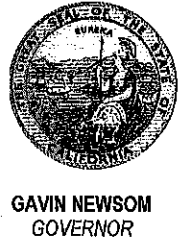




State of California—Health and Human Services Agency
Department of Health Care Services



SEP 24 2021

Judson Howe, CFO
North Coast Family
700 River Drive
Fort Bragg, CA 95437-5403

NOTICE OF TENTATIVE SETTLEMENT TO RECONCILIATION REQUEST
PROVIDER LEGAL NAME: MENDOCINO COAST HEALTH CARE DISTRICT
DBA: NORTH COAST FAMILY
NATIONAL PROVIDER IDENTIFIER: 1124220249
FISCAL PERIOD ENDED: JUNE 30, 2019

We completed the pre-audit analysis for the Rural Health Clinic (RHC) Medi-Cal Reconciliation Review Request for the above-referenced fiscal period.

The amount presented on Schedule 1 represents 100% of the tentative Medi-Cal settlement due the State in the amount of \$457,255, for the above-referenced fiscal period.

In order to prevent overpayments to the Clinic, the Department applied a percentage of cutback to reflect the recovery from prior year reviews.

This RHC Tentative Settlement to Reconciliation Request includes the:

1. Schedule 1—Tentative Settlement Summary
2. Tentative Settlement Adjustments Schedule

The Department will perform a final review of the Clinic's Medi-Cal Prospective Payment System (PPS) Reconciliation Request at a later date, which will determine the Clinic's final settlement amount.

The Department will not adjust the Clinic's interim PPS rate at this time.

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

Judson Howe
Page 2

SEP 24 2021

Please contact Kanwardeep Gill, Auditor, at (916) 713-8980 or
Kanwardeep.Gill@dhcs.ca.gov if you have any questions.

for 

Maricela Orejel
Audit Manager
FQHC/RHC Section—Sacramento
Financial Audits Branch

Enclosure
Certified



Jade Tippett

From: Keo, Metrey@DHCS <Metrey.Keo@dhcs.ca.gov>
Sent: Tuesday, April 4, 2023 2:41 PM
To: Jade Tippett
Cc: Rozanski, Laura@DHCS; Lloyd, Kristi@DHCS
Subject: RE: [External]RE: Mendocino Coast Health Tentative Settlement FY2019

Jade,

Awesome! Please keep me updated as you route the payment.

Payments by Check:

Checks should be made payable to “Department of Health Care Services,” must list the appropriate NPI/AR number and should be mailed to the following address:

Department of Health Care Services
Overpayments Unit, MS 4720
PO BOX 997421
Sacramento, CA 95899-9916

Payment by Electronic Fund Transfer (EFT):

To get started, go to the EFT [website](#). Two unique EFT options are available:

- One-Time Payment – Ideal for Medi-Cal beneficiaries and entities with few claims
- Enrolled User Payment – Ideal for entities with numerous claims and multiple payments. This option allows users to schedule advance payments and track payment history.
 - Select “Register” to register as an Enrolled User - Allow DHCS 5 business days to create and confirm your new Enrolled User account

Additional Information about using EFT

In your payments, please include the following information in the backup document or individual EFT:

Reference	NPI	AR	Amount
1124220249-019	1124220249	6042130745	\$260,813.12
1124220249-020	1124220249	6042130746	\$75,391.00
1124220249-021	1124220249	6042130747	\$86,064.21
1124220249-022	1124220249	6042130748	\$309.79
Total			\$422,578.12

Please let me know if you have any questions.

Thank you,

Metrey Keo

Associate Governmental Program Analyst
Department of Health Care Services
Third Party Liability and Recovery Division
Overpayments Unit
Office: (279) 600-1773

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From: Jade Tippett <jtippett@mcdh.org>
Sent: Tuesday, April 4, 2023 12:50 PM
To: Keo, Metrey@DHCS <Metrey.Keo@dhcs.ca.gov>
Subject: RE: [External]RE: Mendocino Coast Health Tentative Settlement FY2019

Metrey,

I expect to have Board final approval on the figure \$422,578.12 on Thursday.

Please provide full information for a bank wire transfer including the name and address of the beneficiary.

Thank you,

--j

PLEASE NOTE NEW MAILING ADDRESS BELOW. THANKS!

Jade Tippett
Treasurer
Mendocino Coast Health Care District
P.O. Box 579
Fort Bragg, CA 95437
<https://mchcd.org>
jtippett@mcdh.org
Mobile: 707-489-4986

From: Keo, Metrey@DHCS <Metrey.Keo@dhcs.ca.gov>
Sent: Tuesday, April 4, 2023 12:31 PM
To: Jade Tippett <jtippett@mcdh.org>
Cc: Lloyd, Kristi@DHCS <Kristi.Lloyd@dhcs.ca.gov>; Rozanski, Laura@DHCS <Laura.Rozanski@dhcs.ca.gov>
Subject: RE: [External]RE: Mendocino Coast Health Tentative Settlement FY2019

Hi Jade,

At this time, the repayment plan that I sent are for the ARs are for the tentative settlement for FYE 2019. I understand that you are still working with Audits and Investigations on the final settlement and once those ARs are established we can create a new repayment plan. We are unable to waive the interest, which is statutory, pursuant to Welfare and Institutions Code section 14171(g). Interest accrues monthly at seven percent per annum, which began on the 61st day after the establishment of the tentative FYE 2019 ARs, so if you pay the tentative settlement ARs entirely at this time, interest will not continue to accrue. The current balance for the tentative FYE 2019 ARs is \$422,578.12. Let us know if you wish to pay these ARs in full. If you choose to proceed with a 12 month repayment plan, interest will continue to accrue each month.

Once the final settlement for FYE 2019 is completed, reach out to our program to establish a repayment plan or pay the debts in full, as interest will begin to accrue on those ARs on the 61st day after the debts are established.

Thank you,

Metrey Keo

Associate Governmental Program Analyst
Department of Health Care Services
Third Party Liability and Recovery Division
Overpayments Unit
Office: (279) 600-1773

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From: Jade Tippett <jtippett@mcdh.org>
Sent: Friday, March 31, 2023 1:54 PM
To: Keo, Metrey@DHCS <Metrey.Keo@dhcs.ca.gov>
Cc: Lloyd, Kristi@DHCS <Kristi.Lloyd@dhcs.ca.gov>; Rozanski, Laura@DHCS <Laura.Rozanski@dhcs.ca.gov>
Subject: [External]RE: Mendocino Coast Health Tentative Settlement FY2019

Metrey,

The Board authorized the payment last night. If the collection agency offer of waiving all or part of the interest still on the table. I'd like to arrive at a final figure by Monday so I can make the transfer.

Thank you.

PLEASE NOTE THE CHANGE OF MAILING ADDRESS

--j

Jade Tippett
Treasurer
Mendocino Coast Health Care District
P.O. Box 579
Fort Bragg, CA 95437
<https://mchcd.org>
jtippett@mcdh.org
Mobile: 707-489-4986

From: Keo, Metrey@DHCS <Metrey.Keo@dhcs.ca.gov>
Sent: Friday, March 10, 2023 4:31 PM
To: Jade Tippett <jtippett@mcdh.org>
Cc: Lloyd, Kristi@DHCS <Kristi.Lloyd@dhcs.ca.gov>; Rozanski, Laura@DHCS <Laura.Rozanski@dhcs.ca.gov>
Subject: Mendocino Coast Health Tentative Settlement FY2019

Hello Mr. Tippet,

We will proceed with your request for a 30-day pause on collection efforts as you work with Kristi discussing details of the audits. Attached is a 12-month repay option starting 4/10/2023. The ARs under review have been established on 11/03/2021 and has been accruing interest since 01/04/2022 and will continue to accrue interest during your audit review. Please note that the payments listed on the attached plan were withholds that were processed on those dates. I appreciate you keeping me informed while Kristi is assisting you with further details.

Thank you,

Metrey Keo

Associate Governmental Program Analyst
Department of Health Care Services
Third Party Liability and Recovery Division
Overpayments Unit
Office: (279) 600-1773

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FQHC / RHC PPS RECONCILIATION - TENTATIVE SETTLEMENT (TRA)

PROVIDER LEGAL NAME: MENDOCINO COAST HEALTH	Fiscal Period Ended DECEMBER 31, 2020
---	---

National Provider Identifier 1124220249	SOL Date 02/28/25	Program RHC	Type Code 1003
---	-----------------------------	-----------------------	--------------------------

Supervisor	Pasia Gutierrez <i>10/19/22 CDF For</i>
Auditor	Tarandeep Brar
Budgeted Hours	2
Actual Hours	2
Date to Supervisor	9/15/2022
TRA Letter Issued	FEB 22 2023 <i>gm</i>

	<i>PERIOD 1</i>	<i>PERIOD 2</i>
Total Visits Reported	1,956	1,711
Total Payments Reported	\$695,303	\$615,670
PPS Rate	\$223.15	\$227.38
Total Amount	(\$485,444) ✓	
TRA Payment Percentage	100%	
TRA Pmt Due Provider (State)	(\$485,444)	



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

FEB 22 2023

Warren Tetz, CFO
Mendocino Coast Health Care District
700 River Dr
Fort Bragg, CA 95437-5403

NOTICE OF TENTATIVE SETTLEMENT TO RECONCILIATION REQUEST
PROVIDER LEGAL NAME MEDOCINO COAST HEALTH CARE DISTRICT
DBA NORTH COAST FAMILY
NATIONAL PROVIDER IDENTIFIER (NPI) 1124220249
FISCAL PERIOD ENDED DECEMBER 31, 2020

We completed the pre-audit analysis for the Rural Health Clinic (RHC) Medi-Cal Reconciliation Review Request for the above-referenced fiscal period.

The amount presented on Schedule 1 represents 100% of the tentative Medi-Cal settlement due the State in the amount of \$485,444, for the above-referenced fiscal period.

This RHC Tentative Settlement to Reconciliation Request includes the:

1. Schedule 1—Tentative Settlement Summary

The Department will perform a final review of the Clinic's Medi-Cal Prospective Payment System (PPS) Reconciliation Request at a later date, which will determine the Clinic's final settlement amount.

The Department will not adjust the Clinic's interim PPS rate at this time.

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

Administrator

Page 2

Date

FEB 22 2023

Please contact Tarandeep Brar, Auditor, at Tarandeep.Brar@dhcs.ca.gov if you have any questions.


For

Pasia Gutierrez
Audit Manager
FQHC/RHC Section—Sacramento
Financial Audits Branch

Enclosure
Certified

FINAL SETTLEMENT

FOR

MENDOCINO COAST DISTRICT HOSPITAL

FORT BRAGG CA

PROVIDER NUMBER(S):

05-1325, 05-8629, 05-Z325

FISCAL PERIOD ENDING: June 30, 2019

Date Issued: June 17, 2021



PO Box 6782
Fargo, ND 58108-6782

June 17, 2021

JUDY HOUGLAND, CONTROLLER
MENDOCINO COAST DISTRICT HOSPITAL
700 RIVER ROAD
FORT BRAGG CA 95437-5403

NOTICE OF AMOUNT OF PROGRAM REIMBURSEMENT

RE: Provider: Mendocino Coast District Hospital
Provider Number: 05-1325
Fiscal Year End: June 30, 2019
Subunits: 05-8629, 05-Z325

Dear Ms. Houglan:

Our determination, made in accordance with 42 CFR 405.1803, is supported by the enclosed adjustment report and the resultant cost report. Per this determination, the amount due is listed below:

	<u>Per As-Filed Cost Report</u>	<u>Per Final Determination</u>	<u>Difference</u>
Amount due to Provider (Program) Per Summary	\$ 1,936,749	\$ 1,814,138	\$ (122,611)
Tentative Paid to Provider (Program)		1,494,394.00	
Sequestration Adjustment		440,181.00	
Net Amount Due to Provider (Program)		<u>(\$120,437)</u>	

The amount due to Medicare will be recovered as described in the enclosed collection letter.

CMS regulations require that interest be recalculated whenever a cost report settlement determination is revised. If your facility was previously assessed interest on a settlement for this cost reporting period, the amount of interest due to the Medicare Program will be recalculated. If we determine that there has been an overpayment of interest, the amount overpaid will be refunded on a future Remittance Advice.

The enclosed adjustment report shows the individual adjustments made and includes appropriate references to the applicable laws, regulations, and instructions that were used as the basis for the adjustments.



MENDOCINO COAST DISTRICT HOSPITAL

June 17, 2021

Page 2

If you disagree with the cost report adjustments, you have the right to appeal those adjustments. If you disagree with adjustments aggregating at least \$10,000 (\$50,000 for a group of providers appealing a common issue) in program reimbursement, your appeal is to the Provider Reimbursement Review Board PRRB).

A PRRB appeal may be filed two ways: electronically through the Office of Hearings Case and Document Management System (OH CDMS) or through a hard copy submission.

While the electronic way is not currently required, the PRRB strongly recommends all parties utilize this new electronic case management tool. To access OH CDMS, see <https://www.cms.gov/Regulations-and-Guidance/Review-Boards/PRRBReview/Electronic-Filing.html>. The webpage includes a link to the CMS Enterprise Portal as well as current registration and user manuals.

To file a hard copy PRRB appeal request, direct your appeal to:

Chairperson
Provider Reimbursement Review Board
1508 Woodlawn Drive, Suite 100
Baltimore, MD 21207
(410) 786-2671

A copy of the PRRB appeal request and subsequent correspondence should be sent to Noridian via email JEPRRBAppeals@Noridian.com as well as to Federal Specialized Services, LLC (FSS) via email prrb@fssappeals.com. In the subject line, reference the case number first (if available); followed by the case name; followed by the nature of the correspondence.

If you disagree with adjustments aggregating at least \$1,000 but less than \$10,000 in program reimbursement, your appeal is a Contractor Appeal and must be addressed to Federal Specialized Services (FSS) via email intermediary@fssappeals.com.

When email is not an option, providers filing PRRB or Contractor appeals should send their documents via U.S. mail or express delivery services to the following Noridian and FSS addresses:

PRRB Appeals/Contractor Appeals
Federal Specialized Services
1701 S. Racine Avenue
Chicago, IL 60608-4058

Provider Audit Appeals Coordinator
Noridian Healthcare Solutions, LLC
PO Box 6782
Fargo, ND 58108-6782

Please do not send any protected health information (PHI) or personally identifiable information (PII). Files containing PHI or PII will be returned to the sender.

MENDOCINO COAST DISTRICT HOSPITAL

June 17, 2021

Page 3

Should you need additional information regarding appeals, as well as the requirements for an appeal request, information is available at 42 CFR 405.1809, 405.1811, 405.1815, 405.1835, 405.1843 and the PRRB Rules, Version 2.0, dated August 29, 2018.

If you have questions, please contact our Call Center at 855-609-9960.

Sincerely,

/s/

Ellen Corwin, Director, J-E Provider Audit & Reimbursement
Provider Audit and Reimbursement Department

CTJ

Enclosure



PO Box 6782
Fargo, ND 58108-6782

June 17, 2021

**FIRST REQUEST
CERTIFIED MAIL**

JUDY HOUGLAND CONTROLLER
MENDOCINO COAST DISTRICT HOSPITAL
700 RIVER ROAD
FORT BRAGG CA 95437-5403

RE: Provider: Mendocino Coast District Hospital Initial Demand Letter
Provider Number: 05-1325
Fiscal Year End: June 30, 2019
Subunits: 05-8629, 05-Z325

Dear Ms. Houglan:

The final settlement made under the Health Insurance for the Aged Act, Title XVIII for the provider above shows an amount due the Medicare program of \$120,437.00.

As a means of collecting the amount due, we will recoup (reduce or withhold) 100% of your interim payments from your Remittance Advice starting 15 days from the date of this letter until the full amount due has been recouped or an acceptable repayment schedule, along with the first month's payment, is received. If you would prefer not to have the overpayment withheld through your remit, a check must be received in our office on or before 15 days from the date of this letter. If you have questions, please contact our Call Center at 855-609-9960.

If you wish to make arrangements for an extended repayment plan, please contact JE-ERS@noridian.com. All extended repayment schedules are subject to interest. The interest rate is determined by the Secretary of the Treasury. The current interest rate on overpayments is 9.500%. Payments are applied first to accrued interest and then to the principle.

If you are submitting a check, please make it payable to "Noridian Healthcare Solutions,

MENDOCINO COAST DISTRICT HOSPITAL

June 17, 2021

Page 2

LLC Medicare A", identify on the check what settlement the payment is to be applied to, and mail it to:

Noridian Healthcare Solutions, LLC
PO Box 6782
Fargo, ND 58108-6782

Noridian Healthcare Solutions (Noridian) offers an immediate offset option for collection of this overpayment from your Medicare claims processing payment. Please refer to the immediate offset request form found on the Noridian website:
<https://med.noridianmedicare.com/web/jea/forms>

In accordance with the Social Security Act, Section 1815(d) and 1833(j), interest will be assessed on the amount due CMS unless full payment is made within 30 days from the date of this letter. As stated in 42 CFR 405.378, interest will be assessed for each full 30-day period that payment is delayed.

We expect to hear from you shortly.

Sincerely,

/s/

Ellen Corwin, Director, J-E Provider Audit & Reimbursement
Provider Audit and Reimbursement Department

CTJ

Enclosure



PO Box 6782
Fargo, ND 58108-6782

PROVIDER NAME: Mendocino Coast District Hospital

PROVIDER NUMBERS: 05-1325, 05-8629, 05-Z325

REPORTING PERIOD ENDING: June 30, 2019

We have reviewed the provider's Medicare cost report for the cost report period stated above.

Preparation of the cost report and compliance with Medicare laws, regulations, and instructions are the responsibility of the provider's management.

We have performed a review of the cost report. The attached Medicare cost report has been adjusted, where required, for items of noncompliance discovered during our review, which are listed in the enclosed adjustment report.

This report is intended for the information of the provider and the Center for Medicare and Medicaid Services (CMS). This restriction is not intended to limit distribution of this report, which is a matter of public record, unless otherwise restricted by applicable law.

/s/

Ellen Corwin, Director, J-E Provider Audit & Reimbursement

June 17, 2021

Notice of Program Reimbursement Date

Jade Tippett

From: petrakassociates@aol.com
Sent: Wednesday, April 12, 2023 10:22 AM
To: Jade Tippett
Cc: Lee Finney
Subject: Re: Mendocino Coast District Hospital 05-1325 06/30/2020

GREAT NEWS Jade:

The Medicare auditor accepted my requested proposed audit adjustment corrections!!!. Therefore the amount due the Hospital just increased by \$610,938 to **\$2,216,235** due the Hospital!!!!

This just made my birthday great today.

Take care my friend.

Derek F. Petrak

Petrak & Associates, Inc.
2255 Morello Ave., Suite 201
Pleasant Hill, CA 94523
Office:(925) 685-1751
Cell: (925) 765-3870

-----Original Message-----

From: petrakassociates@aol.com
To: jtippett@mcdh.org <jtippett@mcdh.org>
Cc: lfinney@mcdh.org <lfinney@mcdh.org>
Sent: Mon, Apr 10, 2023 3:01 pm
Subject: Re: Mendocino Coast District Hospital 05-1325 06/30/2020

AGREE 100% Those are the Districts funds.

Derek F. Petrak

Petrak & Associates, Inc.
2255 Morello Ave., Suite 201
Pleasant Hill, CA 94523
Office:(925) 685-1751
Cell: (925) 765-3870

-----Original Message-----

From: Jade Tippett <jtippett@mcdh.org>
To: petrakassociates@aol.com <petrakassociates@aol.com>
Cc: Lee Finney <lfinney@mcdh.org>

Sent: Mon, Apr 10, 2023 2:54 pm
Subject: RE: Mendocino Coast District Hospital 05-1325 06/30/2020

I am hoping this as well. I also want to make sure that those funds are remitted to the District and not directly to Adventist Health.

Thanks,

--j

PLEASE NOTE NEW MAILING ADDRESS BELOW. THANKS!

Jade Tippet
Treasurer
Mendocino Coast Health Care District
P.O. Box 579
Fort Bragg, CA 95437
<https://mchcd.org>
jtippet@mcdh.org
Mobile: 707-489-4986

From: petrakassociates@aol.com <petrakassociates@aol.com>
Sent: Monday, April 10, 2023 2:16 PM
To: Jade Tippet <jtippet@mcdh.org>
Cc: Lee Finney <lfinney@mcdh.org>
Subject: Mendocino Coast District Hospital 05-1325 06/30/2020

Good afternoon Jade:

Just want to bring you up to speed on this Mendocino Coast Dist. Hospital's FYE June 30, 2020 Medicare audit.

I've completed my review and verification of the proposed audit adjustments and supporting workpapers. And I also prepared the audit adjustment settlement impact. Based upon the proposed audit adjustments as they are presented, the amount due the Hospital is **\$1,565,297**. However I did bring an issue to Nick's attention regarding Medicare Outpatient revenue allocation. I'm hopeful Nick will make the requested revisions which will increase the projected reimbursement by **\$650,938** from \$1,565,297 to **\$2,216,235**.

So let's keep our fingers crossed Nick makes the right decision.

Thanks, take care and have a wonderful day my friend.

Derek F. Petrak

Petrak & Associates, Inc.
2255 Morello Ave., Suite 201
Pleasant Hill, CA 94523
Office:(925) 685-1751
Cell: (925) 765-3870

-----Original Message-----

From: Jade Tippet <jtippet@mcdh.org>
To: Nick Gonzales <Nicholas.Gonzales@noridian.com>; petrakassociates@aol.com <petrakassociates@aol.com>
Cc: Lee Finney <lfinney@mcdh.org>
Sent: Mon, Apr 10, 2023 12:04 pm
Subject: RE: Mendocino Coast District Hospital 05-1325 06/30/2020

Nick,

Thank you for keeping us in the loop as this process moves forward. I think you are aware that Adventist Health took over the operation of the Mendocino Coast District Hospital on July 1, 2020.

The District has a material interest in the results of the FYE2020 cost reports and their findings.

Thank you again.

--j

PLEASE NOTE NEW MAILING ADDRESS BELOW. THANKS!

Jade Tippet
Treasurer
Mendocino Coast Health Care District
P.O. Box 579
Fort Bragg, CA 95437
<https://mchcd.org>
jtippet@mcdh.org
Mobile: 707-489-4986

From: Nick Gonzales <Nicholas.Gonzales@noridian.com>
Sent: Monday, April 10, 2023 11:31 AM
To: petrakassociates@aol.com
Cc: Jade Tippet <jtippet@mcdh.org>; Lee Finney <lfinney@mcdh.org>
Subject: Mendocino Coast District Hospital 05-1325 06/30/2020

Hello, I have completed the desk review for Mendocino Coast District Hospital 05-1325 06/30/2020 FYE. Attached please find the Audit Adjustment Report and applicable workpapers.

Please note that final supervisor review is needed and if any revisions are needed, I will be in contact.

Review the attached adjustments and if you have any questions or concerns, respond by April 24, 2023.

Thank you



Nick Gonzales

Senior Auditor, Provider Audit & Reimbursement Department
Noridian Healthcare Solutions LLC
701-715-9354 (work)
nicholas.gonzales@Noridian.com | www.noridian.com

ENABLE ACCESS TO CARE, ELIMINATE BARRIERS, ELEVATE PEOPLE.

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