

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



GAVIN NEWSOM GOVERNOR

## Ground Emergency Medical Transport (GEMT) Quality Assurance Fee (QAF) – Quarterly Payment Provider Invoice

## **Provider Information:**

Name:

CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT

**DHCS Account Number:** 

GEM1316339609

Due Date: 4/1/2021

**Payment Details:** 

Year: 2020

**QTR**: Q4

Invoice Number: GEM0421VO11

**Amount Due: \$** 572,743.60

Fiscal Year	Reporting Structure	Account	App Ref	Service Location
2019-20	4260KB0B	4129200	980	80005
Activity	Program	Alt Account	Fund	Project
	9990		3323	

Emergency Transport Type:	Quantity:
Medi-Cal Fee-for-Service	662
Medi-Cal Managed Care	3623
Medicare	6440
Other	4834
Dual Medicare/Medi-Cal	2173
Amount Due	= Sum of Total Transports x QAF Rate (\$32.3)
	= \$ 572,743.60

## **Payment Instructions:**

1. Please use the invoice number provided above to pay via Electronic Funds Transfer (<a href="http://dhcs.ca.gov/epay">http://dhcs.ca.gov/epay</a>).

OR

2. Please submit this invoice and payment to:

ATTN: GEMT QAF
Accounting Section/Cashiers Unit, Mail Stop 1101
1501 Capitol Avenue
P.O. Box 997415
Sacramento. CA 95899-7415