

APL 21-008

Attachment #1: Rates for Tribal Federally Qualified Health Centers (Tribal FQHC)

Updated: 2/3/2026

Tribal FQHC Alternative Payment Methodology (APM) Rates ¹	CY 2026 Rates
Dual Rate (Medi-Cal members with full Medicare coverage or Medicare Part B only) ²	(CY 2025) \$638.07 ³ (CY 2024 \$560.95) (CY 2023 \$503.50)
Non-Dual Rate (Medi-Cal members that do not have Medicare Coverage or have Medicare Part A only)	\$826 (CY 2025 \$801) (CY 2024 \$719)

¹ The APM was established by reference to payments to one or more other non-Tribal FQHCs with similar caseloads in each county.

² To illustrate using the amounts applicable in 2025: The "Outpatient per Visit Rate (Excluding Medicare)" is \$801. 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 \$203.66, which is the product of the FQHC PPS base payment rate of \$202.65 multiplied by the GAF of 1.005. The 80 percent multiplier reduces this PPS rate to \$162.93 (the 20 percent reduction accounts for any coinsurance requirements that would be covered by Medi-Cal for dual eligible members). Thus, the required payment is \$638.07. The [2025 FQHC PPS base payment rate](#) and [2025 GAF](#) were verified on December 26, 2024.

³ At the time of this document's preparation, the Federally Qualified Health Center (FQHC) PPS GAF for 2026, which is utilized in calculating the Medi-Cal/Medicare crossover rate, has not yet been finalized. Because the GAF is one of the key components in determining the crossover rate, the Department of Health Care Services (DHCS) is unable to update the rate until these factors are officially established. Consequently, DHCS will continue applying the 2025 dual-rate methodology until the updated GAF values are published and implemented. Any underpayments/overpayments that result from this methodology will be liquidated during the DHCS reconciliation process.