

LETTER OF AGREEMENT
By and Between County of Siskiyou, Behavioral Health
and BHC Alhambra Hospital, Inc

Section I. LOA Terms:

The purpose of this Letter of Agreement (“LOA”) is to memorialize the agreement between BHC Alhambra Hospital, Inc (“Provider”), and County of Siskiyou, Behavioral Health (“Payer”), regarding health care services that Provider will provide to MT (“Member”).

The parties agree that Payer shall pay the Provider at the Rate Terms in Section II below. This LOA is a one-time agreement between the parties and is only for eating disorder services provided to the Member as outlined below:

Patient Name(s): MT

Date of Birth: [REDACTED]

Medi-Cal ID: [REDACTED]

Authorization: Psychiatric services for the treatment of an eating disorder

Expected Date(s) of Service: [Click here to enter text.](#) 11/7/22 - 5/31/23

Section II. Rate Terms:

A. Payer shall pay Provider the following rates for the treatment of eating disorder (“Services”). If the patient requires any services that fall outside of the scope of eating disorder services, those services shall be billed to the patient’s insurance. Payer accepts financial responsibility for all pre-authorized eating disorder services.

- | | |
|---------------------------------|-----------------|
| 1. Inpatient | \$1,500 per day |
| 2. Residential | \$1,275 per day |
| 3. Partial Hospitalization | \$ 825 per day |
| 4. Intensive Outpatient Program | \$ 540 per day |

B. Payer shall conduct concurrent review at a minimum of one time every 7 days to approve the appropriate level of treatment. Subject to re-evaluate at 30 days for possibility of continued stay. All treatment requires pre-authorization.

C. Provider shall submit claims and correspondence to:

County of Siskiyou
Behavioral Health
c/o Teresa Newton
818 N Main St
Yreka, CA 96097

D. Payer shall process claim(s) and pay Provider in accordance with the timely payment provisions in California Health and Safety Code Section 1371, et seq. Payer shall submit payment to:

BHC Alhambra Hospital
4619 Rosemead Blvd
Rosemead, CA 91770
Tax ID: 621658521

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- E. Payer may request additional information about the claim from Provider only after Payer pays the entire amount due as set forth above.
- F. After full payment is received by Provider for the health care services rendered by Provider to Member, Payer shall be entitled to audit claim(s) to determine if the services charged by Provider were actually rendered to the Member.
- G. Nothing in this LOA is intended to prevent Payer from disputing a claim or charge that payer believes is fraudulent or constitutes an unfair billing practice. If Payer believes a claim or charge is fraudulent or constitutes an unfair billing practice, it shall immediately inform Provider. If Payer disputes any claim or portion of a claim for any reason, the dispute shall be resolved in accordance with paragraph H below.
- H. All disputes between Payer and Provider arising out of or in any way related to this LOA shall be resolved by binding arbitration pursuant to the commercial rules of the Judicial Arbitration and Mediation Service (JAMS). All aspects of such disputes shall be held confidential by the parties.
- I. Under no circumstances shall Provider seek to recover any amounts from Member for the Services except for co-insurance, co-payments, and deductibles.
- J. This LOA shall be governed by and interpreted in accordance with the laws of the State of California. All laws, to the extent applicable to the provision of services hereunder are incorporated by reference herein and are binding on the parties.

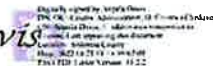
Execution. By their signatures below, each of the following represents that they have the authority to execute this Letter of Agreement and to bind the parties on whose behalf their execution is made.

BHC Alhambra Hospital, Inc

County of Siskiyou
Health and Human Services Agency
Behavioral Health Dept

Craig Corley

Angela Davis



Signature

Signature

Craig Corley, CFO

Angela Davis, MAOM, CAO

11/15/2022

October 21, 2022

Date

Date

County of Siskiyou
Health & Human Services Agency
Behavioral Health Dept.
Eating Disorder LOA



4665 Business Center Drive
Fairfield, CA 94534

October 25, 2022

Sent via sent secure email to
AVonTungeln@co.siskiyou.ca.us

Siskiyou County Mental Health Department
Behavioral Health Services
2060 Campus Drive
Yreka, CA 96097
ATTN: Aimee Von Tungeln

Member Name: [REDACTED]
CIN#: [REDACTED]
DOB: [REDACTED]
Admission Date TBD
Facility: Reasons Eating Disorder Center at BHC Alhambra Hospital
TAR# -----

Dear Ms. Von Tungeln:

This Letter of Agreement ("LOA") will confirm the understanding between Partnership HealthPlan of California, a public entity ("PHC") and Siskiyou County Department of Health Services, Behavioral Health Division, hereinafter referred to in this LOA as (the "COUNTY") on behalf of Patient, [REDACTED] *M.T.*, [REDACTED] a PHC member. PHC and the COUNTY agree that the cost of services for inpatient services for the PHC Member set forth in this LOA, will be split between the parties.

Parties agree that the COUNTY has a direct agreement with the Facility to provide inpatient services to the Member. Parties agree that the COUNTY is responsible for reimbursing the Facility for any inpatient behavioral health services provided to the PHC Member set forth above.

PHC and the COUNTY agree that the cost of services provided for the Member set forth above will be split between the parties and that PHC will be responsible for reimbursing the COUNTY as set forth below.

Type of Service	PHC COST SHARE	METHOD OF PAYMENT
Residential <u>Residential Facility</u> Reasons Eating Disorder Center at BHC Alhambra Hospital 4619 Rosemead Blvd Rosemead, CA 91770	50% of Facility's Billed Charges	MONTHLY INVOICE FROM COUNTY ⁽¹⁾

(1) County will provide PHC with weekly reports on the status of the client.

Siskiyou County
Behavioral Health Services
M.T. 10.24.22



4665 Business Center Drive
Fairfield, CA 94534

The Patient must be an eligible PHC member during the time that services are rendered. COUNTY agrees to comply with PHC policies and procedures located in the COUNTY Manual on the PHC website at: www.partnershiphp.org. All covered services must be properly authorized by PHC in accordance with PHC Medical Management guidelines. This LOA is not intended to be an authorization for services but an agreement on the reimbursement rate for all properly authorized covered services.

If you have questions regarding authorizations, please contact our Health Services Department at (707) 863-4133.

Claims or Invoices must be submitted within sixty (60) days but no later than 365 days from date of service. Submission of a complete clean claim will be paid within forty-five (45) days after receipt by PHC.

Invoice Instructions

- Please send Invoices directly to: Partnership HealthPlan of California, Finance Department, Accounts Payable at 4665 Business Center Drive, Fairfield, CA 94534; and
- Attach a copy of this LOA when submitting claims for payment and include the Authorization Number (as applicable).

Accepting
Siskiyou County Department of Health Services
Behavioral Health Division

Partnership HealthPlan of California

Angela Davis
Director, Behavioral Health Services
Siskiyou County Department of Health Services
1000 E. Main Street, Medford, CA 97504
Phone: 530.938.2200
Fax: 530.938.2200
Partnership HealthPlan of California

Signature

Angela Davis

Name

County Administrator

Title

November 2, 2022

Date

Signature

Nancy McAdoo

Name

Director of Provider Contracts

Title

October 25, 2022

Date



4665 Business Center Drive
Fairfield, CA 94534

Additional Notes:

This LOA represents the complete one-time Agreement between the parties and will terminate at the conclusion of services provided to the Member set forth above. COUNTY agrees to hold the Member harmless from all demands for payments for Covered Services. This execution of this one-time LOA by the parties shall not be construed to represent any obligation, representation or any implicit or explicit warranty for PHC to execute future LOA's for any PHC member for any service, unless expressly agreed to by PHC and COUNTY through the execution of a separate LOA or formal written Agreement. COUNTY understands that PHC is Managed Medi-Cal Plan (MCP) contracted with the Department of Health Care Services (DHCS) to administer the Medi-Cal benefit and that by executing this LOA, the COUNTY agrees that PHC reserves the right to impose administrative and/or financial sanctions and/or penalties for non-compliance of this LOA and federal and state regulations that govern the Medi-Cal program, including DHCS All Plan Letters (APL's).

Please fax back to PHC-Contracting at 707-863-4369 or send a Secure Email to nmcadoo@partnershiphp.org