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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:	Due Date: 4/1/2022
Name: CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT DHCS Account Number: GEM1316339609	Payment Details: Year: 2021 QTR: Q4 Invoice Number: GEM0422XDQ3 Amount Due: \$ 631,704.84

Fiscal Year	Reporting Structure	Account	App Ref	Service Location
2021-22	4260KB0B	4129200	980	80005
Activity	Program	Alt Account	Fund	Project
	9990		3323	

Emergency Transport Type:	Quantity:
Medi-Cal Fee-for-Service	590
Medi-Cal Managed Care	3772
Medicare	6474
Other	5739
Dual Medicare/Medi-Cal	2327
Amount Due	= Sum of Total Transports x QAF Rate (\$33.42)
	= \$ 631,704.84

Payment Instructions:

- Please use the invoice number provided above to pay via Electronic Funds Transfer (<http://dhcs.ca.gov/epay>).**

OR

- 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