

| American Indian Health Program Rates | CY 2024 Rates |
|---|--|
| Dual Rate (Medi-Cal beneficiaries with full Medicare coverage or Medicare Part B only) ¹ | \$560.95 (CY 2023 \$503.50) (CY 2022 \$495.87) |
| Non-Dual Rate (Medi-Cal beneficiaries that do not have Medicare Coverage or has Medicare Part A only) | \$719 (CY 2023 \$654) (CY 2022 \$640) |

¹ To illustrate using the amounts applicable in 2024: The “Outpatient per Visit Rate (Excluding Medicare)” is \$719. The 42 USC 1395w-4 Medicare Prospective Payment System (PPS) rate calculated using the Geographic Adjustment Factor (GAF) for Locality #75 (Rest of California) is equal to \$197.56, which is the product of the FQHC PPS base payment rate of \$195.99 multiplied by the GAF of 1.008. The 80 percent multiplier reduces this PPS rate to \$158.05 (the 20 percent reduction accounts for any coinsurance requirements that would be covered by Medi-Cal for dual eligible beneficiaries). Thus the required payment is \$560.95. The [2024 FQHC PPS base payment rate](#) and [2024 GAF](#) were verified on December 22, 2023.