

# ORIGINAL

COUNTY OF SHASTA  
OFFICE OF AUDITOR-CONTROLLER  
REPORT OF CLAIMS REQUIRING BOARD ACTION IN ORDER TO  
AUTHORIZE PAYMENT BY AUDITOR-CONTROLLER  
1/10/2017

FUND/DEPT/ACCT	DEPARTMENT	PAYEE	DESCRIPTION	Amount	REASON	DEPARTMENT'S EXPLANATION
13000/034310	PERSONNEL	REDDING OCCUPATIONAL MEDICAL CENTER INC	4/3/13 YINGLING SVC OH605270	\$ 85.00	Per Admin Policy 2-201 and Gov Code sections 910 and 911.2 invoices older than one year require Board approval. The contract at the time of service is over contract maximum.	SEE ATTACHED MEMO FROM DEPARTMENT
13000/034310	PERSONNEL	REDDING OCCUPATIONAL MEDICAL CENTER INC	5/4/11 CURL-KEPNER SVC OH605275	\$ 85.00	Per Admin Policy 2-201 and Gov Code sections 910 and 911.2 invoices older than one year require Board approval. The contract at the time of service is over contract maximum.	SEE ATTACHED MEMO FROM DEPARTMENT
13000/034310	PERSONNEL	REDDING OCCUPATIONAL MEDICAL CENTER INC	12/18/13 LONGO SVC OH605280	\$ 463.00	Per Admin Policy 2-201 and Gov Code sections 910 and 911.2 invoices older than one year require Board approval. The contract at the time of service is over contract maximum.	SEE ATTACHED MEMO FROM DEPARTMENT
13000/034310	PERSONNEL	REDDING OCCUPATIONAL MEDICAL CENTER INC	6/26/15 LOYD SVC OH605281	\$ 190.00	Per Admin Policy 2-201 and Gov Code sections 910 and 911.2 invoices older than one year require Board approval. The contract at the time of service is over contract maximum.	SEE ATTACHED MEMO FROM DEPARTMENT
13000/034310	PERSONNEL	REDDING OCCUPATIONAL MEDICAL CENTER INC	1/5/15 SAVOY SVC OH605282	\$ 170.00	Per Admin Policy 2-201 and Gov Code sections 910 and 911.2 invoices older than one year require Board approval. The contract at the time of service is over contract maximum.	SEE ATTACHED MEMO FROM DEPARTMENT
42203/034310	PERSONNEL	REDDING OCCUPATIONAL MEDICAL CENTER INC	4/7/15 TB TEST HORSTMAYER OH605562	\$ 18.75	Per Admin Policy 2-201 and Gov Code sections 910 and 911.2 invoices older than one year require Board approval. The contract at the time of service is over contract maximum.	SEE ATTACHED MEMO FROM DEPARTMENT
42203/034310	PERSONNEL	REDDING OCCUPATIONAL MEDICAL CENTER INC	5/5/15 TB TEST HACKING OH605563	\$ 18.75	Per Admin Policy 2-201 and Gov Code sections 910 and 911.2 invoices older than one year require Board approval. The contract at the time of service is over contract maximum.	SEE ATTACHED MEMO FROM DEPARTMENT
42203/034310	PERSONNEL	REDDING OCCUPATIONAL MEDICAL CENTER INC	4/6/15 TB TEST THUNBERG OH605567	\$ 18.75	Per Admin Policy 2-201 and Gov Code sections 910 and 911.2 invoices older than one year require Board approval. The contract at the time of service is over contract maximum.	SEE ATTACHED MEMO FROM DEPARTMENT
13000/034310	PERSONNEL	REDDING OCCUPATIONAL MEDICAL CENTER INC	6/24/13 KOHL SVC OH605963	\$ 118.75	Per Admin Policy 2-201 and Gov Code sections 910 and 911.2 invoices older than one year require Board approval. The contract at the time of service is over contract maximum.	SEE ATTACHED MEMO FROM DEPARTMENT
95000/033528	RISK MGMT	SYSTEMA SOFTWARE LLC	ANNUAL MAINTENANCE AND SUPPORT	\$ 20,000.00	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. Contract expired and a new contract has not been negotiated. Requires Board approval.	SEE ATTACHED MEMO FROM DEPARTMENT
TOTAL				\$ 21,168.00		

**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: 1/3/17

Signature:

*Christina Feylin*  
*B. M. M.*

**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**  
**DEPARTMENT OF SUPPORT SERVICES**  
Angela Davis, Director of Support Services  
(530) 225-5515 Voice  
(530) 225-5345 Fax

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To: Brian Muir, Auditor-Controller

From: Chris Orr, Chief Fiscal Officer

Date: December 7, 2016

Subject: Board Claim for Redding Occupational Medical Center (ROMC)

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Shasta County Personnel had an agreement with ROMC to provide pre-employment physicals. On December 6, 2016 Personnel received 6 invoices, from ROMC for pre-employment services ranging in dates from May 15, 2011 to June 30, 2015. All of the charges were thoroughly research and it was determined that Shasta County had not paid for these rendered services.

These invoices are more than one year old, over the contract maximum compensation for that period of time and invoice 36218 is for services rendered after the contract expiration date. We request that the invoices be presented to the Board for approval on a claims list.

Thank you for your assistance in this matter.

# ROMC

Redding Occupational Medical Center

P.O. Box 99740  
Emeryville, CA 94662

Phone: 530-646-4242  
Fax: 530-646-4243

*Logged*

## Invoice

Date	Invoice #
4/30/2013	12649

Bill To
Shasta County Personnel 1450 Court St., #348 Redding, CA 96001  <i>OK to Pay</i>

Employer
HHSA - <i>Chief Support Sw</i> <i>228</i>

For billing questions please call (530) 646-4242 Opt 7				P.O. No.	Due Date
					6/10/2013
Service Date	Patient Name	Description	Qty	Rate	Amount
04/03/2013 <i>Term 6/14/13</i>	Yingling, Twila	Hepatitis B 3rd dose (per injection - series of 3)	1	85.00	85.00
<p><i>VEND 8673</i></p> <p><i>Invoice 12649</i></p> <p><i>CC/Abct 13800/0.34310</i></p> <p><i>IFAB</i></p>					
<p><b>Past Duell</b> Please remit payment promptly. If payment is not received within 30 days of this notice, <u>interest will be added.</u> Thank You, ROMC Billing</p>					

To pay by credit card please fill in the information below and fax to (951) 755-0333.

\_\_\_ Amex \_\_\_ MC \_\_\_ Visa \_\_\_ Discover CVC Code \_\_\_\_\_

Acct # \_\_\_\_\_ Exp date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

<b>Total</b>	\$85.00
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$85.00

# ROMC

Redding Occupational Medical Center

P.O. Box 99740

Emeryville, CA 94662

Phone: 530-646-4242

Fax: 530-646-4243

*Logged*

## Invoice

Date	Invoice #
5/15/2011	12

Bill To
Shasta County Personnel 1450 Court St., #348 Redding, CA 96001

*OK to Pay*

Employer
Mental Health

P.O. No.	Due Date
	6/25/2011

Service Date	Patient Name	Description	Qty	Rate	Amount
✓ 05/04/2011	Curl-Kepner, Julia	Shasta County Type A (Physical Exam, Grip Strength Test, Urine Collection)	1	85.00	85.00
<p>VEND <u>8673</u></p> <p>Invoice <u>12</u></p> <p>CC/Acct <u>13000/034310</u></p> <p>IFAB _____</p>					
<p>BILLED DEC 02 2016</p>					

### Past Duell

Please remit payment promptly. If payment is not received within 30 days of this notice, interest will be added.

Thank You, ROMC Billing

To pay by credit card please fill in the information below and fax to (951) 755-0333.

\_\_\_ Amex \_\_\_ MC \_\_\_ Visa \_\_\_ Discover CVC Code \_\_\_\_\_

Acct # \_\_\_\_\_ Exp date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Total	\$85.00
Payments/Credits	\$0.00
Balance Due	\$85.00

# ROMC

**Redding Occupational Medical Center**

P.O. Box 99740  
Emeryville, CA 94662

Phone: 530-646-4242  
Fax: 530-646-4243

*Logged*

## Invoice

Date	Invoice #
12/31/2013	15252

Bill To
Shasta County Personnel 1450 Court St., #348 Redding, CA 96001

*OK to pay*

Employer
Probation

P.O. No.	Due Date
	2/10/2014

For billing questions please call (530) 646-4242 Opt 7

Service Date	Patient Name	Description	Qty	Rate	Amount
✓ 12/18/2013	Longo, Melissa	Shasta County Type C (Physical Exam, Audiogram, 2 View Spine X-ray, Treadmill/EKG Stress Test, TB Test, Strength & Fitness Test, Spirometry, Urine Collection)  <i>Probation</i>	1	463.00	463.00

VEND 8673  
Invoice 15252  
CC/Acct 13000 1034310  
  
IFAB \_\_\_\_\_

1 BILLED DEC 02 2016

### Past Duell

Please remit payment promptly. If payment is not received within 30 days of this notice, interest will be added.

Thank You, ROMC Billing

To pay by credit card please fill in the information below and fax to (951) 755-0333.

\_\_\_ Amex \_\_\_ MC \_\_\_ Visa \_\_\_ Discover CVC Code \_\_\_\_\_

Acct # \_\_\_\_\_ Exp date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

<b>Total</b>	\$463.00
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$463.00

# ROMC

**Redding Occupational Medical Center**

P.O. Box 99740  
Emeryville, CA 94662

Phone: 530-646-4242  
Fax: 530-646-4243

*Logged*

## Invoice

Date	Invoice #
6/30/2015	36218

Bill To
Shasta County Personnel 1450 Court St., #348 Redding, CA 96001

*ok to pay*

Employer
HHSA  53000

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days				P.O. No.	Due Date
					8/18/2015
Service Date	Patient Name	Description	Qty	Rate	Amount
✓ 06/26/2015	Loyd, Shealawna	Shasta County Type B (Physical Exam, Audiogram, Strength & Fitness, 2 View Lumbar Spine X-Ray, Urine collection)	1	175.00	175.00
06/26/2015	Loyd, Shealawna	Hepatitis-B Vaccination/Declination Consult	1	15.00	15.00
<p>VEND <u>8623</u></p> <p>Invoice <u>36218</u></p> <p>CG/Acct <u>13000/034310</u></p> <p>IFAS _____</p>					
<p>BILLED DEC 02 2016</p> <p><b>Past Due!!</b> Please remit payment promptly. If payment is not received within 30 days of this notice, interest will be added. Thank You, ROMC Billing</p>					

To pay by credit card please fill in the information below and fax to (951) 755-0333.

\_\_\_ Amex \_\_\_ MC \_\_\_ Visa \_\_\_ Discover CVC Code \_\_\_\_\_

Acct # \_\_\_\_\_ Exp date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Total	\$190.00
Payments/Credits	\$0.00
Balance Due	\$190.00

# ROMC

Redding Occupational Medical Center

P.O. Box 99740  
Emeryville, CA 94662

Phone: 530-646-4242  
Fax: 530-646-4243

*Logged*

## Invoice

Date	Invoice #
1/31/2015	34663

<b>Bill To</b>  Shasta County Personnel 1450 Court St., #348 Redding, CA 96001  <i>OK to Pay</i>
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<b>Employer</b>  HHSA  <i>50100</i>
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Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days				P.O. No.	Due Date
					3/12/2015
Service Date	Patient Name	Description	Qty	Rate	Amount
01/05/2015	Savoy, Rhonda	Shasta County Type A (Physical Exam , Grip Strength Test, Urine Collection)	1	85.00	85.00
01/05/2015	Savoy, Rhonda	Hepatitis B 1st dose (per injection - series of 3)	1	85.00	85.00
VEND _____ Invoice _____ CC/Acct _____ _____ IFAB _____					
<b>BILLED DEC 0 2 2016</b>  <b>Past Due!!</b> Please remit payment promptly. If payment is not received within 30 days of this notice, interest will be added. Thank You, ROMC Billing					

To pay by credit card please fill in the information below and fax to (951) 755-0333.

\_\_\_Amex \_\_\_MC \_\_\_Visa \_\_\_Discover CVC Code \_\_\_\_\_

Acct # \_\_\_\_\_ Exp date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

<b>Total</b>	\$170.00
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$170.00

**Redding Occupational Medical Center**

P.O. Box 99740  
Emeryville, CA 94662

**Phone: 530-646-4242**  
**Fax: 530-646-4243**

Logged

# Invoice

Date	Invoice #
6/30/2013	13429

Bill To
Shasta County Dept. of Mental Health 2640 Breslauer Way Redding, CA 96001

Employer
41000

P.O. No.	Due Date
	8/12/2013

For billing questions please call (530) 646-4242 Opt 7

Service Date	Patient Name	Description	Qty	Rate	Amount
06/24/2013	Kohl, Alyson	Shasta County Type A (Physical Exam , Grip Strength Test, Urine Collection)	1	85.00	85.00
06/24/2013	Kohl, Alyson	PPD (TB Skin Test)	1	18.75	18.75
06/24/2013	Kohl, Alyson	Hepatitis-B Vaccination Declination Consult	1	15.00	15.00

VEND 8673  
 Invoice# \_\_\_\_\_  
 UOI/Abst 13000/034310  
 \_\_\_\_\_  
 \_\_\_\_\_  
 IFAS \_\_\_\_\_

1 'BILLED DEC 02 2016

**Past Due!!**  
 Please remit payment promptly. If payment is not received within 30 days of this notice, interest will be added.  
 Thank You, ROMC Billing

To pay by credit card please fill in the information below and fax to (951) 755-0333.

Amex MC Visa Discover CVC Code

Acct # \_\_\_\_\_ Exp date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

<b>Total</b>	<b>\$118.75</b>
<b>Payments/Credits</b>	<b>\$0.00</b>
<b>Balance Due</b>	<b>\$118.75</b>





# Health and Human Services Agency

Donnell Ewert, MPH, Director

## Business and Support Services Branch

Tracy Tedder, Branch Director

1810 Market Street  
Redding, CA 96001-1930

P.O. Box 496005

Redding, CA 96049-6005

Phone: (530) 229-8419

Fax: (530) 225-5555

CA Relay Service: (800) 735-2922

## Inter-Office Memorandum

**To:** Brian Muir, Auditor - Controller  
**From:** Tracy Tedder, HHSA Business & Support Services  
**Date:** December 21, 2016  
**Re:** Board Claim for Redding Occupational Medical Center (ROMC)

A handwritten signature in black ink, appearing to read "Tracy Tedder", is written over the "From:" line of the memorandum.

Shasta County Health and Human Services was notified on December 6, 2016 by Shasta County Support Services about three past due invoices payable to Redding Occupational Medical Center (ROMC). Shasta County Support Services had an agreement with ROMC to provide pre-employment physicals. On December 6, 2016 Support Services received three invoices from ROMC for pre-employment services for HHSA invoice #35523 dated April 30, 2015, #35875 dated May 31, 2015, #35517 dated April 30, 2015. All of the charges were thoroughly researched and it was determined that Shasta County had not paid for these rendered services. These invoices are more than one year old and over the contract maximum compensation for that period of time. We request that the invoices be presented to the Board of Supervisors for their approval.

"Healthy people in thriving and safe communities"

[www.shastahhsa.net](http://www.shastahhsa.net)

# ROMC

Redding Occupational Medical Center

P.O. Box 99740  
Emeryville, CA 94662

Phone: 530-646-4242  
Fax: 530-646-4243

## Invoice

Date	Invoice #
4/30/2015	35523

Vend 008673

Bill To
Shasta County Personnel 1450 Court St., #348 Redding, CA 96001

Employer
HHSA 10/16/19

			P.O. No.	Due Date	
Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days				6/15/2015	
Service Date	Patient Name	Description	Qty.	Rate	Amount
04/07/2015	Horstmeyer, Debra	PPD (TB Skin Test)	1	18.75	18.75
<p>42203-034800</p> <p>SABHT7-SAOP40</p> <p>ENTERED DEC 02 2016 BY:PH605562</p>			<p>BILLED DEC 02 2016</p> <p><b>Past Due!!</b> Please remit payment promptly. If payment is not received within 30 days of this notice, <u>interest will be added.</u> Thank You, ROMC Billing</p>		

To pay by credit card please fill in the information below and fax to (951) 755-0333.

\_\_\_ Amex \_\_\_ MC \_\_\_ Visa \_\_\_ Discover CVC Code \_\_\_\_\_

Acct # \_\_\_\_\_ Exp date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Total	\$18.75
Payments/Credits	\$0.00
Balance Due	\$18.75

# ROMC

Redding Occupational Medical Center

P.O. Box 99740  
Emeryville, CA 94662

Phone: 530-646-4242  
Fax: 530-646-4243

## Invoice

Date	Invoice #
5/31/2015	35875

Bill To
Shasta County Personnel 1450 Court St., #348 Redding, CA 96001

Employer
HHSA

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days		P.O. No.	Due Date		
Service Date	Patient Name	Description	Qty	Rate	Amount
05/05/2015	Hacking, Susan	PPD (TB Skin Test)	1	18.75	18.75
<p>42203-034600 SABIT- SAOPAO</p> <p>ENTERED DEC 02 2016 BY: 04605563</p>			<p>BILLED DEC 02 2016</p> <p><b>Past Due!!</b> Please remit payment promptly. If payment is not received within 30 days of this notice, <u>interest will be added.</u> Thank You, ROMC Billing</p>		

To pay by credit card please fill in the information below and fax to (951) 755-0333.

\_\_\_ Amex \_\_\_ MC \_\_\_ Visa \_\_\_ Discover CVC Code \_\_\_\_\_

Acct # \_\_\_\_\_ Exp date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Total	\$18.75
Payments/Credits	\$0.00
Balance Due	\$18.75

# ROMC

Redding Occupational Medical Center

P.O. Box 99740  
Emeryville, CA 94662

Phone: 530-646-4242  
Fax: 530-646-4243

## Invoice

Date	Invoice #
4/30/2015	35517

Bill To
Shasta County Personnel 1450 Court St., #348 Redding, CA 96001

Employer
HHSA

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days		P.O. No.	Due Date		
			6/15/2015		
Service Date	Patient Name	Description	Qty	Rate	Amount
04/06/2015	Thunberg, Christine	PPD (TB Skin Test)	1	18.75	18.75
		47203-034500 SABHTI- SAOPAO			
		ENTERED DEC 08 2016 BY: 04605567			
		BILLED DEC 02 2016			
<b>Past Due!!</b> Please remit payment promptly. If payment is not received within 30 days of this notice, <u>interest will be added.</u> Thank You, ROMC Billing					

To pay by credit card please fill in the information below and fax to (951) 755-0333.

\_\_\_ Amex \_\_\_ MC \_\_\_ Visa \_\_\_ Discover CVC Code \_\_\_\_\_

Acct # \_\_\_\_\_ Exp date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Total	\$18.75
Payments/Credits	\$0.00
Balance Due	\$18.75



**MEMORANDUM**  
**DEPARTMENT OF SUPPORT SERVICES**  
Angela Davis, Director of Support Services  
(530) 225-5515 Voice  
(530) 225-5345 Fax

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To: Brian Muir, Auditor-Controller

From: Shelley Forbes, Assistant Director of Support Services

Date: December 27, 2016

Subject: Systema Invoice 5058A

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*Shelley Forbes*

Systema Software (SIMS) is the software Risk Management uses to track all Workers' Comp and General Liability claims for the County. Additionally, this software is used to export necessary data which must be reported to the State. The current maintenance and support contract for this software has expired and due to Systema being acquired by Insurity Inc. on December 8, 2016, a new contract has not been negotiated. Risk Management will undergo a necessary SIMS system upgrade within the next month. Please place this invoice on the claims list for the Board of Supervisors for approval.

Thank you for your assistance in this matter.

# 0H608143



Systema Software, LLC  
 900 Larkspur Landing Circle, Suite 201  
 Larkspur, CA 94939  
 (800)272-9102  
 billing@systemasoft.com

## INVOICE

BILL TO  
 County of Shasta  
 1450 Court Street, Room 348  
 Redding, CA 96001

INVOICE # 5058 A  
 DATE 12/09/2016  
 DUE DATE 12/31/2016  
 TERMS Due on receipt

ACTIVITY	QTY	RATE	AMOUNT
Professional Services Business Analysis (SOW #2 EDI FROI/SROI)	27.25	175.00	4,768.75
Professional Services Project Management (SOW #2 EDI FROI/SROI)	1	175.00	175.00
System Customizations Custom Dev - Connector (SOW #2 EDI FROI/SROI)	1.50	165.00	247.50
SIMS Support Annual Maintenance and Support	1	20,000.00	20,000.00

Make checks payable to Systema Software LLC. Thank you for your business.

BALANCE DUE **\$25,191.25**

VEND 8445  
 Invoice 5058 A  
 CC/Acct 95000-033528 - 20,000

IFAS 12-15-16