

August 18, 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 26-0021: REIMBURSEMENT RATE ADD-ON FOR GROUND
EMERGENCY MEDICAL TRANSPORT (GEMT) SERVICES UNDER THE GEMT QUALITY
ASSURANCE FEE (QAF) PROGRAM

Dear Ms. Miller:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 26-0021 for your review and approval. This SPA proposes to renew the add-on to the fee-for-service (FFS) fee schedule rates for eligible GEMT services provided to Medi-Cal patients, effective for dates of service from July 1, 2026, through June 30, 2027. The GEMT QAF Program was established pursuant to California's Welfare and Institutions Code (WIC) section 14129.2.

Eligible GEMT providers will continue to receive a fixed add-on of \$220.80 to their FFS fee schedule base rates for each eligible emergency medical transport provided to Medi-Cal beneficiaries.

Relatedly, DHCS submitted SPA 25-0030 to the Centers for Medicare and Medicaid Services (CMS) proposing to continue the Public Provider Ground Emergency Medical Transportation (PP-GEMT) Intergovernmental Transfer (IGT) Program, effective for dates of service from January 1, 2026, through December 31, 2026. Pursuant to Assembly Bill (AB) 1705 (Chapter 544, Statutes of 2019), public providers eligible for the PP-GEMT IGT program are not eligible to participate in the GEMT QAF program. Public providers are no longer assessed the QAF prospectively and are not eligible to receive the add-on through the GEMT QAF program.

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Private GEMT QAF providers will not transition to the PP-GEMT IGT program and will continue to receive the fixed add-on of \$220.80 for dates of service from July 1, 2026, through June 30, 2027.

The following service codes are eligible for the GEMT QAF add-on when billed for an eligible emergency service:

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

A Notice of Public Interest regarding SPA 26-0021 for the GEMT QAF program was published on June 30, 2026, on the DHCS webpage. At the time of SPA submission, no comments were received. DHCS has determined that a Tribal notice is not necessary for this proposal.

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 1-2
- CMS Standard Funding Questions
- Budget Impact Explanation
- Public Notice

If you have any questions or need additional information, please contact Aditya Voleti, Chief of Provider Rates Division, at (916) 345-8717 or by email at

Aditya.Voleti@dhcs.ca.gov.

Sincerely,



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

Enclosures and cc: See Next Page

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

1. TRANSMITTAL NUMBER

2 6 — 0 0 2 1

2. STATE

CA3. 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

July 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION

Title 42 C.F.R. 440.170 and 1905 (a)(32) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ 2,780,000b. FFY 2027 \$ 10,830,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 29 to Attachment 4.19-B, pages 1, 1a, 2

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

Supplement 29 to Attachment 4.19-B, pages 1, 1a, 2

9. SUBJECT OF AMENDMENT

Reimbursement rate add-on for Ground Emergency Medical Transport (GEMT) under GEMT Quality Assurance Fee (QAF)
program effective for dates of service from July 1, 2026, through June 30, 2027.

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

12. TYPED NAME

Tyler Sadwith

13. TITLE

State Medicaid Director and Chief Deputy Director

14. DATE SUBMITTED

August 18, 2026

15. RETURN TO

Department of Health Care Services

Attn: Director's Office

P.O. Box 997413, MS 0000

Sacramento, CA 95899-7413

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 REIMBURSEMENT RATE ADD-ON FOR
GROUND EMERGENCY MEDICAL TRANSPORT (GEMT) SERVICES UNDER
THE GEMT QUALITY ASSURANCE FEE PROGRAM**

Introduction

This Ground Emergency Medical Transportation Quality Assurance Fee (GEMT QAF) program provides increased reimbursement to eligible GEMT providers by application of an add-on to the Medi-Cal fee-for-service (FFS) fee schedule base rates for emergency medical transportation services. The reimbursement rate add-on will apply to the emergency medical transport Healthcare Common Procedure Coding System (HCPCS) Codes, as described below, effective for transports provided from July 1, 2026, through June 30, 2027. The base rates for emergency medical transportation services will remain unchanged through this amendment.

“Emergency medical transport” 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.

Public providers of “emergency medical transport” or GEMT services will not be eligible to receive the add-on described here pursuant to the GEMT QAF program during periods when the Public Provider Ground Emergency Medical Transportation Intergovernmental Transfer (PP-GEMT IGT) program is implemented, as described on page 3 of this Supplement.

“Public providers” has the same meaning as “Eligible provider” as defined in Welfare and Institutions Code section 14105.945(a)(1)(A)-(C): A provider that (1) provides emergency medical transports to Medi-Cal beneficiaries, (2) is enrolled as a Medi-Cal provider for the period being claimed, and (3) 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 (as it read on July 1, 2026), special district organized pursuant to Chapter 1 (commencing with Section 58000) of Division 1 of Title 6 of the Government Code (as it read on July 1,

TN No. 26-0021

Supersedes

TN No. 25-0003-A

Approval Date: _____

Effective Date: July 1, 2026

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

2026), community services district organized pursuant to Part 1 (commencing with Section 61000) of Division 3 of Title 6 of the Government Code (as it read on July 1, 2026), health care district organized pursuant to Chapter 1 (commencing with Section 32000) of Division 23 of the Health and Safety Code (as it read on July 1, 2026), or a federally recognized Indian tribe.

TN No. 26-0021

Supersedes

TN No. 25-0003-A

Approval Date: _____

Effective Date: July 1, 2026

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

Methodology

For SFY 2026-27, the reimbursement rate add-on is fixed. The resulting payment amounts are equal to the sum of the FFS fee schedule base rate for the SFY 2026-27 and the add-on amount for the HCPCS Code. The resulting total payment amount for HCPCS Codes A0429, A0427, A0433, and A0434 is \$339.00, and for HCPCS Code A0225 is \$400.72. The add-on is paid for each eligible HCPCS Code on a per-claim basis.

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

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