

Date – March 25, 2025

*THIS LETTER SENT VIA EMAIL*

Mr. James G. Scott, Director  
Division of Program Operations  
Medicaid and CHIP Operations Group  
Centers for Medicare & Medicaid Services  
601 East 12th Street, Suite 0300  
Kansas City, MO 64106-2898

STATE PLAN AMENDMENT 25-0002: PUBLIC PROVIDER GROUND EMERGENCY  
MEDICAL TRANSPORT INTERGOVERNMENTAL TRANSFER PROGRAM

Dear Mr. Scott:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 25-0002 for your review and approval. This SPA proposes to continue the Public Provider Ground Emergency Medical Transport Intergovernmental Transfer (PP-GEMT IGT) Program in calendar year (CY) 2025 to continue providing an add-on increase for eligible Ground Emergency Medical Transport (GEMT) services for dates of service January 1, 2025, to December 31, 2025.

SPA 22-0015 established the PP-GEMT IGT program to provide an add-on increase for eligible GEMT services when provided by qualified public providers in accordance with Assembly Bill (AB) 1705 (Chapter 544, Statutes of 2019).

Eligible public providers of GEMT services will be qualified to receive an add-on increase to the Medi-Cal Fee-For-Service fee schedule base rates for each eligible transport provided to Medi-Cal beneficiaries. The following service codes are eligible for the add-on increase:

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



Mr. Scott  
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A Notice of Public Interest for SPA 25-0002 was published on December 10, 2024, on the DHCS webpage. The Tribal Notice for this SPA was sent on February 7, 2025, and a Tribal Webinar was held on February 26, 2025.

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 3-4
- CMS Standard Funding Questions
- Budget Impact Explanations

Additionally, the Public Notice and Tribal Notice are enclosed for reference.

If you have any questions or need additional information, please contact Aditya Voleti, Chief, Fee-For-Service Rates Development 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: Lindy Harrington  
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**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX

XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_

b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Please note: The Governor's Office does not wish to review  
the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL

15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED  
March 25, 2025

**FOR CMS USE ONLY**

16. DATE RECEIVED

17. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

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

**ONE-YEAR PUBLIC PROVIDER GROUND EMERGENCY MEDICAL TRANSPORT  
INTERGOVERNMENTAL TRANSFER PROGRAM**

**Introduction**

The Public Provider Ground Emergency Medical Transport Intergovernmental Transfer (PP-GEMT IGT) 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. 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, 2025 through December 31, 2025. The base fee schedule rates for GEMT services will remain unchanged through this amendment.

**Definitions**

“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 Basic Life Support Emergency; A0427 Advanced Life Support, Level 1, Emergency; A0433 Advanced Life Support, Level 2; 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 public provider, as described below.

“Public provider” means a provider that is 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. 25-0002

Supersedes

TN No. 24-0002

Approval Date: \_\_\_\_\_ Effective Date: January 1, 2025

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

Effective January 1, 2023, public providers of GEMT services are not eligible to participate in the GEMT QAF program and will not receive the reimbursement rate add-on described on pages 1-2 of this Supplement.

### Methodology

For services provided during the rate period of January 1, 2025 through December 31, 2025, the reimbursement rate add-on is a fixed amount. The resulting payment amounts are equal to the sum of the FFS fee schedule base rate and the add-on amount for each eligible ground emergency medical transport as listed by HCPCS Code in the table below. The reimbursement rate add-on will be paid for each eligible ground emergency medical transport on a per-claim basis. The resulting payment amount will not exceed 100 percent of the actual cost of providing a transport.

HCPCS Code	Description	Current Fee Schedule Rate*	Add On Amount	Resulting Payment Amount
A0429	Basic Life Support, Emergency	\$118.20	\$1,478.68	\$1,596.88
A0427	Advanced Life Support, Level 1, Emergency	\$118.20	\$1,478.68	\$1,596.88
A0433	Advanced Life Support, Level 2	\$118.20	\$1,478.68	\$1,596.88
A0434	Specialty Care Transport	\$118.20	\$1,478.68	\$1,596.88
A0225	Neonatal Emergency Transport	\$179.92	\$1,478.68	\$1,658.60

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