

Exhibit 1 - Payment Request Invoice

County of Mendocino  
 Agreement 21-10198

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	\$ 0.10	1,835,590	\$ 183,559
All Partnership	Regional	Child - MCHIP	\$ 0.07	817,276	\$ 57,209
All Partnership	Regional	Adult - non MCHIP	\$ 0.31	1,045,291	\$ 324,040
All Partnership	Regional	Adult - MCHIP	\$ 0.23	28,224	\$ 6,492
All Partnership	Regional	ACA Optional Expansion	\$ 0.07	2,202,804	\$ 154,196
All Partnership	Regional	SPD	\$ 0.89	490,034	\$ 436,130
All Partnership	Regional	SPD/Full-Dual	\$ 0.21	836,710	\$ 175,709
All Partnership	Regional	LTC (non-dual)	\$ 4.02	1,763	\$ 7,087
All Partnership	Regional	LTC/Full-Dual	\$ 2.52	37,393	\$ 94,230
All Partnership	Regional	OBRA	\$ 0.54	1,738	\$ 939
All Partnership	Regional	Whole Child Model	\$ 1.51	83,465	\$ 126,032
<b>All Partnership</b>	<b>Regional</b>	<b>Est. FE Total</b>		<b>7,380,288</b>	<b>\$ 1,565,623</b>

Total CY 2021 (January 2021 - December 2021) Section 1 Amount \$ 1,565,623

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

Total 2021 (January 2021-December 2021) Section 1 Amount (above)	\$ 1,565,623
Less amount not subject to fee (Section 3.2)	\$ -
Basis for 20% Assessment Fee	\$ 1,565,623
20% Assessment Fee (Basis * 20%)	\$ 313,125
Total CY 2021 (January 2021 - December 2021) as of 12/2022 Estimated Member Months	\$ 1,878,748
Add: Outstanding balance from BP 7/2019 - 12/2020	\$ 784
<b>Total Payment Transfer Amount</b>	<b>\$ 1,879,532</b>