

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](https://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 the unique 4 digit CAPTCHA security code displayed on the webpage when prompted.



**DHCS**  
Department of  
Health Care Services

**You must enter the security code to continue**  
Note that this site requires javascript to be enabled in your browser

**Unique CAPTCHA  
Code Will Be Here**

Enter the security code above

Continue

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

## Skilled Nursing Facility Data Submission

Please use the online form below to submit your Monthly Census (Total Number of Resident Days).

Upon submission, you will receive an email within one or two business days containing a pre-calculated invoice based on the information you submitted. If you do not receive an invoice in the email after two business days, please email [QAF@dhcs.ca.gov](mailto:QAF@dhcs.ca.gov).

**WARNING:** Please have all information ready when filling out this form. You will have 20 minutes to complete the form before your session times out. This will allow approximately 40 minutes to complete the form. If your session timed out, please close your browser before logging back in.

### I. Census Submission:

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, Medicare, Health Maintenance Organization, private pay, other insurance, charity, and hospice.

Does the facility project to report over 100,000 Resident Days for the rate year?

Please note, if you select over 100,000 Resident Days but do not meet that threshold at the end of the rate year, you will be required to submit a separate report.

### II. Facility Information:

4. Upon submission, you will receive an email within one or two business days containing a pre-calculated invoice based on the information you submitted.
5. 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](https://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.

FirstData. TPLRD One-Time Pay option Reference Links - Return to the California EFT System Menu FAQ

Sign in

For Enrolled Users, please enter your account information to access our secure system.  
If you want to make one time payment, please select the "TPLRD One-Time Pay option" tab above.  
To sign up for an Enrolled User account, please select the "Reference Links" above and click on the EFT Enrollment Form

Returning User

Username:

Password:

[Help?](#)

[Forgot Username?](#) | [Forgot Password?](#)

- In the "Account Info" tab, enter the Facility NPI or OSHPD number

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

DHCS Account:

[Help?](#)

- 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 OSHPD
  - 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 : DSFSFSD

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

Cancel Continue

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