

**INTERGOVERNMENTAL AGREEMENT REGARDING
TRANSFER OF PUBLIC FUNDS**

This Agreement is entered into between the CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (“DHCS”) and the MENDOCINO COAST HEALTH CARE DISTRICT (“GOVERNMENTAL FUNDING ENTITY”) with respect to the matters set forth below.

The parties agree as follows:

AGREEMENT

1. Transfer of Public Funds

1.1 The GOVERNMENTAL FUNDING ENTITY agrees to make a transfer of funds to DHCS pursuant to sections 14164 and 14301.4 of the Welfare and Institutions Code. The amount transferred shall be based on the sum of the applicable rate category per member per month (“PMPM”) contribution increments multiplied by member months, as reflected in Exhibit 1. The GOVERNMENTAL FUNDING ENTITY agrees to initially transfer amounts that are calculated using the Estimated Member Months in Exhibit 1, which will be reconciled to actual enrollment for the service period of January 1, 2021 through December 31, 2021 in accordance with Sub-Section 1.3 of this Agreement. The funds transferred shall be used as described in Sub-Section 2.2 of this Agreement. The funds shall be transferred in accordance with the terms and conditions, including schedule and amount, established by DHCS.

1.2 The GOVERNMENTAL FUNDING ENTITY shall certify that the funds transferred qualify for Federal Financial Participation pursuant to 42 C.F.R. part 433, subpart B, and are not derived from impermissible sources such as recycled Medicaid payments, Federal

money excluded from use as State match, impermissible taxes, and non-bona fide provider-related donations. Impermissible sources do not include patient care or other revenue received from programs such as Medicare or Medicaid to the extent that the program revenue is not obligated to the State as the source of funding.

1.3 DHCS shall reconcile the “Estimated Member Months,” in Exhibit 1, to actual enrollment in HEALTH PLAN(S) for the service period of January 1, 2021 through December 31, 2021 using actual enrollment figures taken from DHCS records. Enrollment reconciliation will occur on an ongoing basis as updated enrollment figures become available. Actual enrollment figures will be considered final two years after December 31, 2021. If reconciliation results in an increase to the total amount necessary to fund the nonfederal share of the payments described in Sub-Section 2.2, the GOVERNMENTAL FUNDING ENTITY agrees to transfer any additional funds necessary to cover the difference. If reconciliation results in a decrease to the total amount necessary to fund the nonfederal share of the payments described in Sub-Section 2.2, DHCS agrees to return the unexpended funds to the GOVERNMENTAL FUNDING ENTITY. If DHCS and the GOVERNMENTAL FUNDING ENTITY mutually agree, amounts due to or owed by the GOVERNMENTAL FUNDING ENTITY may be offset against future transfers.

2. Acceptance and Use of Transferred Funds

2.1 DHCS shall exercise its authority under section 14164 of the Welfare and Institutions Code to accept funds transferred by the GOVERNMENTAL FUNDING ENTITY pursuant to this Agreement as IGTs, to use for the purpose set forth in Sub-Section 2.2.

2.2 The funds transferred by the GOVERNMENTAL FUNDING ENTITY pursuant to Section 1 and Exhibit 1 of this Agreement shall be used to fund the non-federal share

of Medi-Cal Managed Care actuarially sound capitation rates described in section 14301.4(b)(4) of the Welfare and Institutions Code as reflected in the contribution PMPM and rate categories reflected in Exhibit 1. The funds transferred shall be paid, together with the related Federal Financial Participation, by DHCS to HEALTH PLAN(S) as part of HEALTH PLAN(S)' capitation rates for the service period of January 1, 2021 through December 31, 2021, in accordance with section 14301.4 of the Welfare and Institutions Code.

2.3 DHCS shall seek Federal Financial Participation for the capitation rates specified in Sub-Section 2.2 to the full extent permitted by federal law.

2.4 The parties acknowledge that DHCS will obtain any necessary approvals from the Centers for Medicare and Medicaid Services.

2.5 DHCS shall not direct HEALTH PLAN(S)' expenditure of the payments received pursuant to Sub-Section 2.2.

3. Assessment Fee

3.1 DHCS shall exercise its authority under section 14301.4 of the Welfare and Institutions Code to assess a 20 percent fee related to the amounts transferred pursuant to Section 1 of this Agreement, except as provided in Sub-Section 3.2. GOVERNMENTAL FUNDING ENTITY agrees to pay the full amount of that assessment in addition to the funds transferred pursuant to Section 1 of this Agreement.

3.2 The 20-percent assessment fee shall not be applied to any portion of funds transferred pursuant to Section 1 that are exempt in accordance with sections 14301.4(d) or 14301.5(b)(4) of the Welfare and Institutions Code. DHCS shall have sole discretion to determine the amount of the funds transferred pursuant to Section 1 that will not be subject to a

20 percent fee. DHCS has determined that \$0.00 of the transfer amounts will not be assessed a 20 percent fee, subject to Sub-Section 3.3.

3.3 The 20-percent assessment fee pursuant to this Agreement is non-refundable and shall be wired to DHCS simultaneously with the transfer amounts made under Section 1 of this Agreement. If at the time of the reconciliation performed pursuant to Sub-Section 1.3 of this Agreement, there is a change in the amount transferred that is subject to the 20-percent assessment in accordance with Sub-Section 3.1, then a proportional adjustment to the assessment fee will be made.

4. Amendments

4.1 No amendment or modification to this Agreement shall be binding on either party unless made in writing and executed by both parties.

4.2 The parties shall negotiate in good faith to amend this Agreement as necessary and appropriate to implement the requirements set forth in Section 2 of this Agreement.

5. Notices. Any and all notices required, permitted, or desired to be given hereunder by one party to the other shall either be sent via secure email or submitted in writing to the other party personally or by United States First Class, Certified or Registered mail with postage prepaid, addressed to the other party at the address as set forth below:

* Any required signature(s) on any documents must be in compliance with California Government Code section 16.5 and any other applicable state or federal regulations.

To the GOVERNMENTAL FUNDING ENTITY:

John Redding, Treasurer
Mendocino Coast Health Care District
755 River Drive
Fort Bragg, CA 95437
jredding@mcdh.org

With copies to:

Norman de Vall, Interim Chair
Mendocino Coast Health Care District
755 River Drive
Fort Bragg, CA 95437
ndevall@mcdh.org

To DHCS:

Vivian Beeck
California Department of Health Care Services
Capitated Rates Development Division
1501 Capitol Ave., MS 4413
Sacramento, CA 95814
Vivian.Beeck@dhcs.ca.gov

6. Other Provisions

6.1 This Agreement contains the entire Agreement between the parties with respect to the Medi-Cal payments described in Sub-Section 2.2 of this Agreement that are funded by the GOVERNMENTAL FUNDING ENTITY, and supersedes any previous or contemporaneous oral or written proposals, statements, discussions, negotiations or other agreements between the GOVERNMENTAL FUNDING ENTITY and DHCS relating to the subject matter of this Agreement. This Agreement is not, however, intended to be the sole agreement between the parties on matters relating to the funding and administration of the Medi-

Cal program. This Agreement shall not modify the terms of any other agreement, existing or entered into in the future, between the parties.

6.2 The non-enforcement or other waiver of any provision of this Agreement shall not be construed as a continuing waiver or as a waiver of any other provision of this Agreement.

6.3 Sections 2 and 3 of this Agreement shall survive the expiration or termination of this Agreement.

6.4 Nothing in this Agreement is intended to confer any rights or remedies on any third party, including, without limitation, any provider(s) or groups of providers, or any right to medical services for any individual(s) or groups of individuals. Accordingly, there shall be no third party beneficiary of this Agreement.

6.5 Time is of the essence in this Agreement.

6.6 Each party hereby represents that the person(s) executing this Agreement on its behalf is duly authorized to do so.

7. State Authority. Except as expressly provided herein, nothing in this Agreement shall be construed to limit, restrict, or modify the DHCS' powers, authorities, and duties under Federal and State law and regulations.

8. Approval. This Agreement is of no force and effect until signed by the parties.

9. Term. This Agreement shall be effective as of January 1, 2021 and shall expire as of June 30, 2024 unless terminated earlier by mutual agreement of the parties.

SIGNATURES

IN WITNESS WHEREOF, the parties hereto have executed this Agreement, on the date of the last signature below.

THE MENDOCINO COAST HEALTH CARE DISTRICT:

By:  Date: October 6, 2022

John Redding, Treasurer of the Board

THE STATE OF CALIFORNIA, DEPARTMENT OF HEALTH CARE SERVICES:

By:  Date: December 11, 2022

Rafael Davtian, Division Chief, Capitated Rates Development Division

Exhibit 1

Health Plan:	Partnership Health Plan of California		
Rating Region:	All Rating Regions		
Service Period	1/2021 - 12/2021		
Rate Category	Contribution PMPM	Estimated Member Months*	Estimated Contribution (Non-Federal Share)
Child - non MCHIP	\$ 0.06	1,835,590	\$ 110,135
Child - MCHIP	\$ 0.04	817,276	\$ 32,691
Adult - non MCHIP	\$ 0.18	1,045,291	\$ 188,152
Adult - MCHIP	\$ 0.13	28,224	\$ 3,669
ACA Optional Expansion	\$ 0.04	2,202,804	\$ 88,112
SPD	\$ 0.52	490,034	\$ 254,818
SPD/Full-Dual	\$ 0.12	836,710	\$ 100,405
LTC	\$ 2.34	1,763	\$ 4,125
LTC/Full-Dual	\$ 1.47	37,393	\$ 54,968
OBRA	\$ 0.31	1,738	\$ 539
WCM	\$ 0.90	83,465	\$ 75,119
Estimated Total		7,380,288	\$ 912,733

* Note that Estimated Member Months are subject to variation, and the actual total Contribution (Non-Federal Share) may differ from the amount listed here.

Exhibit 1 - Payment Request Invoice

Mendocino Coast Health Care District
 Agreement 19-96438

Time Period	Health Plan	County	Category of Aid	Contribution PMPM	Est. MM for BP 7/2020-12/2020 as of 12/2022	Estimated Contribution (Non-Federal Share)
					Final MM for BP 7/2019 - 6/2020 as of 12/2022	
7/2019 - 12/2019	Partnership Health Plan of California	Regional	Child - non MCHIP	\$ 0.03	491,052	\$ 14,732
7/2019 - 12/2019	Partnership Health Plan of California	Regional	Child - MCHIP	\$ 0.01	207,548	\$ 2,075
7/2019 - 12/2019	Partnership Health Plan of California	Regional	Adult - non MCHIP	\$ 0.10	259,994	\$ 25,999
7/2019 - 12/2019	Partnership Health Plan of California	Regional	Adult - MCHIP	\$ 0.04	5,454	\$ 218
7/2019 - 12/2019	Partnership Health Plan of California	Regional	ACA Optional Expansion	\$ 0.01	559,225	\$ 5,592
7/2019 - 12/2019	Partnership Health Plan of California	Regional	SPD	\$ 0.26	139,677	\$ 36,316
7/2019 - 12/2019	Partnership Health Plan of California	Regional	SPD/Full-Dual	\$ 0.05	234,812	\$ 11,741
7/2019 - 12/2019	Partnership Health Plan of California	Regional	LTC (non-dual)	\$ 0.90	368	\$ 331
7/2019 - 12/2019	Partnership Health Plan of California	Regional	LTC/Full-Dual	\$ 0.55	11,044	\$ 6,074
7/2019 - 12/2019	Partnership Health Plan of California	Regional	OBRA	\$ -	-	\$ -
7/2019 - 12/2019	Partnership Health Plan of California	Regional	Whole Child Model	\$ 0.48	26,487	\$ 12,714
7/2019 - 12/2019	Partnership Health Plan of California	Regional	BCCTP	\$ 0.45	924	\$ 416
7/2019 - 12/2019	Partnership Health Plan of California	Regional	Est. FE Total		1,936,585	\$ 116,208
1/2020 - 6/2020	Partnership Health Plan of California	Regional	Child - non MCHIP	\$ 0.03	486,994	\$ 14,610
1/2020 - 6/2020	Partnership Health Plan of California	Regional	Child - MCHIP	\$ 0.01	205,764	\$ 2,058
1/2020 - 6/2020	Partnership Health Plan of California	Regional	Adult - non MCHIP	\$ 0.09	259,058	\$ 23,315
1/2020 - 6/2020	Partnership Health Plan of California	Regional	Adult - MCHIP	\$ 0.04	5,214	\$ 209
1/2020 - 6/2020	Partnership Health Plan of California	Regional	ACA Optional Expansion	\$ 0.02	550,638	\$ 11,013
1/2020 - 6/2020	Partnership Health Plan of California	Regional	SPD	\$ 0.22	138,323	\$ 30,431
1/2020 - 6/2020	Partnership Health Plan of California	Regional	SPD/Full-Dual	\$ 0.04	233,211	\$ 9,328
1/2020 - 6/2020	Partnership Health Plan of California	Regional	LTC (non-dual)	\$ 0.81	392	\$ 318
1/2020 - 6/2020	Partnership Health Plan of California	Regional	LTC/Full-Dual	\$ 0.50	10,901	\$ 5,451
1/2020 - 6/2020	Partnership Health Plan of California	Regional	OBRA	\$ -	-	\$ -
1/2020 - 6/2020	Partnership Health Plan of California	Regional	Whole Child Model	\$ 0.45	26,252	\$ 11,813
1/2020 - 6/2020	Partnership Health Plan of California	Regional	BCCTP	\$ 0.44	843	\$ 371
1/2020 - 6/2020	Partnership Health Plan of California	Regional	Est. FE Total		1,917,590	\$ 108,917
7/2020 - 12/2020	Partnership Health Plan of California	Regional	Child - non MCHIP	\$ 0.03	511,410	\$ 15,342
7/2020 - 12/2020	Partnership Health Plan of California	Regional	Child - MCHIP	\$ 0.02	204,967	\$ 4,099
7/2020 - 12/2020	Partnership Health Plan of California	Regional	Adult - non MCHIP	\$ 0.09	282,391	\$ 25,415
7/2020 - 12/2020	Partnership Health Plan of California	Regional	Adult - MCHIP	\$ 0.05	7,156	\$ 358
7/2020 - 12/2020	Partnership Health Plan of California	Regional	ACA Optional Expansion	\$ 0.01	599,569	\$ 5,996
7/2020 - 12/2020	Partnership Health Plan of California	Regional	SPD	\$ 0.24	136,365	\$ 32,728
7/2020 - 12/2020	Partnership Health Plan of California	Regional	SPD/Full-Dual	\$ 0.04	240,485	\$ 9,619
7/2020 - 12/2020	Partnership Health Plan of California	Regional	LTC (non-dual)	\$ 0.83	351	\$ 291
7/2020 - 12/2020	Partnership Health Plan of California	Regional	LTC/Full-Dual	\$ 0.52	10,492	\$ 5,456
7/2020 - 12/2020	Partnership Health Plan of California	Regional	OBRA	\$ -	-	\$ -
7/2020 - 12/2020	Partnership Health Plan of California	Regional	Whole Child Model	\$ 0.48	27,208	\$ 13,060
7/2020 - 12/2020	Partnership Health Plan of California	Regional	BCCTP	\$ 0.44	859	\$ 378
7/2020 - 12/2020	Partnership Health Plan of California	Regional	Est. FE Total		2,021,253	\$ 112,742

Total Bridge Period (July 2019 - December 2020) Section 1 Amount	\$	337,867
<u>Bridge Period July 2019 - December 2020) Section 3 Amount under the Agreement:</u>		
Total Bridge Period (July 2019-December 2020) Section 1 Amount (above)	\$	337,867
Less amount not subject to fee (Section 3.2)	\$	-
Basis for 20% Assessment Fee	\$	337,867
20% Assessment Fee (Basis * 20%)	\$	67,573
Total Bridge Period Amount (July 2019 - December 2020) as of 12/2022 Estimated, and Final Member Months	\$	405,440
Less: Prior Payment Transfers for July 2019 - June 2020 letter sent (2/18/2021)	\$	270,054
Less: Prior Payment Transfers for July 2019 - June 2020 letter sent (8/19/2021)	\$	135,271
Total Payment Transfer Amount	\$	115

Exhibit 1 - Payment Request Invoice

Mendocino Coast Health Care District
 Agreement 21-10228

January 2021 -December 2021 Section 1 Amount under the Agreement:

Health Plan	County	Category of Aid	Contribution PMPM	Estimated Member Months*	Estimated Contribution (Non-Federal Share)
All Partnership	Regional	Child - non MCHIP	\$ 0.06	1,835,590	\$ 110,135
All Partnership	Regional	Child - MCHIP	\$ 0.04	817,276	\$ 32,691
All Partnership	Regional	Adult - non MCHIP	\$ 0.18	1,045,291	\$ 188,152
All Partnership	Regional	Adult - MCHIP	\$ 0.13	28,224	\$ 3,669
All Partnership	Regional	ACA Optional Expansion	\$ 0.04	2,202,804	\$ 88,112
All Partnership	Regional	SPD	\$ 0.52	490,034	\$ 254,818
All Partnership	Regional	SPD/Full-Dual	\$ 0.12	836,710	\$ 100,405
All Partnership	Regional	LTC (non-dual)	\$ 2.34	1,763	\$ 4,125
All Partnership	Regional	LTC/Full-Dual	\$ 1.47	37,393	\$ 54,968
All Partnership	Regional	OBRA	\$ 0.31	1,738	\$ 539
All Partnership	Regional	Whole Child Model	\$ 0.90	83,465	\$ 75,119
All Partnership	Regional	Est. FE Total		7,380,288	\$ 912,733

Total CY 2021 (January 2021 - December 2021) Section 1 Amount \$ 912,733

CY 2021 (January 2021 - December 2021) Section 3 Amount under the Agreement:

Total 2021 (January 2021-December 2021) Section 1 Amount (above)	\$	912,733	
Less amount not subject to fee (Section 3.2)	\$	-	
Basis for 20% Assessment Fee	\$	912,733	
20% Assessment Fee (Basis * 20%)	\$		182,547
Total CY 2021 (January 2021 - December 2021) as of 12/2022 Estimated Member Months	\$		1,095,280
Add: Outstanding balance from BP 7/2019 - 12/2020	\$		115
Total Payment Transfer Amount	\$		1,095,395



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

December 30, 2022

Norman de Vall
Interim Chair
Mendocino Coast Health Care District
755 River Drive
Fort Bragg, CA 95437

Dear Norman de Vall:

The Department of Health Care Services (DHCS) has completed its calculation of the following:

1. Rating Period CY 2021 (interim) Voluntary Rate Range Program (service period of January 1, 2021 through December 31, 2021) payment transfer amounts for the Intergovernmental Agreement Regarding Transfer of Public Funds (Agreement), **No. 21-10228**. The executed Agreement is enclosed. As stated in Section 1.3 of the Agreement, the enrollment reconciliations will occur on an ongoing basis as updated enrollment figures become available. Actual enrollment will not be considered final until two years after December 31, 2021.
2. Rating Period 2019-20 Voluntary Rate Range Program (service period of July 1, 2019 through December 31, 2020) payment transfer amounts for the Intergovernmental Agreement Regarding Transfer of Public Funds (Agreement), **No. 19-96438**. The initial payment, which is shown in the enclosed Exhibit 1, was made during the second calendar quarter of 2021. As stated in Section 1.3 of the Agreement, the enrollment reconciliations will occur on an ongoing basis as updated enrollment figures become available. Actual enrollment for the service periods of July 1, 2019 through June 30, 2020, and July 1, 2020 through December 31, 2020 will not be considered final until two years after June 30, 2020 and December 31, 2020, respectively.

Based on the above calculations, and as provided in the above referenced Agreements, DHCS is requesting that Mendocino Coast Health Care District transfer funds in the amount of **\$1,095,395** to DHCS by no later than **February 17, 2023**. Exhibit 1 contains the invoice. Please transfer the above Total Amount to the following:

Norman de Vall
Page 2

New banking information!

Union Bank
350 California Street
San Francisco, CA 94104

For Credit to State of California Account # 0050207021
Routing # 122000496

For Further Credit to: Department of Health Care Services
Reference: CY 2021 Voluntary Rate Range Program Invoice

We require Governmental Funding Entity provide a 48-hour advance notice via e-mail prior to wiring any funds over 5 million dollars. As requested by the State Treasurer's Office (STO), all ACH/wires must be transmitted prior to 10:00 a.m. on date of payment. **Please note: STO would prefer Automated Clearing House (ACH) payments, instead of wires.** Once the Governmental Funding Entity has transferred funds to the specified account above, please email Vivian Beeck at Vivian.Beeck@dhcs.ca.gov; Kou Khang at Kou.Khang@dhcs.ca.gov; and Michael Ha at Michael.Ha@dhcs.ca.gov with the completed transaction information.

If you have any questions regarding the Intergovernmental Transfer Agreement, please contact Vivian Beeck via email.

Sincerely,

DocuSigned by:

641B9785907E40F...

Michael Jordan
Staff Services Manager II
Financial Management Section C
Capitated Rates Development Division
Department of Health Care Services
P.O. Box 997413, MS 4413
Sacramento, CA 95899-7413

Norman de Vall
Page 3

Enclosures

cc: John Redding, Treasurer
Mendocino Coast Health Care District
755 River Drive
Fort Bragg, CA 95437

Vivian Beeck
Staff Services Manager I
Financial Management Section C
Capitated Rates Development Division
Department of Health Care Services
P.O. Box 997413, MS 4413
Sacramento, CA 95899-7413

From: Beeck, Vivian@DHCS
Sent: Thursday, February 23, 2023 5:13 PM
To: Jade Tippett
Cc: Lee Finney; Beeck, Vivian@DHCS; Gale, Scott@DHCS
Subject: RE: [External]Payment Request: CY 2021 Voluntary Rate Range Program - Mendocino Coast Health Care District

[Here you go.](#)

Vivian

From: Jade Tippett <jtippett@mcdh.org>
Sent: Thursday, February 23, 2023 4:23 PM
To: Beeck, Vivian@DHCS <Vivian.Beeck@dhcs.ca.gov>
Cc: Lee Finney <lfinney@mcdh.org>
Subject: [External]Payment Request: CY 2021 Voluntary Rate Range Program - Mendocino Coast Health Care District

Vivian,

As the newly minted Treasurer of the Mendocino Coast Health Care District, this is totally new news to me. Tonight, I am presenting a Financial Position Statement to the Board that shows the District \$3.2 million short of where we should be, using the budget figures outlined in the Lease Agreement with Adventist Health to operate the Mendocino Coast Hospital, now Adventist Health Mendocino Coast. I also just received a \$400,000 bill from your Department for, I assume, overpayments. Looming over us is the 2030 Seismic Compliance deadline with a cost of about \$30 million.

Although Norman DeVall has told me he has a recollection of a vote of the prior Board to participate in this program, I need some more information. It appears that the vote was taken sometime in the last few months of 2022. The prior Board left us no Minutes Book to consult. I will need to do some digging to locate minutes if they were taken, or a recording of the meeting where this vote was taken.

Additionally, despite the vote for participation having been taken, I will need to bring this to the current Board for a vote on the actual transfer of funds, which means that I need some really good reasons why we should do this at this point in time. As I remember from the days when the District ran the Hospital, Intergovernmental Transfers were opportunities to leverage local agency funds to secure larger Federal dollars, and tended to return a 2-to-1 gain when those funds were returned to the District. Is this a similar program?

If you have some background information on this program, please send it to me, including any emails with members of the prior Board which would locate the prior Board's decision in time or document it.

I would also appreciate a conversation on the telephone to get a better understanding of the program.

Thank you,

--j

Jade Tippett
Treasurer
Mendocino Coast Health Care District Board
<https://mchcd.org/>
jtippett@mcdh.org
Mobile: 707-489-4986

From: "Beeck, Vivian@DHCS" <Vivian.Beeck@dhcs.ca.gov>
Subject: FW: Payment Request: CY 2021 Voluntary Rate Range Program - Mendocino Coast Health Care District
Date: February 23, 2023 at 2:34:01 PM PST
To: "ndv@mcn.org" <ndv@mcn.org>
Cc: "Beeck, Vivian@DHCS" <Vivian.Beeck@dhcs.ca.gov>

Here you go.

Vivian

Vivian Beeck | Staff Services Manager I (Specialist)
California Department of Health Care Services
Capitated Rates Development Division
Email: Vivian.Beeck@dhcs.ca.gov
Phone: 916-616-0749

From: Beeck, Vivian@DHCS
Sent: Friday, February 17, 2023 3:19 PM
To: John Redding <jredding@mcdh.org>; ndevall@mcdh.org
Cc: Beeck, Vivian@DHCS <Vivian.Beeck@dhcs.ca.gov>; Gale, Scott@DHCS <Scott.Gale@dhcs.ca.gov>
Subject: FW: Payment Request: CY 2021 Voluntary Rate Range Program - Mendocino Coast Health Care District
Importance: High

We have not received this payment today, you are now late, please tell us what is happening and when you are going to transfer the invoice amount due?

Vivian

From: Khang, Kou@DHCS <Kou.Khang@dhcs.ca.gov>
Sent: Friday, January 6, 2023 3:32 PM
To: Norman de Vall <ndevall@mcdh.org>; John Redding <jredding@mcdh.org>
Cc: Beeck, Vivian@DHCS <Vivian.Beeck@dhcs.ca.gov>; Ha, Michael@DHCS <Michael.Ha@dhcs.ca.gov>; Gale, Scott@DHCS <Scott.Gale@dhcs.ca.gov>
Subject: Payment Request: CY 2021 Voluntary Rate Range Program - Mendocino Coast Health Care District

Good afternoon Mendocino Coast Health Care District,

The Department of Health Care Services (DHCS) has completed its calculation of the Rating Period CY 2021 Voluntary Rate Range Program wire/ACH transfer amounts for the period of January 1, 2021 – December 31, 2021. The attached letter contains the following:

Calculation of the wire/ACH transfer amounts (Exhibit 1)

- Initial invoicing for Rating Period CY 2021 (1/2021 to 12/2021)
- 2nd invoicing for Rating Period 2020-20 (7/2020 to 12/2020)
- Final invoicing for Bridge Period 2019-20 (7/2019 to 6/2020)

Electronic Payment instructions:

New banking information!

Union Bank
350 California Street
San Francisco, CA 94104

For Credit to State of California Account # **0050207021**
Routing # **122000496**

For Further Credit to: Department of Health Care Services
Reference 2-2023 Rate Range Program Invoice

The governmental fund transfers must be made to DHCS **no later than February 17, 2023**. ***Please note: DHCS would prefer ACH (EFT) payments, instead of wires transfers.*** If you have any questions, please feel free to contact me via e-mail Kou.Khang@dhcs.ca.gov.

Best Regards,

Kou Khang

Associate Governmental Program Analyst
Financial Management Section C
Capitated Rates Development Division
Department of Health Care Services
PH (916) 345-8780

Jade Tippett
Treasurer
Mendocino Coast Health Care District Board
<https://mchcd.org/>
jtippett@mcdh.org
Mobile: 707-489-4986

CONFIDENTIALITY NOTICE: This e-mail and any attachments may contain information which is confidential, sensitive, privileged, proprietary or otherwise protected by law. The information is solely intended for the named recipients, other authorized individuals, or a person responsible for delivering it to the authorized recipients. If you are not an authorized recipient of this message, you are not permitted to read, print, retain, copy or disseminate this message or any part of it. If you have received this e-mail in error, please notify the sender immediately by return e-mail and delete it from your e-mail inbox, including your deleted items folder.