

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
TOTAL				\$152,956.00		

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: *Maria Huels*

Approval of Claims:

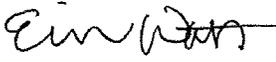
These claims were allowed and the Claims List was approved as correct, by vote of the Board of Supervisors on this date.

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

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

HH082525H

PRIME HEALTHCARESHASTA LLC 1100 BUTTE STREET REDDING CA 960010852 5302424900 MS		PRIME HEALTHCARESHASTA LLC FILE 749229 LOS ANGELES CA 900749229		PAT. ONTL. # VAK30834 MED. REC. # M000607385		STATEMENT COVERS PERIOD FROM 060123 THROUGH 063023		113
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39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a 01	2500 00	80	30 00		

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NOT COVERED CHARGES	49
0124	R&B/SEMI/2BED/PSYCHIATRIC			30	120000 00		
0250	PHARMACY			1241	9639 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		

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

RECEIVED
SEP 27 2023
MANAGED CARE

03004985 6/1-30/23
41010 059016 MS SD 3000
30 x 1,061.00 = \$31,830.00
add 1 Observation 580.00 a day
\$17,400.00

0001 PAGE 001 OF 001 CREATION DATE 082523 TOTALS 132259 36

50 PAYER NAME MCD SHORT DOYLE MEDI CAL MCARE PART B	61 HEALTH PLAN ID	52 HEL INFO Y	53 ANNT BEL Y	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 1134569650	57 OTHER PHW ID
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58 SUBSCRIBER NAME	59 PBL ID	60 INSURED'S UNIQUE ID	61 GROUP NAME 0.*
ENTERED			31,830.00+
			17,400.00+
			49,230.00*

OCT 19 2023
BY: [Signature]

62 ICD 9 CM F250	63 ICD 9 CM Y J449	64 ICD 9 CM Y E109	65 ICD 9 CM Y	66 ICD 9 CM 885	67 ECI 01956346	68
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74 PRINCIPAL PROCEDURE CODE F250	75 OTHER PROCEDURE CODE DATE	76 ATTENDING NPI 1912951898 LAST TAGGART FIRST JAMES
77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI

80 REMARKS MCD SHORT DOYLE
SHASTA CO MHP MC HD410MC
1880 SHASTA ST
REDDING CA 96001

81 ICD 10
B3 273R0000X

Vend 0056193

HH092123A

PRIME HEALTHCARE SHASTA LLC 1100 BUTTE STREET REDDING CA 960010852 5302424800 <i>ms</i>	PRIME HEALTHCARE SHASTA LLC FILE 749229 LOS ANGELES CA 900749229	3 In PAT. CNTL. # VAK30834 4. MED. REC. # MD00607385	13
		5 FED. TAX NO. 26-3487583	6 STATEMENT COVERS PERIOD FROM 080123 THROUGH 083123

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

ms SD SICK
8/1-31/23 ms SD SICK
#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
60 PAYER NAME	MCD SHORT DOYLE	61 HEALTH PLAN ID		64 PRIOR PAYMENTS	
62 EST. AMOUNT DUE		65 NPI	1134569660	66 NPI	
67 OTHER		68 PTW ID		69	

58 INSURED'S NAME	59 REL. TO INSURED'S UNIQUE ID	60 GROUP NAME	61 INSURANCE GROUP NO.
		ENTERED	

89455234255

OCT 20 2023

BY: *[Signature]* 04956445

66 F250	Y J449	Y E108	Y	69	
69 ADMIT DX	F250	70 PATIENT REASON DX		71 PPS CODE	886
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI	1912951898
77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI	
80 REMARKS	MCD SHORT DOYLE	B3 273R00000X		LAST	TAGGART
	SHASTA CO MHP MC HD410MC			FIRST	JAMES
	1880 SHASTA ST			LAST	
	REDDING CA 96001			FIRST	

Vend 005673

HH091323A

1 PRIME HEALTHCARE SHASTA LLC 1100 BUTTE STREET REDDING CA 960010852 5302424900 <i>ms</i>		2 PRIME HEALTHCARE SHASTA LLC FILE 749229 LOS ANGELES CA 900749229		3a PAT. CNTL. # VAK30834 3b MED. REC. # MD00607385		4 113	
5 FED. TAX NO. 26-3487583				6 STATEMENT COVERS PERIOD FROM 070123 THROUGH 073123		7	



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 / ICDPCS CODE	45 SERV. DATE	46 SERV. U/PTS	47 TOTAL CHARGES	48 NOW COVERED CHARGES	49
0124	R&B/SEMI/2BED/PSYCHIATRIC			31	124000 00		
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		

Handwritten notes:
 0270: 00005193
 0300: 41010 0500 16
 0305: 711-31/23ms 30 SUC
 0307: 1093 x 31 = \$33,883.00
 0324: add'l observation \$580.00 a day \$17,980.00

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 1134569650	56 NPI 197
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60 INSURANCE NAME	61 GROUP NAME	62
		33,883.00+ 17,980.00+

63 TREATMENT AUTHORIZATION CODES OH 956444	64 DOCUMENT CONTROL NUMBER OCT 20 2023	65 51,863.00*
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66 DX F250	67 Y J449	68 Y E109	69 Y	70 BY <i>[Signature]</i>
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71 PPS CODE 885	72 ECI	73									
74 PRINCIPAL PROCEDURE CODE DATE	75 OTHER PROCEDURE CODE DATE	76 ATTENDING NPI 1912951898	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI	80 QUAL	81 QUAL	82 QUAL	83 QUAL		
LAST TAGGART		FIRST JAMES		LAST		FIRST		LAST		FIRST	

84 REMARKS MCD SHORT DOYLE SHASTA CO MHP MC HD410MC 1880 SHASTA ST REDDING CA 96001	85 ICD CODE B3 273R00000X	86	87	88	89	90
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