



**Ventura County Medi-Cal Managed Care Commission (VCMMCC)
dba Gold Coast Health Plan (GCHP)**

Executive/Finance Committee Meeting

Regular Meeting

Thursday, February 4, 2021 – 3:00 p.m.

Community Room at Gold Coast Health Plan

711 E. Daily Drive, Suite 106, Camarillo, CA 93010

Executive Order N-25-20

Conference Call Number: 805-324-7279

Conference ID Number: 126 553 557#

AGENDA

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

The public has the opportunity to address Ventura County Medi-Cal Managed Care Commission (VCMMCC) doing business as Gold Coast Health Plan (GCHP) on the agenda. Persons wishing to address VCMMCC should complete and submit a Speaker Card.

Persons wishing to address VCMMCC are limited to three (3) minutes unless the Chair of the Commission extends time for good cause shown. Comments regarding items not on the agenda must be within the subject matter jurisdiction of the Commission.

Members of the public may call in, using the numbers above, or can submit public comments to the Committee via email by sending an email to ask@goldchp.org. If members of the public want to speak on a particular agenda item, please identify the agenda item number. Public comments submitted by email should be under 300 words.

CONSENT

1. Approval of Executive Finance Committee Special Meeting Minutes of December 10, 2020.

Staff: Deborah Munday, Executive Assistant / Assistant Clerk to the Commission

RECOMMENDATION: Approve the minutes.

UPDATES

2. Enterprise Transformation Project Update

Staff: Eileen Moscaritolo, HMA Consultant

RECOMMENDATION: Approve the update as presented.

3. Gold Coast Health Plan Solvency Action Plan Update

Staff: Kashina Bishop, Chief Financial Officer
Robert Franco, Chief Compliance Officer

RECOMMENDATION: Receive and file the update.

FORMAL ACTION

4. Edrington Health Consulting

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Staff recommends that the Executive Finance Committee approve the amended contract and increase funding for the amendment.

5. Authorization to retain Morgan Consulting for the Chief Operating Officer search.

Staff: Michael Murguia, Executive Director, Human Resources

RECOMMENDATION: Staff recommends that the Executive Finance Committee approve the retention of Morgan Consulting for the Chief Operating Officer search.

COMMENTS FROM COMMITTEE MEMBERS

ADJOURNMENT

Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on <http://goldcoasthealthplan.org>. Materials related to an agenda item submitted to the Committee after distribution of the agenda packet are available for public review during normal business hours at the office of the Clerk of the Board.

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5512. Notification for accommodation must be made by the Tuesday prior to the meeting by 3 p.m. will enable the Clerk of the Board to make reasonable arrangements for accessibility to this meeting.

AGENDA ITEM NO. 1

TO: Executive Finance Committee
FROM: Deborah Munday, Executive Assistant / Assistant Clerk to the Commission
DATE: February 4, 2021
SUBJECT: Executive Finance Committee Special Meeting Minutes of December 10, 2020.

RECOMMENDATION:

Approve the minutes.

ATTACHMENTS:

Copy of the Executive Finance Committee Special Meeting Minutes of December 10, 2020

**Ventura County Medi-Cal Managed Care Commission (VCOMMCC)
Executive/Finance Committee
Special Meeting via Teleconference**

December 10, 2020

CALL TO ORDER

Committee Chair Pupa called the meeting to order at 3:03 pm via phone conference call. The Assistant Clerk was in the Bell Canyon Conference Room located at Gold Coast Health Plan (GCHP), 711 East Daily Drive, Camarillo, California.

The following GCHP staff was on the conference call:

- Margaret Tatar, Chief Executive Officer
- Nancy Wharfield, M.D., Chief Medical Officer
- Ted Bagley, Interim Chief Diversity Officer
- Kashina Bishop, Chief Financial Officer
- Bob Bushey, Procurement Officer
- Eileen Moscaritolo, HMA Consultant
- Marlen Torres, Executive Director, Strategy and External Affairs
- Anna Sproule, Senior Director of Operations
- Dr. Anne Freese, Director of Pharmacy
- Susana Enriquez, Communications & Marketing Manager
- Jamie Louwerens, Director Finance
- Michael Murguia, Executive Director, Human Resources
- Debbie Rieger, Senior Executive Business Transformation Consultant
- David Tovar, Senior Policy Analyst
- Vicki Wrihster, Contracts Manager
- Scott Campbell, BBK
- Cathy Salenko, BBK

ROLL CALL

Present: Committee members Antonio Alatorre, Shawn Atin, and Dee Pupa

Absent: Fred Ashworth and Jennifer Swenson

PUBLIC COMMENT

None.

CONSENT

1. Approval of Executive Finance Committee Regular Meeting Minutes of October 8, 2020.

Staff: Maddie Gutierrez, CMC – Clerk to the Commission
Deborah Munday, Executive Assistant/Assistant Clerk

RECOMMENDATION: Approve the minutes.

Committee member Atin motioned to approve the minutes. Committee member Alatorre seconded.

AYES: Committee members Antonio Alatorre, Shawn Atin, and Dee Pupa.

NOES: None.

ABSENT: Fred Ashworth and Jennifer Swenson.

Committee Chair Pupa declared the motion carried.

2. Behavioral Health Integration Program Oversight

Staff: Nancy Wharfield, M.D., Chief Medical Officer.

Dr. Wharfield stated there is a request to hire a resource to oversee the Behavioral Health Integration (BHI) programs in Ventura County. The Department of Health Care Services (DHCS) is utilizing Proposition 56 funds to help Plans move Behavioral Health Integration Programs into their provider networks. This was slated to begin this year; however, it was delayed by COVID and we only recently received the details of the requirements around the program. The Memos of Understanding (MOU) that are required by DHCS need to be submitted by December 30, 2020. Payment to the programs for years one and two will be dependent upon meeting the milestones described in the proposal. GCHP will be monitoring the work for DHCS to evaluate the programs and will report back. GCHP was awarded \$200,000 to cover the management of the programs in years one and two.

RECOMMENDATION: Authorize hire of staff to oversee DHCS Behavioral Health Integration programs in Ventura County.

Committee member Atin motioned to approve the oversight of the Behavioral Health Integration program. Committee member Alatorre seconded.

AYES: Committee members Antonio Alatorre, Shawn Atin, and Dee Pupa.

NOES: None.

ABSENT: Fred Ashworth and Jennifer Swenson.

Committee Chair Pupa declared the motion carried.

3. Pharmacy Benefit Manager Contract Extension

Staff: Nancy Wharfield, M.D., Chief Medical Officer
Anne Freese, PharmD., Director of Pharmacy

RECOMMENDATION: Authorize CEO to sign an extension of the PBM contract to accommodate extension of Medi-Cal Rx implementation date.

Pharmacy Director, Anne Freese, presented the recommendation. With the extension of the Medi-Cal Rx implementation date from January 1, 2021 to April 1, 2021, an adjustment to the contract with the Pharmacy Benefit Manager (PBM), for that time period, is required.

During the process of negotiating the amendment with the PBM agreements were reached on several issues. One is to extend the date until March 31, 2021 and to reduce the termination notice requirement from 90 days to 45 days as it relates to Medi-Cal Rx implementation only. There is also an analysis of the documentation for the current price structure for Administrative fees and an agreement to extend pricing guarantees to a quarterly timeframe or to a timeframe similar to the current annual pricing. There would be additional costs to GCHP with the extension of services from December 31, 2020 to March 31, 2021, but with the amendment being negotiated, the fees would be similar to the existing fee and pricing, but costs would fluctuate depending upon utilization.

Committee member Atin motioned to approve the PBM Contract Extension. Committee member Alatorre seconded.

AYES: Committee members Antonio Alatorre, Fred Ashworth, and Dee Pupa.

NOES: None.

ABSENT: Shawn Atin and Jennifer Swenson.

Committee Chair Pupa declared the motion carried.

UPDATES

4. Medi-Cal Rx Update

Staff: Nancy Wharfield, M.D., Chief Medical Officer
Anne Freese, PharmD., Directory of Pharmacy

RECOMMENDATION: Approve the update as presented.

DHCS has extended the implementation date from January 1, 2021 to April 1, 2021. DHCS issued a press release which was forwarded to all Commissioners. The GCHP website has been updated with the new dates and information received from the State. The State will send a beneficiary notice explaining the extension. When information is received it will be shared with community providers and stakeholders. The extension will necessitate an adjustment to the PBM contract. There will be an additional communication in the first quarter from DHCS. Information will be shared as it is received.

The Outreach Program was initiated the first part of November 2020 prior to the extension of the implementation date. The Outreach Program will resume in February and March 2021 via radio and print media throughout the County. A 30-day notice letter was prepared for members on December 1, 2020, but was pulled before it was mailed. The 30-day notice letters will be reprinted with the new dates and in homes by March 1, 2021. New ID cards will be printed to remove Optum's information and replace it with the State's new phone number. This has been delayed until the end of March 2021 so that it will be with members by April 1, 2021.

Information regarding the new date will be shared with providers and pharmacies as it becomes available. Provider bulletins and a resource guide are updated with articles regarding Medi-Cal Rx will be available on the GCHP website.

Ongoing meetings with clinic partners, both systems and independents, will continue until the implementation date. The Pharmacy Department's email address at GCHP is provided and providers can reach out at any time. There is an additional email for the Medi-Cal Rx provider portal for technical assistance.

Committee Chair Pupa stated she appreciated all the work going into communicating with members. She added that regardless of how much information is provided, it will still be confusing for the members.

Committee member Atin motioned to approve the Medi-Cal Rx Update. Committee member Alatorre seconded.

AYES: Committee members Antonio Alatorre, Fred Ashworth, and Dee Pupa.

NOES: None.

ABSENT: Shawn Atin and Jennifer Swenson.

Committee Chair Pupa declared the motion carried.

5. HSP Medi-Trac Update

Staff: Eileen Moscaritolo, HMA Consultant
Debbie Rieger, Sr. Executive Business Transformation Consultant

RECOMMENDATION: Approve the update as presented.

HMA Consultant, Eileen Moscaritolo, presented an update on the managed care system changes. GCHP plans to move from its current managed care system, Conduent, to a new platform. The move was scheduled to go live November 2020. GCHP and Conduent leadership reviewed a list of criteria and evaluated whether they were prepared to go live with the new system, which is the HSP Medi-Trac system. Both Conduent and GCHP leadership agreed they were not ready. The project plan is being reviewed and tests and training are being revised. A project plan with Conduent is being revised with the goal of going live in the first quarter of 2021. CEO Tatar will share the revised go-live date with the Commission.

The areas at risk were authorizations, such as pre-authorizations that providers receive to seek additional care for the members. The end-to-end workflow in the testing and loading of information between our authorization system into our managed care claim system for payment wasn't at a level that was tested adequately, which would create member abrasion and not be compliant with the tight regulatory requirements in issuing authorizations. Dr. Wharfield's team is continuing to test with vendor partners, the authorization system and Conduent.

Another focus area is financial accuracy and ensuring providers are reimbursed properly on the new system versus the old system. Fee schedules and provider contract terms will be reviewed to ensure providers are paid properly. This involves adjudicating the same set of claims on the old system and the new system looking for differences. The new system has enhanced capabilities allowing more edits and will be more stringent with data integrity of claims received. A deep dive into any differences between the two systems and financial accuracy will be done.

The third area is general testing to ensure everything moves through the system in a way that we can adequately issue capitation payments and provider checks. Conduent is responsible for most of the testing. GCHP team members assist with testing and the deep dive into the Medi-Cal guidelines and regulatory requirements.

Providers are being updated on the GHCP website, provider communications, a dedicated email box for questions and webinars. Providers will be informed of a new date once we have it. We will be keeping an eye on the financials and solvency of the plan to ensure that migrating to a new system doesn't financially harm us with inaccurate claims or capitation payments. This program remains within the budget that was approved for this multi-year project and we closely monitor the budget and evaluate any changes.

Committee member Atin motioned to approve the HSP Medi-Trac Update. Committee member Alatorre seconded.

AYES: Committee members Antonio Alatorre, Fred Ashworth, and Dee Pupa.

NOES: None.

ABSENT: Shawn Atin and Jennifer Swenson.

Committee Chair Pupa declared the motion carried.

6. October Fiscal Year to Date 2020 Presentation

Staff: Kashina Bishop, Chief Financial Officer

RECOMMENDATION: Approve the update as presented.

Chief Financial Officer, Kashina Bishop, reviewed the financial statements fiscal year to date through October 2020. There was a net gain in the month of October of \$2 million.

CFO Bishop noted that while we are presenting October, staff is almost complete on the November close and it appears there will be a loss. There were some long-term care claims that date back to October 2019. The good news is we are still performing much better than our budget expectations. Revenue is slightly better than budget expectations, as are medical expenses and administrative expenses which are substantially below budget. Fiscal year to date losses through October are \$186,000, an improvement from the budgeted loss of almost \$9 million.

Committee Member Alatorre asked about claims from October 2019. CFO Bishop stated it is new information that is being researched. November is not closed yet. Committee Member Alatorre asked for the dollar amount. CFO Bishop stated it was several claims from October 2019 going forward amounting to approximately \$50,000 per month. Our prior period change in cost estimate for long-term care was close to \$1 million, part of that was October claims, which also increases the estimates for the current month. An additional percent is being paid for the claims going forward after March 2020. Committee Member Alatorre asked if they are billing late and if payments

can be reduced at three months, six months or nine months. CFO Bishop stated it is not being done currently but it will be implemented in the new system.

Tangible Net Equity (TNE) is \$77.1 million, which is 222% of the minimum required. Medical loss ratio is 94.6% and administrative ratio is 5.6%. Through the Solvency Action Plan, it is hoped to improve upon the forecast and be in compliance with the Commission approved TNE policy, which is between 400% and 500% of the required.

Ms. Bishop reviewed the financial impacts of COVID19. Membership is still increasing with the redeterminations pended through the emergency. The unfunded 10% increase to long-term care facility rates are still in effect. There are decreased costs in inpatient and emergency room (ER) costs being offset by other increases in long-term care facility, community-based adult services (CBAS) and lab costs.

An update on the Solvency Action Plan was given by Ms. Bishop. The first stages of HMS have been implemented which was to have HMS bill other insurance carriers if a member had another coverage. This started in October, they are billing the other health plans and going back three years. In the past two months approximately \$470,000 has been recovered. There is no impact to providers.

In the next stage of the Solvency Action Plan, there was a decision to put any further rate on contract changes on hold to the system conversion. It is hoped to have some of the analysis completed in January 2021 and any of the other contractual changes that we want to make through the Solvency Action Plan implemented by the end of March.

Aggregate revenues are over budget by \$12.4 million, 4%, with a good portion of that related to Proposition 56, \$9.2 million. There was also increased revenue related to fiscal year 2020.

Membership through October is approximately 210,000. Membership is expected to continue to grow to approximately 212,000 in November.

Medical Expenses are \$276.9 million, which is \$7 million over budget. This is mostly attributable to Proposition 56, without that, we would be under budget. Medical Loss Ratio is 94.6%.

Committee member Atin motioned to approve the October Fiscal Year to Date 2020 Presentation. Committee member Alatorre seconded.

AYES: Committee members Antonio Alatorre, Fred Ashworth, and Dee Pupa.

NOES: None.

ABSENT: Shawn Atin and Jennifer Swenson.

Committee Chair Pupa declared the motion carried.

CLOSED SESSION

7. PUBLIC EMPLOYEE APPOINTMENT

Position: Chief Operating Officer

The committee went into Closed Session at 3:43 p.m.

ADJOURNMENT

There was no reportable action. Committee Chair Dee Pupa adjourned the meeting at 5:25 p.m.

Approved:

Deborah Munday
Executive Assistant / Assistant Clerk to the Commission



AGENDA ITEM NO. 2

TO: Executive Finance Committee
FROM: Eileen Moscaritolo, HMA Consultant
DATE: February 4, 2021
SUBJECT: Enterprise Transformation Project Update

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

HSP Update

HSP Update February 4, 2021

Integrity

Accountability

Collaboration

Trust

Respect

HSP Medi-Trac

- HSP MediTrac Managed Care System
 - Testing Update
 - Authorization review
 - Provider Communication Approach
 - Current go live date under review

Questions?





AGENDA ITEM NO. 3

TO: Executive Finance Committee

FROM: Kashina Bishop, Chief Financial Officer
Robert Franco, Chief Compliance Officer

DATE: February 4, 2021

SUBJECT: Gold Coast Health Plan Solvency Action Plan Update

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Internal Control Workgroup

Solvency Action Plan

February 4, 2021

Kashina Bishop, Chief Financial Officer
Robert Franco, Chief Compliance Officer

Integrity

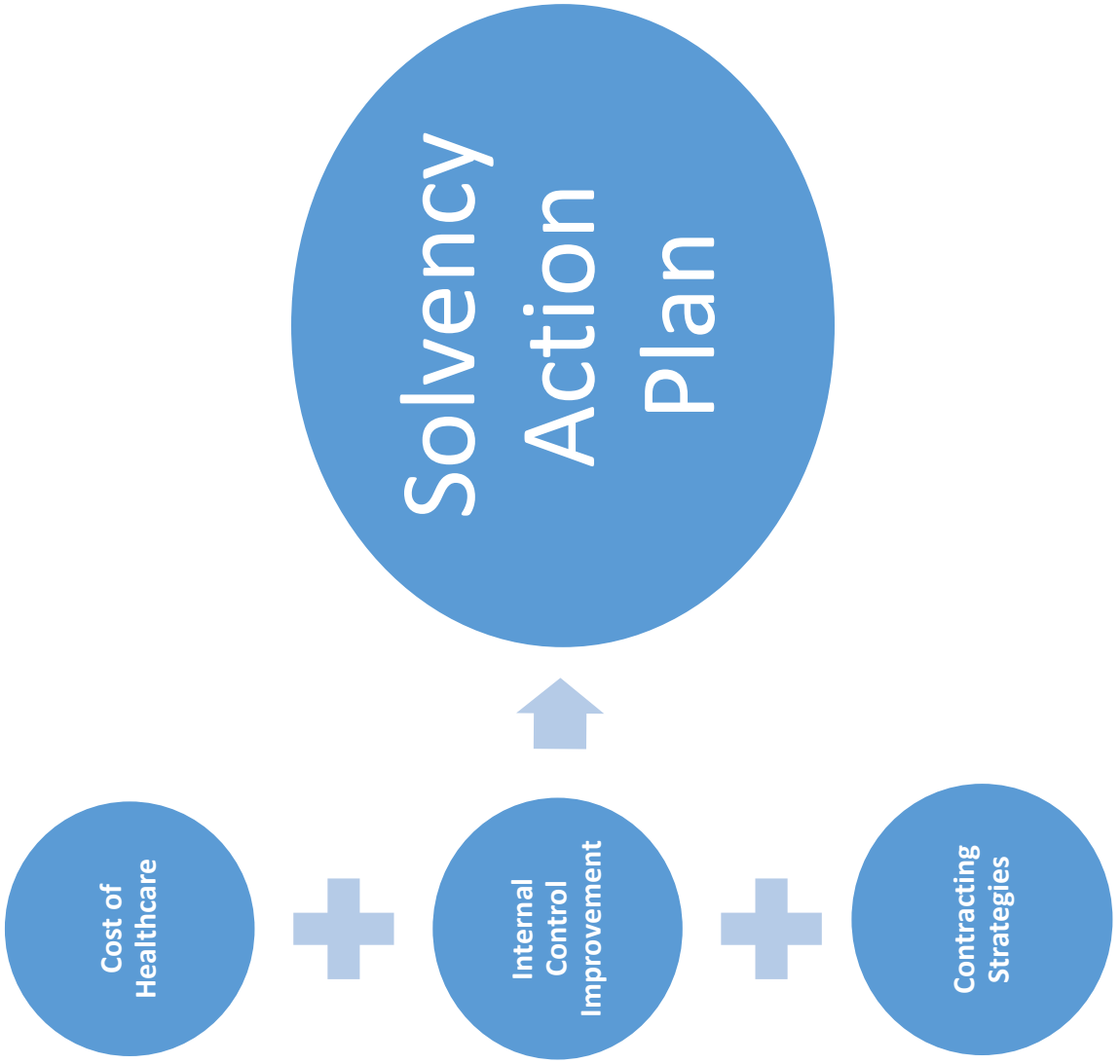
Accountability

Collaboration

Trust

Respect

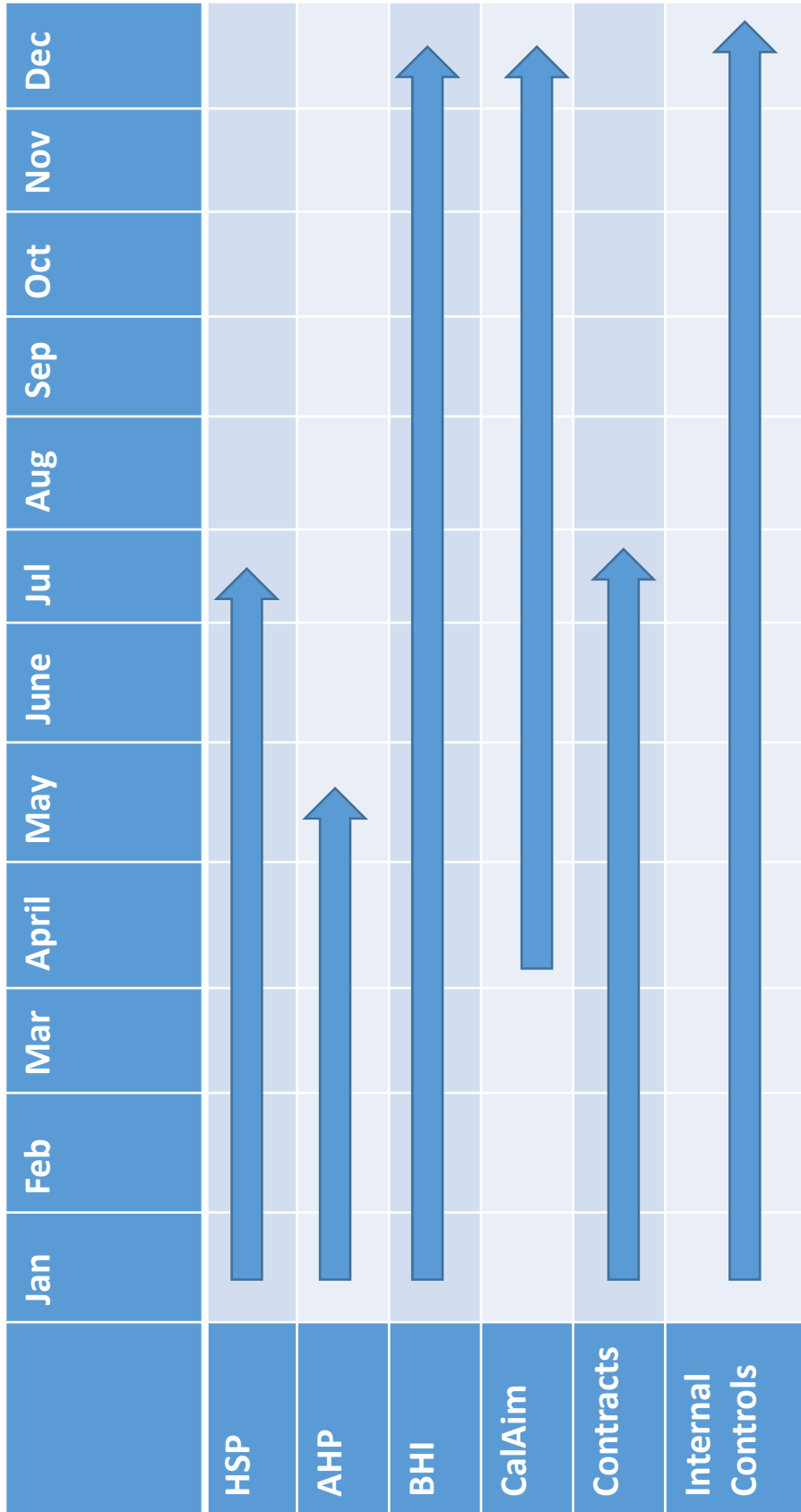
Solvency Action Plan:



Solvency Action Plan: Focus on fundamentals

1. HSP System Conversion
2. Americas Health Plan
3. Behavioral Health Integration
4. Cal Aim
5. Major provider contract renewals
6. Continuation of internal control improvement activities

Timeline of fundamental activities - 2021:



Overview – Internal Control Workgroup

- Internal Controls Workgroup
- Goals
 - Issues
 - Improvements
 - Planned Improvement
- Next Steps
- Questions

Internal Controls

Definition:

Process of assuring an organization's objectives in operational effectiveness and efficiency, reliable financial reporting, and compliance with laws, regulations and policies.

Internal Controls Workgroup

In the fourth quarter of 2020, a workgroup was formed to strengthen GCHP's internal controls by assisting with the prioritization and tracking of escalated issues, the implementation of improvements, and execution of ongoing projects.

The Internal Control process was introduced during the 2020 Strategic Planning Retreat, along with a comprehensive list of controls that have already been addressed in 2020 (see slides 64-83 of the Strategic Planning Retreat presentation).

Internal Controls

- Goal 1 – Issue Identification
 - Root Cause
 - Remediation
 - Implication (Downstream Impact)
 - Importance (Prioritization)

Internal Controls

- Goal 2 – Improvement
 - Not related to remediation of a specific issue
 - Description
 - Importance (Prioritization)

Internal Controls

- Goal 3 – Planned Improvements
 - Description
 - Timeline
 - Importance (Prioritization)

Next Steps

- Establish Internal Controls Workgroup meeting cadence
- Level set with Internal Business Areas to provide standard updates
- Prioritization of issues, improvements and execution
- Quarterly updates to Executive/Finance & Commission

Questions



Appendix

Internal Controls to be Addressed in 2021			
Internal Control Issue	Root Cause	Resolution	Implications/Importance
Compliance			
1. Regular Compliance reporting to commission			
2. Regular CAC reporting to commission			
3. Regular PAC reporting to commission			
4. Disciplined review of all policies and procedures			
DSS			
5. Encounter Data Quality Improvement		Map Encounter Data process, end to end Q2 FY 20-21 Identify Gaps Q2 FY 20-21 Build Plan to address gaps Q2 FY 20-21 Execute plan Q4 FY 20/21	More complete and accurate encounter data in support of RDT, MCAS, and Health Improvement initiatives
6. RDT Data Provision Improvement		Map RDT process, end to end Q2 FY 20-21 Identify Gaps Q2 FY 20-21 Build Plan to address gaps Q2 FY 20-21 Execute plan Q4 FY 20/21	Ensure revenue is maximized Improved financial monitoring and reporting
7. 274 Timeliness	Timeframe to deliver is short Delayed files from provider partners/vendors Manual processes lead to human error or delays Transition delays Roles & responsibilities are unclear	Meet with Ops Support/IT & PNO to delineate responsibilities. Q3 FY 20/21 Codify process and follow process to the letter. Q3 FY 20/21 Implement escalation process Q3 FY 20/21 IT developing mechanism to reduce human intervention Q3 FY20/21	274 delivery on or before the 10 th of every month is a DHCS regulatory requirement.
8. Prop 56 Payment Process	Complex calculations; processes heavily manual. Multiple data streams feeding the process; causing delays. Reporting is difficult.	Work in progress to transition process fully over to Conduent; within HSP. Day Two requirement within Project. In parallel, development of a database to capture all payment data in order to easily generate reporting, both DHCS required and ad hoc.	Providers receiving Prop 56 payments in a timelier manner. Accurate and timely delivery of reporting to DHCS

Appendix

Internal Controls to be Addressed in 2021			
Internal Control Issue	Root Cause	Resolution	Implications/Importance
Finance			
9. Regular Internal Audits and Focused Reviews			
10. 820 File Reconciliations		To develop a processing procedure for our 820 files where Finance can easily review member-level detail for payments and reconcile against receivables.	To ensure that DHCS is paying us timely and accurately for month premium, MCO taxes, supplemental payments and intergovernmental transfers
11. Capitation Reconciliation		To compare the aid category of capitation we pay to providers versus the aid category that we are paid for.	To ensure accuracy of capitation payments to providers
12. IBNP End-to-End Workflow Documentation		To document what IBNP entries are and what the current process is (involves cross-functional departments and external consultant.	To eventually be able to transition process back to internal GCHP resources from external consultant.
13. Finance Policies and Procedures Manual Development		To review and update existing Finance Policies and Procedures and identify new areas that might need to be documented and consolidate into a Manual	To ensure that we have current documentation of important Finance procedures to support compliance to GAAP, etc.
14. Pre-Close Cross Functional IBNP Meeting		To implement a pre-close cross functional IBNP meeting which would include Finance, Claims, PNO, External Consultants, etc. that can provide updates on claims issues/projects, contracting changes, etc. that could impact or taken into consideration when developing monthly IBNP reserves	Important to financials to create the best possible estimates for medical claims not yet received.

Appendix

Internal Controls to be Addressed in 2021			
Internal Control Issue	Root Cause	Resolution	Implications/Importance
Operations			
15. Inefficient/inadequate and manual processes in place for provider contracting, credentialing, and data management	Manual processes established at plan start-up	Implement provider contracting, credentialing, and data management solution (PCCM) for launch in Feb 2021	Increase efficiency, accuracy, and effectiveness of provider contracting, credentialing, and data management functions
16. CCD process			
17. Joint operating committee controls (who should attend, should be agendized)			
18. Encounter controls (receipt of controls and submission to DHCS)			
19. Provider Directory controls			
20. Call center controls (including all call centers for all partners)			
21. Conduent - Reporting of SLAs			
22. APL work			
IT			
23. CASB			
24. SWG			
25. Service Desk	Operational	11/18/2020	Faster, reliable, easy platform for support needs
26. PCCM/eVIPs			
27. ETP			
28. MCPIDIP			
29. Medi-Cal Rx			
30. HMS Claims Recovery			
31. AHP			
32. SSI-SDI			Cost Savings through data mining
33. AB1114			Pharmacists prescribing meds.



AGENDA ITEM NO. 4

TO: Executive Finance Committee

FROM: Kashina Bishop, Chief Financial Officer

DATE: February 4, 2021

SUBJECT: Additional Funds Approval – Edrington Health Consulting, LLC, SOW 3

SUMMARY:

GCHP staff seeks approval to add \$300,000 for work being performed by Edrington Health Consulting, LLC (“EHC”). EHC is providing consulting services in support GCHP’s IBNP reserves methodology and the development of GCHP’s Rate Development Template (“RDT”) and other supplemental data requests, as required by the Department of Health Care Services (“DHCS”) requirements. In addition, they perform actuarial services for capitated and plan to plan provider agreements. In the spirit of partnership and support for GCHP, EHC has extended a 25% discount on their services over the past year.

BACKGROUND/DISCUSSION:

EHC operates as a strategic partner, is highly engaged with the DHCS and provides consulting services to several of the State’s local initiatives. Services offered by EHC include:

- Capitation rate development and review.
- DHCS reporting.
- Forecasting and reporting.
- IBNP and Reserve Estimation.
- Data Warehousing and analytics.

In January of 2020, the Commission approve the consolidation of EHC SOW 1 for IBNP service development and SOW 2 for RDT services into a single SOW 3. The term of the approval was 24 months, ending on December 31, 2021 and the projected spend amount was \$350,000.

In support of GCHP’s solvency plan and because of staff vacancies, additional efforts have been utilized in IBNP reserves, GCHP’s rate development, and actuarial services thus requiring additional funding beyond the projected amount of \$350,000.

FISCAL IMPACT:

SOW and Contract Term	Amount	Period	Budgeted
SOW 1 – Actuary Services, Actual Spend	\$83,422	12/17/18 to 12/31/2019	Yes
SOW 2 – RDT Services, Actual Spend	\$42,479	7/1/2019 to 6/30/2020	Yes
SOW 3 – Combined Services Original Projected Spend	\$350,000	1/1/2020 to 12/31/2021	Yes
SOW 3 – Additional funding	\$300,000	1/1/2020 to 12/31/2021	No
Total Projected Cumulative Spend	\$775,901	Ending on 12/31/2021	

RECOMMENDATION:

The Plan recommends the Executive Finance Committee approve adding additional funding to SOW 3 in the amount of \$300,000.

If the Committee desires to review this contract, it is available at Gold Coast Health Plan’s Finance Department.



AGENDA ITEM NO. 5

TO: Executive Finance Committee

FROM: Michael Murguia, Executive Director, Human Resources

DATE: February 4, 2021

SUBJECT: Authorization to retain Morgan Consulting for the Chief Operating Officer search.

SUMMARY:

To recruit a Chief Operating Officer, we would like to secure the services of a retained search firm, Morgan Consulting. This action is necessary to evolve our Organizational Plan and to have a complete succession plan. Morgan consulting was successful in the CEO search.

FISCAL IMPACT:

Our financial impact initially will be \$33,333.00 due at the time we initiate our search, which is permissible under the purchasing power granted to the CEO under the Delineation of Authority policy. The remainder of our cost will depend on our first meeting and negotiations with Morgan Consulting tentatively scheduled for February 10, 2020. We will forecast the entire fee to be between \$80-90K. We will obtain approval from the Commission once the terms of the contract and fees have been agreed upon.

RECOMMENDATION:

Staff recommends that the Executive Finance Committee recommend approval of the retention of Morgan Consulting for the Chief Operating Officer search.

The agreed upon terms of the contract and final price will be presented to the Commission for approval at the February 22, 2021 Commission meeting.