

**ATTACHMENT 11**

**Table 1-2 Certified Capitation Rates Effective October 1, 2023 – September 30, 2024 - Version 6 (2/20/2024)**

Rate Cell	North	Metro-North	East	Northeast	Southeast	San Juan	SouthWest	West
Medicaid Child 0-18	\$171.78	\$168.21	\$176.42	\$152.02	\$156.49	\$156.85	\$136.59	\$134.34
Medicaid Adult 19+	\$307.42	\$307.17	\$322.63	\$298.67	\$290.35	\$312.14	\$293.90	\$273.49
Aged Blind Disabled Non-Dual	\$692.42	\$800.52	\$858.30	\$645.46	\$763.65	\$698.23	\$758.47	\$639.90
CHIP	\$187.26	\$158.35	\$176.56	\$158.15	\$166.67	\$160.16	\$146.95	\$148.89
Commonwealth Child 0-18	\$183.15	\$179.34	\$188.09	\$162.08	\$166.84	\$167.23	\$145.63	\$143.23
Commonwealth Adult 19+	\$303.83	\$303.71	\$281.22	\$371.71	\$258.82	\$384.22	\$329.26	\$284.96
Dual Eligible Part A Only	\$483.09	\$586.87	\$531.43	\$567.11	\$568.72	\$548.95	\$531.10	\$443.17
Dual Eligible Part A and B	\$389.34	\$376.10	\$459.36	\$382.90	\$348.65	\$434.24	\$343.70	\$331.89
Foster Care/Domestic Abuse	\$369.32	\$369.32	\$369.32	\$369.32	\$369.32	\$369.32	\$369.32	\$369.32
Maternity Kick Payment	\$7,798.17	\$7,798.17	\$7,798.17	\$7,798.17	\$7,798.17	\$7,798.17	\$7,798.17	\$7,798.17
Incarcerated Kick Payment	\$7,226.19	\$7,226.19	\$7,226.19	\$7,226.19	\$7,226.19	\$7,226.19	\$7,226.19	\$7,226.19

ADMINISTRACION DE  
SEGUROS DE SALUD

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Contrato Número