MEMORANDUM

Agenda Item 15(C)1

To: Honorable Chairwoman Rebeca Sosa, and Members, Board of County Commissioners

Date: November 5, 2013

From: Honorable Harvey Ruvin, Clerk
Circuit and County Courts

Christopher Agrippa, Division Chief
Clerk of the Board Division

Subject: Appointment of Ela Alarcon-Cabrera to the Health Council of South Florida, Inc.

It is recommended that the Board consider the appointment of Ms. Ela Alarcon-Cabrera, to the Health Council of South Florida, Inc., for a period of two years, as recommended by the Health Council of South Florida, Inc., Nominating Committee.

In accordance with Florida Statutes 408.033, the Health Council of South Florida, Inc., Nominating Committee has submitted the application of Ms. Alarcon-Cabrera as a qualified candidate for appointment to the Board of Directors of the Health Council of South Florida, Inc. Florida Statutes provide for the County Commission having jurisdiction in the respective district to appoint members to the Council.

Attached for your information and review is a copy of the application, letter of recommendation, and resume for this nominee.

CA/sm
Attachments

HCSF
Health Council of South Florida, Inc.

October 16, 2013

Shania Moore
Office of the Clerk of the Board
Miami-Dade County Board of County Commissioners
111 N.W. 1st Street, Suite 17202
Miami, FL 33128

Dear Ms. Moore:

The Health Council of South Florida Inc. is pleased to request the appointment of Ms. Ela Alarcon-Cabrera to the Board of Directors in the category of Provider. The seat became vacant with the resignation of Mr. Aristides Pallin. The appointment for Ms. Alarcon-Cabrera is for a two-year term.

Ms. Alarcon-Cabrera the Vice President of Medicare Operations and Business Strategy at Sunshine Health Plan. The Council's Nominating Committee convened to review the application, in accordance with the Council's Bylaws, and recommends the appointment of Ms. Alarcon-Cabrera to the Council's Board. A professional resume accompanies the application form, for nomination to serve on the Local Health Council District XI, Miami-Dade County.

If possible, we respectfully request that this application be submitted to the Commissioners for appointment at the next County Commission Meeting. Please feel free to contact Vanessa Naranjo, Executive Assistant, at (305) 592-1452 ext. 110 should you need any additional information.

Sincerely,

Marisel Losa
President & Chief Executive Officer

enclosure

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An Equal Opportunity Employer

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Our Mission is to be the source of unbiased health and quality of life data and analysis; the preferred partner for quality program planning, management, evaluation, and community services; the facilitator of collaboration and partnerships in Miami-Dade and Monroe counties; and the trusted champion for ethical and targeted healthcare policy at the local, state, and national levels.

HCSF
Health Council of South Florida, Inc.

CANDIDATE FOR NOMINATION TO SERVE ON THE LOCAL HEALTH COUNCIL DISTRICT XI, MIAMI DADE COUNTY

NAME Ela M. Alarcon. Cabrera

BUSINESS ADDRESS 1301 International Parkway (Street) TEL 954-839-1575

4th Floor Sunrise, FL 33323 (City, State Zip Code) FAX

RESIDENCE ADDRESS 16582 NW 83rd Pl (Street) TEL 305-231-0977

Miami Lakes, FL 33015 (City, State Zip Code) FAX

E-MAIL eacabrera@centene.com CELL PHONE 305-632-2007

SEX MALE ___ FEMALE ✓ DATE OF BIRTH 11-17-1962

RACE White ETHNICITY Hispanic

TYPE OF SEAT: PURCHASER ___ PROVIDER ✓ CONSUMER ___

EMPLOYER Sunshine Health Plan

NATURE OF BUSINESS/PROFESSION Healthcare Administration / HMO

IF CORPORATION, INDICATE TITLE & DUTIES Vice President of Medicare Operations & Business Strategy. Responsible for Medicare and Health Exchange Products in FL.

PERTINENT BIOGRAPHICAL INFORMATION (Resume or Curriculum Vitae may be attached)

Please see attached

I, (candidate's name) Ela M. Alarcon. Cabrera, a citizen of the United States, and a duly qualified elector of Miami-Dade County, would, if appointed, be willing and able to discharge the responsibilities and functions of a member of the Local Health Council. I declare that I do not serve on another board, agency or advisory group created and/or funded by the Monroe County Commission.

Ela M. Alarcon

CANDIDATE'S SIGNATURE

8/20/13

DATE

ELA M. ALARCON-CABRERA

16582 NW 83rd Place ~ Miami Lakes, FL 33016 ~ (305) 632-2007

PROFESSIONAL PROFILE

Health care professional with over twenty years of progressive healthcare leadership experience working for national and regional Managed Care Organizations focusing on Medicare, Medicaid, Long Term Care programs Multi state experience with procurement, program start up, and expansion efforts. Areas of specialty include, Budget/Forecast, P&L responsibility, Strategic Planning, Network Development, Integrated Care management for Dual and Non-Dual eligible and key business partner and State relationship management.

MAJOR ACCOMPLISHMENTS

Sunshine State Health Plan (02/2013-present)

Vice President of Medicare Operations, Business Strategy and Health Insurance Marketplace

- Responsible for strategic planning, implementation and oversight of Medicare Special Needs Plan and Health Insurance Exchange product
- Responsible for product implementation and setting direction for local market place initiatives leading to increased growth and market share.
- Provide leadership and operational oversight for Network Development, Provider Relations, Sales, Medical management, Care Coordination and contract compliance
- Establish and maintain local business, key provider group and State agency relationships.
- Responsible for P&L, establishing annual operational plans, setting budget and medical expense targets ensuring financial profitability for health plan programs.

Simply Healthcare Plans, Inc. **(01/2011-10/01/2012)**

Vice President of Clinical Operations & Long Term Care

- Successfully lead the companies CMS application including Medicare MAPD, Dual SNPs, Institutional SNP, Institutional Equivalent SNP and Medicaid Nursing Home Diversion.
- Manage relationship with State and Federal clients and insure customer satisfaction
- Oversee Compliance, Network Development, Operations, Heath Services and Marketing of LTC Plans.
- Develop and implement LTC programs that promote Medicare and Medicaid coordination working across Federal, State, and community stakeholders to improve clinical and financial outcomes.
- Develop and bring to market Florida's first Institutional Equivalent Program.
- Develop strategy and product for long term care for assigned health plans and expansions.
- Manage P&L responsibility for the long term care programs
- Direct development of chronic care program and oversee long term care clinical staff.

Evercare/United Healthcare **(11/2007-01/2011)**

Director of Health Services

- Strategize, develop and direct operations of the health services department to ensure provision of high quality, cost-effective medical services.
- Responsible for the development and management to budget related to medical care, directs actions to control targeted costs for inpatient and outpatient services.
- Develop and update work plans/programs for the region
- Ensure compliance with State and Federal regulations, compliance with company policies and procedures.
- Develop internal and external strategic relationships which will support program expansion and success.
- Review reports (financial/utilization/services) analyze trends and implement timely corrective action plans

RBS Re/Highmark BCBS (04/2004-11/2007)

Director of Medical Management

- Direct medical management department of a national reinsurer of HMO's and self funded groups.
- Direct the company Navigator Program, designed to assist insured groups in managing high dollar claims.
- Negotiate contracts with national vendors such as PPO, organ transplant, pharmaceutical, disease management, and predictive modeling.
- Develop method of measuring clinical and financial outcomes of Navigator programs; including organ transplant, NICU, congenital heart disease, cancer, specialty pharmacy, and physician review.
- Provide consultative support to HMO's, re-insurance clients, and self insured groups in health services operations, quality improvement, and reporting.
- Work with CFO's, and Medical Directors to identify opportunities to improve clinical and financial outcomes.

Network Medical Management, Corp. (2/2000-03/2004)

President of MSO Division, COO

- Provides strategic leadership and vision, oversees operations, counsel and advice to the board of directors regarding public policy and programs.
- Responsible for membership growth, revenue growth, and fiscal well-being of the organization.
- Responsible for negotiation and implementation of the organizations Management Services Risk contracts with HMO's for Medicare, Medicaid, and Commercial lines of business.
- Develop Utilization Management and Quality Improvement Program to support HMO clients.
- Responsible for network development and provider contracts and provide senior support services for contracts.
- Direct in development of software for the management of healthcare funds and provider profiling initiatives.
- Responsible for risk contract reconciliation's and contestations of health funds.

Kemper National Services, Inc. (01/1998-01/2000)

Manager of UM Processes

- Responsible for the development of Focused Medical Management Strategies and consequent Utilization Programs for implementation within the case management and medical billing departments.
- Project Manager in charge of the Implementation of Provider Compare Software, on a national level. Provider Compare is a software application that allows for profiling medical providers statistically.
- The Provider Compare program implementation required direction of a multiple department task force including IT, Data base specialists, physicians, claims, case management.
- Development and implementation of Texas Pain Management Program resulting in 600K savings within the first six months and 2 million dollars in one year.
- Assist in the management and training of Peer Consultants team comprised of over thirty physicians.

Sunrise Healthcare Plan, Inc.

Director of Health Services / UM (12/1996-08/1997)

- Managing the UM/UR department of the Health Plan,
- Responsible for developing and updating Policies and Procedures to meet NCQA and AHCA requirements.
- Develop and maintain Utilization Management work plan.
- Responsible for recruiting, training utilization management staff.
- Monitors health services utilization data, tracking and trending of UM data.
- Participate in Health Plan Quality Improvement Committee, Quality of Care and Improvement Committee.

Network Medical Management, Corp.

Director of Operations (04/1995-11/1996)

- Develop and implement company managed care risk products, including network development, contracting, medical management, risk management.
- Work with Medical Director in and Utilization Management teams to insure quality of care and regulatory requirements are maintained.
- Company develops and administers contracts between HMOs, PPOs, MSOs, and its clients including PCP, Specialists, Acillary Providers and Skilled Nursing Facilities.
- Member of Board of Directors from 1995 until 2004.

United Health Care

Manager Medical/Catastrophic Case Management **(1991-1995)**

- Conduct in-house utilization reviews for coordination of care department. Lowered the LOS from 5.6 to 3.8 within one month.
- Review patient cases for medical necessity, and authorize continuing patient care. Serve as inter-hospital liaison between facilities throughout South Florida.
- Organize department workflow, coordinate projects and assignments with internal staff.

EDUCATION

Universidad Central Del Este, Santo Domingo, Dominican Republic **(1982-1987)**
Doctor of Medicine

References furnished upon request.