

ORIGINAL

COUNTY OF SHASTA  
OFFICE OF AUDITOR-CONTROLLER  
REPORT OF CLAIMS REQUIRING BOARD ACTION IN ORDER TO  
AUTHORIZE PAYMENT BY AUDITOR-CONTROLLER  
12/05/2023

FUND/DEPT/ACCT	DEPARTMENT	PAYEE	DESCRIPTION	Amount	REASON	DEPARTMENT'S EXPLANATION
410/41010/052016	HHS/BHSS/MENTAL HEALTH CLINIC REDDING	SHASTA REGIONAL MEDICAL CENTER / PRIME HEALTHCARE SERVICES	6/1-30/23 MS SD SVCS	\$49,230.00	Per Shasta County Contracts Manual 6-101 Section 1.3.3 and Gov Code section 29741, the Auditor-Controller may only pay claims for services that have been authorized by contract. The contract does not authorize the additional observation daily rate of \$580.00, a total of \$17,400 that needs Board approval. The agency is in the process of amending the current contract to account for these higher-level services required to adequately meet patient needs.	SEE ATTACHED MEMO FROM DEPARTMENT
410/41010/052016	HHS/BHSS/MENTAL HEALTH CLINIC REDDING	SHASTA REGIONAL MEDICAL CENTER / PRIME HEALTHCARE SERVICES	7/1-7/31/23 MS SD SVCS	\$51,863.00	Per Shasta County Contracts Manual 6-101 Section 1.3.3 and Gov Code section 29741, the Auditor-Controller may only pay claims for services that have been authorized by contract. The contract does not authorize the additional observation daily rate of \$580.00, a total of \$17,980 that needs Board approval. The agency is in the process of amending the current contract to account for these higher-level services required to adequately meet patient needs.	SEE ATTACHED MEMO FROM DEPARTMENT
410/41010/052016	HHS/BHSS/MENTAL HEALTH CLINIC REDDING	SHASTA REGIONAL MEDICAL CENTER / PRIME HEALTHCARE SERVICES	8/1-8/31/23 MS SD SVCS	\$51,863.00	Per Shasta County Contracts Manual 6-101 Section 1.3.3 and Gov Code section 29741, the Auditor-Controller may only pay claims for services that have been authorized by contract. The contract does not authorize the additional observation daily rate of \$580.00, a total of \$17,980 that needs Board approval. The agency is in the process of amending the current contract to account for these higher-level services required to adequately meet patient needs.	SEE ATTACHED MEMO FROM DEPARTMENT
	<b>TOTAL</b>			<b>\$152,956.00</b>		

**Auditor's Certification:**

I certify that the foregoing is a true list of claims properly and regularly coming before the Shasta County Board of Supervisors, and that the computations are correct.

Date: 11/27/23

Signature: **Approval of Claims:**

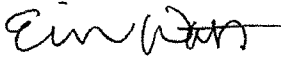
These claims were allowed and the Claims List was approved as correct, by vote of the Board of Supervisors on this date.

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

Chairman  
Board of Supervisors  
County of Shasta  
State of California



## Memorandum

**To:** Nolda Short, Auditor-Controller  
**From:** Erinn Watts, Branch Director – Administration   
**Date:** November 27, 2023  
**Re:** Shasta County Mental Health Services – Prime Healthcare Services

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Shasta County Health and Human Services Agency: Behavioral Health and Social Services (BHSS) has vendors that provide mental health services.

The Shasta County Mental Health Plan has a responsibility to provide specialty mental health services to eligible Medi-Cal Beneficiaries. Per Shasta County Mental Health Plan 22-20136, no person shall be denied medically necessary covered specialty mental health service solely because of diagnosis, type of illness, or condition. In some circumstances, additional services are required to meet the individual needs of patients experiencing severe mental health crises, up to and including individualized, one-on-one care and additional observation. Prime Healthcare Services – Shasta LLC. has continued to provide necessary services in good faith, pending a contract amendment. The Agency is in the process of amending the current contract to account for these higher-level services required to adequately meet patient needs.

Health and Human Services Agency BHSS branch is requesting to pay the following invoices for services provided.

**Prime Healthcare Services – Shasta, LLC**

June 2023 - \$49,230.00  
July 2023 - \$51,863.00  
August 2023 - \$51,863.00  
*Total - \$152,956.00*

Vend 05573

HH082523H

PRIME HEALTHCARESHASTA LLC 1100 BUTTE STREET REDDING CA 960010852 5302424900 <b>m5</b>		PRIME HEALTHCARESHASTA LLC FILE 749229 LOS ANGELES CA 900749229		3a PAT. CNTL. # VAK30834 b. MED. REC. # M000607385 5 FED. TAX NO. 26-3487583		6 STATEMENT COVERS PERIOD FROM 060123 THROUGH 063023		113	
<div>0124 R&amp;B/SEMI/2BED/PSYCHIATRIC 30 120000 00 0250 PHARMACY 1241 9839 44 0270 MED-SUR SUPPLIES 1 26 70 0300 LABORATORY OR LAB 5 1461 24 0301 LAB/CHEMISTRY 6 805 00 0305 LAB/HEMATOLOGY 1 327 00</div> <div>ADDITIONAL PAYMENT APPROVED FOR \$580/DAY PER DAY AS STATED IN SRMC-SCMH ADULT SERVICE AGREEMENT (ATTACHED). Anthony Eyestone, LMFT Digitally signed by Anthony Eyestone, LMFT Date: 2023.10.02 14:39:03 -07'00' October 02, 2023 <b>RECEIVED</b> SEP 27 2023 <b>MANAGED CARE</b></div> <div>0001 PAGE 001 OF 001 CREATION DATE 082523 TOTALS 132259 36</div> <div>50 PAYER NAME MCD SHORT DOYLE MEDI CAL MCARE PART B 51 HEALTH PLAN ID 52 HEL INFO Y 53 ANL BEL Y 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56 NPI 1134569650 57 OTHER 58 PHV ID 59 PBL 60 INSURED'S UNIQUE ID 61 GROUP NAME 62 NUMBER 65 EMPLO 66 F250 Y J449 Y E109 Y 67 ADMIT DX F250 68 PATIENT REASON DX 69 PPS CODE 885 70 ECI 71 PRINCIPAL PROCEDURE CODE 72 OTHER PROCEDURE CODE 73 OTHER PROCEDURE CODE 74 OTHER PROCEDURE CODE 75 ATTENDING NPI 1912951898 76 LAST TAGGART 77 OPERATING NPI 78 LAST 79 OTHER NPI 80 OTHER NPI 81 LAST 82 OTHER NPI 83 LAST 84 OTHER NPI 85 LAST 86 OTHER NPI 87 LAST 88 OTHER NPI 89 LAST 90 OTHER NPI 91 LAST 92 OTHER NPI 93 LAST 94 OTHER NPI 95 LAST 96 OTHER NPI 97 LAST 98 OTHER NPI 99 LAST 100 OTHER NPI 101 LAST 102 OTHER NPI 103 LAST 104 OTHER NPI 105 LAST 106 OTHER NPI 107 LAST 108 OTHER NPI 109 LAST 110 OTHER NPI 111 LAST 112 OTHER NPI 113 LAST 114 OTHER NPI 115 LAST 116 OTHER NPI 117 LAST 118 OTHER NPI 119 LAST 120 OTHER NPI 121 LAST 122 OTHER NPI 123 LAST 124 OTHER NPI 125 LAST 126 OTHER NPI 127 LAST 128 OTHER NPI 129 LAST 130 OTHER NPI 131 LAST 132 OTHER NPI 133 LAST 134 OTHER NPI 135 LAST 136 OTHER NPI 137 LAST 138 OTHER NPI 139 LAST 140 OTHER NPI 141 LAST 142 OTHER NPI 143 LAST 144 OTHER NPI 145 LAST 146 OTHER NPI 147 LAST 148 OTHER NPI 149 LAST 150 OTHER NPI 151 LAST 152 OTHER NPI 153 LAST 154 OTHER NPI 155 LAST 156 OTHER NPI 157 LAST 158 OTHER NPI 159 LAST 160 OTHER NPI 161 LAST 162 OTHER NPI 163 LAST 164 OTHER NPI 165 LAST 166 OTHER NPI 167 LAST 168 OTHER NPI 169 LAST 170 OTHER NPI 171 LAST 172 OTHER NPI 173 LAST 174 OTHER NPI 175 LAST 176 OTHER NPI 177 LAST 178 OTHER NPI 179 LAST 180 OTHER NPI 181 LAST 182 OTHER NPI 183 LAST 184 OTHER NPI 185 LAST 186 OTHER NPI 187 LAST 188 OTHER NPI 189 LAST 190 OTHER NPI 191 LAST 192 OTHER NPI 193 LAST 194 OTHER NPI 195 LAST 196 OTHER NPI 197 LAST 198 OTHER NPI 199 LAST 200 OTHER NPI 201 LAST 202 OTHER NPI 203 LAST 204 OTHER NPI 205 LAST 206 OTHER NPI 207 LAST 208 OTHER NPI 209 LAST 210 OTHER NPI 211 LAST 212 OTHER NPI 213 LAST 214 OTHER NPI 215 LAST 216 OTHER NPI 217 LAST 218 OTHER NPI 219 LAST 220 OTHER NPI 221 LAST 222 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96001</div> <div>APPROVED OMB NO. 0938-0937</div> <div>NTIBC LIC810506</div> <div>THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF</div>									

Vend 005673

HH092123A

PRIME HEALTHCARESHASTA LLC 1100 BUTTE STREET REDDING CA 960010852 5302424800 ms		PRIME HEALTHCARESHASTA LLC FILE 749229 LOS ANGELES CA 900749229		PAT. CNTL. # VAK30834 U. MED. REC. # M000607385		STATEMENT COVERS PERIOD FROM 080123 THROUGH 083123	
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39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a 01	2500 00	80	31 00		
b					
c					
d					

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON COVERED CHARGES	49
0124	R&B/SEMI/2BED/PSYCHIATRIC			31	124000 00		
0260	PHARMACY			596	17059 00		
0270	MED-SUR SUPPLIES			12	931 00		
0300	LABORATORY OR LAB			8	4276 00		
0301	LAB/CHEMISTRY			1	106 00		
0305	LAB/HEMATOLOGY			5	1448 00		
0306	LAB/BACT-MICRO			1	200 00		
0611	MRI - BRAIN			1	3907 00		
0730	EKG/ECG			1	497 00		

ADDITIONAL PAYMENT APPROVED FOR \$580/DAY PER DAY AS STATED IN SRMC-SCMH ADULT SERVICE AGREEMENT (ATTACHED).

Anthony Eyestone, LMFT

Digitally signed by Anthony Eyestone, LMFT  
Date: 2023.10.02 14:39:53 -07'00'

October 02, 2023

08005193

8/1-31/23 MS SD SUR

#1093, x 31 = \$33,883

Add'l Observation \$ 580.00 a day \$ 17,980.00

RECEIVED  
SEP 27 2023

MANAGED CARE

33,883.00+  
17,980.00+  
51,863.00\*

0001	PAGE 001 OF 001	CREATION DATE	092123	TOTALS	152423 00
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60 PAYER NAME	61 HEALTH PLAN ID	62 PRIOR PAYMENTS	63 EST. AMOUNT DUE	64 NPI	1134569660
MCD SHORT DOYLE		Y	Y	57	
MEDI CAL		Y	Y	OTHER	
MCARE PART B		Y	Y	PRV ID	

65 INSURED'S NAME	66 PREL 60 INSURED'S UNIQUE ID	67 GROUP NAME	68 INSURANCE GROUP NO.
		ENTERED	

89455234255	OCT 20 2023	BY: [Signature]	04956445
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69 ADMIT DX	F260	70 PATIENT REASON DX	Y	71 PPS CODE	885	72 ECI		73	
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74 PRINCIPAL PROCEDURE CODE	DATE	75 OTHER PROCEDURE CODE	DATE	76 ATTENDING NPI	1912951898	QUAL	
				LAST	TAGGART	FIRST	JAMES
77 OPERATING NPI		QUAL		LAST		FIRST	
78 OTHER NPI		QUAL		LAST		FIRST	
79 OTHER NPI		QUAL		LAST		FIRST	

80 REMARKS	MCD SHORT DOYLE SHASTA CO MHP MC HD410MC 1880 SHASTA ST REDDING CA 96001	81C1 a	B3 273R00000X	81C1 b		81C1 c		81C1 d	
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Vend 005673

HH091323A

1 PRIME HEALTHCARESHASTA LLC 1100 BUTTE STREET REDDING CA 960010852 5302424900		2 PRIME HEALTHCARESHASTA LLC FILE 749229 LOS ANGELES CA 900749229		3 PAT. CMTL. # VAK30834 4 MED. REC. # MD00607385 5 FED. TAX NO. 26-3487583		6 STATEMENT COVERS PERIOD FROM 070123 THROUGH 073123		7	
[REDACTED]									
38				39 CODE 01 VALUE CODES AMOUNT 2500 00		40 CODE 80 VALUE CODES AMOUNT 31 00		41 CODE VALUE CODES AMOUNT	
[REDACTED]									
42 REV. CD. 43 DESCRIPTION 44 HCPCS / RATE / ICDPS CODE 45 SERV. DATE 46 SERV. UHITS 47 TOTAL CHARGES 48 NOW COVERED CHARGES 49									
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0250 PHARMACY 1817 14325 52									
0270 MED-SUR SUPPLIES 8 1035 00									
0272 STERILE SUPPLY 4 167 69									
0278 SUPPLY/IMPLANTS 1 1371 60									
0300 LABORATORY OR LAB 13 2549 17									
0301 LAB/CHEMISTRY 4 1137 00									
0305 LAB/HEMATOLOGY 5 1591 00									
0306 LAB/BACT-MICRO 2 611 00									
0307 LAB/UROLOGY 1 160 00									
0320 DX X-RAY 2 1573 30									
0324 DX X-RAY/CHEST 1 560 70									
0402 ULTRASOUND 1 1055 00									
ADDITIONAL PAYMENT APPROVED FOR \$580/DAY PER DAY AS STATED IN SRMC-SCMH ADULT SERVICE AGREEMENT (ATTACHED). Anthony Eyestone, LMFT Digitally signed by Anthony Eyestone, LMFT Date: 2023.10.02 14:39:26 -07'00' October 02, 2023									
RECEIVED SEP 27 2023 MANAGED CARE									
0001 PAGE 001 OF 001 CREATION DATE 091323 TOTALS 150136 98									
50 PAYER NAME MCD SHORT DOYLE MEDI CAL MCARE PART B 51 HEALTH PLAN ID 52 REL. INFO Y 53 ACQ. VEN. Y 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56 NPI 1134569650									
57 0 *									
58 INSURANCE NAME 59 GROUP NAME 33,883.00+ 17,980.00+									
60 TREATMENT AUTHORIZATION CODES 61 DOCUMENT CONTROL NUMBER OCT 20 2023 51,863.00*									
62 F250 Y J449 Y E109 Y 63 BY [Signature]									
64 F250 70 PATIENT REASON DX 71 PPS CODE 885 72 ECI 73									
74 PRINCIPAL PROCEDURE CODE DATE 75 OTHER PROCEDURE CODE DATE 76 ATTENDING NPI 1912951898 QUAL 77 OPERATING NPI FIRST JAMES 78 OTHER NPI QUAL 79 OTHER NPI QUAL 80 LAST									
81 REMARKS MCD SHORT DOYLE SHASTA CO MHP MC HD410MC 1880 SHASTA ST REDDING CA 96001 82 B3 273R00000X 83 84 85 86 87 88 89 90									