

APL 17-020

Attachment #2: Rates for American Indian Health Programs

Updated: 12/30/2024

American Indian Health Program Rates	CY 2025 Rates
Dual Rate (Medi-Cal members with full Medicare coverage or Medicare Part B only) ¹	\$638.07 (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)	\$801 (CY 2024 \$719) (CY 2023 \$654)

¹ 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.