

TARGETED RATE INCREASE (TRI) FREQUENTLY ASKED QUESTIONS

1. What is the Targeted Rate Increase (TRI)?

TRI is an initiative by the Department of Health Care Services (DHCS) to raise the reimbursement rates for Medi-Cal eligible providers offering primary care, obstetric, and non-specialty mental health services effective for dates of service on or after January 1, 2024 per [APL 24-007](#).

2. What makes a provider eligible for Targeted Rate Increase?

These rate increases apply to eligible Network Providers in the Fee-For-Service (FFS) delivery system, as well as eligible Network Providers contracted with Medi-Cal Managed Care Plans.

3. What are the new rates?

DHCS is increasing Medi-Cal rates for targeted services to at least 87.5% of the Medicare rate. DHCS will determine an equivalent rate increase for Medi-Cal services without a corresponding Medicare rate.

4. When will TRI take effect?

TRI increases are effective for eligible Network Providers and dates of service on or after January 1, 2024.

5. How are providers considered eligible for Targeted Rate Increase reimbursement?

Procedure codes identified as Primary/General Care are proposed to be reimbursed at the increased rate if the service is billed using Health Insurance Claim Form (CMS-1500) and provided by an otherwise eligible Network Provider in the below provider type categories:

Physicians	Doula Providers
Physician Assistants	Psychologists
Nurse Practitioners	Licensed Professional Clinical Counselors
Podiatrists	Licensed Clinical Social Workers
Certified Nurse Midwives	Marriage and Family Therapists
Licensed Midwives	

6. Are Federally Qualified Health Clinics (FQHC's) and Rural Health Clinics (RHC's) eligible to receive Targeted Rate Increase?

FQHCs and RHCs do not qualify for reimbursement under the TRI Fee Schedule in the FFS delivery system and thus are not qualifying services for the purposes of this directed payment arrangement.

7. What are the applicable CPT codes and where can I find a detailed list?

<https://www.dhcs.ca.gov/Documents/Medi-Cal-TRI-Fee-Schedule-CY-1062024.xlsx>

Please note, the TRI rate schedule does include a note tab with additional detail regarding the payments.

8. When will FFS claims for eligible Network Providers processed by Kaiser Permanente be paid at TRI rates?

Kaiser Permanente has already started making retroactive claim adjustments going back to dates of service beginning January 1, 2024 for eligible Network Provider claims.

9. Do eligible Network Providers need to re-submit claims or file a dispute for previously submitted claims?

No, eligible claims with dates of service on or after January 1, 2024 are already included in the reconciliation process and any new eligible claims submitted will be processed accordingly.

10. What should providers do to ensure they receive the new Targeted Rate Increase?

Eligible Network Providers should ensure they are using the correct procedure codes and that they bill using the appropriate claim form.

11. Where can I find out more information about Targeted Rate Increase?

Please refer to the DHCS Medi-Cal TRI and Investments webpage at [Medi-Cal-Targeted-Provider-Rate-Increases](#)

12. Where can I find more information about the claims process at Kaiser Permanente?

Claims information can be found here for Northern California providers:

<https://healthy.kaiserpermanente.org/northern-california/community-providers/claims>

and for Southern California providers: <https://healthy.kaiserpermanente.org/southern-california/community-providers/claims>