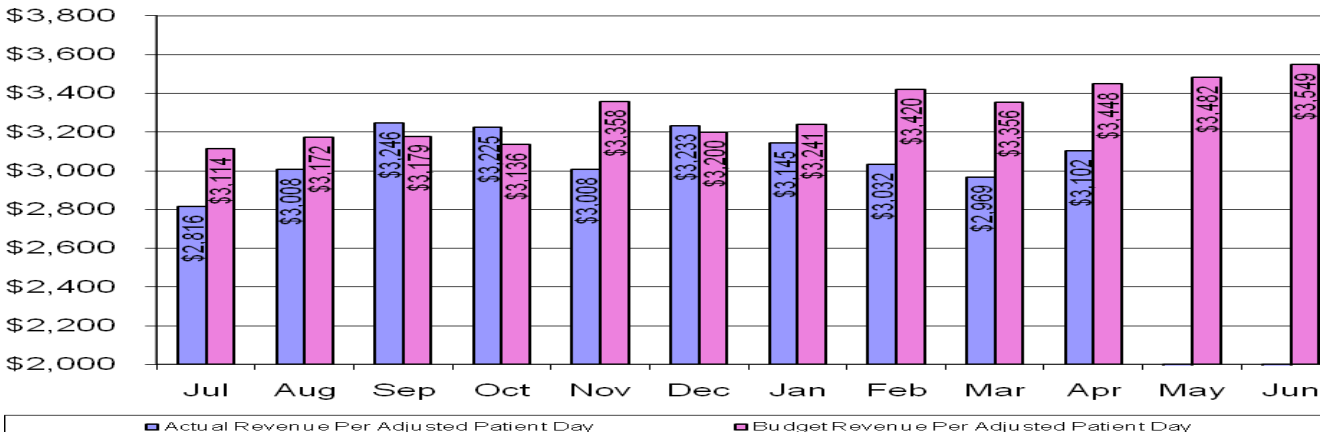
Gross patient revenue in April was $3.75 million or 12.0% under budget. Inpatient gross revenues were $2.58 million under budget and outpatient gross revenues were $1.17million under budget. Acute inpatient days were 191 (17.7%) under budget and acute routine gross revenue was down 16%. Inpatient ancillary service charges were also under budget in almost every area including Emerergency services, Laboratory, Imaging, Pharmacy, Respiratory Therapy Rehab Services and Centeral Supply.

Waters Edge gross regenue was better than budget by $81,656 but net revenue was $15,783under budget. Total patient days wer in line with budget and with a lower medicare census (7.5 ADC under budget) net revenue was per day cam in under budget. In prior months, the higher overall cenus helped mitigate the YTD medicare census variance.

Outpatient gross revenues were under budget by $1.17 million (11.1%). Surgery accounted for almost all of the overall variance being under budget $1.0 million. Medical Supplies, Laboratory, and Pharmacy were below budget as well while Imaging, wound care and Rehab were above budget.

On an adjusted patient day basis, gross patient revenue was $3,102 and below the budget of $3,446. The lower acuity and lower acute inpatient volumes and outpatient surgery volumes have contributed to this variance. The table below shows the Hospital's monthly gross revenue per adjusted patient day by month and year-to-date for Fiscal Year 2014 compared to budget.

Gross Charges per Adjusted Patient



Contractual Allowances and Net Revenue

Contractual allowances are computed as deductions from gross patient revenues based on the difference between gross patient charges and the contractually agreed upon rates of reimbursement with third party government-based programs such as Medicare, Medi-Cal and other third party payers such as Blue Cross. A Net Revenue percentage of 22.5% was budgeted and 22.2% was realized. In estimating monthly net revenue we do look at historical net to gross revenue by major financial class but also take into consideration the current month payor mix, discharges, case mix and overall patient volumes.

Total Net Operating Revenue was just over $6.2 million, $872,000 (12.3%) under the budget of $7.1million. Most of this negative variance is due to acute inpatient volumes (discharges and patient days) and surgey cases being under budget as previously discussed.

Waters Edge had Net Revenues of $1.17 million, $15,783 or 1.3% under budget of $1.18million. Although the overall census was higher than budgeted, we again had 7.5 ADC fewer Medicare patients. In addition, there are several aging accounts working through the RAC review process and accounts pending Medi-cal approval that are being reserved for at a higher rate.

Wound Care net revenue was $61,229 (32.3%) above budget, consistent with volume and gross charges 42.8% and 44.6% respectively.

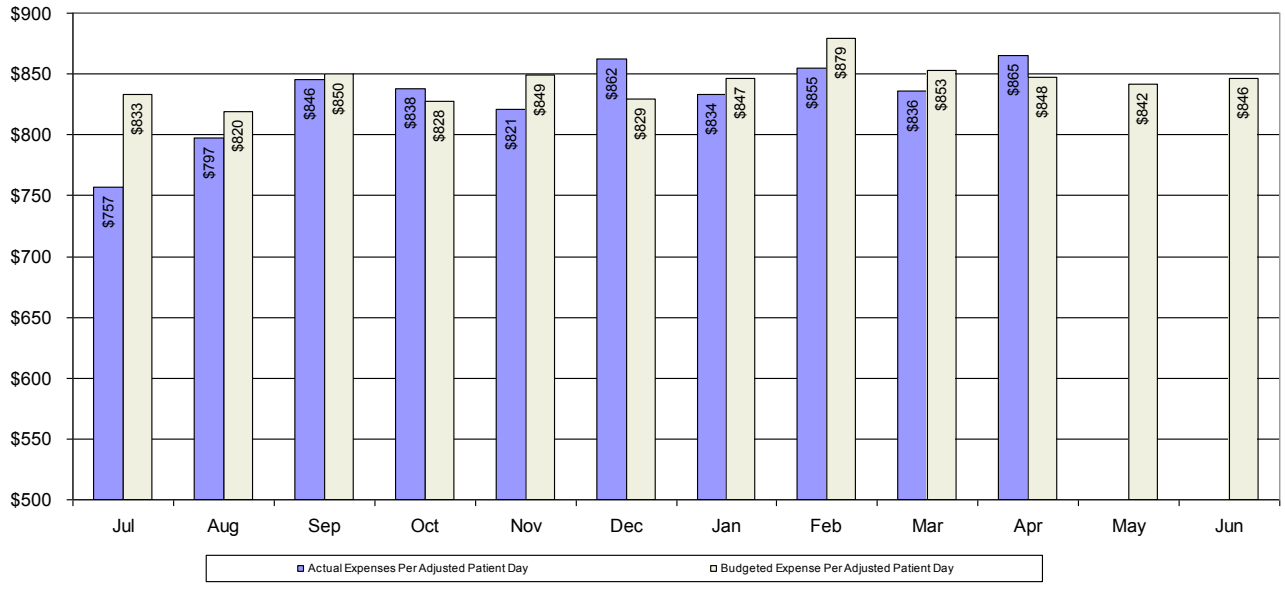
Expenses

Total Operating Expenses

Total operating expenses were just under $7.65 million which was below the fixed budget by $17,000 or 0.2%. We will discuss the variances of each major expense category in the following section.

The graph below shows the actual Hospital operating expenses on an adjusted patient day basis for the fiscal year by month as compared to budget.

Expenses per Adjusted Patient Day



The following are explanations of the significant areas of variance that were experienced in the current month.

Salary and Temporary Agency Expenses

Salary and Temporary Agency costs combined were favorable to the fixed budget by $18,000 (4.4%). Total salaries are below budget $122,000 and Registry (Temporary Agency Services) was above budget $104,000.

The $122,000 favorable salary expense variance is comprised of productive salaries being $120,000 (3.6%) under budget and non-productive salaries were $2,000 (0.4%) under budget.

Productive Salaries: Overall productive salaries were under budget specifically in acute nursing (13%) due to lower census. Surgical Services and Pharmacy were 39% and 26% under budget while Waters Edge, Subacute and South Shore were over budget 7%, 2.15% and 14.7% respectively. Most other departments were materially close to budget in terms of absolute dollars. Although there was some additional hours and pay in preparation of the April 30th transition of patients from Alameda to AHS, however, most of this time and pay will be reflected in May financials.

The productive salaries per adjusted patient day (APD) were $363 compared to a budget of $367.7. Total salaries per APD were $423 compared to a budget of $427 per APD.

Non-productive salaries were under budget by $2,000. The most significant variances were in Subacute and South Shore, ECC, Surgery, Surgery Physicians and Laboratory which were over budget $11,000, $16,000, $12,000, $4,600, $7,000 and $4,700 respectively. Most acute Nursing Deparments were cumulatively under budget $5,600 and Waters Edge and IT under budget $14,700 and $4,300 respecitively. Many other departments had minor acutual to budget variances. We have seen an increased use in sick days which are not accrued for. There was $100,000 paid out in sick time compared with budget of $64,000.

Registry expense was over budget $104,000. Most of this variance coming from Waters Edge which was $82,000 over budget. About a third of this associated with prior period invoices for sitters that were late coming into accounting and not accrued for in prior months. Managemetn has meet with those in charge of managing the use of sitters and other nurse registry and it is expected tha this will come in line with budget by June 2014. (It is important to note that there have been two residents with a higher fall risk that have been requiring tighter staffing). Ortho Clinic was over budget $9,300 as we have been using two agency staff for this location. Radiology was over $7,800 and Respiratory Therapy over $12,400. Open positions and staff out on extended leave have necessitated much of this registry usage. Management is working to address these issues and hire the needed positions as soon as possible.

Benefits

Benefits were over budget by $437,000. Overall PTO / Vacation / Holiday utilization under budget $118,200 as more non-productive time was taken in many departments. However, very high employee health benefits expense caused the month to be over budget $556,000 as a self insured entity. There were two accounts that hit the annual $150,000 stop loss limit during the month as well as several other large individual claims.

Professional Fees

Professional fees overall were at budget in April. Legal expense, associated with work on the AHS transition was higher by $17,700 as were management fees for Wound Care. These expenses were offset by lower physician and administrave fees being under budget.

Supplies

Supplies expense were $140,000 under budget. The largest positive variances were in Central Supply and Pharmacy related to the lower acute volumes and lower outpatient surgery cases.

Purchased Services

Purchased services were over budget by $17,000. The new HIM coding firm was over by $15,000 as was repair and maintenance related expenses at the hospital and Waters Edge. Waters Edge rehab services and pharmacy expense were under budget as was the Medicare A cenuses which uses much of these services.

Rents and Leases

Rents were under budget $309,000. All of this positive variance relates to reversing all rents payable to CW&S for the South Shore building. Through due diligence with AHS, we were made aware that the property had been deeded to the District several years prior and that the outstanding rent is no longer due. The AP balance was reversed as was a $265,000 loan from CW&S to the District.

Other Operating Expenses

Utilities expense was $22,000 over budget. Year to date is only over $15,000.

Balance Sheet

Total assets decreased by $1.66 million from the prior month. The following items make up the decrease in assets:

- Total unrestricted cash and cash equivalents for April was $1.7 million a decrease of $155,000 from prior month of $1.8 million.
- Net patient accounts receivable was $11.3 million, up from the prior month of $10.6 million. We had a Third party liability for AB 97 reserve as a contractual reserve which has been reclassed to Third Party Liaility section of the balance sheet totaling $490,000 which contributed to the net change in this area.
- Other Receivables decreased by $2.4 million, this reduction is the result of receiving $2.5 million property tax in April, less an increase in an estimated receivables for the FY 13 – 14 AB915 program of $119,000.
- Construction in Progress increased by $155,000 from bulk oxygen tank project that is nearing completion.
- Days in outstanding receivables at 55.5 at month end. Cash collections in April were $5.6 million. Collections per day were $186,000 down from $206,000 in prior month.

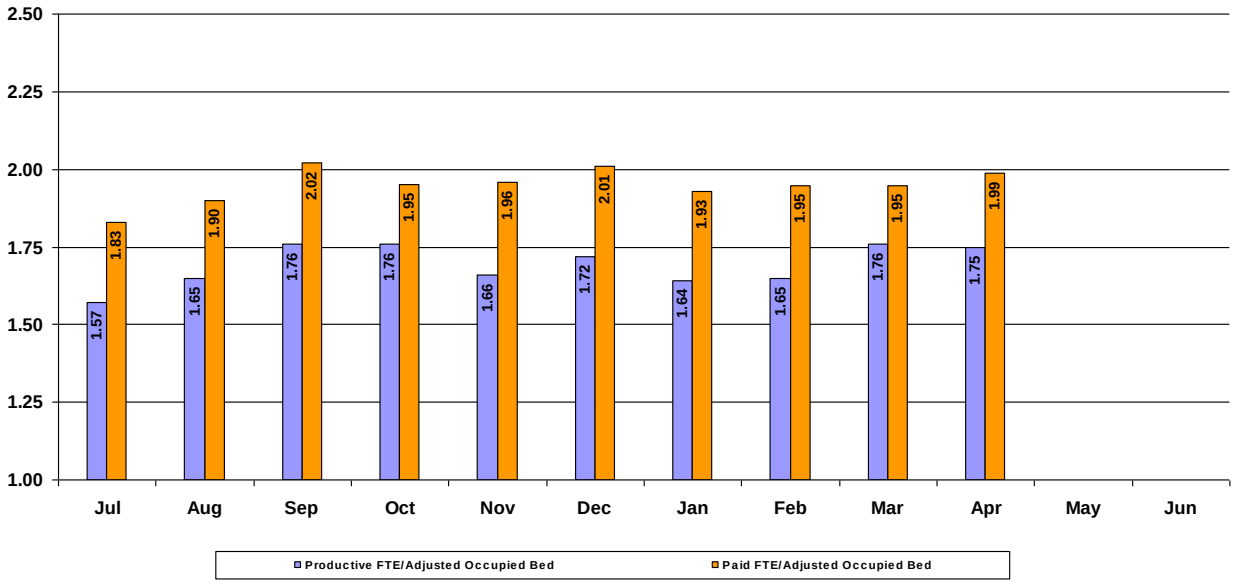
Overall, total liabilities decreased by $1 million from the prior month

- Accounts payable decreased by $437,000 to just under $11.6 million. About $308,000 of this came from cancelation of rent payable to CW&S for the South Shore facility which is owned by the District as previously discussed.
- Current Portion of Long Term Debt decreased by by $436,000. This decrease resulted from the current portion ($171,000) of the loan with Bank of Marin that was paid off on April 30th, prior to the AHS affiliation close. The total amount of the loan pay-off was $511,000. In addition, a loan payable to CW&S in the amount of $265,000 was reversed as this facility is in fact owned by the healthcare District and therefore no need to have this on the books as a payable going forward. We are in the process of dissolving the CW&S LLC entity.
- Payroll related accruals increased by $340,000 based on timing of payroll at month end.
- Employee health related accruals increased by $66,000 as a result of the recent increase in health claims experience. This accrual comes from the HealthComp IBNR report.
- Third Party Payable Settelemnt increased $303,000. The net amount of this increase coming from reclass of the AB97 reserve from AR contractual to third party payable. The Waters Edge medi-cal overpayment reserve was reduced by the additional $100,000 against the contingency recorded in June 2013, as we are comfortable with the outstanding liability without this contingency amount.
- Deferred revenues decreased by $481,000 due to the recognition of one-twelfth of the 2013/2014 parcel tax revenues, which will be realized over the course of the fiscal year.
- Long Term Debt decreasd by $$371,000. This decreased resulted from the payoff of the long termportion of the Bank of Marin loan on April 30th.

Key Statistics

FTE's Per Adjusted Occupied Bed

For the month of April Productive FTE's per Adjusted Occupied Bed were 1.75, on target with budget of 1.76 FTE's. Paid FTE's per Adjusted Occupied Bed were 1.99 or 2.3% below the budget of 2.0. The graph below shows the productive and paid FTE's per Adjusted Occupied Bed for FY 2014 by month.



Current Ratio

The current ratio for April is 0.69 down from 0.79 in March.

A/R days

Net days in accounts receivable (A/R) are currently at 55.5. This is above the prior month of 51.5. Most of this increase coming from the reclass of AB97 reserve to third party liability to properly classify this reserve on the balance sheet.

Days Cash on Hand

Days cash on hand at month end was 8.3, a decrease from prior month at 8.9.

The following pages include the detailed financial statements for the ten (10) months ended April 30, 2014, of Fiscal Year 2014.

ALAMEDA HOSPITAL
KEY STATISTICS
APRIL 2014

	ACTUAL APRIL 2014	CURRENT FIXED BUDGET	VARIANCE (UNDER) OVER	%	APRIL 2013	YTD APRIL 2014	YTD FIXED BUDGET	VARIANCE	%	YTD APRIL 2013
Discharges:										
Total Acute	207	271	(64)	-23.5%	221	2,121	2,462	(341)	-13.9%	2,383
Total Sub-Acute	1	2	(1)	-50.0%	3	17	27	(10)	-37.0%	26
Total South Shore	7	5	2	40.0%	7	55	56	(1)	-1.8%	55
Total Waters Edge	13	15	(2)	-13.3%	9	150	150	-	0.0%	138
	228	293	(65)	-22.1%	240	2,343	2,695	(352)	-13.1%	2,602
Patient Days:										
Total Acute	891	1,082	(191)	-17.7%	914	8,861	9,849	(988)	-10.0%	9,669
Total Sub-Acute	969	964	5	0.5%	908	9,819	9,730	89	0.9%	9,743
Total South Shore	722	706	16	2.3%	695	7,270	6,996	274	3.9%	6,975
Total Waters Edge	3,242	3,240	2	0.1%	3,293	33,556	32,832	724	2.2%	28,188
	5,824	5,992	(168)	-2.8%	5,810	59,506	59,407	99	0.2%	54,575
Average Length of Stay										
Total Acute	4.30	4.00	0.30	7.6%	4.14	4.18	4.00	0.18	4.4%	4.06
Average Daily Census										
Total Acute	29.70	36.07	(6.37)	-17.7%	30.47	29.15	32.40	(3.25)	-10.0%	31.81
Total Sub-Acute	32.30	32.13	0.17	0.5%	30.27	32.30	32.01	0.29	0.9%	32.05
Total South Shore	24.07	23.53	0.53	2.3%	23.17	23.91	23.01	0.90	3.9%	22.94
Total Waters Edge	108.07	108.00	0.07	0.1%	109.77	122.92	120.26	2.65	2.2%	103.25
	194.13	199.73	(5.60)	-2.8%	193.67	208.28	207.68	(2.96)	-1.4%	190.05
Emergency Room Visits	1,420	1,458	(38)	-2.6%	1,312	14,126	14,693	(567)	-3.9%	14,299
Wound Care Clinic Visits	571	395	176	44.6%	460	4,436	3,671	765	20.8%	2,716
Outpatient Registrations	2,027	2,128	(101)	-4.8%	2,110	20,289	20,540	(251)	-1.2%	19,315
Surgery Cases:										
Inpatient	66	54	12	22.2%	50	495	501	(6)	-1.2%	452
Outpatient	163	281	(118)	-42.0%	143	1,308	1,611	(303)	-18.8%	1,214
	229	335	(106)	-31.6%	193	1,803	2,112	(309)	-14.6%	1,666
Adjusted Occupied Bed (AOB)	311.95	301.55	10.40	3.4%	284.28	290.01	285.71	4.30	1.5%	256.47
Productive FTE	515.73	519.65	(3.92)	-0.8%	594.10	490.41	482.35	8.07	1.7%	463.51
Total FTE	585.61	592.46	(6.85)	-1.2%	550.59	561.85	562.02	(0.18)	0.0%	524.76
Productive FTE/Adj. Occ. Bed	1.65	1.72	(0.07)	-4.1%	2.09	1.69	1.69	0.00	0.2%	1.81
Total FTE/ Adj. Occ. Bed	1.88	1.96	(0.09)	-4.5%	1.94	1.94	1.97	(0.03)	-1.5%	2.05

City of Alameda Health Care District
Statements of Financial Position
April 30, 2014

	Current Month	Prior Month	Prior Year End
Assets			
Current Assets:			
Cash and Cash Equivalents	$ 1,663,506	$ 1,818,624	$ 4,861,959
Patient Accounts Receivable, net	11,329,362	10,575,128	12,041,516
Other Receivables	759,559	3,104,768	6,301,762
Third-Party Payer Settlement Receivables			-
Inventories	1,295,804	1,284,098	1,266,892
Prepaids and Other	364,288	370,705	450,309
Total Current Assets	15,412,519	17,153,321	24,922,439
Assets Limited as to Use, net	301,821	289,241	189,755
Fixed Assets			
Land	877,945	877,945	877,945
Depreciable capital assets	47,882,527	47,850,027	45,422,895
Construction in progress	2,564,932	2,409,900	3,583,725
Depreciation	(41,539,208)	(41,430,750)	(40,581,813)
Property, Plant and Equipment, net	9,786,196	9,707,122	9,302,752
Total Assets	**$ 25,500,535**	**$ 27,149,685**	**$ 34,414,946**
Liabilities and Net Assets			
Current Liabilities:			
Current Portion of Long Term Debt	$ 1,583,660	$ 2,019,470	$ 826,007
Accounts Payable and Accrued Expenses	11,644,987	12,082,359	11,823,357
Payroll Related Accruals	5,020,973	4,680,460	5,195,271
Deferred Revenue	965,651	1,447,888	5,731,269
Employee Health Related Accruals	781,682	716,136	714,297
Third-Party Payer Settlement Payable	2,538,091	2,235,335	3,796,593
Total Current Liabilities	22,535,042	23,181,648	28,086,794
Long Term Debt, net	1,470,877	1,841,912	1,578,289
Total Liabilities	24,005,919	25,023,560	29,665,083
Net Assets:			
Unrestricted	1,192,796	1,836,883	4,350,108
Temporarily Restricted	301,821	289,241	399,755
Total Net Assets	1,494,617	2,126,124	4,749,863
Total Liabilities and Net Assets	**$ 25,500,535**	**$ 27,149,684**	**$ 34,414,946**

City of Alameda Health Care District

Statements of Operations

April 30, 2014

$'s in thousands

	Current Month					Year-to-Date				
	Actual	Budget	$ Variance	% Variance	Prior Year	Actual	Budget	$ Variance	% Variance	Prior Year
Patient Days	5,824	5,992	(168)	-2.8%	5,810	59,507	59,407	100	0.2%	54,575
Discharges	228	293	(65)	-22.1%	240	2,343	2,694	(351)	-13.0%	2,602
ALOS (Average Length of Stay)	25.54	20.49	5.06	24.7%	24.21	25.40	22.05	3.35	15.2%	20.97
ADC (Average Daily Census)	187.9	193.3	(5.42)	-2.8%	187.4	195.1	194.8	0.33	0.2%	178.9
CMI (Case Mix Index)	1.3225				1.1858	1.3260				1.3276
Revenues										
Gross Inpatient Revenues	$ 18,069	$ 20,647	$ (2,577)	-12.5%	$ 17,587	$ 183,301	$ 193,800	$ (10,499)	-5.4%	$ 181,931
Gross Outpatient Revenues	9,374	10,547	(1,174)	-11.1%	8,229	86,965	89,522	(2,557)	-2.9%	78,051
Total Gross Revenues	27,443	31,194	(3,751)	-12.0%	25,816	270,266	283,322	(13,056)	-4.6%	259,983
Contractual Deductions	19,799	22,945	3,146	13.7%	18,628	199,394	205,587	6,194	3.0%	187,727
Bad Debts	1,440	1,102	(338)	-30.7%	912	7,660	11,019	3,359	30.5%	10,479
Charity and Other Adjustments	102	133	31	23.3%	97	1,175	1,333	158	11.8%	1,255
Net Patient Revenues	6,101	7,014	(913)	-13.0%	6,179	62,038	65,383	(3,345)	-5.1%	60,522
Net Patient Revenue %	22.2%	22.5%			23.9%	23.0%	23.1%			23.3%
Net Clinic Revenue	51	87	(36)	-41.5%	98	663	875	(212)	-24.2%	498
Other Operating Revenue	89	12	77	640.2%	23	1,666	121	1,546	1279.1%	481
Total Revenues	**6,242**	**7,113**	**(872)**	-12.3%	**6,301**	**64,367**	**66,379**	**(2,011)**	-3.0%	**61,501**
Expenses										
Salaries	3,745	3,867	122	3.2%	3,433	36,588	36,381	(206)	-0.6%	33,959
Temporary Agency	252	148	(104)	-70.5%	177	1,730	1,604	(126)	-7.9%	1,867
Benefits	1,542	1,105	(437)	-39.6%	1,133	10,804	10,638	(166)	-1.6%	9,470
Professional Fees	455	463	9	1.9%	438	4,724	4,860	136	2.8%	4,221
Supplies	783	923	140	15.2%	824	8,203	8,480	277	3.3%	7,797
Purchased Services	586	569	(17)	-3.0%	551	5,612	5,664	53	0.9%	5,476
Rents and Leases	(80)	229	309	134.8%	242	2,033	2,241	208	9.3%	2,054
Utilities and Telephone	101	79	(22)	-27.4%	92	828	818	(9)	-1.2%	805
Insurance	37	40	3	7.4%	41	354	387	33	8.4%	372
Depreciation and amortization	109	112	3	2.8%	78	959	944	(15)	-1.6%	730
Other Operating Expenses	124	135	12	8.6%	132	1,132	1,203	71	5.9%	1,072
Total Expenses	**7,652**	**7,669**	**17**	0.2%	**7,140**	**72,966**	**73,220**	**254**	0.3%	**67,823**
Operating gain (loss)	**(1,410)**	**(556)**	**(855)**	-153.7%	**(840)**	**(8,599)**	**(6,842)**	**(1,757)**	25.7%	**(6,322)**
Non-Operating Income / (Expense)										
Parcel Taxes	482	482	-	0.0%	481	4,820	4,850	(29)	-0.6%	4,796
Investment Income	0	-	0	0.0%	1	13	-	13	0.0%	10
Interest Expense	(9)	(16)	7	45.5%	(34)	(206)	(156)	(50)	31.7%	(156)
Other Income / (Expense)	28	28	(0)	-1.7%	28	280	367	(88)	-23.9%	483
Net Non-Operating Income / (Expense)	**501**	**495**	**7**	**1.4%**	**477**	**4,908**	**5,061**	**(153)**	**-3.0%**	**5,133**
Excess of Revenues Over Expenses	**$ (909)**	**$ (61)**	**$ (848)**	**1380.4%**	**$ (363)**	**$ (3,691)**	**$ (1,781)**	**$ (1,911)**	**107.3%**	**$ (1,189)**

City of Alameda Health Care District

Statements of Operations - Per Adjusted Patient Day

April 30, 2014

	Current Month					Year-to-Date				
	Actual	Budget	$ Variance	% Variance	Prior Year	Actual	Budget	$ Variance	% Variance	Prior Year
Revenues										
Gross Inpatient Revenues	$ 2,043	$ 2,281	$ (238)	-10.4%	$ 2,062	$ 2,089	$ 2,231	$ (142)	-6.4%	$ 2,333
Gross Outpatient Revenues	1,060	1,165	(105)	-9.0%	965	991	1,031	(40)	-3.8%	1,001
Total Gross Revenues	3,103	3,446	(343)	-10.0%	3,027	3,080	3,262	(182)	-5.6%	3,334
Contractual Deductions	2,238	2,535	296	11.7%	2,184	2,273	2,367	95	4.0%	2,407
Bad Debts	163	122	(41)	-33.8%	107	87	127	40	31.2%	134
Charity and Other Adjustments	12	15	3	21.5%	11	13	15	2	12.7%	16
Net Patient Revenues	690	775	(85)	-11.0%	725	707	753	(46)	-6.1%	776
Net Patient Revenue %	22.2%	22.5%			23.9%	23.0%	23.1%			23.3%
Net Clinic Revenue	6	10	(4)	-40.1%	11	8	10	(3)	-25.0%	6
Other Operating Revenue	10	1	9	657.6%	3	19	1	18	1265.1%	6
Total Revenues	**706**	**786**	**(80)**	-10.2%	**739**	**734**	**765**	**(31)**	-4.0%	**789**
Expenses										
Salaries	423	427	4	0.9%	403	417	419	2	0.5%	435
Temporary Agency	29	16	(12)	-74.5%	21	20	18	(1)	-6.8%	24
Benefits	174	122	(52)	-42.9%	133	116	122	7	5.4%	121
Professional Fees	51	51	(0)	-0.4%	51	54	56	2	3.8%	54
Supplies	89	102	13	13.2%	97	93	98	4	4.3%	100
Purchased Services	66	63	(3)	-5.4%	65	64	65	1	1.9%	70
Rents and Leases	(9)	25	34	135.7%	28	23	26	3	10.2%	26
Utilities and Telephone	11	9	(3)	-30.4%	11	9	9	(0)	-0.1%	10
Insurance	4	4	0	5.2%	5	4	4	0	9.4%	5
Depreciation and Amortization	12	12	0	0.5%	9	11	11	(0)	-0.5%	9
Other Operating Expenses	14	15	1	6.4%	15	13	14	1	6.9%	14
Total Expenses	**865**	**847**	**(18)**	-2.1%	**837**	**824**	**843**	**19**	2.2%	**870**
Operating Gain / (Loss)	**(159)**	**(61)**	**(98)**	-159.7%	**(98)**	**(91)**	**(79)**	**(12)**	15.2%	**(81)**
Non-Operating Income / (Expense)										
Parcel Taxes	54	53	1	2.3%	56	55	56	(1)	-1.6%	61
Investment Income	0	-	0	0.0%	0	0	-	0	0.0%	0
Interest Expense	(1)	(2)	1	44.2%	(4)	(2)	(2)	(1)	30.4%	(2)
Other Income / (Expense)	3	3	0	0.6%	3	3	4	(1)	-24.7%	6
Net Non-Operating Income / (Expense)	**57**	**55**	**2**	**3.7%**	**56**	**56**	**58**	**(2)**	**-4.0%**	**66**
Excess of Revenues Over Expenses	**$ (103)**	**$ (7)**	**$ (96)**	1415.2%	**$ (43)**	**$ (35)**	**$ (20)**	**$ (14)**	70.5%	**$ (15)**

Wound Care - Statement of Operations
April 30, 2014

	Current Month				Year-to-Date			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Clinic Visits	571	400	171	42.8%	4,436	3,676	760	20.7%
Revenue								
Gross Revenue	1,194,598	825,945	368,653	44.6%	9,278,722	7,423,526	1,855,196	25.0%
Deductions from Revenue	943,732	636,308	307,424		7,201,340	5,719,085	1,482,255	
Net Revenue	250,866	189,637	61,229	32.3%	2,077,382	1,704,442	372,940	
Expenses								
Salaries	20,269	19,200	(1,069)	-5.6%	202,493	176,626	(25,866)	-14.6%
Benefits	4,354	5,735	1,381	24.1%	54,615	52,758	(1,857)	-3.5%
Professional Fees	123,164	94,026	(29,138)	-31.0%	947,952	813,864	(134,087)	-16.5%
Supplies	36,360	40,669	4,309	10.6%	377,096	329,257	(47,839)	-14.5%
Purchased Services	6,168	6,500	332	5.1%	55,850	50,000	(5,850)	-11.7%
Rents and Leases	4,845	5,686	841	14.8%	55,570	56,860	1,290	2.3%
Depreciation	8,834	8,834	0	0.0%	88,341	87,447	(894)	-1.0%
Other	2,168	2,079	(89)	-4.3%	18,120	22,715	4,595	20.2%
Total Expenses	206,162	182,729	(23,434)	-12.8%	1,800,036	1,589,528	(210,508)	-13.2%
Excess of Revenue over Expenses	44,703	6,908	37,795	547.1%	277,346	114,914	162,433	141.4%

City of Alameda Health Care District
Waters Edge Skilled Nursing - Statement of Operations
April 30, 2014

	Current Month				Year-to-Date			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Patient Days								
Medicare	270	487	(217)	-44.6%	2,926	4,932	(2,006)	-40.7%
Medi-Cal	2,798	2,492	306	12.3%	29,057	25,256	3,801	15.0%
Managed Care	33	66	(33)	-50.0%	330	667	(337)	-50.5%
Self Pay/Other	141	195	(54)	-27.7%	1,243	1,977	(734)	-37.1%
Total	3,242	3,240	2	0.1%	33,556	32,832	724	2.2%
Revenue								
Routine Revenue	2,579,659	2,529,519	50,141	2.0%	26,673,631	25,632,457	1,041,175	4.1%
Ancillary Revenue	296,075	264,559	31,516	11.9%	3,478,454	2,621,578	856,876	32.7%
Total Gross Revenue	2,875,734	2,794,078	81,656	2.9%	30,152,085	28,254,035	1,898,050	6.7%
Deductions from Revenue	1,706,828	1,609,389	(97,439)	-6.1%	17,809,509	16,253,988	(1,555,520)	-9.6%
Net Revenue	1,168,906	1,184,689	(15,783)	-1.3%	12,342,576	12,000,046	342,530	2.9%
Expenses								
Salaries	457,276	464,740	7,465	1.6%	4,696,093	4,691,094	(4,999)	-0.1%
Temporary Agency	99,137	16,667	(82,471)	-100.0%	397,734	167,081	(230,653)	-100.0%
Benefits	103,812	96,556	(7,256)	-7.5%	986,820	968,899	(17,921)	-1.8%
Professional Fees	18,309	5,200	(13,109)	-252.1%	65,967	52,000	(13,967)	-26.9%
Supplies	105,466	62,282	(43,184)	-69.3%	745,551	626,210	(119,341)	-19.1%
Purchased Services	99,521	115,134	15,613	13.6%	1,100,118	1,236,334	136,216	11.0%
Rents and Leases	78,398	78,300	(98)	-0.1%	783,214	765,600	(17,614)	-2.3%
Utilities	8,486	11,767	3,280	27.9%	97,029	117,666	20,637	17.5%
Insurance	-	2,392	2,392	100.0%	-	23,919	23,919	100.0%
Other	19,869	16,308	(3,561)	-21.8%	170,583	164,082	(6,500)	-4.0%
Total Expenses	990,274	869,346	(120,929)	-13.9%	9,043,108	8,812,885	(230,223)	-2.6%
Excess of Revenue over Expenses	178,632	315,343	(136,712)		3,299,468	3,187,161	112,307	

City of Alameda Health Care District
Orthopedic Clinic - Statement of Operations
April 30, 2014

	Current Month				Year-to-Date			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Clinic Visits	257	302	(45)	-14.9%	2,421	3,020	(599)	-19.8%
Revenue								
Gross Revenue	62,274	128,652	(66,378)	-51.6%	705,190	1,286,520	(581,330)	-45.2%
Deductions from Revenue	36,071	90,069	(53,997)		423,325	900,689	(477,364)	
Net Revenue	26,203	38,583	(12,381)		281,865	385,831	(103,966)	
Expenses								
Salaries	36,676	25,210	(11,467)	-45.5%	300,145	298,263	(1,882)	-0.6%
Benefits	8,186	7,530	(656)	-8.7%	75,883	89,091	13,208	14.8%
Professional Fees	21,692	19,000	(2,692)	-14.2%	216,347	226,000	9,653	4.3%
Supplies	1,203	1,083	(120)	-11.0%	11,292	24,060	12,768	53.1%
Purchased Services	5,393	5,000	(393)	-7.9%	41,148	56,498	15,350	27.2%
Rents and Leases	4,781	4,667	(115)	-2.5%	47,624	46,669	(955)	-2.0%
Depreciation	-	-	-	0.0%	-	-	-	0.0%
Other	671	1,983	1,313	66.2%	18,200	24,281	6,081	25.0%
Total Expenses	78,603	64,473	(14,130)	-21.9%	710,640	764,862	54,222	7.1%
Excess of Revenue over Expenses	(52,400)	(25,890)	(26,511)	-102.4%	(428,775)	(379,031)	(49,743)	-13.1%
Hospital Based Activity:								
Inpatient Days	32	22	10	45.5%	300	220	80	36.4%
Inpatient Surgeries	5	5	-	0.0%	52	50	2	4.0%
Outpatient Surgeries	9	11	(2)	-18.2%	65	102	(37)	-36.3%
Therapy Referred Visits	190	175	15	8.6%	1,640	1,750	(110)	-6.3%
Imaging Referred Procedures	100	110	(10)	-9.1%	1,142	1,100	42	3.8%
Inpatient Gross Charges	480,787	0	480,787	#DIV/0!	5,500,043	2,166,500	3,333,543	153.9%
Inpatient Net Revenue	100,171	0	100,171	#DIV/0!	1,010,206	486,500	523,706	107.6%
Outpatient Gross Charges	351,119	0	351,119	#DIV/0!	3,772,312	2,254,405	1,517,907	67.3%
Outpatient Net Revenue	59,690	0	59,690	#DIV/0!	626,238	492,203	134,035	27.2%
Total Gross Charges	831,906	0	831,906	#DIV/0!	9,272,355	4,420,905	4,851,450	109.7%
Total Net Revenue	159,862	0	159,862	#DIV/0!	1,636,445	978,703	657,742	67.2%

City of Alameda Health Care District
1206b Clinic - Statement of Operations
April 30, 2014

	Current Month				Year-to-Date			
	Actual	Budget	Variance	%	Actual	Budget	Variance	%
Clinic Visits								
Primary Care	91	138	(47)		905	1,377	(472)	
Surgery	64	53	11		744	533	211	
Neurology	15	31	(16)		252	311	(59)	
Total Visits	170	222	(52)	-23.4%	1,901	2,220	(319)	-14.4%
Revenue								
Gross Revenue	59,482	181,150	(121,667)	-67.2%	924,202	1,345,750	(421,548)	-31.3%
Deductions from Revenue	34,454	129,400	(94,945)		523,601	828,250	(304,649)	
Net Revenue	25,028	51,750	(26,722)		400,601	517,500	(116,899)	
Expenses								
Salaries	38,081	31,350	(6,731)	-21.5%	310,131	330,269	20,137	6.1%
Temporary Agency		-	-	-100.0%	1,864	-	(1,864)	-100.0%
Benefits	9,574	9,364	(209)	-2.2%	86,419	96,859	10,440	10.8%
Professional Fees	3,469	18,000	14,531	80.7%	140,979	180,000	39,021	21.7%
Supplies	183	1,840	1,656	90.0%	35,625	13,978	(21,647)	-154.9%
Purchased Services	9,025	6,468	(2,556)	-39.5%	80,652	64,680	(15,972)	-24.7%
Rents and Leases	15,194	15,194	0	0.0%	151,940	136,742	(15,198)	-11.1%
Depreciation	393	106	(287)	-271.3%	4,839	1,819	(3,020)	-166.0%
Other	7,299	3,500	(3,799)	-108.6%	57,996	46,520	(11,475)	-24.7%
Total Expenses	83,217	85,821	2,604	3.0%	870,445	870,868	423	0.0%
Excess of Revenue over Expenses	(58,189)	(34,071)	(24,118)	70.8%	(469,844)	(353,368)	(116,476)	33.0%
Clinic Rental Income	13,619	13,100	519	4.0%	135,925	131,000	4,925	3.8%
Net 1206b Clinic	(44,570)	(20,971)	(23,599)	112.5%	(333,919)	(222,368)	(111,551)	50.2%

Note:

Clinic Hours by Physician

Dr. Celada (General Surgery) - M,W,F Mornings only
Dr. Lee (General Surgery) - T, Th Mornings only
Dr. Brimmer (Primary Care) - M & Th full days, plus T Mornings
Dr. Dutaret (Neurology) - W full days

City of Alameda Health Care District
Statement of Cash Flows
For the Ten Months Ended April 30, 2014

	Current Month	Year-to-Date
Cash flows from operating activities		
Net Income / (Loss)	$ (909,212)	$ (3,691,359)
Items not requiring the use of cash:		
Depreciation and amortization	108,653	$ 958,766
Write-off of Kaiser liability	-	$ -
Changes in certain assets and liabilities:		
Patient accounts receivable, net	(754,235)	712,154
Other Receivables	2,345,209	5,542,203
Third-Party Payer Settlements Receivable	302,755	(1,258,502)
Inventories	(11,706)	(28,912)
Prepaids and Other	6,417	86,022
Accounts payable and accrued liabilities	(437,372)	(178,370)
Payroll Related Accruals	340,512	(174,298)
Employee Health Plan Accruals	65,546	67,385
Deferred Revenues	(482,237)	(4,765,618)
Cash provided by (used in) operating activities	574,330	(2,730,530)
Cash flows from investing activities		
(Increase) Decrease in Assets Limited As to Use	(12,580)	(112,066)
Additions to Property, Plant and Equipment	(187,727)	(1,442,210)
Other	265,125	534,046
Cash provided by (used in) investing activities	64,818	(1,020,229)
Cash flows from financing activities		
Net Change in Long-Term Debt	(806,846)	650,240
Net Change in Restricted Funds	12,580	(97,934)
Cash provided by (used in) financing and fundraising activities	(794,266)	552,306
Net increase (decrease) in cash and cash equivalents	(155,117)	(3,198,453)
Cash and cash equivalents at beginning of period	1,818,624	4,861,959
Cash and cash equivalents at end of period	$ 1,663,508	$ 1,663,507

City of Alameda Health Care District
Ratio's Comparison

Financial Ratios	Audited Results FY 2010	FY 2011	FY 2012	FY 2013	YTD 4/30/2014
Profitability Ratios					
Net Patient Revenue (%)	24.16%	23.58%	22.90%	23.34%	22.95%
Earnings Before Depreciation, Interest, Taxes and Amortization (EBITA)	4.82%	-1.01%	-1.48%	-1.48%	-1.48%
EBIDAP[Note 5]	-3.66%	-13.41%	-11.22%	-9.39%	-11.41%
Total Margin	2.74%	-2.61%	-3.21%	-3.13%	-5.73%
Liquidity Ratios					
Current Ratio	1.23	1.05	0.96	0.89	0.69
Days in accounts receivable ,net	51.83	46.03	55.21	60.35	55.52
Days cash on hand (with restricted)	21.6	14.1	17.7	21.8	8.3
Debt Ratios					
Cash to Debt	249.0%	123.3%	123.56%	210.11%	56.31%
Average pay period (includes payroll)	57.11	62.68	72.94	78.69	75.29
Debt service coverage	5.98	(0.70)	(0.53)	(1.21)	(1.14)
Long-term debt to fund balance	0.14	0.18	0.28	0.33	0.70
Return on fund balance	18.87%	-19.21%	-27.35%	-48.16%	-246.98%
Debt to number of beds	10,482	11,515	16,978	9,728	9,728

City of Alameda Health Care District
Ratio's Comparison

Financial Ratios	Audited Results FY 2010	FY 2011	FY 2012	FY 2013	YTD 4/30/2014
Patient Care Information					
Bed Capacity	161	161	161	281	281
Patient days(all services)	30,607	30,270	30,448	66,645	59,506
Patient days (acute only)	10,579	10,443	10,880	11,559	8,861
Discharges(acute only)	2,802	2,527	2,799	2,838	2,121
Average length of stay (acute only)	3.78	4.13	3.89	4.07	4.18
Average daily patients (all sources)	83.85	82.93	83.19	182.59	195.74
Occupancy rate (all sources)	52.08%	51.51%	51.67%	64.98%	69.66%
Average length of stay	3.78	4.13	3.89	4.07	4.18
Emergency Visits	17,624	16,816	16,964	17,175	14,126
Emergency visits per day	48.28	46.07	46.35	47.05	46.47
Outpatient registrations per day[Note 1]	79.67	65.19	60.67	64.07	66.74
Surgeries per day - Total	13.46	6.12	6.12	5.52	5.93
Surgeries per day - excludes Kaiser	5.32	6.12	6.12	5.52	5.93

Notes:

1. Includes Kaiser Outpatient Sugercial volume in Fiscal Years 2008, 2009 and through March 31, 2010.
2. In addition to these general requirements a feasibility report will be required.
3. Based upon Moody's FY 2008 preliminary single-state provider medians.
4. EBIDA - Earnings before Interest, Depreciation and Amoritzation
5. EBIDAP - Earnings before Interest, Depreciation and Amortization and Parcel Tax Proceeds

Glossary of Financial Ratios

Term	What is it? Why is it Important?	How is it calculated?
EBIDA	A measure of the organization's cash flow	Earnings before interest, depreciation, and amortization (EBIDA)
Operating Margin	Income derived from patient care operations	Total operating revenue less total operating expense divided by total operating revenue
Current Ratio	The number of dollars held in current assets per dollar of liabilities. A widely used measure of liquidity. An increase in this ratio is a positive trend.	Current assets divided by current liabilities
Days cash on hand	Measures the number of days of average cash expenses that the hospital maintains in cash or marketable securities. It is a measure of total liquidity, both short-term and long-term. An increasing trend is positive.	Cash plus short-term investments plus unrestricted long-term investments over total expenses less depreciation divided by 365.
Cash to debt	Measures the amount of cash available to service debt.	Cash plus investments plus limited use investments divided by the current portion and long-term portion of the organization's debt insruments.
Debt service coverage	Measures total debt service coverage (interest plus principal) against annual funds available to pay debt service. Does not take into account positive or negative cash flow associated with balance sheet changes (e.g. work down of accounts receivable). Higher values indicate better debt repayment ability.	Excess of revenues over expenses plus depreciation plus interest expense over principal payments plus interest expense.
Long-term debt to fund balance	Higher values for this ratio imply a greater reliance on debt financing and may imply a reduced ability to carry additional debt. A declining trend is positive.	Long-term debt divided by long-term debt plus unrestricted net assets.

CITY OF ALAMEDA HEALTH CARE DISTRICT

Minutes of the City of Alameda Health Care District Board of Directors
Open Session
Tuesday April 8, 2014 Regular Meeting

Board Members Present	Management Present	Legal Counsel Present	Guests
Jordan Battani Lynn Bratchett, RN Robert Deutsch, MD J. Michael McCormick, President Tracy Jensen	Deborah E. Stebbins Kerry Easthope	Thomas Driscoll, Esq.	
		Medical Staff Present	Excused
			Emmons Collins, MD
Submitted by: Kristen Thorson, District Clerk and Heather Reyes, Administrative Secretary			

Topic		Discussion	Action / Follow-Up
I.	Call to Order	The meeting was called to order at 7:30 p.m.	
II.	Roll Call	Ms. Stebbins called roll noting a quorum of Directors was present.	
III.	Adjourn into Executive Closed Session	The meeting was adjourned into Executive Closed Session at 7:30 p.m.	
IV.	Closed Session Agenda		
V.	Reconvene to Public Session	The meeting was reconvened into public session at 9:10 p.m.	

A. Announcements from Closed Session

Director McCormick announced that Medical Staff Credentialing Recommendations were approved as outlined below; the March Minutes were approved as well as the monthly quality report.

Initial Appointments – Medical Staff

	Name	Specialty	Affiliation
	• Denten Eldredge, DPM	Podiatry	AHS

Topic	Discussion		Action / Follow-Up	
	• Ajitha Nair, DPM	Podiatry	AHS	
	• David Tran, DPM	Podiatry	AHS	
	• Blake Vonderheide, MD	Anesthesiology	Private Practice	
Reappointments – Medical Staff				
	Name	Specialty	Staff Status	Appointment Period
	• Darien Beharavan, DO	Pain Management	Courtesy	05/01/14 – 04/30/16
	• Eric Dovichi, MD	Radiology	Courtesy	05/01/14 – 04/30/16
	• Rubinder Kaur, MD	Internal Medicine	Courtesy	05/01/14 – 04/30/16
	• Vijay Mirmira, MD	Family Medicine	Courtesy	05/01/14 – 04/30/16
	• Wiliam Sellamn, MD	Family Medicine	Active	05/01/14 – 04/30/16
	• Naini Sharma, MD	Internal Medicine/Hospitalist	Courtesy	05/01/14 – 04/30/16
	• Charles Shih, MD	Otolaryngology	Courtesy	05/01/14 – 04/30/16
	• Michael Zimmerman, MD	Family Medicine	Active	05/01/14 – 04/30/16
Initial Applications – Allied Health Professional Status				
	Name	Specialty	Appointment Period	
	Graciela Sanabria, PA-C	Physician Assistant (Gen Surgery)	04/03/14 – 03/31/16	
Staff Status Advancement				
Barry Gustin, MD was advanced to Active Staff.				
Resignations				
	Name	Specialty		
	• Arnold Levine, MD	Vascular Surgery		
VI.	**General Public Comments** There were no public comments			
VII.	**Regular Agenda**			

Topic		Discussion	Action / Follow-Up
	A.	**Consent Agenda** 1) Approval of March 5, 2014 Minutes (Regular)	Director Jensen made a motion to approve the consent agenda as presented. Director Bratchett seconded the motion. The motion carried.
		2) Acceptance of February 2014 Unaudited Financial Statements	
		3) Acceptance of Annual Compliance Report	
		4) Approval of Amendment to Medical Staff Rules and Regulations, Article 34	
	B.	**Action Items**	
		1) Discussion and Approval of Recommendations of District Post Affiliation Organization Ms. Stebbins began with outlining the Post Affiliation Structure and Responsibilities of the District Board of Directors. Noting on various key points: • BOD Meetings to maintain their scheduled monthly meetings for the three months following the close of the affiliation and every other month thereafter • The District Board to maintain the Community Relations and Outreach Committee as a vehicle to communicate information to the Alameda community about Hospital and AHS services as well as a conduit to get feedback from the community • After the affiliation takes place AH will no longer be District Hospital, management is recommending that we discontinue our membership with District Hospital Leadership Forum (DHLF), as they are an organization that serves to lobby for improved reimbursement to District hospitals • Logistical support required by the District would require office space for the District Clerk, which management is recommends at 888 Willow Street. The District will require the services of a District Clerk on a part time basis • It is recommended by the District that the legal service of Thomas L. Driscoll continue following the affiliation, to which Mr. Driscoll has agreed to continue on as legal counsel • Currently we are near completion of the preliminary financial budget for the District which include financial requirements that will be covered by the proceeds of the parcel tax and/or Jaber fund Ms. Stebbins stated that if there was more than one District "representative" interested they could write a one page summary on why they were interested and what they would bring to that role. Director Battani noted that she spoken with Wright Lassiter, he had mentioned that the AHS GovernanceCommittee would be in contact with all of the Board Members with the guidelines prior to the next BOD meeting in May.	Director Battani made a motion to approve the recommendation as outlined. Director Jenson seconded the motion. The motion carried.
		2) Approval of Resolution 2014-1L:Resolution Approving Ancillary Agreements to Joint Powers	Director Battani made a motion to

Topic		Discussion	Action / Follow-Up
		Agreement Mr. Driscoll outlined The Joint Powers Agreement(JPA), with AHS assuming the possession of Alameda Hospital from the District on May 1 upon satisfactory completion of the due diligence review and licensure change. Also noting the contingent liabilities or Undisclosed Pre-Closing Liabilities within the first four years after closing to which the Board has authorized the CEO to execute on behalf of the District, one or more ancillary agreements to the JPA that would implement provisions of the Definitive agreement and permit AHS to elect to terminate the JPA under certain circumstances, if contingent liabilities exceed $1,500,000 or Undisclosed Pre-Closing Liabilities exceed $750,000, within the first four years following the closing.	approve the consent agenda as presented. Director Jensen seconded the motion. The motion carried.
	C.	**District Board President's Report** President McCormick stated that Measure A was passed by 71% of Alameda County and was committed to raise 1.5 billion dollars over 15 years is coming to an end. A Blue Ribbon panel across the county has decided to go to the June 3 election and have renewed Measure A and it is listed as Measure AA and will continue the ½ cent sales tax until 2034 that will go towards hospitals, clinics, and different school based clinics.	No action taken.
	D.	**Community Relations and Outreach Committee Report** Director Battani stated that the Community Relations meeting was held on March 25. Ms. Battani discussed the role of the committee post affiliation. The District Board plans on keeping the committee and determining the best structure moving forward. AHS does not have a similar committee. The committee could be a vehicle for communication between the community, the District Board, and the Hospital. Ms. Battani also noted the importance of communicating to the community regarding the parcel tax and how it continues to benefit Alameda Hospital and the community. The committee members can be ambassadors who will provide this information to their constituents. Also Director Battani noted the meeting that Ms. Stebbins and various management staff had with the Alameda County Behavior Health Care Services. She would like to make a recommendation to the Board to pursue an outreach program to educate health care providers and the community at large about the behavioral health resources available in Alameda County. This could include training and information sessions. Director Battani stated that she will work with Ms. Nakada in preparing a package of information to present to the Board. Director Battani would also like to bring to the next meeting some thoughts on how to pass a motion without a quorum, as there usually isn't enough members present to vote. Director Battani noted a Volunteer Appreciation Event is being on April 9 the Dal Cielo Conference Room at	No action taken.

Topic		Discussion	Action / Follow-Up
		5:30 pm The Next meeting to be held in May following the Board of Directors meeting.	
	E.	**Medical Staff President Report** No report at this time.	No action taken
	F.	**Chief Executive Officer Report**	
		Ms. Stebbins began her discussion with the article that was posted today in The Alamedan, and clarified some of the information and financial data as listed below. She noted that management had determined the source of information from a due diligence report that had been part of the May 25 AHS Board of Trustees open session. 1. Amount of Capital Investment – the amount in the report was reported as $37.5 million, Alameda Hospital believes that number to be $27 million. The difference between these numbers are believed to be a result of the a property inspections as a result of due diligence that included renovations, of worst case scenarios if all facilities were upgraded. 2. Loans – The Bank of Alameda loan was reported to be in the amount of $2 million, it is actually paid down to $1.6 million. Bank of America lease was listed at $2 million, it is actually $1.6 as well. There was a statement about the Jaber property revenues going to support hospital operations through AHS. Ms. Stebbins stated that these two properties were not on the table for discussion. They are collateral to the Bank of Alameda loan and there are restrictions on the Jaber Trust, that would preclude selling the property. 3. Severance & Paid Time - There was a mention of severance and paid time of $2.3 million. The total is comprised of a liability of the payout of PTO to employees when transitioning to AHS employment of $1.5 million and the remainder potential severance payout as a result of the transition. 4. Pension Plan Underfunded – The District has 8 pension plans with a Pension Committee that meets on a regular basis. The plans are fully funded as legally required. Communication with the employees and unions will take place immediately to address and ensure them that there is not a problem with the pension plans. Ms. Stebbins stated that a single sentence about the pension be All of the board members expressed their great disappointment in the how the information from the due diligence report came to light through the article, for the District Board, management, and Legal Counsel especially without their prior knowledge. The Board requested that management relay their extreme discontent with the lack of communication on the part of AHS management and the Board of Trustees. There was a overall sense of disrespect by the Board and were concerned about the relationship with AHS going forward. Director Battani asked that Ms. Stebbins reach out to Michelle Ellson to correct the misstatements in the due diligence report.	No action taken

Topic	Discussion	Action / Follow-Up
VIII.	**General Public Comments** No public comments	
IX.	**Board Comments** Director Jenson announced that on April 23 the Elk's Club will be hosting "Meet Your Public Official" evening, sponsored by The League of Women voters. Director Jensen requested to adjourn the meeting in memory of Ann Taylor, District Director for Barbara Lee who passed away several weeks ago.	
X.	**Adjournment** Being no further business the meeting was adjourned at 10:07 p.m.	

Attest:

J. Michael McCormick
President

Tracy Jensen
Secretary

CITY OF ALAMEDA HEALTH CARE DISTRICT

Minutes of the City of Alameda Health Care District Board of Directors
Open Session
Wednesday May 7, 2014 Public Open Session Meeting

Board Members Present	Management Present	Legal Counsel Present	Guests
Jordan Battani Lynn Bratchett, RN Robert Deutsch, MD J. Michael McCormick, President Tracy Jensen	Deborah E. Stebbins Kerry Easthope		
		Medical Staff Present	Excused
			Thomas Driscoll, Esq. Emmons Collins, MD
Submitted by: Kristen Thorson, District Clerk and Heather Reyes, Administrative Secretary			

Topic		Discussion	Action / Follow-Up
I.	Call to Order	The meeting was called to order at 7:07 p.m.	
II.	Roll Call	Ms. Thorson called roll noting a quorum of Directors was present.	
III.	**General Public Comments**	There were no public comments	
IV.	**Regular Agenda**		
	A. **Consent Agenda** 1) Acceptance of March 2014 Unaudited Financial Statements		Director Deutsch made a motion to approve the consent agenda as presented. Director Jensen seconded the motion. The motion carried.

Topic		Discussion	Action / Follow-Up
	B.	**Action Items** 1) Approval of Revisions to Community Relations and Outreach Committee Structure and Purpose Director Battani began by reviewing the recommendations as outlined in the Board packet. Committee composition and voting rights has been previously discussed with the Board and Committee , as historically there has not been difficulty meeting a quorum to vote at meetings. Director Battani and the Committee have purposed: I. At least two members of the City of Alameda Health Care District Board of Directors both of whom shall be voting members of the committee II. The President of the City of Alameda Health Care District Board of Directors shall be an ex-offcio, non-voting member, unless the President is serving as a voting member of the committee III. One member of the Alameda Hospital Medical Staff who shall be a voting member of the committee IV. One member of the Alameda Hospital Foundation Board who shall be a voting member V. Up to even at large members chosen by the Committee for expertise needed by the District all of whom shall be voting members of the committee VI. At least one member of Alameda Hospital Management as delegated who shall not be a voting member of the committee Director Deutsch stated in regards to the "Medical Staff Member" for the representation on the committee it should be the Medical Staff President, as that person represents the medical staff and serves as the Hospital Ambassador.	Director Bratchett made a motion to approve the Approval of Revision to the Community Relations and Outreach Committee Structure and Purpose. Director Deutsch seconded the motion. The motion carried.
		2) Recommendation for Formation of a District Sub-Committee to Discuss Financial and Quality Reporting from Alameda Health System Director McCormick stated he would like see a District Sub-Committee formed to discuss how to set up a financial and quality reporting structure with a representative from AHS moving forward. He further stated that the Board is unclear at this time as to how the financial and quality reporting will take place now that the affiliation is in place. Director Battani requested that Staff come back with a proposal from AHS of what the financial and quality reporting would consist of for this board to evaluate at our next meeting.	No action taken.
		3) Nominations to Alameda Health System Board of Trustees and Committees The following recommendation was included in the Board packet. "It is recommended that that	By way of ranked choice voting by the Board of Directors, Tracy

Topic	Discussion	Action / Follow-Up
	District Board of Directors nominate one of its members to the serve on the Board of Trustees of the Alameda Health System (AHS). Also recommended is that the District Board of Directors nominate a District Board member to serve on each major AHS Board Committees, including Strategic Planning, Finance and Quality Professional Services subject to approval by the AHS Board of Trustees" Director Battani expressed concerns about rushing into this nomination process and had strategy questions in regards to nominating members to the various committees without legal counsel present. She also stated that she would like to have legal counsel opinion on conflicts of interest. There was discussion regarding Director Battani's concerns and the Board agreed to move forward with the nomination process. During further discussion with the Board, the Board agreed that the positions with the AHS Board would be an annual commitment, commencing at the beginning of the year to coincide the District's cycle annual appointments, These nominations, if approved by the AHS Board of Trustees and/or Alameda County Board of Supervisors will be for the remainder of 2014 and all of 2015. Each Board member expressed their interest for either the Board of Trustees position or any of the Board of Trustee Committees: • Director Battani: Board of Trustees, Strategic Planning Committee • Director Bratchett: Strategic Planning Committee • Director Jensen: Board of Trustees, Strategic Planning Committee and Quality Processional Services Committee • Director McCormick: Board of Trustees, Finance Committee • Director Deutsch: Quality Professional Services Committee Directors McCormick, Battani and Jensen, who stated interest in serving on the Board of Trustees, were given 3 minutes to give a statement of their qualifications and background to why they felt they were qualified to serve as representative. Following the statements from the Directors Battani, Jensen and McCormick, The Board of Directors were provide voting cards and were asked to vote by ranking their preference for each candidate "1" being the highest, etc. The candidate with the lowest point value would be chosen as the nominee for the position on the Board of Trustees. The official results are as follows:	Jensen was nominated to the position on the Alameda Health System Board of Trustees. Director Deutsch nominated himself to the Quality and Professional Services Committee. Director Jensen seconded the nomination. Nomination carried. Director Deutsch nominated Director McCormick to the Finance Committee. Director Battani nominated Director Bratchett to the Strategic Planning Committee. Director Battani made a motion to approve the two nominations. Director Jensen seconded the motion. The motion carried.

Topic		Discussion	Action / Follow-Up

BOT Candidate	Board of Directors Ranked Votes					
	Battani	Bratchett	Deutsch	Jensen	McCormick	Total
Jensen	2	2	1	1	2	8
Battani	1	1	2	2	3	9
McCormick	3	3	3	3	1	13

Based on the Board of Directors preferences for committees the following nominations were made and voted on.

- Strategic Planning – Lynn Bratchett, RN
- Finance - Michael McCormick
- Quality Professional Services –Robert Deutsch, MD

		4) Approval of Revision to Policy 2008-0b: Signature Authority The District continues to maintain a number of bank accounts for business purposes. However, due to the affiliation, the signature authority needs to be amended to authorize non-Alameda Health System employee and two Board of Directors to write checks on behalf of the District (i.e. payroll, health benefits payments) until the workforce transitions to System employment. This policy will be revised to reflect the appropriate authorized signers and other information as the District evolves in its new role.	Director Jensen made a motion to approve the consent agenda as presented. Director Bratchett seconded the motion. The motion carried.
	C.	**<u>District Board President's Report</u>** President McCormick stated that is an upcoming ACHD meeting in Pasadena on May 28-30.	No action taken
	D.	**<u>Community Relations and Outreach Committee Report</u>** No Report at this time.	No action taken
	E.	**<u>Medical Staff President Report</u>** No report at this time.	No action taken
	F.	**<u>Alameda Health System and Alameda Hospital Update</u>**	No action taken

Topic	Discussion	Action / Follow-Up
	Ms. Stebbins began with noting the great teamwork that was shown in the preparation leading up and during the legal transition that occurred on May 1, 2014 at Alameda Hospital. The late night of April 30 and early morning of May 1 more than 50 additional staff, management and physicians assisted with discharging (on paper) approximately 220 patients from Alameda Hospital/Waters Edge/South Shore and readmitted them to Alameda Health System within an hour's time. To show appreciation to all of the dedicated employees that help early in the morning of May 2, we had Bowzer's Pizza, brought in. May 1, the hospital had "Day One festivities" for the employees, such as morning pasties and coffee, an afternoon ice cream social catered by Tuckers and rounding by Alameda Hospital management and Alameda Health System management. Ms. Stebbins stated that we have made a majority of the assignments to the vendor contracts and the physician contract, as well as the completion of our licensure. She noted that Alameda Alliance was placed on a conservatorship by the State Office of Managed Healthcare on May 6. She also informed the Board that some of the executive team have already received and accepted positions from Alameda Health System. The Information Systems staff will plan to switch over in mid May and the Director Bruce Matthias will end his contract position with Alameda Hospital on May 22. Ms. Stebbins stated her role, as well as Mr. Easthope would be on a temporary basis. The remainder of the workforce will transition on June 30, 2014.	

V. General Public Comments

No public comments

VI. Board Comments

The Board thanked Ms. Stebbins and Mr. Easthope, for their hard work, dedication and leadership in working through this affiliation.

VII. Adjournment

Being no further business the meeting was adjourned at 9:08 p.m.

Attest:

J. Michael McCormick
President

Tracy Jensen
Secretary

RESOLUTION NO. 2014-2L

BOARD OF DIRECTORS, CITY OF ALAMEDA HEALTH CARE DISTRICT

STATE OF CALIFORNIA

*** * ***

LEVYING THE CITY OF ALAMEDA HEALTH CARE DISTRICT

PARCEL TAX FOR THE FISCAL YEAR 2014-2015

WHEREAS, the Alameda County Local Agency Formation Commission ("LAFCo") resolved on January 10, 2002 to present a ballot measure to the registered voters of the City of Alameda which, if approved, would authorize the formation of the new health care district within the boundaries of the City of Alameda and authorize the District to levy a parcel tax of up to $298.00 on each parcel and possessory interest within the proposed district; and

WHEREAS, on April 9, 2002, over two-thirds of the registered voters of the City of Alameda, who voted that day, voted in favor of creating a health care district authorized to tax each parcel and possessory interest within the district's boundaries in an amount up to $298.00 per year in order to defray ongoing hospital general operating expenses and capital improvement expenses; and

WHEREAS, the City of Alameda Health Care District (the "District") was formally organized and began its existence on July 1, 2002; and

WHEREAS, on November 26, 2013, Alameda Health System ("AHS") and the District executed a Joint Powers Agreement ("Agreement") pursuant to (i) Chapter 5 (beginning with Section 6500) of Division 7 of Title 1 of the Government Code, authorizing local public entities, including healthcare districts and counties, to exercise their common powers through joint powers agreements, and (ii) Section 14000.2 of the California Welfare and Institutions Code, authorizing the integration of county hospitals with other hospitals into a system of community service; and

WHEREAS, **AHS**, a public hospital authority created by the Alameda County Board of Supervisors, pursuant to Section 101850 of the California Health and Safety Code, obtained possession, use and control of **Alameda Hospital ("Hospital")** from **the City of Alameda Health Care District ("District"),** a California health care district organized under the California Local Health District Law, California Health and Safety Code 32000 *et seq.* effective May 1, 2014 pursuant to the Agreement; and

WHEREAS, pursuant to the Agreement the District agreed to fulfill its mission to serve the health needs of the Alameda City Community by using the parcel tax proceeds to finance the capital needs of Alameda Hospital and the continued operation of its hospital services; and

WHEREAS, without the levy of a parcel and possessory interest tax in the amount of $298.00, the District's revenue stream will be insufficient to allow the provision of continued local access to emergency room care, acute hospital care, and other necessary medical services; and

WHEREAS, the District is authorized under Section 53730.01 of the California Government Code to impose special taxes on all real property within its boundaries.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the District that the District hereby levies an annual tax on every parcel and possessory interest within the District's boundaries in the amount of Two Hundred Ninety-Eight Dollars ($298.00) per year (the "Parcel Tax") in order to defray ongoing hospital general operating expenses and capital improvement expenses; provided, however, that parcels or possessory interests that have an assessed value (real property and improvements combined) of less than $30,000 shall be automatically exempt from the Parcel Tax.

PASSED AND ADOPTED on June 4, 2014 by the following vote:

AYES: _____ NOES: _____

ABSTENTION: _____

ABSENT: _____

_____
J. Michael McCormick
President

ATTEST:

_____
Tracy Jensen
Secretary

DATE: May 27, 2014

FOR: June 4, 2014 District Board Meeting

TO: City of Alameda Health Care District, Board of Directors

FROM: Thomas Driscoll, Legal Counsel
Kristen Thorson, District Clerk

SUBJECT: Approval of Certification and Mutual Indemnification Agreement

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RECOMMENDATION:

It is recommended that the District Board approve the annual Certification and Mutual Indemnification Agreement and authorize District Legal Counsel to sign the documents.

BACKGROUND:

Each year the District Board approves and authorizes the District's Legal Counsel to execute the Certification and Mutual Indemnification Agreement from Alameda County Auditor-Controller Agency. This agreement needs to be executed and returned to the Office of Auditor-Controller by August, 2014.

In 2002, both hospital counsel at the time of the Asset Transfer (Hansen Bridgett) and County Counsel confirmed that the District's Special Assessment does meet the requirements of Proposition 218, which is an updated version of Proposition 13, and that this matter had been thoroughly researched during the due diligence process before Measure A was placed on the April 2002 ballot.

RESOLUTION NO. 2014-4L

BOARD OF DIRECTORS, CITY OF ALAMEDA HEALTH CARE DISTRICT

STATE OF CALIFORNIA

*** * ***

BANKING AND SIGNING AUTHORITY

WHEREAS, the City of Alameda Health Care District (the "District") was formally organized and began its existence on July 1, 2002; and

WHEREAS, on November 26, 2013, Alameda Health System ("AHS") and the District executed a Joint Powers Agreement ("Agreement") pursuant to (i) Chapter 5 (beginning with Section 6500) of Division 7 of Title 1 of the Government Code, authorizing local public entities, including healthcare districts and counties, to exercise their common powers through joint powers agreements, and (ii) Section 14000.2 of the California Welfare and Institutions Code, authorizing the integration of county hospitals with other hospitals into a system of community service.

WHEREAS, AHS, a public hospital authority created by the Alameda County Board of Supervisors, pursuant to Section 101850 of the California Health and Safety Code, obtained possession, use and control of Alameda Hospital ("Hospital") from the City of Alameda Health Care District ("District"), a California health care district organized under the California Local Health District Law, California Health and Safety Code 32000 *et seq.* effective May 1, 2014 pursuant to the Agreement; and

WHEREAS, to carry out its responsibilities to the District and to serve the health needs of the community, the District Board of Directors may be required to enter into various contractual arrangements and to sign checks for District operations; and

WHEREAS, all bank accounts have been associated with the hospital operations and now the District will need to open separate bank account(s) for its operations; and

WHEREAS, in 2008 the District created a Signature Authority Policy that has been revised since to reflect changes in positions at Alameda Hospital; and

WHEREAS, during a transition period from May 1, 2014 through June 30, 2014, the current signers for the current bank accounts are J. Michael McCormick (Board Member) and Phyllis Weiss, Director of Human Resources and Ancillary Services; and

WHEREAS, effective July 1, 2014 the attached Policy 2008-0B (as revised) will be in effect; and

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the District that the District hereby authorizes the District Clerk to open two bank accounts with the Bank of Marin, (1) a General Operating account and (2) Jaber Property account. The Board of Directors also authorizes the District Clerk to transfer the CD under the new bank accounts for the District.

BE IT FURTHER RESOLVED, until further action is taken specifying otherwise, Board of Directors President shall have signing authority with respect to any agreements approved by the District Board of Directors

PASSED AND ADOPTED on June 4, 2012 by the following vote:

AYES:_____ NOES:_____

ABSENT:_____

_____
J. Michael McCormick President

_____
Tracy Jensen
Secretary

City of Alameda Health Care District
Policy 2008-0b
SIGNATURE AUTHORITY

I. PURPOSE

The District maintains a number of bank accounts for business purposes that require checks to be written and monies to be deposited and withdrawn in the normal course of business. This policy defines the responsibility and authorization limits for the disbursement of funds by the District to its vendors and employees by check effective July 1, 2014. POLICY

a. The Board of Directors authorizes all Members of the Board to serve as the organizations check signors.

b. The Board of Directors authorizes the following signature requirements with regard to the dollar value of all disbursements:

i. Disbursements of $9,999 or less require the manual signature of one of the Directors

ii. Disbursements of $10,000.00 or more requires the manual signature of two of the Directors.

REDLINE FOR REFERENCE

City of Alameda Health Care District
Policy 2008-0b
SIGNATURE AUTHORITY

I. PURPOSE

The District maintains a number of bank accounts for business purposes that require checks to be written and monies to be deposited and withdrawn in the normal course of business. This policy defines the responsibility and authorization limits for the disbursement of funds by the District to its vendors and employees by check ~~during an interim period of May 1, 2014 – June 30~~effective July 1, 2014. ~~This policy will be revised after the interim period as the District evolves in its new role due to the affiliation with Alameda Health System.~~

POLICY

a. The Board of Directors authorizes all Members of the Board ~~the following officers and management positions~~ to serve as the organizations check signors.~~:~~

~~i. Board Members~~

~~1. President~~

~~2. 2nd Vice President~~

~~ii. Management~~

~~1. Director of Human Resources and Ancillary Services~~

~~iii. Vendors~~

~~1. HealthComp Designee – Self insured health & dental claims payments~~

~~b. The Board of Directors authorizes the preparation and use of a facsimile signature of the Board President, in lieu of a manual signature which can be affixed to all District generated accounts payable and payroll related disbursements. A facsimile signature is defined to include, but is not limited to, the reproduction of any authorized signature by a photographic, photo static, or mechanical device. Facsimile signature does not include the use of a rubber stamp signature.~~

~~c.~~b. The Board of Directors authorizes the following signature requirements with regard to the dollar value of all disbursements:

~~i.~~ Disbursements of $9,999 or less require the manual signature of one of the Directors ~~authorized facsimile signature or, in the case of a manually prepared check, the manual signature of one of the Directorsauthorized officers or management positions of the organization.~~

~~ii.~~i. Disbursements of $10,000.00 or more requires the manual signature of two of the Directors. ~~authorized facsimile signature and the manual signature of one of the Directorsauthorized officers or management position of the organization or, in the case of a manually prepared check, the manual signature of two Directorsof the authorized officers or management positions of the organization.~~

~~iii.~~ii. ~~A log of all disbursements executed by facsimile signature will be reviewed once a month by the District Board President.~~

RESOLUTION NO. 2007-3E (REVISED)
BOARD OF DIRECTORS, CITY OF ALAMEDA HEALTH CARE DISTRICT
STATE OF CALIFORNIA

*** * ***

STANDARD APPOINTMENT PROCEDURE

WHEREAS, the City of Alameda Health Care District (the "District") was formally organized and began its existence on July 1, 2002; and

WHEREAS, the District owns and supports the operation of Alameda Hospital; and

WHEREAS, the City of Alameda Health Care District Board of Directors consists of five representatives, elected at large, who are responsible for the policy direction of the District; and

WHEREAS, in the event that a District Board member vacates their position on the Board before the end of their elected and/or appointed term, the Board desires that a standard appointment procedure (in the form attached) be followed; and

WHEREAS, Health and Safety Code Section 32100 provides that any vacancy in the office of a member elected to the District board shall be filled pursuant to Section 1780 of the Government Code; and

WHEREAS, Pursuant to Government Code Section 1780(a), the vacancy must be filled within 60 days; and

WHEREAS, this standard procedure (in the form attached) will be implemented promptly upon the District's receipt of official notice by a District Board Member of his/her intent to vacate his/her elected and/or appointed position on the Board of Directors.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the District that the District hereby approves and adopts the appointment procedures (in the form attached hereto) and authorizes and directs management to begin implementation thereof promptly upon the District's receipt of official notice by a District Board Member of his/her intent to vacate his/her elected and/or appointed position on the Board of Directors.

PASSED AND ADOPTED on June 4, 2014 on the following vote:

AYES:_____ NOES:_____

ABSENT:_____

_____ _____
J. Michael McCormick, President Tracy Jensen, Secretary

Public Notice

Intent to fill Board Member vacancy

The City of Alameda Health Care District (District) was informed by *(insert name of District Board Member)* of *(his/her)* resignation on *(insert date)*. Such resignation will be (was) effective on *(insert date)*. The District must appoint an individual to fill the vacant position on its Board of Directors.

Individuals interested in being considered for this appointment must submit an "Application Package", as described below, to the District. Application Packages must be delivered to the District, at the address below, no later than 5:00 p.m., *(insert date)*.

An applicant to fill the vacancy must meet the following **minimum requirements**: (1) be a resident and registered voter in the District, (2) not have been suspended or expelled from participation in the Medicare program, and (3) not have been convicted of a felony.

The City of Alameda Health Care District Board of Directors consists of five representatives, elected at large, who are responsible for the policy direction of the District. Under statutory procedures established in California Government Code Section 1780, the vacant directorship will be subject to election in November *(insert year and term)*.

The District will conduct an Applicant Conference on *(insert date)* at *(insert time)* in the 2 East Board Room at Alameda Hospital, for the purpose of familiarizing Applicants with the District and Alameda Hospital. Applicants are encouraged to attend. The Board of Directors plans to interview applicants, selected according to the procedures set forth below, at the District Board Meeting, to be held on *(insert date)* at *(insert time)*. The Board plans to make the appointment on *(insert date)* at *(insert time)*. Meetings will be conducted in the William Dal Cielo Conference Room. For further information, please contact the District Clerk at (510) 814-4001.

Mail your Application Package to: City of Alameda Health Care District
Attention: District Clerk
2070 Clinton Avenue
Alameda, CA 94501

PROCEDURES TO FILL BOARD MEMBER VACANCY

In general. Health and Safety Code Section 32100 provides that any vacancy in the office of a member elected to the District board shall be filled pursuant to Section 1780 of the Government Code, requiring the District to notify County Elections of the vacancy no later than 15 days following the date the Board is notified. This notification has been accomplished by the District Clerk.

Pursuant to Government Code Section 1780(a), the vacancy must be filled within 60 days, and a Notice of Vacancy must be posted in three or more conspicuous places in the District at least fifteen days before the appointment.

An applicant to fill the vacancy must meet the following **minimum requirements**: (1) be a resident and registered voter in the District, (2) not have been suspended or expelled from participation in the Medicare program, and (3) not have been convicted of a felony. (In order to satisfy the final two requirements, Applicants must complete and sign appropriate authorizations for the District to complete its background investigations.)

The District will accept applications on a district-wide basis and encourages qualified Applicants to apply. Final selection will be made by the Board, based on the best-qualified Applicant meeting the minimum requirements.

Process and Timeline.

On *(insert date)*, a Notice of Vacancy shall be posted and disseminated by posting in at least three conspicuous places within the District. The District shall also issue a press release announcing the vacancy and the procedures set forth herein.

On or before *(insert date)* at 5:00 pm, Applicants must submit an "Application Package" to the District Clerk consisting of the following materials:

1. A signed letter of interest. The letter should contain a statement of qualifications and other information which will assist the Board in making its decision.

2. A resume or curriculum vitae.

3. The names and contact information for at least two references.

4. Applicants must also indicate any potential conflict of interest that they might have. This includes, but is not limited to, the Applicant and any immediate family member that has a financial interest in Alameda Hospital either as an employee, contractor or supplier, or through a professional relationship. In addition, all applicants must indicate if they have a conflict with respect to trade secrets that

might put Alameda Hospital at a disadvantage when instituting new or expanded programs.

5. Completion of Authorization for Background Investigation Form (see attached)

6. Applicant must also answer the following three (3) questions:

   a. Why are you interested in becoming a member of the Board of Directors of the City of Alameda Health Care District?

   b. How can the District Board most effectively support the continuing operation of Alameda Hospital and otherwise fulfill its responsibilities under the District's Joint Powers Agreement with Alameda Health System?

   c. What unique value would you bring to the District Board?

All Application Packages that have been timely received will be forwarded to the Board members for their individual review. If there are more than ten applicants, each Board member will select, and forward to the District Clerk by *(insert date)*, the names of their ten recommended applicants for further consideration. The ten applicants receiving the most Board recommendations will be invited for interviews with the full Board. If there are less than 10 Applicants, all Applicants will be reviewed, vetted and interviewed by the full Board. All applicants to be interviewed by the Board are referred to as "Qualified Applicants". All Qualified Applicants will be notified of their status and an Information Packet will be made available to each of them. Any and all information obtained through the reference checks and vetting process will be considered a public record.

All Qualified Applicants are invited (and encouraged) to attend an Applicant Conference on *(insert date)* at *(insert time)* in the 2 East Board Room at Alameda Hospital. All Applicants will be interviewed by the full Board in open session on *(insert date)* at *(insert time)*. The Board plans to make the final appointment on *(insert date)* at *(insert time)*.

Posted on: *(insert date)*

REDLINE FOR REFERENCE

RESOLUTION NO. 2007-3E (REVISED)
BOARD OF DIRECTORS, CITY OF ALAMEDA HEALTH CARE DISTRICT
STATE OF CALIFORNIA

*** * ***

STANDARD APPOINTMENT PROCEDURE

WHEREAS, the City of Alameda Health Care District (the "District") was formally organized and began its existence on July 1, 2002; and

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WHEREAS, the City of Alameda Health Care District Board of Directors consists of five representatives, elected at large, who are responsible for the policy direction of the District; and

WHEREAS, in the event that a District Board member vacates their position on the Board before the end of their elected and/or appointed term, the Board desires that a standard appointment procedure (in the form attached) be followed; and

WHEREAS, Health and Safety Code Section 32100 provides that any vacancy in the office of a member elected to the District board shall be filled pursuant to Section 1780 of the Government Code; and

WHEREAS, Pursuant to Government Code Section 1780(a), the vacancy must be filled within 60 days; and

WHEREAS, this standard procedure (in the form attached) will be implemented promptly upon the District's receipt of official notice by a District Board Member of his/her intent to vacate his/her elected and/or appointed position on the Board of Directors.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the District that the District hereby approves and adopts the appointment procedures (in the form attached hereto) and authorizes and directs management to begin implementation thereof promptly upon the District's receipt of official notice by a District Board Member of his/her intent to vacate his/her elected and/or appointed position on the Board of Directors.

PASSED AND ADOPTED on September 10, 2007 June 4, 2014 on the following vote:

AYES:_____ NOES:_____

ABSENT:_____

_____ _____
J. Michael McCormick, President Tracy Jensen, Secretary

Public Notice

Intent to fill Board Member vacancy

The City of Alameda Health Care District (District) was informed by *(insert name of District Board Member)* of *(his/her)* resignation on *(insert date)*. Such resignation will be (was) effective on *(insert date)*. The District must appoint an individual to fill the vacant position on its Board of Directors.

Individuals interested in being considered for this appointment must submit an "Application Package", as described below, to the District. Application Packages must be delivered to the District, at the address below, no later than 5:00 p.m., *(insert date)*.

An applicant to fill the vacancy must meet the following **minimum requirements**: (1) be a resident and registered voter in the District, (2) not have been suspended or expelled from participation in the Medicare program, and (3) not have been convicted of a felony.

The City of Alameda Health Care District Board of Directors consists of five representatives, elected at large, who are responsible for the policy direction of the District. Under statutory procedures established in California Government Code Section 1780, the vacant directorship will be subject to election in November *(insert year and term)*.

The District will conduct an Applicant Conference on *(insert date)* at *(insert time)* in the 2 East Board Room at Alameda Hospital, for the purpose of familiarizing Applicants with the District and Alameda Hospital. Applicants are encouraged to attend. The Board of Directors plans to interview applicants, selected according to the procedures set forth below, at the District Board Meeting, to be held on *(insert date)* at *(insert time)*. The Board plans to make the appointment on *(insert date)* at *(insert time)*. Meetings will be conducted in the William Dal Cielo Conference Room. For further information, please contact the District Clerk at (510) 814-4001.

Mail your Application Package to: City of Alameda Health Care District
Attention: ~~Administration~~District Clerk
2070 Clinton Avenue
Alameda, CA 94501

PROCEDURES TO FILL BOARD MEMBER VACANCY

In general. Health and Safety Code Section 32100 provides that any vacancy in the office of a member elected to the District board shall be filled pursuant to Section 1780 of the Government Code, requiring the District to notify County Elections of the vacancy no later than 15 days following the date the Board is notified. This notification has been accomplished by the District Clerk.

Pursuant to Government Code Section 1780(a), the vacancy must be filled within 60 days, and a Notice of Vacancy must be posted in three or more conspicuous places in the District at least fifteen days before the appointment.

An applicant to fill the vacancy must meet the following **minimum requirements**: (1) be a resident and registered voter in the District, (2) not have been suspended or expelled from participation in the Medicare program, and (3) not have been convicted of a felony. (In order to satisfy the final two requirements, Applicants must complete and sign appropriate authorizations for the District to complete its background investigations.)

The District will accept applications on a district-wide basis and encourages qualified Applicants to apply. Final selection will be made by the Board, based on the best-qualified Applicant meeting the minimum requirements.

Process and Timeline.

On *(insert date)*, a Notice of Vacancy shall be posted and disseminated by posting in at least three conspicuous places within the District. The District shall also issue a press release announcing the vacancy and the procedures set forth herein.

On or before *(insert date)* at 5:00 pm, Applicants must submit an "Application Package" to the District Clerk consisting of the following materials:

1. A signed letter of interest. The letter should contain a statement of qualifications and other information which will assist the Board in making its decision.

2. A resume or curriculum vitae.

3. The names and contact information for at least two references.

4. Applicants must also indicate any potential conflict of interest that they might have. This includes, but is not limited to, the Applicant and any immediate family member that has a financial interest in Alameda Hospital either as an employee, contractor or supplier, or through a professional relationship. In addition, all applicants must indicate if they have a conflict with respect to trade secrets that

might put Alameda Hospital at a disadvantage when instituting new or expanded programs.

5. Completion of Authorization for Background Investigation Form (see attached)

6. Applicant must also answer the following ~~four~~ three (~~4~~3) questions:

   a. Why are you interested in becoming a member of the Board of Directors of the City of Alameda Health Care District?

   b. How can ~~What is your view of the role of~~ the District Board most effectively support the continuing operation of Alameda Hospital and otherwise fulfill its~~versus the~~ responsibilities~~role~~ under the District's Joint Powers Agreement with Alameda Health System?~~of management in an organization?~~

   ~~c. What is your vision for the future of Alameda Hospital?~~

   ~~d.~~c. What unique value would you bring to the District Board?

All Application Packages that have been timely received will be forwarded to the Board members for their individual review. If there are more than ten applicants, each Board member will select, and forward to the District Clerk by *(insert date)*, the names of their ten recommended applicants for further consideration. The ten applicants receiving the most Board recommendations will be invited for interviews with the full Board. If there are less than 10 Applicants, all Applicants will be reviewed, vetted and interviewed by the full Board. All applicants to be interviewed by the Board are referred to as "Qualified Applicants". All Qualified Applicants will be notified of their status and an Information Packet will be made available to each of them. Any and all information obtained through the reference checks and vetting process will be considered a public record.

All Qualified Applicants are invited (and encouraged) to attend an Applicant Conference on *(insert date)* at *(insert time)* in the 2 East Board Room at Alameda Hospital. All Applicants will be interviewed by the full Board in open session on *(insert date)* at *(insert time)*. The Board plans to make the final appointment on *(insert date)* at *(insert time)*.

Posted on: *(insert date)*

RESOLUTION NO. 2014-3L

BOARD OF DIRECTORS, CITY OF ALAMEDA HEALTH CARE DISTRICT

STATE OF CALIFORNIA

*** * ***

NOTICE OF GENERAL ELECTION

NOVEMBER 4, 2014

WHEREAS, the City of Alameda Health Care District submits to the Alameda County Registrar of Voters a Notice of General District Election as applicable for the District Board of Directors whose terms that expire on the scheduled election year;

WHEREAS, on June 5, 2014, the District will submit, as attached herewith, to the Alameda County Registrar of Voters, the Notice of General District Election specifying information as it pertains to the District offices, which will be voted on this election year.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the District that the elective offices of the District to be filled at the next general election for three (3), four (4) year terms, and one (1) 2 year term, to be held Tuesday, November 4, 2014, are those offices now held by:

Lynn Bratchett (4 Year Term)
Robert Deutsch, MD (4 Year Term)
Tracy Jensen (4 Year Term)
Vacant / To be Appointed Position (2 Year Term)

RESOLVED further that the District will not pay for the publication of the candidates' statement of qualifications; and

RESOLVED further that a map showing the boundaries of the District is attached hereto.

PASSED AND ADOPTED on June 4, 2014, by the following vote:

AYES: _____ NOES: _____ ABSENT: _____

_____
J. Michael McCormick
President

ATTEST:

_____
Tracy Jensen
Secretary

EXHIBIT A

The boundaries of this health care district include the boundaries of the City of Alameda contained within zip codes 94501 & 94502.

Registrar of Voters
1225 Fallon St. Room G-1
Oakland, CA 94612
www.acgov.org/rov

NOTICE OF GENERAL DISTRICT ELECTION

(Election Code 10509, 10514, 10522)

DISTRICT	CONTACT INFORMATION
	Name: Kristen Thorson
	E-Mail: kthorson@alamedahospital.org **Phone:** (510) 814 - 4001
ELECTION DATE	**Name:** Kristen Thorson
	E-Mail: kthorson@alamedahospital.org **Phone:** (510) 814 - 4001

NOTICE OF DISTRICT ELECTION AND PUBLICATION OF ELECTION NOTICE

Elections Code §12112 requires that we publish a notice of election providing information on the date of the election, offices for which candidates may file, qualifications required by your principal act, etc. In order for the Registrar of Voters to publish the Notice of Election, list below a local newspaper of general circulation.

Notice of Election to be published by Registrar of Voters in Alameda Journal.

(Local newspaper of general circulation)

ELECTIVE OFFICE

Is this district a Multi-County district? ☐ **Yes** – Other County: _____

☑ **No**

# OF OFFICIALS TO BE ELECTED	TERM EXPIRATION DATE	TERM
Three (3)	2018	Full Term

INCUMBENT NAME	OFFICE TITLE	WARD/AREA (if applicable)	APPOINTED Yes/No
Lynn Bratchett, RN	Board Member		Yes
Robert Deutsch, MD	Board Member		No
Tracy Jensen	Board Member		Yes

The following section applies only if official(s) was/were appointed to fill a vacancy in an office, which is not normally scheduled to be voted on this year.

# OF OFFICIALS TO BE ELECTED	TERM EXPIRATION DATE	TERM
One (1)	2016	Short Term

INCUMBENT NAME	OFFICE TITLE	WARD/AREA (if applicable)	DATE APPOINTED	OFFICIAL REPLACED
To be determined	Board Member			Jordan Battani

CANDIDATE QUALIFICATIONS

CANDIDATE ELIGIBILITY	☑ Candidate must live within the district/ward ☐ Candidate can own real property within district/ward (does not have to live at property) ☐ Other: _____
CANDIDATE NOMINATION SIGNATURE REQUIREMENT	☐ YES # of Signature Required: _____ ☑ No
CANDIDATE STATEMENT	☑ Candidate will pay total estimated cost upon submitting statement ☐ District will pay for candidate's statements upon billing ☐ Candidate will pay at District Office and bring receipt of payment upon submitting statement ☐ Candidate **will deposit** estimated cost upon submitting statement and district will bill candidate the remaining balance Amount of Deposit: $ _____
FORM 700 – STATEMENT OF ECONOMIC INTEREST	Does your district require ***Candidates*** to file a Statement of Economic Interest form? ☑ YES ☐ No
OTHER REQUIREMENTS	☐ YES - please specify _____ _____ ☑ No
SPECIAL HANDOUTS	☐ YES - ***Note:** handouts must be provided to the Registrar of Voters office no later than 1 week prior to the Nomination Period ☑ No

CERTIFICATION OF MAPS AND BOUNDARIES

Elections Code §10522 requires that at least **125 days** before the election a current map and boundary description be delivered to the Registrar of Voters. For the Novemer 4, 2014 Direct Primary Election , **the legal deadline is** July 2, 2014 . If, however, there have been no boundary changes since your last election, you may certify the map and boundary description, which we have on file, as being current. You can do so, by checking the appropriate box below.

MAP OR BOUNDARY DESCRIPTION (REQUIRED) is enclosed:

☑ **NO** boundary changes

☐ **SEE ATTACHMENT** for boundary changes

In addition, jurisdictions that elect by area or division must have their new area or division legal boundary descriptions and maps in our office by our **administrative deadline of.**

BALLOT MEASURES

If your district is contemplating placing a measure in the November 4, 2014 General Election **, please coordinate with our office at the earliest date possible**. **The deadline for a district measure to be consolidated with the** November **Election is** August 8, 2014 **(E-88).** It is important for your district and our office to coordinate the details of what and how items need to be submitted to us. **All ballot measure and Candidate Materials must be submitted in an electronic format.** Listed below are the deadlines for submitting ballot measure and candidate materials:

August 8, 2014	(E-88)	-	District Resolutions (calling election, ballot measure questions, ballot measure full text, City Attorney Analysis)
August 15, 2014	(E-81)	-	Last day to submit Direct Arguments
August 22, 2014	(E-74)	-	Last day to submit Rebuttal Arguments

If any resolutions necessitate special requirements that the Elections' Office needs to fulfill, such requirements need to be listed in the resolution and attached to this notice.

(DISTRICT SEAL)

_____

SIGNED (District Administrator)

_____

MAILING ADDRESS

_____

AREA CODE / PHONE NUMBER

SPECIAL DISTRICT ELECTION TIMETABLE
November 4, 2014 General Election

Days Before Election	Action Taken By	Objective	Code Sections
July 2, 2014 (E-125)	District	**Last day** to file the Notice of Election with the Registrar of Voters. The notice shall bear the District Secretary's signature and district seal. The district shall send a copy to the county board of supervisors' office and shall contain the following information: (1) The elective office to be filled and the names of the incumbents. (2) The candidate requirements/qualification for each office. (3) Whether the seat is at-large, by district, or ward. (4) Whether the District or the candidate is to pay for the publication of Candidate's Statement. (5) A map showing the boundaries of each seat. **Tie Vote Procedure:** If governing body desires to resolve possible tie vote by conduct of a special runoff election rather than by lot, governing body must adopt such provision not less than 40 nor more than 125 days after certification of the election.	EC§10403 EC§10509 EC§10514 EC§10522 EC§10551 EC§15651
July 7, 2014 (E-120)	District Secretary	**District Policies:** Last day for the governing board of Districts to adopt or revise resolution of policies for candidate statements.	EC§13307
July 14 to August 8, 2014 (E-113 to E-88)	Registrar of Voters	**Nomination Period:** Candidate filing documents can be obtained Monday through Friday, 8:30 A.M. to 5:00 P.M.	EC§10603
August 8, 2014 (E-88)	District	**Last Day to Request Consolidation of Election:** Resolution requesting consolidation with statewide election must be filed no later than this date with the Board of Supervisors. This includes resolution to place local measures on state election ballot. A copy of the resolution must **also** be filed with the Registrar of Voters on or before this date.	EC§10403
August 9 to August 13, 2014 (E-87 to E-83)	Registrar of Voters	**Extension Period:** If the incumbent does not file a Declaration of Candidacy by the end of the nomination period, the seat will be extended for 5 calendar days.	EC§8022 EC§8024 EC§8204
August 14, 2014 (E-82)	Secretary of State	**Random Alphabet Drawing:** The drawing is to determine the order in which the candidates' names will appear on the ballot.	EC§13112
August 15, 2014 (E-81)	District	**Last day** for Submission of Direct Arguments for a measure (if any) to the Registrar of Voters Office. (300 word limit)	EC§9500-9502
August 22, 2014 (E-74)	District	**Last day** for Submission of Rebuttal Arguments for a measure (if any) to the Registrar of Voters Office. (250 word limit)	EC§9504
August 23 to September 2, 2014 (E-73 to E-63)	Registrar of Voters	**Public Examination Period: T**he public has 10 days to inspect materials to be submitted for printing.	EC§9509
September 8 to October 21, 2014 (E-57 to E-14)	Registrar of Voters	**Write-in Period:** Filing documents for Write-in candidates can be obtained Monday through Friday, 8:30 A.M. to 5:00 P.M.	EC§8600-8605
October 6, 2014 (E-29)	Registrar of Voters	**First day** of mailing Vote by Mail Ballots and First Day of Early Voting in Registrar of Voters office.	EC§3001
October 20, 2014 (E-15)	Registrar of Voters	**Last day** to register to vote for the **November 4, 2014 General Election.**	EC§2107
October 28, 2014 (E-7)	Registrar of Voters	**Last day to apply for a Vote by Mail Ballot:** Applications must be received by our office no later than 5:00 P.M.	EC§3001
November 4, 2014 (E-0)	Registrar of Voters	**Election Day:** Polls open from 7:00 A.M. to 8:00 P.M.	
December 2, 2014 (E+28)	Registrar of Voters	**Certified Results:** No later than this date, the Registrar shall prepare a certified statement of the results and submit it to the governing body.	EC§15301 EC§15372
(+5) After Official Canvass		Deadline for voters to file a request for a recount is 5 days after the Registrar signs the Official Canvass.	EC§15620

***When a deadline falls on a weekend or holiday, the deadline is extended to the following business day.**

Date: May 27, 2014

For: June 4, 2014 District Board Meeting

To: City of Alameda Health Care District, Board of Directors

From: Kristen Thorson, District Clerk
Thomas Driscoll, Legal Counsel

SUBJECT: Authorization to Bind District Insurance Policies for Property, General Liability, Excess Liability and Directors and Officers/Fiduciary/Crime for 2014-2015

Recommendation:

Authorize Board President, Michael McCormick, to execute the necessary paperwork to bind property insurance for the District for July 1, 2014 through July 1, 2015 with Hospital All Risk Property Program (HARPP) at an annual cost of $24,850.47.

Authorize Board President, Michael McCormick, to execute the necessary paperwork to bind Directors and Officers, Fiduciary and Crime insurance for the District for Jul 1, 2014 - July 15, 2015 with Chubb.

Authorize Board President, Michael McCormick, to execute the necessary paperwork to bind general liability and excess liability on the real and leased property as listed in the table below for the District for July 1, 2014 through July 1, 2015 with BETA at a cost of $7,200. A quote from BETA is anticipated that include the Jaber properties, if that quote is received prior to the June 4, 2014 Board meeting and the total is lower than the premium with GSIC for those properties, it is recommended that the policy with GSIC be canceled and the properties be included with the BETA policy.

Background:

- *Property*

Attached documents provide an overview of the 2014-2015 Property Insurance Renewal for the City of Alameda Health Care District (the District). It is proposed that the District remain in the Hospital All Risk Properly Program (HARPP) though Alliant Insurance Services. HARPP is the largest independent hospital joint purchase group in the world. This best-in-class program was created by Alliant Insurance Services to provide comprehensive property insurance coverage for hospitals throughout the United States at competitive rates. HARPP offers very broad coverage and is backed by proven expertise and extensive

resources. The attached HARPP Brochure provides a general overview if the program (Attachment A).

The HARPP Proposal includes coverage for All Risk Property Damage, Business Income, Boiler & Machinery, and First and Third Cyber Liability Coverage. While Please note that while there is a remote chance of any cyber claims with the District going forward, the cost of the coverage is only $218 out of the total premium and is well worth the cost for the broad range of coverage under the policy.

Total Insured Values (TIV) was reduced by 53.60% because of the transition of Personal Property and Business Income values to the Alameda Health System Policy. Please note on the Schedule of Values, the District retained the ownership / values for Business Income for the Jaber properties and Personal Property at 888 Willow Street (the proposed new District Office). Alliant has negotiated a decrease in Rate of 5.91% this year for the District's Property renewal. The two combined represents a 56.35% decrease in premium from 2013-2014. A Year-over-Year Rate and Premium Comparison is included as Attachment B.

Alliant has requested that the Underwriters provide an All Risk Limit of $100,000,000 for the 2014-2015 Renewal, down from $125,000,000 for the 2013-2014 Renewal. The reasoning for this decrease is that the District only has $54,849,855 in Total Insured Values for the 2014-2015 renewal because of the transition of values to Alameda Hospital System. $100,000,000 is the lowest All Risk limit provided in HARPP, and more than enough for a per occurrence basis. There is no policy aggregate for the All Risk limit. An All Risk Limit of $125,000,000 would provide a higher premium.

- *Directors and Officers, Fiduciary and Crime and Tail Employment Practices and Liability*

At the time of publication of the Board packet the exact renewal documents were not available. It is proposed that the District continue with the Chubb as the carrier for Directors and Officers, Fiduciary and Crime. Once the quote is received, documents will be reviewed with the Board President and Legal Counsel. The 2013-2014 premium was $53,000 and the 2014-2015 premium is estimated to be at approximately $45,000. This premium is conservative may be reduced upon final quote.

- *General Liability and Excess Liability*

The District's General Liability and Excess Liability coverage has historically been covered under the BETA Comprehensive Liability Policy. On May 1, 2014, the BETA policy under the District was terminated and coverage was picked up through the System's policy with BETA. Prior to the close of the transaction the

District Clerk obtained general liability and excess liability to cover the properties owned and leased by the District, with the exception of the Jaber properties, for the period on May 1, 2014- July 1, 2014 so as to not leave the District without coverage. The cost for the two month period is noted below.
Please note that general liability and excess liability coverage for the Jaber properties has been maintained under a separate policy.

Two quotes were obtained, one quote adding the additional owned and leased properties (7 total) of the District to the current Jaber policy with General Star Indemnity Company (GSIC) and one quote from BETA covering the 7 other properties (excluded Jaber properties). See Comparison below.

	Properties[1]	Coverage Period	Total Cost	Liability Limits & Coverage
BETA	Properties 1-2 & 5-9	5/1/14 – 7/1/14	$1,203	$5 million per occurrence and $15 million aggregate *All defense expenses are paid outside the per occurrence limits.* *All sub-limits are subject to the occurrence an d aggregate limits.* Healthcare Entity Comprehensive Liability, *coverage includes:* • General Liability (occurrence) • Bodily Injury and Property Damage • Personal Injury and Advertising Injury Liability • Employee Benefit Administration Liability Fire and Water Damage Legal Liability sub-limit
	Properties 1-2 & 5-9	7/1/14 – 7/1/14	$7,200[2]	
GSIC	Properties 1-2 & 5-9	7/1/14- 7/1/15	$11,253[3]	General Liability: $8,229 premium • $1,000,000 Per Occurrence • $1,000,000 Fire Damage Legal Liability • $1,000,000 Personal and Advertising Injury • $2,000,000 General Aggregate Excess Liability: $3,024 premium • $5,000,000 Per Occurrence • $5,000,000 Aggregate
Current Policy for Jaber Properties				
GSIC	Properties 3-4	3/19/14- 3/19/15	$4,894[3]	General Liability: $924 premium • $1,000,000 Limit Per Occurrence • $2,000,000 General Aggregate • $100,000 Damage to Rented Premises (requesting $500K and $1Mil Options) • $5,000 Medical Expense (Slip & Fall) • Deductible: $500 • Additional Premium: TBD Excess Liability: $3,970 premium • $5,000,000 Limit Per Occurrence • $5,000,000 General Aggregate

[1]See table below with List of Properties

[2]A quote from BETA is anticipated that includes the Jaber Properties
[3]Total GL and Excess for GSIC for all properties (annual) = $16,147

Own	Lease	AHS/District Leases
1. 2070 Clinton Avenue (main hospital campus) 2. 625 Willow Street (skilled Nursing facility) 3. 2711 Encinal Avenue 4. 1359 Pearl Street	5. 888 Willow Street (office space)	6. 815 Atlantic Avenue (wound care center) 7. 501 South Shore Center West (Medical Office Building) 8. 947 Marina Village Parkway (orthopedic physician office) 9. 2401 Blanding Avenue (Waters Edge)

Based on the cost and coverage limits, it is recommended that the District Board bind coverage with BETA for 2014-2015.

Hospital All Risk Property Program (HARPP)

WHEN EXCELLENT CARE IS ALL THAT MATTERS

You have a simple charge: provide excellent care to your patients. What's not so simple are the myriad risks associated with providing this level of care. From machinery to technology to crime, the exposures are vast and diverse. You need the protection an insurance program with the size and power to guard against these ever-present risks.

Hospital All Risk Property Program (HARPP)

The Hospital All Risk Property Program (HARPP) is the largest independent hospital joint purchase group in the world. This best-in-class program was created by Alliant Insurance Services to provide comprehensive property insurance coverage for hospitals throughout the United States at competitive rates. HARPP offers limits up to $1 billion and is backed by proven expertise and extensive resources.

ACCESS TO POWER

HARPP is the most powerful program of its kind. Since it is a group purchase program with no risk sharing and no possibility of future assessments, you will have access to outstanding coverage at consistent, competitive rates that remain stable even in volatile market conditions. HARPP also provides great freedom to its participants. The program mimics individual placements, meaning that each participant has its own limits. The benefits are based upon the principles of an impressive total insurable value of $21 billion, large premium volume, and spread of risk.

HOSPITAL BOILER AND MACHINERY PROGRAM

Boilers and machinery are essential to the ongoing operation of a hospital and must be protected by professionals with the requisite experience and technical expertise. HARPP partners with major boiler and machinery authorized inspection agencies for jurisdictional and consultative services and provides board-certified engineering expertise in machinery, equipment, electronics, and HVAC through a nationwide network. The program offers limits up to $100 million, offering a wide range of services to manage your critical exposures, including:

- Loss prevention surveys
- Infrared thermography
- Industry and technical consultation
- Key account service plan
- Transformer oil gas analysis
- Boiler operation and maintenance training
- Boiler and pressure vessel inspection services for non-code vessels

CYBER RISK

When unchecked, cyber exposures can have a significant, negative impact on a hospital's operations. HARPP's cyber risk program provides an iron-clad layer of protection against the ever-changing landscape of technology-related risks. The program is managed by a specialist that will help you assess the exposures that threaten your organization and deliver coverage that matches your unique risk profile. With technology continuing to alter the healthcare environment, cyber risk insurance is essential to the health of your hospital.

THE INDUSTRY'S MOST COMPREHENSIVE HOSPITAL SOLUTION

HARPP is the most comprehensive solution available to hospitals. It provides an extensive layer of protection against all of the risks associated with the hospital industry and is customized to meet the unique needs of your organization in the following ways:

- Broad insuring agreement
- Coverage that is not confined to a schedule and includes all property of every description of an insurable nature—both real and personal—of the insured. Coverage also includes property of others in the care, custody, or control of the insured for which the insured is liable or under obligation to keep insured wherever located in the United States.
- Replacement cost for physical damage, including comprehensive and collision damage as an option for automobiles
- Automatic acquisition of new locations, which allows hospitals to grow without having to go through underwriting approval
- Blanket fine arts coverage (if scheduled)
- Course of construction coverage, including delay in start-up
- Property appraisals every three years for all buildings over $5 million in total insurable value
- Boiler and machinery is included in the program and covers diagnostic equipment
- Access to Alliant's OASYS-Net proprietary software system
- No sub-limit for business interruption, including 365 extended period of indemnity
- Business interruption includes temporary and long-term housing for hospital resident patients

ALLIANT INSURANCE SERVICES: THE PARTNER YOU DESERVE.

With a history dating back to 1925, Alliant Insurance Services is one of the nation's leading distributors of diversified insurance products and services. Operating through a national network of offices, Alliant provides property and casualty, workers' compensation, employee benefits, surety, and financial products and services to more than 26,000 clients nationwide.

www.alliant.com

CONTACT
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ctobin@alliant.com

Alliant Property Insurance Programs (APIP)

PUBLIC ENTITY PROPERTY INSURANCE PROGRAM (PEPIP)

JULY 1, 2014-JULY 1, 2015 PROPOSAL

CITY OF ALAMEDA HEALTH CARE DISTRICT

MAY 28, 2014

PEPIP USA
Public Entity Property Insurance Program™

HARPP
Hospital All Risk Property Program

Alliant

ALLIANT INSURANCE SERVICES, INC.
ALLIANT PROPERTY INSURANCE PROGRAM (APIP)

PROPERTY PROPOSAL

TYPE OF INSURANCE: ☒ Insurance ☐ Reinsurance

PROGRAM:	Hospital All Risk Property Program (HARPP)
NAMED INSURED:	City of Alameda Health Care District
DECLARATION:	6-Hospital 2
POLICY PERIOD:	July 1, 2014 to July 1, 2015
COMPANIES:	See Attached List of Companies
TOTAL INSURED VALUES:	$ 54,849,855 as of May 28, 2014

ALL RISK COVERAGES & LIMITS:

$ 100,000,000	Per Occurrence: All Perils, Coverages (subject to policy exclusions) and Insureds/Members combined, subject to the following per occurrence and/or aggregate sub-limits as noted.
Not Covered	Flood Limit - Per Occurrence and in the Annual Aggregate (for those Members(s)/Entity(ies) that purchase this optional dedicated coverage)
Not Covered	Per Occurrence and in the Annual Aggregate for all locations in Flood Zones A & V (inclusive of all 100 year exposures). This Sublimit does not increase the specific flood limit of liability for those Members(s)/Entity(ies) that purchase this optional dedicated coverage.
Not Covered	Earthquake Shock - Per Occurrence and in the Annual Aggregate (for those Members(s)/Entity(ies) that purchase this optional dedicated coverage)

	Full All Risk Limit	Combined Business Interruption, Rental Income and Tax Revenue Interruption and Tuition Income (and related fees). However, if specific values for such coverage have not been reported as part of the Member(s)/Entity(ies) schedule of values held on file with Alliant Insurance Services, Inc., this sublimit amount is limited to $500,000 per Member/Entity subject to maximum of $2,500,000 Per Occurrence for Business Interruption, Rental Income and Tuition Income combined, and $5,000,000 per occurrence for Tax Revenue Interruption. Coverage for power generating plants is excluded, unless otherwise specified.
$	50,000,000	Extra Expense
$	25,000,000	Miscellaneous Unnamed Locations for existing Members Excluding Earthquake coverage for Alaska and California Members. If Flood coverage is purchased for all scheduled locations, this extension will extend to include Flood coverage for any location not situated in Flood Zones A or V.
	365 Days	Extended Period of Indemnity
	See Policy Provisions	$25,000,000 Automatic Acquisition up to $100,000,000 or a member's Policy Limit of Liability if less than $100,000,000 for 90 days excluding licensed vehicles for which a sublimit of $10,000,000 applies per policy Automatic Acquisition and Reporting Condition. Additionally a sublimit of $2,500,000 applies for Tier 1 Wind Counties, Parishes and Independent Cities for 60 days for the states of Virginia, North Carolina, South Carolina, Georgia, Alabama, Mississippi, Louisiana, Texas and/or situated anywhere within the states of Florida and Hawaii. The peril of EQ is excluded for the states of Alaska and California. If Flood coverage is purchased for all scheduled locations, this extension will extend to include Flood coverage for any location not situated in Flood Zones A or V.
$	1,000,000	Unscheduled Landscaping, tees, sand traps, greens and athletic fields and further subject to $25,000 / 25 gallon maximum per item
$	5,000,000	Scheduled Landscaping, tees, sand traps, greens and athletic fields and further subject to $25,000 / 25 gallon maximum per item. Higher limits available for members with scheduled values greater than $5,000,000 for an additional premium with underwriting approval
$	50,000,000	Errors & Omissions - This extension does not increase any more specific limit stated elsewhere in this policy or Declarations.
$	25,000,000	Course of Construction and Additions (including new) for projects with completed values not exceeding the sublimit shown. Projects valued between $25,000,001 and $50,000,000 can be added for an additional premium with underwriting approval

$	2,500,000	Money & Securities for named perils only as referenced within the policy
$	2,500,000	Unscheduled Fine Arts
$	250,000	Accidental Contamination per occurrence and annual aggregate per member with $500,000 annual aggregate for all insureds / members per declaration
$	500,000	Unscheduled Tunnels, Bridges, Dams, Catwalks (except those not for public use), Roadways, Highways, Streets, Sidewalks, Culverts, Street Lights and Traffic Signals unless a specific value has been declared (excluding coverage for the peril of Earthquake Shock, and excluding Federal Emergency Management Agency (FEMA) and/or Office of Emergency Services (OES) declared disasters)
$	25,000,000	Increased Cost of Construction due to the enforcement of building codes/ ordinance or law (includes All Risk and Boiler & Machinery)
$	25,000,000	Transit
$	2,500,000	Unscheduled Animals; not to exceed $50,000 per Animal, per Occurrence
$	2,500,000	Unscheduled Watercraft up to 27 feet
	Not Covered	Per Occurrence for Off Premises Vehicle Physical Damage
$	25,000,000	Off Premises Services Interruption including Extra Expense resulting from a covered peril at non-owned/operated locations
$	5,000,000	Per Occurrence and Annual Aggregate for Earthquake shock on Licensed Vehicles, Unlicensed Vehicles, Contractor's Equipment and Fine Arts for all insured/members in this declaration combined that do not purchase Earthquake coverage
$	5,000,000	Per Occurrence and Annual Aggregate for Flood on Licensed Vehicles, Unlicensed Vehicles, Contractor's Equipment and Fine Arts for all insured/members in this declaration combined that do not purchase Flood coverage
$	3,000,000	Contingent Business Interruption, Contingent Extra Expense, Contingent Rental Values and Contingent Tuition Income separately
$	500,000	Jewelry, Furs, Precious Metals and Precious Stones Separately
$	1,000,000	Claims Preparation Expenses
$	50,000,000	Expediting Expenses
$	1,000,000	Personal Property Outside of the USA
$	100,000,000	Per Member/Entity Per Occurrence subject to $200,000,000 Annual Aggregate of Declarations 1-14, 18-21, 25-30 and 32-34 combined as respects Property Damage, Business Interruption, Rental Income and Extra Expense Combined for Terrorism (Primary Layer)

$ 300,000,000	Per Member/Entity for Terrorism (Excess Layer) subject to;
$ 800,000,000	Per Occurrence, All Members combined in Declarations 1-9, 11-14, 18-21, 25-30 and 32-34 for Terrorism (Excess Layer) subject to;
$ 800,000,000	Annual Aggregate shared by all Members/Entities combined in Declarations 1-9, 11-14, 18-21, 25-30 and 32-34, as respects Property Damage, Business Interruption, Rental Income and Extra Expense combined for Terrorism (Excess Layer)
Not Covered	Per Occurrence Per Declaration Upgrade to Green Coverage subject to the lesser of, the cost of upgrade, an additional 25% of the applicable limit of liability shown in the schedule of values or this sub limit.
Included	Information Security & Privacy Insurance with Electronic Media Liability Coverage. See Cyber Coverage Summary for details of coverage terms, limits and deductibles

VALUATION:

- Repair or Replacement Cost
- Actual Loss Sustained for Time Element Coverages
- Contractor's Equipment / either Replacement Cost or Actual Cash Value (ACV) as declared by each member. If not declared, valuation will default to Actual Cash Value (ACV)

EXCLUSIONS (Including but not limited to):

- Seepage & Contamination
- Cost of Clean-up for Pollution
- Mold

Deductibles: If two or more deductible amounts provided in the Declaration Page apply for a single occurrence the total to be deducted shall not exceed the largest per occurrence deductible amount applicable. (The Deductible amounts set forth below apply Per Occurrence unless indicated otherwise).

"ALL RISK" DEDUCTIBLE:	$ 25,000	Per Occurrence, which to apply in the event a more specific deductible is not applicable to a loss
DEDUCTIBLES FOR SPECIFIC PERILS AND COVERAGES:	Not Covered	All Flood Zones Per Occurrence excluding Flood Zones A & V
	Not Covered	Per Occurrence for Flood Zones A & V (inclusive of all 100 year exposures)
	Not Covered	Earthquake Shock: If the stated deductible is a flat dollar amount, the deductible will apply on a Per Occurrence basis, unless otherwise stated. If the stated deductible is on a percentage basis, the deductible will apply Per Occurrence on a Per Unit basis, as defined in the policy form, subject to the stated minimum.
	$ 1,000	Per Occurrence for Specially Trained Animals

$ 500,000		Per Occurrence for Unscheduled Tunnels, Bridges, Dams, Catwalks (except those not for public use), Roadways, Highways, Streets, Sidewalks, Culverts, Street Lights and Traffic Signals unless a specific value has been declared (excluding coverage for the peril of Earthquake Shock, and excluding Federal Emergency Management Agency (FEMA) and/or Office of Emergency Services (OES) declared disasters)
$ 10,000		Minimum subject to $100,000 Maximum per Vehicle or Item for Licensed Vehicles, Unlicensed Vehicles and Contractors Equipment Per Occurrence and Annual Aggregate and shared by all members of this Declaration for the peril of Earthquake for members who do not purchase dedicated Earthquake limits
$ 50,000		Per Occurrence and Annual Aggregate and shared by all members of this Declaration for Fine Arts for the peril of Earthquake for members who do not purchase dedicated Earthquake limits
$ 10,000		Minimum subject to $100,000 Maximum per Vehicle or Item for Licensed Vehicles, Unlicensed Vehicles and Contractor's Equipment Per Occurrence and Annual Aggregate and shared by all members of this Declaration for the peril of Flood for members who do not purchase dedicated Flood limits
$ 50,000		Per Occurrence and Annual Aggregate and shared by all members of this Declaration for Fine Arts for the peril of Flood for members who do not purchase dedicated Flood limits
24 Hour Waiting Period		for Service Interruption for All Perils and Coverages
2.5% of Annual Tax Value		per Location for Tax Interruption
Not Covered		Per Occurrence for Off Premises Vehicle Physical Damage. If Off-Premises coverage is included/purchased, the stated deductible will apply to vehicle physical damage both on and off-premises on a Per Occurrence basis, unless otherwise stated. If Off-Premises coverage is not included, On-Premises/In-Yard coverage is subject to the All Risk (Basic) deductible.
$ 25,000		Per Occurrence for Contractor's Equipment
$ 25,000		Per Occurrence for Primary Terrorism
$ 500,000		Per Occurrence for Excess Terrorism (Applies only if the Primary Terrorism Limit is exhausted)
Included		Information Security & Privacy Insurance with Electronic Media Liability Coverage. See Cyber Coverage Summary for details of coverage terms, limits and deductibles

TERMS & CONDITIONS: 25% Minimum Earned Premium and cancellations subject to 10% penalty

Except Cyber Liability Premium is 100% Earned at Inception

NOTICE OF CANCELLATION: 90 Days except 10 Days for non-payment of premium

	Annual Cost*
Total Property Premium:	$ 22,884.00
Excess Boiler:	$ 682.00
ABS Fee:	$ 527.00
SLT&F's (Estimate)	$ 757.47
Broker Fee:	$ 0.00
TOTAL COST †: (Including Taxes and Fees)	$ 24,850.47

*Premiums are based on valid selectable options and the TIV's above. Changes in TIV's will require a premium adjustment.

† TOTAL COST includes: all premiums, underwriting fees, commissions, loss control expenses, program administration charges, and applicable taxes

IMPORTANT NOTICE: *THE NONADMITTED & REINSURANCE REFORM ACT (NRRA) WENT INTO EFFECT ON JULY 21, 2011. ACCORDINGLY, SURPLUS LINES TAX RATES AND REGULATIONS ARE SUBJECT TO CHANGE WHICH COULD RESULT IN AN INCREASE OR DECREASE OF THE TOTAL SURPLUS LINES TAXES AND/OR FEES OWED ON THIS PLACEMENT. IF A CHANGE IS REQUIRED, WE WILL PROMPTLY NOTIFY YOU. ANY ADDITIONAL TAXES AND/OR FEES OWED MUST BE PROMPTLY REMITTED TO ALLIANT INSURANCE SERVICES, INC.*

QUOTE VALID UNTIL: July 1, 2014

BROKER: **ALLIANT INSURANCE SERVICES, INC.**
License No. 0C36861

Matt McManus
Assistant Vice President

Chris Tobin
First Vice President

Josephine P. Goetes
Account Manager - Lead

NOTES:

- ***Major pending and approved changes to the APIP Program are described in the Executive Summary.***
- ***Change in Total Insurable Values will result in adjustment in premium***
- ***Some coverage, sublimits, terms and conditions could change until negotiations with the insurance carriers have been finalized***
- ***Coverage outlined in this Proposal is subject to the terms and conditions set forth in the policy. Please refer to Policy for specific terms, conditions and exclusions***

DATE: May 27, 2014

FOR: June 4, 2014 District Board Meeting

TO: City of Alameda Health Care District, Board of Directors

FROM: Kristen Thorson, District Clerk

SUBJECT: Acceptance of District Board Meeting Calendar July 2014 - December 2014

Recommendation

Acceptance of the District Board meetings date as outlined below.

Background / Discussion

District Board meetings were scheduled through June 2014 due to the affiliation. Now that the affiliation has closed, it is being recommended that the District Board continue to meet on a regular basis. The Community Relations and Outreach Committee will be meeting over the next few months to discuss meeting frequency. Finance and Management Committee and Board Quality Committee may meet on an as needed basis. District Board meetings will continue to be held in the Board Room for Closed Session and the Dal Cielo Conference Room for Open Session. All meetings will be held on Wednesdays beginning with Closed Session at **6:30 p.m.** and Open Session at approximately **7:30 p.m.** Additional meetings may be called as needed and in accordance with the Brown Act.

- July 9, 2014
- August - NO MEETING
- September 3, 2014
- October 1, 2014
- November 5, 2014
- December 3, 2014

BOARD APPOINTMENT SCHEDULE (GORELICK VACANCY)	Timeline
Date of Vacancy of Director Jordan Battani	May 23, 2014 (Friday)
District Board Meeting	June 4, 2014 (Wednesday)
Post Public Notice - District Bulletin Board, Website, Library Send Press Release to: Alameda Patch, Alameda Sun, Bay Area News Group (Alameda Journal, Oakland Tribune, Alameda Times Star), SF Business Times, Sing Tao, The Alamedan	June 5-6, 2014
Begin Application Process (2 weeks)	June 5, 2014
Legal Notification – Run Legal Notice in the Alameda Journal	June 13, 2014
End Application Collection Process – Letters of interest to District Clerk	June 20 2014
Applicant Packets to Board of Directors	June 20, 2014
Begin Review and Recommendation Process (3 days	June 20, 2014
End Review and Recommendation Process – Choices back from Board of Directors (by 5:00 p.m.)	June 23, 2014
Notify all Applicants of Board Choices	June 24, 2014
Begin Background & Reference Checks (approx. 1 – 2 weeks)[1]	June 20, 2014 June 24, 2014
End Background & Reference Checks[1]	July 3, 2014
Applicant Conference (5:30 PM)	July 2, 2014
Applicant Conference (5:30 PM)	July 2, 2014 (Wednesday)
Regular District Board Meeting	July 9, 2014 (Wednesday)
Deadline to Appoint (60 days)	July 22, 2014 (Tuesday)

[1]Dates will be determined by the number of applicants