

**Mendocino Coast Health Care District**  
**Warrant List**  
**April 19-May 18**

<b>Automated Payments</b>	<b>Payee</b>	<b>For</b>	<b>Date Last Paid</b>	<b>Amount</b>
	BNY Mellon -	Revenue Bond	5/1/2023	51,691.19
	CHFFA	HELP II Loan	4/26/2023	13,802.02
	Bank of America	Analysis Charge	5/18/2023	1,857.48
	Mendocino Community Network*	Fusion Service 775	4/26/2023	93.23
	Mendocino Community Network	Hospice?	5/9/2023	146.51
	Pelican Storage	Surplus Property Storage	4/20/2023	720.00
<b>Payments Made</b>			<b>Date Paid</b>	<b>Amount</b>
	Melio	Check Service Charge	4/26/2023	3.00
	P&A Group	Board HRA	4/26/2023	385.27
	Streamline	Website	4/26/2023	600.00
	Beta Healthcare Group	Tail Liability Ins.	4/12/2023	866.09
	Alexander Henson	Legal	4/26/2023	1,710.00
	Mendocino Community Network	Overpayment	5/2/2023	84.21
	K McKee & Co.	Payroll	5/2/2023	245.00
	P&A Group	Board HRA	5/2/2023	1,671.97
	P&A Group	Board HRA	5/3/2023	650.33
	Mendo Litho	Copy Costs	5/4/2023	254.59
	Beta Healthcare Group	Tail Liability Ins.	5/10/2023	866.09
	K McKee & Co.	Accounting	5/15/2023	750.00
	Lee Finney	Travel & Conference	5/17/2023	420.80
<b>Payments Due</b>			<b>Billing Date</b>	<b>Amount</b>
	Petrak & Associates	Medicare Cost Report	5/2/2023	5,167.50
	BNY Mellon	Bond Trustee Services	6/16/2022	825.00
	BNY Mellon	Bond Trustee Services	7/27/2022	1,500.00
	Devenney Group	Seismic Retrofit Design	5/15/2023	78,407.50
				85,900.00
<b>Notes</b>				
	Parcel Tax Refunds Paid			720.00
	Allyson Hundley-Ford Fund Draw			96.00

**PETRAK & ASSOCIATES, INC.**  
**HEALTHCARE REIMBURSEMENT CONSULTING**

May 2, 2023

Mr. Jade Tippett  
District Board Treasurer  
Mendocino Coast Health Care District  
700 River Road  
Fort Bragg, CA 95437

**Re: Reimbursement services performed during April 2023**

**FYE: June 30, 2020**

Medicare Audit: Provide audit assistance to Noridian Healthcare Solution regarding the Medicare audit of the Mendocino Coast District Hospital's FYE June 30, 2020. Research, review and verification of the Noridian Healthcare Solutions proposed Medicare audit adjustments, supporting workpapers and the PS&R payment data. Preparation of the audit adjustment impact analysis and settlement projection. Based upon my review findings, submitted request for corrections to the proposed audit adjustments. Please see email transmission and submitted documentation addressed to Nick Gonzales dated April 10, 2023. After their review, Noridian Healthcare Solutions agreed to all my requested revisions. Please see email transmission received from Nick Gonzales dated April 12, 2023. Based upon my requested revisions, the amount due the Hospital increased by **\$610,938** to a projected final amount due the Hospital of **\$2,216,235**. Please see email transmission dated April 12, 2023. Notified Mr. Gonzales of our approval of the revised proposed audit adjustments with no further exceptions noted. Please see email transmission dated April 12, 2023. **39.75** hours

39.75 hours @ \$175.00:	\$	6,956.25
25.72% Discount (Rounded):		(1,788.75)
Purchase M/Cal PCAR Reports:		00.00
HFS CR Software License / Hospital		00.00
HFS CR Software License / HHA		00.00
Out of Pocket Exp. / Hospital		00.00
Out of Pocket Exp. / HHA		<u>00.00</u>
 Total Due	 \$	 <b><u>5,167.50</u></b>

Income Tax Identification Number: 94 - 3362963



May 15, 2023  
 Invoice No: 20093

MENDOCINO COAST DISTRICT HOSPITAL  
 Mendocino Coast Health Care District  
 P.O. Box 579  
 Fort Bragg, CA 95437-0579

Project 18000.00 MCDH - MENDOCINO COAST DISTRICT HOSPITAL CONCEPTUAL  
 DESIGN CONCEPT DEVELOPMENT

**Professional Services for the Period: March 1, 2023 to March 31, 2023**

Phase	100	BASIC SERVICES				
<b>Phase</b>		<b>Phase Fee</b>	<b>Percent Complete</b>	<b>Fee Earned</b>	<b>Prior Billing</b>	<b>Current Fee</b>
ARCHITECTURAL SPECIAL PLANNING		97,650.00	90.00	87,885.00	31,702.50	56,182.50
COST ESTIMATING SUPPORT		16,000.00	0.00	0.00	0.00	0.00
OPERATIONAL PLANNING		25,000.00	79.00	19,750.00	19,750.00	0.00
Total Fee		138,650.00		107,635.00	51,452.50	56,182.50
			<b>Total Fee</b>			<b>56,182.50</b>
<b>Billing Limits</b>			<b>Current</b>	<b>Prior</b>	<b>To-Date</b>	
Expenses			0.00	3,608.97	3,608.97	
Limit					11,310.00	
Remaining					7,701.03	
				<b>Phase Total</b>		<b>\$56,182.50</b>

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Phase	101	ASA #1: STRUCTURAL				
Total Fee		44,450.00				
Percent Complete		50.00	Total Earned		22,225.00	
			Previous Fee Billing		0.00	
			Current Fee Billing		22,225.00	
			<b>Total Fee</b>			<b>22,225.00</b>

Project	18000.00	MCDH - CONCEPTUAL DESIGN CONCEPT	Invoice	20093
<b>Billing Limits</b>		<b>Current</b>	<b>Prior</b>	<b>To-Date</b>
Expenses		0.00	0.00	0.00
Limit				2,945.00
Remaining				2,945.00
			<b>Phase Total</b>	<b>\$22,225.00</b>
			<b>Total this Invoice</b>	<b><u><u>\$78,407.50</u></u></b>

Project Manager      David Healy



**BNY MELLON**

The Bank of New York Mellon  
Trust Company, N.A.

**Second Notice**

MENDOCINO COAST DISTRICT HOSPITAL  
ATTN: CHIEF FINANCIAL OFFICER  
700 RIVER DRIVE  
FORT BRAGG, CA 95437

000001

**Invoice Number:** 252-2487965  
**Account Number:** CT207407  
**Invoice Date:** 27-Jul-22  
**Cycle Date:** 27-Jul-22  
**Administrator:** Phong Truong  
**Phone Number:** 213-630-6465  
**Currency:** USD

MENDOCINO COAST HEALTH CARE DISTRICT REFUNDING BONDS, SERIES 2016

	<u>Quantity</u>	<u>Rate</u>	<u>Proration</u>	<u>Subtotal</u>	<u>Total</u>
<b>Flat</b>					
<b>Trustee Fee</b>					<b>1,500.00</b>
For the period: July 27, 2022 to July 26, 2023					

**Invoice Total:** 1,500.00  
**Satisfied To Date:** 0.00  
**Balance Due:** 1,500.00

Terms: Payable upon receipt. Please reference the invoice and account number with your remittance. Our Tax ID Number is 95-3571558. Please fax Taxpayer Certification requests to (732) 667-9576. The Bank of New York Mellon Trust Company, N.A is located at 400 South Hope Street - Suite 400, Los Angeles, CA 90071

Check Payment Instructions:  
The Bank of New York Mellon  
Corporate Trust Department  
P.O. Box 392013  
Pittsburgh, PA 15251-9013  
Please enclose billing stub.

Wire and ACH Payment Instructions:  
The Bank of New York Mellon  
ABA Number: 021000018  
Account Number: 8901245259  
Account Name: BNY Mellon - Fee Billing Wire Fees  
Please reference Invoice Number: 252-2487965

**Billing Stub**

MENDOCINO COAST HEALTH CARE DISTRICT REFUNDING BONDS, SERIES 2016

**Invoice Number:** 252-2487965  
**Account Number:** CT207407  
**Invoice Date:** 27-Jul-22  
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**Administrator:** Phong Truong  
**Phone Number:** 213-630-6465  
**Amount:** 1,500.00 USD

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**BNY MELLON**

The Bank of New York Mellon  
Trust Company, N.A.

**Second Notice**

MENDOCINO COAST DISTRICT HOSPITAL  
ATTN: CHIEF FINANCIAL OFFICER  
700 RIVER DRIVE  
FORT BRAGG, CA 95437

000001

**Invoice Number:** 252-2528501  
**Account Number:** MENDOCINO22  
**Invoice Date:** 16-Jun-22  
**Cycle Date:** 16-Jun-22  
**Administrator:** Phong Truong  
**Phone Number:** 213-630-6465  
**Currency:** USD

MENDOCINO COAST HEALTH CARE DISTRICT GENERAL OBLIGATION BONDS ELECTION OF 2000 SERIES 2001  
CAPITAL APPRECIATION

	<u>Quantity</u>	<u>Rate</u>	<u>Proration</u>	<u>Subtotal</u>	<u>Total</u>
<b>Flat</b>					
<b>Administration Fee</b>					<b>825.00</b>
For the period: June 01, 2022 to May 31, 2023					

**Invoice Total:** 825.00  
**Satisfied To Date:** 0.00  
**Balance Due:** 825.00

Terms: Payable upon receipt. Please reference the invoice and account number with your remittance.  
Our Tax ID Number is 95-3571558. Please fax Taxpayer Certification requests to (732) 667-9576.  
The Bank of New York Mellon Trust Company, N.A is located at 400 South Hope Street - Suite 400,  
Los Angeles, CA 90071

Check Payment Instructions:  
The Bank of New York Mellon  
Corporate Trust Department  
P.O. Box 392013  
Pittsburgh, PA 15251-9013  
Please enclose billing stub.

Wire and ACH Payment Instructions:  
The Bank of New York Mellon  
ABA Number: 021000018  
Account Number: 8901245259  
Account Name: BNY Mellon - Fee Billing Wire Fees  
Please reference Invoice Number: 252-2528501

**Billing Stub**

MENDOCINO COAST HEALTH CARE DISTRICT GENERAL  
OBLIGATION BONDS ELECTION OF 2000 SERIES 2001 CAPITAL  
APPRECIATION

**Invoice Number:** 252-2528501  
**Account Number:** MENDOCINO22  
**Invoice Date:** 16-Jun-22  
**Cycle Date:** 16-Jun-22  
**Administrator:** Phong Truong  
**Phone Number:** 213-630-6465  
**Amount:** 825.00 USD

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