ASES Development Certified PMPM Premium Rates

October 1, 2023 to December 31, 2024

Vital Managed Care Capitation Rates

Base Premiums Payments

V7.5 Updated on 01/03/2024

Status: FOMB Approved

Amendment with PMPM Extension

Eff Date	End Date	Rate cell id	MIP Rate Cell	Rate Cell Description	North	Metro-North	East	Northeast	Southeast	San Juan	SouthWest	West
20231001	20250228	77	V01	Medicaid Child 0-18	$ 184.35	$ 176.55	$185.40	$ 158.46	$ 163.83	$ 163.88	$ 143.70	$140.61
20231001	20250228	78	V02	Medicaid Adult 19+	$ 324.42	$ 322.78	$339.62	$ 312.77	$ 305.63	$ 328.99	$ 309.10	$286.35
20231001	20250228	81	V03	Medicaid Aged Blind Disabled Non-Dual	$ 736.23	$ 841.38	$905.07	$ 678.84	$ 801.96	$ 741.12	$ 799.28	$677.27
20231001	20250228	83	V16	CW Medicaid Aged Blind Disabled Non-Dual	$ 736.23	$ 841.38	$905.07	$ 678.84	$ 801.96	$ 741.12	$ 799.28	$677.27
20231001	20250228	76	V04	CHIP	$ 198.77	$ 166.45	$184.60	$ 164.51	$ 174.29	$ 166.85	$ 154.20	$154.82
20231001	20250228	79	V05	Commonwealth Child 0-18	$ 196.96	$ 188.62	$198.08	$ 169.30	$ 175.03	$ 175.09	$ 153.52	$150.22
20231001	20250228	80	V06	Commonwealth Adult 19+	$ 324.08	$ 322.99	$301.34	$ 390.82	$ 275.29	$ 407.06	$ 347.84	$301.18
20231001	20250228	21	V11	Dual Eligible Part A Only	$ 510.95	$ 614.55	$560.42	$ 595.73	$ 594.84	$ 579.43	$ 558.45	$467.08
20231001	20250228	22	V12	Dual Eligible Part A and B	$ 412.81	$ 395.47	$478.14	$ 396.65	$ 361.96	$ 454.26	$ 355.69	$353.42
20231001	20250228	23	V13	Foster Care/Domestic Abuse	$ 397.54	Not by region						
20231001	20250228	39	V07	Medicaid Maternity Kick Payment	$ 8,296.04	Not by region						
20231001	20250228	42	V09	CW Maternity Kick Payment	$ 8,296.04	Not by region						
20231001	20250228	41	V08	CHIP Maternity Kick Payment	$ 8,296.04	Not by region						
20231001	20250228	90	V10	Correctional Facility Hospital Case Rate	$ 7,639.96	Not by region						
20231001	20250228	92	V17	Administration of Youth Institutions (AIJ)	$ 7,639.96	Not by region						
20231001	20250228	93	V18	Forensic Psychiatry	$ 7,639.96	Not by region						