

March 30, 2026

*THIS LETTER SENT VIA EMAIL*

Ms. Courtney Miller, Director  
Division of Program Operations  
Medicaid and CHIP Operations Group  
Centers for Medicare & Medicaid Services  
601 East 12th Street, Room 355  
Kansas City, MO 64106

STATE PLAN AMENDMENT 26-0006: CONTINUE TIME-LIMITED SUPPLEMENTAL ADD-ON PAYMENTS FOR PRIVATE GROUND EMERGENCY MEDICAL TRANSPORT (GEMT) SERVICES

Dear Ms. Miller:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 26-0006 for your review and approval. This SPA proposes to provide supplemental payment add-ons to enhance Medi-Cal payments for qualifying private GEMT services originating from a 911 call center or equivalent public safety answering point. DHCS seeks an effective date of January 1, 2026, through December 31, 2026, for this SPA.

Subject to federal approval, these service codes are eligible for GEMT supplemental payment when billed for qualifying emergency services:

- A0427 - Advanced Life Support, Level 1
- A0429 - Basic Life Support

A Notice of Public Interest and Request for Public Input for SPA 26-0006 was published on December 30, 2025, and an addendum was published on March 27, 2026, on the DHCS website. The 30-day public comment due date was January 29, 2026, and no public comments were received. DHCS has determined that a Tribal notice is not necessary for this proposal.

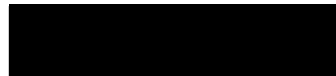
Ms. Miller  
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The following SPA documents are enclosed for your review and approval:

- CMS 179 – Transmittal and Notice of Approval of State Plan Material
- Supplement 29 to Attachment 4.19-B, pages 7-8 (new)
- CMS Standard Funding Questions
- Budget Impact Explanation
- Public Notice
- Public Notice Addendum

If you have any questions or need additional information, please contact Mr. Aditya Voleti, Chief of Provider Rates Division, at (916) 345-8717 or by email at [Aditya.Voleti@dhcs.ca.gov](mailto:Aditya.Voleti@dhcs.ca.gov).

Sincerely,



Tyler Sadwith  
State Medicaid Director  
Chief Deputy Director, Health Care Programs  
California Department of Health Care Services

Enclosures

cc: Saralyn M. Ang-Olson, JD, MPP  
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Aditya Voleti, Chief  
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**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER ____ _	2. STATE ____
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3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI
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TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
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5. FEDERAL STATUTE/REGULATION CITATION
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6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
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8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
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9. SUBJECT OF AMENDMENT
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10. GOVERNOR'S REVIEW (Check One)	
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Please note: The Governor's Office does not wish to review the State Plan Amendment.
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL 
12. TYPED NAME
13. TITLE
14. DATE SUBMITTED

15. RETURN TO
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<b>FOR CMS USE ONLY</b>	
16. DATE RECEIVED	17. DATE APPROVED

<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: CALIFORNIA

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**ONE YEAR SUPPLEMENTAL PAYMENT ADD-ON FOR  
PRIVATE GROUND EMERGENCY MEDICAL TRANSPORT (GEMT) SERVICES**

**Introduction**

The supplemental reimbursement program provides increased reimbursement to eligible private providers of ground emergency medical transport (GEMT) services by application of a Uniform Dollar Increase (UDI) reimbursement add-on to the Medi-Cal Fee-For-Service (FFS) fee schedule rates. The add-on will apply to the Healthcare Common Procedure Coding System (HCPCS) Codes described below, effective for services provided during the rate period of January 1, 2026, through December 31, 2026. The base fee schedule rates for GEMT services will remain unchanged through this amendment.

**Definitions**

“Ground emergency medical transport” or “GEMT” means the act of transporting an individual from any point of origin to the nearest medical facility capable of meeting the emergency medical needs of the patient by an ambulance licensed, operated, and equipped in accordance with applicable state or local statutes, ordinances, or regulations, excluding transportation by an air ambulance provider, that are billed with HCPCS Codes A0429 BLS Emergency, A0427 ALS Emergency, and A0433 ALS2, A0434 Specialty Care Transport, and A0225 Neonatal Emergency Transport. An “emergency medical transport” does not occur when, following evaluation of a patient, a transport is not provided.

“Eligible provider” means a provider who is eligible for reimbursement of Medi-Cal emergency medical transports, and who continually meets all of the following requirements during the entirety of the rate period: (a) provides emergency Medi-Cal transports to beneficiaries, (b) is enrolled as a Medi-Cal provider for the period being claimed, and (c) is defined as a private provider, as described below.

“Private provider” means a provider that is not owned or operated by the state, a city, county, city and county, fire protection district organized pursuant to Part 2.7 (commencing with Section 13800) of Division 12 of the Health and Safety Code, special district organized pursuant to Chapter 1 (commencing with Section 58000) of Division 1 of Title 6 of the Government Code, community services district organized pursuant to Part 1 (commencing with Section 61000) of Division 3 of Title 6 of the Government Code, health care district organized pursuant to Chapter 1 (commencing with Section 32000) of Division 23 of the Health and Safety Code, or a federally recognized Indian tribe.

TN No. 26-0006

Supersedes

TN No. NONE

Approval Date: \_\_\_\_\_

Effective Date: January 1, 2026

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: CALIFORNIA

**Methodology**

For services originating from a 911 call center or equivalent public safety answering point, effective for dates of service January 1, 2026, through December 31, 2026, the supplemental payment UDI add-on is fixed. The resulting payment amounts are equal to the sum of the FFS fee schedule base rate, the Quality Assurance Fee (QAF) and the supplemental payment add-on for each eligible ground emergency medical transport as listed by the HCPCS Code in the table below. The add-on is paid for each eligible HCPCS Code on a per-claim basis as a supplemental payment to the base rate.

HCPCS Code	Description	Current Fee Schedule Rate*	QAF Add-On Amount	Supplemental Payment Add-On Amount	Resulting Payment Amount
A0429	Basic Life Support, Emergency	\$118.20	\$220.80	\$165.08	\$504.08
A0427	Advanced Life Support, Level 1, Emergency	\$118.20	\$220.80	\$165.08	\$504.08
A0433	Advanced Life Support, Level 2	\$118.20	\$220.80	N/A	\$339.00
A0434	Specialty Care Transport	\$118.20	\$220.80	N/A	\$339.00
A0225	Neonatal Emergency Transport	\$179.92	\$220.80	N/A	\$400.72

\* These are the base rates associated with these codes but are subject to further adjustments pursuant to the State Plan.