



August 22, 2025

To: Tribal Chairpersons, Designees of Indian Health Programs, and Urban Indian Organizations

Subject: Notice of Proposed Change to the Medi-Cal Program

The purpose of this letter is to provide information regarding a proposed change to the Department of Health Care Services' (DHCS) Medi-Cal Program that will be submitted to the Centers for Medicare and Medicaid Services (CMS). DHCS is forwarding this information for your review and comment.

DHCS is required to seek advice from designees of Indian Health Programs and Urban Indian Organizations on Medi-Cal matters having a direct effect on Indians, Indian Health Programs or Urban Indian Organizations per the American Recovery and Reinvestment Act of 2009 (ARRA). DHCS must solicit the advice of designees prior to submission to CMS of any State Plan Amendment (SPA), waiver requests or modifications, or proposals for demonstration projects in the Medi-Cal program.

Please see the enclosed summary for a detailed description of this DHCS proposal.

QUESTIONS AND COMMENTS

Indian Health Programs and Urban Indian Organizations may also submit written comments or questions concerning this proposal within 30 days from the receipt of notice. Comments may be sent by email to AB1705PPGEMT@dhcs.ca.gov or by mail to the address below:

Contact Information

Department of Health Care Services
Fee-For-Service Rate Development Division 1501
Capitol Avenue
P.O. Box 997417, MS 4600
Sacramento, California 95899-7417

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and Urban Indian Organizations

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In addition to this notice, DHCS plans to cover this SPA in the next quarterly Medi-Cal Indian Health webinar. Please note that Indian Health Programs and Urban Indian Organizations may request a consultation on this proposal at any time as needed.

Sincerely,

Original signed by

Andrea Zubiate, Chief
Office of Tribal Affairs
Department of Healthcare Services

Enclosure



**Department of Health Care Services (DHCS)
Tribal and Designees of Indian Health Programs Notice**

PURPOSE

To seek federal approval to continue the Public Provider Ground Emergency Medical Transportation Intergovernmental Transfer (PP-GEMT IGT) program in Calendar Year (CY) 2026

BACKGROUND

DHCS established the PP-GEMT IGT program pursuant to Assembly Bill (AB) 1705 (Chapter 544, Statutes of 2019) effective January 1, 2023. This program provides increased reimbursement to eligible public providers of Ground Emergency Medical Transport (GEMT) services by application of an add-on to the Medi-Cal fee-for-service (FFS) fee schedule rates for eligible GEMT services. Providers are eligible to participate in the program if they meet all of the following criteria:

- 1) Provide GEMT services to Medi-Cal beneficiaries
- 2) Are enrolled as a Medi-Cal provider for the period being claimed, and
- 3) Are owned or operated by the state, a city, county, city and county, fire protection, special districts, community services districts, health care district, or a federally recognized Indian tribe.

Pursuant to SPA 22-0015, the Department was authorized to provide an add-on through the PP-GEMT IGT Program for dates of service January 1, 2023, through December 31, 2023. SPA 22-0015 established an add-on rate of \$946.92 for each qualifying transport for CY 2023 pursuant to the requirements of WIC sections 14105.945(d)(1) and (2). Pursuant to WIC section 14105.945(d)(3), for CY 2026, DHCS proposes to update the PP-GEMT IGT Program add-on by trending the value described in WIC section 14105.945(d)(2) to account for inflation using the California Consumer Price Index, trend adjustments, and other material changes. The add-on will apply to the Healthcare Common Procedure Coding System (HCPCS) Codes listed below, effective January 1, 2026, through December 31, 2026.

- A0429 - Basic Life Support
- A0427 - Advanced Life Support, Level 1
- A0433 - Advanced Life Support, Level 2
- A0434 - Specialty Care Transport
- A0225 - Neonatal Emergency Transport

The base Medi-Cal fee schedule rates for GEMT services will remain unchanged. Public providers are not eligible to participate in the GEMT Quality Assurance Fee (QAF) program for periods when the PP-GEMT IGT program is in effect.

SUMMARY OF PROPOSED CHANGES

- Continue the PP-GEMT IGT program for eligible public providers of GEMT services, whereby eligible public GEMT providers will receive increased reimbursement through

an add-on to the fee schedule rates for specified HCPCS Codes, from January 1, 2026, through December 31, 2026.

- Update the PP-GEMT IGT program add-on in CY 2026 to account for inflation using the California Consumer Price Index, trend adjustments, and other material changes.
- With the continuation of the PP-GEMT IGT program, public providers of GEMT continue to be ineligible to participate in the GEMT QAF program.

IMPACT TO TRIBAL HEALTH PROGRAMS (THPs)

Eligible tribally owned and operated GEMT providers may choose to participate in the PP-GEMT IGT program. Eligible providers who chose to participate will receive the PP-GEMT IGT add-on amount for eligible GEMT services for the program period, effective January 1, 2026, through December 31, 2026.

IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

DHCS does not anticipate an impact to FQHCs as a result of the PP-GEMT IGT program.

IMPACT TO AMERICAN INDIAN MEDI-CAL MEMBERS

DHCS does not anticipate an impact to Indian Medi-Cal beneficiaries who receive GEMT services.

RESPONSE DATE

Indian Health Programs and Urban Indian Organizations may also submit written comments or questions concerning this proposal within 30 days from the receipt of notice. Comments may be sent by email to AB1705PPGEMT@dhcs.ca.gov or by mail to the address below:

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