

Attachment B



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

Entity Information:
Entity Name: City Of Newport Beach
NPI: 1679579296

Due Date:	1/16/2026
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Payment Details:		
Year:	2026	Contribution #: 1
Total Amount Due:	\$126,858.98	

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

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	\$	113,403.72
Fee For Service (FFS)			
	FFS NFS #1	\$	13,455.26
	Total* IGT Transfer Amount:	\$	126,858.98

*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