

Table 1-2 Certified Capitation Rates Effective October 1, 2023 – September 30, 2024 (7/3/2024)

Rate Cell	North	Metro-North	East	Northeast	Southwest	West
Medicaid Child 0-18	\$ 184.35	\$ 176.55	\$ 185.40	\$ 158.46	\$ 163.83	\$ 143.70
Medicaid Adult 19+	\$ 324.42	\$ 322.78	\$ 339.62	\$ 312.77	\$ 305.63	\$ 309.10
Aged Blind Disabled Non-Dual	\$ 736.23	\$ 841.38	\$ 905.07	\$ 678.84	\$ 801.96	\$ 799.28
CHIP	\$ 198.77	\$ 166.45	\$ 184.60	\$ 164.51	\$ 174.29	\$ 154.20
Commonwealth Child 0-18	\$ 196.96	\$ 188.62	\$ 198.08	\$ 169.30	\$ 175.03	\$ 153.52
Commonwealth Adult 19+	\$ 324.08	\$ 322.99	\$ 301.34	\$ 390.82	\$ 275.29	\$ 347.84
Dual Eligible Part A Only	\$ 510.95	\$ 614.55	\$ 560.42	\$ 595.73	\$ 594.84	\$ 558.45
Dual Eligible Part A and B	\$ 412.81	\$ 395.47	\$ 478.14	\$ 396.65	\$ 361.96	\$ 355.69
Foster Care/Domestic Abuse	\$ 397.54	\$ 397.54	\$ 397.54	\$ 397.54	\$ 397.54	\$ 397.54
Maternity Kick Payment	\$ 8,296.04	\$ 8,296.04	\$ 8,296.04	\$ 8,296.04	\$ 8,296.04	\$ 8,296.04
Incarcerated Kick Payment	\$ 7,639.96	\$ 7,639.96	\$ 7,639.96	\$ 7,639.96	\$ 7,639.96	\$ 7,639.96




ADMINISTRACION DE
SEGUROS DE SALUD,

23 - 00046H

Contrato Número