

# Rogers L. Moody

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## Healthcare and Managed Care Consultant / Chief Financial Officer

Ready to execute a CFO, COO, or Director of Managed Care role in a private or government healthcare organization, which will leverage deep experience in government, health care, managed care, financial and administrative services. Expanded and applied knowledge in government and healthcare financing and operating of hospitals and clinics (including federally qualified health centers), and managed care operations, contracting strategy and financial solvency of health plans, health systems and physician groups.

### Professional Experience

#### ALAMEDA HEALTH CONSORTIUM / COMMUNITY HEALTH CENTER NETWORK

Chief Finance Officer

San Leandro, CA

May 2023 – Present

- Oversaw fiscal policy and budgets for three subsidiaries, AHC (\$10M), CHCN Trust (\$140M) and CHCN MSO (\$25M).
- Restructured financial operations, enhanced skill sets of staff, implemented a new financial system (ERP), and set stringent approval protocols.
- Renegotiated payer rates that had been stagnant for six years in evergreen contracts, achieving 12.2% and 20.0% increases in base rates retro to January 2024 with future minimum 3.5% additional increases year over year.
- Reestablished trust and confidence between the Board of Directors and the Executive Team and facilitated a strategic path forward for economic growth and development.
- Chaired the CHCN Chief Financial Officers Peer Network.
- Chaired the California Primary Care Association's IPA/MSO Peer Network (2025).

#### HEALTHCARE AND MANAGED CARE CONSULTANT

Beaumont, CA

October 2017 – Present

- Provides leadership and expertise to assist in maintaining and improving health plans, health systems, hospitals, physician groups and clinic systems financial and administrative operations.
- Guides payers and providers to decide best alternative payment models, and coordinates rate development strategy; including expected payment and/or reimbursement, contribution margin, carve-out pools, risk pools, and incentive pools.
- Negotiates contracts on behalf of health plans and health systems with payers and providers who seek to secure institutional, professional, and ancillary services, plan to plan agreements, and provider network agreements.
- Develops revenue, cost and utilization reporting mechanisms to ensure accurate profitability and capacity pictures, accountability, and network adequacy; including key performance indicators and performance dashboards.
- Builds and enhances revenue cycle systems and processes to capture and process claims and encounters to ensure maximum cash flow and collections, and highest possible capitation rates.

Alameda Health System (AHS), (Client)

Oakland, CA

December 2017 – June 30, 2020

- Helped to effectively lead AHS to an alternative payment model, moving the Federally Qualified Health Centers from fee-for-service to capitation to meet federal government mandate.
- Assisted AHS in successful EPIC Tapestry setup and implementation of eligibility and capitation modules.
- Set up capitation accounting and reconciliation functions and procedures to ensure proper documentation and reporting of membership, payments and encounters in EPIC and Power BI.
- Developed a Contract Development, Negotiation, and Implementation Playbook for AHS.

#### COUNTY OF LOS ANGELES / DEPARTMENT OF HEALTH SERVICES (DHS)

##### MANAGED CARE SERVICES (MCS, formerly OFFICE OF MANAGED CARE)

Chief Financial Officer (retired 09-30-17)

Alhambra, CA

October 2012 – September 2017

Oversaw and directed all financial management matters while controlling a budget of \$240 million with the support of up to fifty-one (51) budgeted and/or contract staff positions. Established monetary management policies and requirements, and monitored the construction and operation of financial management systems.

Held major responsibility for financial management permanence and improvement. As a member of the MCS Leadership Group, was responsible for the development, formulation, and implementation of the organization's overall short-term and long-term strategic as well as financial goals, objectives, strategies, policies and procedures. Provided leadership and critical input on the organization's mission, vision, objectives, lines of business, and the growing demands for services and network development. Coordinated calculation, collection and distribution of over \$1.5 billion annually in capitation revenues.

- Supported the development, negotiation, and monitoring of payer (e.g., LA Care, Centene, etcetera) capitated and fee-for-service contracts for institutional and professional services provided at our hospitals and clinics, including design of the Division of Financial Responsibility (DOFR).
- Headed Provider Dispute Resolutions and Settlement Negotiations with private hospitals and physician groups who serviced our assigned patients who sought medical services out of network, limiting our financial exposure (\$3m to \$5m annually) and averting litigation expenses (\$100k to \$200k annually).
- Championed a successful Request for Proposals to obtain an Electronic Data Interchange vendor to support the MCS - Claims Processing Section reducing average claims processing time by 30 days.
- Supported the development of the DHS Comprehensive Enterprise Data & Analytics Repository (CEDAR), turning medical and membership information into useful intelligence.
- Participated in the Ambulatory Care Network establishment, setting up oversight and operation of patient-centered medical homes.

**OFFICE OF MANAGED CARE / COMMUNITY HEALTH PLAN (CHP)**

Alhambra, CA

*Chief Financial Officer*

December 2010 – September 2012

*Assistant CFO / Acting CFO*

December 2004 – November 2010

Executed the financial oversight and reporting activities including administering, planning, organizing, developing, and controlling an annual local expense budget of nearly \$300 million, and coordinated calculation, collection and distribution of nearly \$1.5 billion annually in capitation revenues. Served as the key and senior administrator, officer and advisor to the health plan on all financial matters, ensuring the financial viability and managing the financial affairs in accordance with sound business practices, applicable government regulatory and grantor/funder requirements, internal controls and policies, and the ongoing strategic business goals and objectives.

- Led the Community Health Plan to three straight years of increasing profitability (2010, 2011, and 2012).
- Was one of two Co-Leads in 2008 in renegotiating 23 Physician Group and 9 Hospital contracts in our CHP networks over a 4 month span to ensure continuity of services and patient care, with minimal rate increases, and changing most from hard stops to evergreen.
- Created utilization and membership dashboards and reports for DHS leadership to enhance business intelligence and decision making on service and enrollment management and expansion/contraction.
- Developed and implemented a Cost Recovery Program that resulted in a 76% decline in capitation adjustment balances owed by private providers to CHP.
- Successfully and personally renegotiated a long time unbalanced hospital contract in a hard to serve north county area for a three year renewal with a savings of 12.5% in the first year.
- Helped lead the CHP's transition from a HMO to fully become a medical Management Services Organization for DHS, and execute the health agency's Managed Care Services function.

**HEALTH SERVICES ADMINISTRATIVE HEADQUARTERS**

Los Angeles, CA

*Head, Special Revenue & Trust Funds*

May 1999 - December 2004

- Recovered for the local Emergency Medical Services Agency two years of State - Tobacco Tax Revenues and County - Court Fines & Forfeitures Revenues totaling over \$4.0 million, which had inadvertently been transferred to the courts by the Auditor-Controller.

*Member, Reengineering Project Team*

August 1998 – May 1999

**MARTIN LUTHER KING, JR./DREW MEDICAL CENTER**

Los Angeles, CA

*Chief, Finance Administration – Special Projects*

May 1993 - August 1998

- Restructured the Clinic charging mechanism to more than quadruple the Outpatient Net Revenues.

*Chief, Cost Accounting Unit*

August 1991 – April 1993

*Chief, Revenue & Statistical Reporting Unit and the*

*Augustus F. Hawkins Psychiatric Hospital Fiscal Reporting Unit*

March 1990 - August 1991

**HARBOR-UCLA MEDICAL CENTER**

*Health Care Financial Analyst*

*Accounting Systems Technician*

*Accountant II*

**Torrance, CA**

January 1989 – February 1990

March 1988 – December 1988

December 1986 – February 1988

**OLIVE VIEW-UCLA MEDICAL CENTER**

*Accountant I*

**Sylmar, CA**

March 1985 – March 1986

- Audited the Hospital Materials Management division to ascertain the true balance of supplies and equipment on hand and the correct Accounts Payable; and worked with the Materials Manager to implement policies and procedures to orderly maintain control.

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**Education**

California State University, Los Angeles, CA  
B.S., Business Administration, Accounting Option  
Graduated: June 1984

Dillard University, New Orleans, LA  
Business Administration, Accounting Option  
Transferred: December 1981

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**Memberships**

Kappa Alpha Psi Fraternity (Since 1980)  
Church of God in Christ (Since 1993)

California Association of Health Plans (Since 2018)