

AMENDMENT No. 10 TO VENTURA COUNTY  
CONTRACT No. 8261  
To Provide Consulting Services

The County of Ventura and Matrix Strategies, Inc. hereby agree that the contract identified as Ventura County Contract No. 8261, is amended, as follows:

- 1. The contract is hereby extended through June 30, 2025.
- 2. The contract not to exceed amount is \$574,900 for FY2023-24 and for any subsequent year.
- 3. The attached Exhibit A-3 is added to the contract.

All other terms and conditions remain the same.

COUNTY OF VENTURA

DocuSigned by:  
*Samantha Crostic*

B37B0499A20642F...  
Authorized Signature

Printed Name Samantha Crostic

Senior Buyer

Title

7/25/2024

Date

CONTRACTOR\*

DocuSigned by:  
*Benjamin Jacobowitz*

D9B26900420E41D...  
Authorized Signature

Printed Name Benjamin Jacobowitz

President

Title

7/25/2024

Date

CONTRACTOR\*

DocuSigned by:  
*Benjamin Jacobowitz*

D9B26900420E41D...  
Authorized Signature

Benjamin Jacobowitz

Printed Name

President

Title

7/25/2024

Date

Exhibit A-3  
Health Care Market and Revenue Analysis

**1. Background and Purpose**

In August 2020, the County of Ventura “(County)” engaged the consulting services of Matrix Strategies Inc. (“Matrix”) for the purpose of completing a comprehensive evaluation of third-party payor agreements and to develop and implement a contracting strategy that optimized associated revenue. Since then, critical progress has been made through the completion of contract-specific financial assessments, market/price sensitivity analyses, re-negotiation of high-volume contracts, termination of problematic agreements, and addition of new beneficial arrangements. With continued support from Matrix, the County expects to complete the last set of hospital and professional service contract renewals prior to the end of 2024. Accordingly, the team has now initiated the second round of fixed-term contract renewals to ensure contract rates are updated to keep up with inflation and other market trends.

During this complex undertaking, the County has made a significant investment to improve third party payor agreements for the purpose of optimizing revenue. However, during this process, Matrix has also uncovered internal systems and operational workflow processes that prevent the County from achieving the full benefit of their negotiated rates. Since the County does not currently have adequate internal resources to address all limitations identified, the County needs to expand the scope of services provided by Matrix, as summarized below.

**2. Expanded Scope of Work**

- A. Review internal system and workflow issues adversely impacting third party payor revenue. These issues include but are not limited to the following: provider credentialing and rostering gaps; unresolved claim denials/provider disputes; and formal appeals to health plan executives.
- B. Evaluate claim denials and underpayments, identify practical solutions, and prepare recommendations for consideration for County executives. This review includes claim payment denial patterns; billed charges limiting collection of contract rates, e.g., impact of hospital charge description master (“CDM”) and 340B drug pricing.
- C. Review and prepare specified Medi-Cal claims data reports to support collection of supplemental payment revenue streams for Medi-Cal Managed Care, including Managed Care Organization (“MCO”) tax impact reporting and Enhanced Payment Program (“EPP”) data reconciliation.
- D. Review volume and outpatient compensation patterns for hospital outpatient clinics and Federally Qualified Health Centers. Research and identify possible vendor options for outsourcing of select outpatient and/or professional services.
- E. Prepare pro forma documents for a new multi-specialty clinic designed to improve access to specialty care for Medi-cal patients. Documents to include modeling of various organizational structures (e.g., FQHC vs fee-for-service) and alternate professional risk arrangements (e.g., primary care physician vs all-professional service capitation) for start-up funding consideration by Gold Coast Health Plan.

- F. Upon request by County officials, identify and research other internal and external factors (e.g., billing limitations and regulatory mandates) that adversely impact third party revenue, hinder efficient management of associated managed care contracts; and/or that can be used to minimize third party payment denials and underpayments. Provide recommendations for practical solutions to County officials.

### **3. Payment Terms**

Matrix will be paid on a time and materials basis at the following rates:

Managed Care Contracting Services:	\$390/hr.
Managed Care Contract Analysis/Modeling	\$270/hr.

Payment terms are net 30 days, in arrears for services and expenses rendered and upon the receipt of valid and correct invoices. Invoices are to be sent to the following address:

[VCMC.AccountsPayable@ventura.org](mailto:VCMC.AccountsPayable@ventura.org)

Or

VCMC Accounts Payable  
800 South Victoria Ave., L#4610  
Ventura, CA 93009