

C9 Approve a retroactive amendment to the agreement with County Medical Services Program (CMSP) Participating Physician, Physician Group and Community Health Center for Health and Human Services Agency medical providers to receive reimbursement for outpatient mental health and substance abuse services which replaces Exhibit A, Provider Information.

STAFF REPORT

BOARD MEETING DATE: March 11, 2025

CATEGORY: Consent Calendar 9

SUBJECT: Approve a retroactive amendment to the agreement with County Medical Services Program (CMSP) Participating Physician, Physician Group and Community Health Center for Health and Human Services Agency medical providers to receive reimbursement for outpatient mental health and substance abuse services which replaces Exhibit A, Provider Information.

DEPARTMENT: Health and Human Services Agency-Behavioral Health and Social Services

SUPERVISORIAL DISTRICT #: All

DEPARTMENT CONTACT: Cindy Lane, HHSA Branch Director - Behavioral Health and Social Services, (530) 229-8058

STAFF REPORT APPROVED BY: Christy Coleman, Acting HHSA Director

Vote Required?

Simple Majority Vote

General Fund Impact?

No General Fund Impact

RECOMMENDATION

Approve a retroactive amendment, effective August 15, 2024, to the agreement with County Medical Services Program (CMSP) Participating Physician, Physician Group and Community Health Center, administered by Advanced Medical Management, Inc., for Health and Human Services Agency (HHSA) medical providers to receive reimbursement for outpatient mental health and substance abuse services provided to Shasta County CMSP clients which replaces Exhibit A, Provider Information.

DISCUSSION

In 1983, California law was enacted that established the County Medical Services Program (CMSP) as a program within the State Department of Health Care Services (DHCS). CMSP provides health coverage for low-income, indigent adults in 35 rural California counties. In April 1995, California law was amended to establish the CMSP Governing Board charging them with overall program and fiscal responsibility. As of September 2005, Anthem Blue Cross Life & Health Insurance Company became the third-party administrator for CMSP, followed by Advanced Medical Management, Inc., (AMM) beginning in April 2015. As the current third-party administrator for CMSP, AMM continues to provide for the healthcare needs of low-income, indigent adults in rural California counties.

This amendment will allow the Health and Human Services Agency to remain a network provider for those served through CMSP. In FY 2022-23 there were 75 Shasta County residents enrolled in CMSP and in FY 2023-24 there were 35 Shasta County residents enrolled in CMSP. As an approved network provider, HHSA will be eligible to receive reimbursement for non-emergency services provided to CMSP clients. Furthermore, HHSA will be able to participate in a loan forgiveness program through the California Office of Statewide Health Planning and Development and the CMSP Governing Board for medical professionals providing services through CMSP network providers.

This amendment to the agreement is retroactive due to the vendor requiring an amendment to update the provider directory and the vendors set timelines. This amendment also required several County Departments to review and approve of the proposed changes.

ALTERNATIVES

The Board could choose not to approve the recommendation, defer consideration to a future date, or provide alternate direction to staff. Members would not be able to receive services and would impact other systems of care.

OTHER AGENCY INVOLVEMENT

County Counsel has approved the amendment as to form. Risk Management has approved the amendment. This recommendation has been reviewed by the County Administrative Office.

FISCAL IMPACT

There is No General Fund Impact associated with approving the recommendation.

ATTACHMENTS:

1: County Medical Services Program, Advanced Medical Management, Inc. First Amendment

**AMENDMENT TO THE COUNTY MEDICAL SERVICES PROGRAM (CMSP)
PARTICIPATING PHYSICIAN, PHYSICIAN GROUP AND
COMMUNITY HEALTH CENTER AGREEMENT**

This amendment (hereinafter “Amendment”) to County Medical Services Program (CMSP) Physician, Physician Group and Community Health Center Agreement (“Amendment”) is by and between County Medical Services Program Governing Board (hereafter “Governing Board”) and County of Shasta and/or entity(ies) identified in Exhibit A-1 (as defined below) (“Provider”), and amends the County Medical Services Program (CMSP) Physician, Physician Group and Community Health Center Agreement between Governing Board and Provider, as amended(collectively, the “Agreement”). All capitalized terms not defined herein shall be as defined in the Agreement.

Recitals

- A. Governing Board entered into the Agreement to make available quality health care to Members, and Provider entered into the Agreement to provide such quality health care in a cost-efficient manner.
- B. Governing Board and Provider seek to amend the terms of the Agreement to reflect changes to Provider’s address and other information contained in Exhibit A of the Agreement.

IT IS HEREBY AGREED AS FOLLOWS:

- 1. Exhibit A of the Agreement is deleted and replaced with Exhibit A-1 attached hereto and incorporated herein (“Exhibit A-1”).
- 2. All references to “Exhibit A” in the Agreement shall be deleted and replaced with “Exhibit A-1”.
- 3. This Amendment is effective August 15, 2024.
- 4. Except as expressly amended herein, all other terms and conditions of the Agreement shall remain in full force and effect, the same as if this Amendment had not been executed.

Dated effective August 15, 2024.

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the dates set forth below. By their signatures below, each signatory represents that they have the authority to execute this agreement and to bind the Party on whose behalf their execution is made.

COUNTY OF SHASTA

Date: _____

KEVIN W. CRYE, CHAIR
Board of Supervisors
County of Shasta
State of California

ATTEST:
DAVID J. RICKERT
Clerk of the Board of Supervisors

By: _____
Deputy

Approved as to form:
JOSEPH LARMOUR
County Counsel

By: Trisha Weber
3EA8930A101C40F...

Date: 02/20/2025 | 4:24 PM PST

Name: Trisha C. Weber

Title: Assistant County Counsel

~~RISK MANA~~ RISK MANAGEMENT APPROVAL

By: Dolyene Lane
63C6418CE38944C...

Date: 02/20/2025 | 12:24 PM PST

Name: Dolyene Lane

Title: Risk Manager

GOVERNING BOARD

By: _____

Date: _____

Name: Kari Brownstein

Title: Executive Director

EXHIBIT A-1

PROVIDER INFORMATION AND ADDRESSES WHERE MEDICAL SERVICES ARE PROVIDED

For: **County of Shasta**
 CMSP Contract No. SP118

In accordance with Sections 3.1 and 3.2 of the Agreement, Provider provides, or arranges for, services at the locations listed below. Use one or more pages as necessary when multiple providers under common ownership (the Provider is signing on behalf of all of them) are expected to bill Governing Board under more than one TIN and/or billing address. Please enter "N/A" for the following if not applicable or not available:

SEE ATTACHED ROSTER

Provider Name	Jonathan Sy	Billing Address: <u>Shasta County Mental Health</u> <u>2640 Breslauer Way</u> <u>Redding, CA 96001</u>
Telephone No.	(808)304-0406	
Facsimile No.		
Email Address	jsy@shastacounty.gov	
Tax I.D. No.		Physical Address (if different than above): _____ _____ _____
License No.	A141653	
NPI (or UPIN if NPI not yet designated)	NPI: <u>_1629339148</u> UPIN: _____	
DEA No.	FS6048284	
Hours	_____	Mid-Level Practitioners Supervised: _____ _____ _____
Languages Spoken		Start and end date of Provider Listed: From: <u>04/01/2018</u> To: <u>Current</u> Start and end date of address where services provided: From: _____ To: _____

EXHIBIT A-1 (continued)

Provider Name	James Mu	Billing Address: <u>Shasta County Public Health</u> <u>2650 Breslauer Way</u> <u>Redding, CA 96001</u>
Telephone No.		
Facsimile No.		
Email Address	jmu@shastacounty.gov	
Tax I.D. No.		Physical Address (if different than above): _____ _____ _____
License No.	G69148	
NPI (or UPIN if NPI not yet designated)	NPI: 1700875572 UPIN: _____	
DEA No.	BM2421307	
Hours	_____	Mid-Level Practitioners Supervised: _____ _____ _____
Languages Spoken		Start and end date of Provider Listed: From: _____ To: _____ Start and end date of address where services provided: From: _____ To: _____

EXHIBIT A-1 (continued)

Provider Name	Brandon Weinstock	Billing Address: <u>Shasta County Mental Health</u> <u>2640 Breslauer Way</u> <u>Redding, CA 96001</u>
Telephone No.		
Facsimile No.		
Email Address	bweinstock@shastacounty.gov	
Tax I.D. No.		Physical Address (if different than above): _____ _____ _____
License No.	95013215	
NPI (or UPIN if NPI not yet designated)	NPI: 1396380705 _____ UPIN: _____	
DEA No.	MW5595232 XW5595232	
Hours	_____	Mid-Level Practitioners Supervised: _____ _____ _____
Languages Spoken		Start and end date of Provider Listed: From: _____ To: _____ Start and end date of address where services provided: From: _____ To: _____

EXHIBIT A-1 (continued)

Provider Name	Lindsay Bloom	Billing Address:
Telephone No.		
Facsimile No.		<u>Shasta County Mental Health</u>
Email Address	llbloom@shastacounty.gov	<u>2640 Breslauer Way</u> <u>Redding, CA 96001</u>
Tax I.D. No.		Physical Address (if different than above):
License No.	95029056	_____
NPI (or UPIN if NPI not yet designated)	NPI: 1831845718 UPIN: _____	_____
DEA No.	MB8829282	_____
Hours	_____	Mid-Level Practitioners Supervised:

Languages Spoken		Start and end date of Provider Listed: From: _____ To: _____
		Start and end date of address where services provided: From: _____ To: _____

EXHIBIT A-1 (continued)

Provider Name	Stellah Kulabako	Billing Address: <u>Shasta County Mental Health</u> <u>2640 Breslauer Way</u> <u>Redding, CA 96001</u>
Telephone No.		
Facsimile No.		
Email Address	skulabako@shastacounty.gov	
Tax I.D. No.		Physical Address (if different than above): _____ _____ _____
License No.	95025583	
NPI (or UPIN if NPI not yet designated)	NPI: <u>1770280646</u> UPIN: _____	
DEA No.	MK7896600	
Hours	_____	Mid-Level Practitioners Supervised: _____ _____ _____
Languages Spoken		Start and end date of Provider Listed: From: _____ To: _____ Start and end date of address where services provided: From: _____ To: _____

EXHIBIT A-1 (continued)

Provider Name	Asif Majid	Billing Address: <u>Shasta County Mental Health</u> <u>2640 Breslauer Way</u> <u>Redding, CA 96001</u>
Telephone No.		
Facsimile No.		
Email Address	amajid@shastacounty.gov	
Tax I.D. No.		Physical Address (if different than above): _____ _____ _____
License No.	A160308	
NPI (or UPIN if NPI not yet designated)	NPI: 1801274881 UPIN: _____	
DEA No.	FM8140939	
Hours	_____	Mid-Level Practitioners Supervised: _____ _____ _____
Languages Spoken		Start and end date of Provider Listed: From: _____ To: _____ Start and end date of address where services provided: From: _____ To: _____

EXHIBIT A-1 (continued)

Provider Name	Sujatha Ramakrishna	Billing Address: <u>Shasta County Mental Health</u> <u>2640 Breslauer Way</u> <u>Redding, CA 96001</u>
Telephone No.		
Facsimile No.		
Email Address	sramakrishna@shastacounty.gov _____	
Tax I.D. No.		Physical Address (if different than above): _____ _____ _____
License No.	C51210	
NPI (or UPIN if NPI not yet designated)	NPI: <u>1306908140</u> UPIN: _____	
DEA No.	FS6048284	
Hours	_____	Mid-Level Practitioners Supervised: _____ _____
Languages Spoken		Start and end date of Provider Listed: From: _____ To: _____ Start and end date of address where services provided: From: _____ To: _____