



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

Entity Information:
Entity Name: City Of Orange
NPI: 1922004555

Due Date: **1/16/2026**

Program/Payee Information:
Vendor Name: California Department of Health Care Services
PP-GEMT Program Email: AB1705@dhcs.ca.gov

Payment Details:
Year: 2026 Contribution #: 1
Total Amount Due: \$345,091.52
Banking Information:
Bank Name: US Bank
<i>Please await Wire Request Memo for payment instructions</i>
Payment Methods Accepted:
ACH or Wire Transfer

Payment Instructions:
Attention: Please review, sign, and submit the Intergovernmental Transfer (IGT) Certification form by January 2, 2026 , to AB1705@dhcs.ca.gov. IGT Certification forms are required to be submitted prior to each collection due date. Once the IGT Certification form is received, DHCS will send a Wire Request Memo providing payment details and instructions. <i>Please do not send your IGT payment until you have received the Wire Request Memo as payment details are subject to change.</i>

IGT Non-Federal Share (NFS) Breakdown By DHCS Delivery System
Managed Care (MC) MC NFS #1 \$ 313,695.91
Fee For Service (FFS) FFS NFS #1 \$ 31,395.61
Total* IGT Transfer Amount: \$ 345,091.52

**Any differences are due to rounding.*

CY 2026 Invoicing Schedule

CY 2026 Invoice #1	Invoice Packets Sent	12/2/2025
	IGT Certifications Due	1/2/2026
	Payment Due	1/16/2026
CY 2026 Invoice #2	Invoice Packets Sent	3/3/2026
	IGT Certifications Due	4/3/2026
	Payment Due	4/17/2026
CY 2024 FFS Recon #1	Date of Service	Jan - Jun 2024
CY 2025 MC Recon #1	Date of Service	TBD
CY 2026 Invoice #3	Invoice Packets Sent	6/2/2026
	IGT Certifications Due	7/3/2026
	Payment Due	7/17/2026
CY 2026 Invoice #4	Invoice Packets Sent	9/1/2026
	IGT Certifications Due	10/2/2026
	Payment Due	10/16/2026
CY 2024 FFS Recon #2	Date of Service	Jul - Dec 2024
CY 2025 MC Recon #2	Date of Service	TBD