

This instructional guide will inform users how to [Submit Monthly Census Online](#) and how to [Pay QAF Online via EFT](#).

Submitting Monthly Census Online

Monthly Census (Total Number of Resident Days) may be submitted online using our SNF Online Data Submission Form on the Quality Assurance Fee (QAF) webpage: dhcs.ca.gov/GCQAF

1. Select the [SNF Online Data Submission Form](#) link.

Report Required Data

Providers associated with the programs below must report data to DHCS in order to determine their QAF amount due. These providers should use the links below:

- Ground Emergency Medical Transport Program (GEMT)
 - [GEMT Online Data Submission Form](#)
 - [GEMT Data Submission Form Reference Guide](#)
- Skilled Nursing Facilities (SNF)
 - [SNF Online Data Submission Form](#)
 - [SNF Page for Data/Payment Submission Form](#)

2. Enter monthly census data using the dropdowns and fillable fields on the “Skilled Nursing Facility Data Submission” form:

2 Census Information



Reporting Month *

Reporting Year *

Total Number of Resident Days *

Resident days are the number of days in which a patient resides at the SNF. This includes, but is not limited to: bed hold days, Medi-Cal Fee-for-Service, Medi-Cal Managed Care, Medicare, Health Maintenance Organization, private pay, other insurance, charity, and hospice.

3. Upon submission, you will receive an email within one or two business days containing a pre-calculated invoice based on the information you submitted.
4. This pre-calculated invoice will also include a unique Invoice Number in the “Payment Instructions” section that must be referenced when making payment via Electronic Funds Transfer (<http://dhcs.ca.gov/epay>). This unique Invoice Number corresponds to your online census submission and ensure that your EFT payment is applied quickly and correctly.

Payment Instructions:

Please visit <http://dhcs.ca.gov/epay> and use invoice number [REDACTED] to pay via EFT, the preferred method of payment. To pay by mail, please submit payment and form to: Department of Health Care Services, Accounting Section/Cashiers Unit, Mail Stop 1101, 1501 Capitol Avenue, Suite 71.2048, P.O. Box 997415, Sacramento, CA 95899-7415.

Paying QAF Online via EFT

Electronic Funds Transfer (EFT) is the preferred method for payment submission due to quicker delivery and processing time.

You have the option to submit an EFT payment as an **Enrolled User** or a **One-Time Payment User**.

Review the Electronic Funds Transfer Payments webpage (dhcs.ca.gov/epay) for more information on the benefits of becoming an Enrolled User vs using the One-Time Payment method.

1. EFT Payment Instructions

- Go to the [DHCS EFT website](#)
 - Enrolled users: Enter your username and password in the Returning User section.
 - Unenrolled users: Click on the One-Time Pay Option.

The screenshot shows the DHCS EFT website interface. At the top, there are navigation tabs: 'FirstData.', 'TPLRD One-Time Pay option' (highlighted with a red box), 'Reference Links', 'Return to the California EFT System Menu', and 'FAQ'. Below the tabs, there is a 'Sign in' section with instructions for Enrolled Users and One-Time Payment users. The 'Returning User' section (highlighted with a red box) contains a 'Username:' field with the placeholder 'Enter your Username', a 'Password:' field with the placeholder 'Enter your Password', a 'Login' button, and links for 'Help?', 'Forgot Username?', and 'Forgot Password?'.

- In the “Account Info” tab, enter the Facility NPI or HCAI ID (formerly OSHPD)

The screenshot shows the 'Account Info' tab (highlighted with a red box) of the DHCS EFT website. Below the tabs, there is a 'DHCS Account:' section (highlighted with a red box) containing a field for 'Enter NPI or OSHPD' and a 'Help?' link. At the bottom, there are 'Cancel' and 'Continue' buttons.

- In the “Payment Info” tab, select “Quality Assurance Fee/ MCO Tax”

Account Info **Payment Info** Contact Info Payment Method Confirm Payment Payment Complete

Third Party Liability and Recovery

- 250% Working Disabled Program
- Personal Injury
- Estate Recovery
- Overpayments- Single Account
- Overpayments- Multiple Accounts
- Quality Assurance Fee/MCO Tax**
- Special Needs Trust
- Worker's Compensation

- Then enter the following:
 - Facility NPI or HCAI ID
 - Facility Name
 - Invoice Number
 - Enter the unique invoice number from the [pre-calculated invoice](#) that is sent within 1-2 business days after submission of the [SNF Online Data Submission Form](#).
 - Note: The invoice number is required to post payments to a specific QAF month and year. EFT payments without the unique invoice number will be posted as a general payment.
 - Payment Amount
 - Debit Date

Account Info **Payment Info** Contact info Payment Method Confirm Payment Payment Complete

DHCS Account : DSFSDSDFSD
Payment Type : Quality Assurance Fee/MCO Tax

NPI/DHCS Account Number	Business Name	Invoice Number Get Invoice Number	Payment Amount	Debit Date MM/DD/YYYY
<input type="text" value="Enter NPI or OSHPD"/>	<input type="text" value="Facility Name"/>	<input type="text" value="Enter Unique Invoice Number"/>	\$ <input type="text" value="0.00"/>	<input type="text" value="05/17/2021"/>

[+ Add Row](#)

- You will then enter your contacts and payment information, etc.
- For more information, please review the [EFT Provider Information Guide](#).