



**PUBLIC PROVIDER GROUND EMERGENCY MEDICAL TRANSPORTATION (PP-GEMT) PROGRAM  
MANAGED CARE AND FEE FOR SERVICE — INVOICE**

<b>Provider Information:</b>
<b>Provider Name:</b> Contra Costa County

<b>Due Date:</b>	<b>9/15/2023</b>
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<b>Payment Details:</b>			
<b>Year:</b>	2023	<b>Collection #:</b>	2
<b>Total Amount Due:</b>	<b>\$2,767,910.29</b>		

<b>Program/Payee Information:</b>
<b>Vendor Name:</b> California Department of Health Care Services
<b>PP-GEMT Program Email:</b> <a href="mailto:AB1705@dhcs.ca.gov">AB1705@dhcs.ca.gov</a>

<b>Banking Information:</b>
<b>Bank Name:</b> US Bank <i>Please await Wire Request Memo for payment instructions</i>
<b>Payment Methods Accepted:</b> ACH or Wire Transfer

<b>Payment Instructions:</b>
<b>Attention:</b> Please review, sign, and submit the Intergovernmental Transfer (IGT) Certification by <b>9/1/2023</b> to <a href="mailto:AB1705@dhcs.ca.gov">AB1705@dhcs.ca.gov</a> . IGT Certification forms are required to be <u>submitted prior to each collection</u> due date. Once the IGT Certification form is received, DHCS will send a Wire Request Memo providing payment details and instructions. <b>Please do not send your IGT payment until you have received the Wire Request Memo as payment details are subject to change.</b>

<b>IGT Non-Federal Share (NFS) Breakdown By DHCS Delivery System</b>			
<b><u>Managed Care (MC)</u></b>			
	MC NFS #2	\$2,447,227.44	
	MC Admin Fee	\$0.00	
<b><u>Fee For Service (FFS)</u></b>			
	FFS NFS #2	\$320,682.85	
	FFS Admin Fee	\$0.00	
	<b>Total* IGT Transfer Amount:</b>	<b>\$2,767,910.29</b>	
<i>*Any differences are due to rounding.</i>			