



Managed Care Commission

Andy Li

to:

deboran.everist

02/06/2015 06:09 PM

Hide Details

From: Andy Li <jianandyli@hotmail.com>

To: <deboran.everist@hdsd.cccounty.us>,

Agenda Item # 11.0

1 Attachment



2015-02-06-01.pdf

Hi Deboran,

I am resident in San Ramon. I saw the opening of Managed Care Commission listed at contra costa county web site and I am interested in applying for this seat if it is still available. I have been working in the healthcare industry for about 17 years. For the first 6 year, I worked as a developer on EMR (Electronic Medical Record) system. Then I jumped to the business world and working as an independent consultant for EMR system with focus on claims and meaningful use.

Besides work, I am very active civically and in our community. I am the San Ramon Economic Development Advisory Committee member and Dougherty Valley San Ramon Rotary club member. Also I am the president of APAPA (Asian Pacific Islander American Public Affair Association) Tri-Valley chapter.

Attached is the scanned copy of my application. Please let me know if I still need to mail it out.

Best Regards,

Andy Li



Contra  
Costa  
County

For Office Use Only  
Date Received:

For Reviewers Use Only:  
Accepted Rejected

## BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

**MAIL OR DELIVER TO:**

Contra Costa County  
CLERK OF THE BOARD  
651 Pine Street, Rm. 106  
Martinez, California 94553-1292  
PLEASE TYPE OR PRINT IN INK  
(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

Managed Care Commission

PRINT EXACT SEAT NAME (If applicable)

1. **Name:** LI Andy   
(Last Name) (First Name) (Middle Name)
2. **Address:** 3561 Sleeping Meadow Way, San Ramon, CA 94582  
(No.) (Street) (Apt.) (City) (State) (Zip Code)
3. **Phones:** 860-263-9540 608-239-9614  
(Home No.) (Work No.) (Cell No.)
4. **Email Address:** ilanandyli@hotmail.com

5. **EDUCATION:** Check appropriate box if you possess one of the following:

High School Diploma ☐ G.E.D. Certificate ☐ California High School Proficiency Certificate ☐

Give Highest Grade or Educational Level Achieved Master Degree

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) <u>Univ. of Wisconsin, Madison</u>	<u>Computer Science</u>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>MS</u>	<u>May 2002</u>
B) <u>Nankai Univ, P.R China</u>	<u>Chemistry</u>	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>BS</u>	<u>July 1994</u>
C) <u></u>	<u></u>	Yes No <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			
<u></u>	<u></u>	<u></u>				

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

<p>A) Dates (Month, Day, Year)</p> <p>From <u>Oct 2005</u> To <u>Present</u></p> <p>Total: Yrs. <u>    </u> Mos. <u>    </u></p> <p>Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Business Owner</p> <p>Employer's Name and Address</p> <p>BestWare 3561 Sleeping Meadow Way San Ramon, CA 94582</p>	<p>Duties Performed</p> <p>Provide consulting service to healthcare organization for their electronic medical record system with focus on accountable payable claim and meaningful use</p>
<p>B) Dates (Month, Day, Year)</p> <p>From <u>May 2004</u> To <u>Sep 2005</u></p> <p>Total: Yrs. <u>1</u> Mos. <u>5</u></p> <p>Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Consultant</p> <p>Employer's Name and Address</p> <p>DB International</p>	<p>Duties Performed</p> <p>Provide consulting work for Kaiser HeathConnect EMR system</p>
<p>C) Dates (Month, Day, Year)</p> <p>From <u>June 1998</u> To <u>April 2004</u></p> <p>Total: Yrs. <u>5</u> Mos. <u>10</u></p> <p>Hrs. per week <u>    </u> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>Software Developer</p> <p>Employer's Name and Address</p> <p>Epic 1979 Milky Way Verona, WI 53593</p>	<p>Duties Performed</p> <p>Develop EMR system with focus on claim, referral, CRM module</p>
<p>D) Dates (Month, Day, Year)</p> <p>From <u>    </u> To <u>    </u></p> <p>Total: Yrs. <u>    </u> Mos. <u>    </u></p> <p>Hrs. per week <u>    </u> . Volunteer <input type="checkbox"/></p>	<p>Title</p> <p>    </p> <p>Employer's Name and Address</p> <p>    </p>	<p>Duties Performed</p> <p>    </p>

7. How did you learn about this vacancy?

☒ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☐ Other

8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations? No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_

*[Signature]* 02/06/2015

### Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: 651 Pine Street, Room 106, Martinez, CA 94553.
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY, CALIFORNIA and for  
Special Districts, Agencies and Authorities Governed by the Board Adopted Resolution  
no. 2011/55 on 2/08/2011 as follows:**

IN THE MATTER OF ADOPTING A POLICY MAKING FAMILY MEMBERS OF THE BOARD OF SUPERVISORS INELIGIBLE FOR APPOINTMENT TO BOARDS, COMMITTEES OR COMMISSIONS FOR WHICH THE BOARD OF SUPERVISORS IS THE APPOINTING AUTHORITY

WHEREAS the Board of Supervisors wishes to avoid the reality or appearance of improper influence or favoritism;  
NOW, THEREFORE, BE IT RESOLVED THAT the following policy is hereby adopted:

- I. SCOPE: This policy applies to appointments to any seats on boards, committees or commissions for which the Contra Costa County Board of Supervisors is the appointing authority.
- II. POLICY: A person will not be eligible for appointment if he/she is related to a Board of Supervisors' Member in any of the following relationships:
  1. Mother, father, son, and daughter;
  2. Brother, sister, grandmother, grandfather, grandson, and granddaughter;
  3. Great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, and great-granddaughter;
  4. First cousin;
  5. Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter;
  6. Sister-in-law (brother's spouse or spouse's sister), brother-in-law (sister's spouse or spouse's brother), spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouse's grandson;
  7. Registered domestic partner, pursuant to California Family Code section 297.
  8. The relatives, as defined in 5 and 6 above, for a registered domestic partner.
  9. Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.