

AGENCY FOR HEALTH CARE ADMINISTRATION

Statewide Medicaid Managed Care (SMMC) Statewide Medicaid Prepaid Dental Health Program (Dental Program) Net of PDENT / TDENT Withhold Amount Monthly Base Rates

Effective Date: October 1, 2021 to September 30, 2022

Rate Group / Rate Cell ¹	Region										
	1	2	3	4	5	6	7	8	9	10	11
Medicaid Only/Dual Eligible 0-20	\$12.26	\$11.59	\$9.22	\$10.10	\$10.95	\$11.33	\$9.68	\$9.19	\$12.98	\$12.61	\$11.59
Medicaid Only 21+	\$5.44	\$4.29	\$3.71	\$4.53	\$4.42	\$4.40	\$3.81	\$3.41	\$3.50	\$3.08	\$3.60
Dual Eligible 21+	\$2.95	\$3.46	\$2.66	\$3.26	\$2.87	\$3.49	\$2.75	\$2.96	\$2.96	\$2.53	\$3.19
Medically Needy 0-20	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23
Medically Needy 21+	\$3.40	\$3.40	\$3.40	\$3.40	\$3.40	\$3.40	\$3.40	\$3.40	\$3.40	\$3.40	\$3.40

1. Medically Needy 0-20 and Medically Needy 21+ Agency capitation rates are set on a statewide basis.

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Rate Group / Rate Cell ¹	Region										
	1	2	3	4	5	6	7	8	9	10	11
Medicaid Only/Dual Eligible 0-20	\$14.44	\$12.81	\$10.39	\$11.54	\$12.08	\$12.58	\$10.99	\$10.01	\$14.21	\$13.70	\$12.63
Medicaid Only 21+	\$5.44	\$4.29	\$3.71	\$4.53	\$4.42	\$4.40	\$3.81	\$3.41	\$3.50	\$3.08	\$3.60
Dual Eligible 21+	\$2.95	\$3.46	\$2.66	\$3.26	\$2.87	\$3.49	\$2.75	\$2.96	\$2.96	\$2.53	\$3.19
Medically Needy 0-20	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23	\$6.23
Medically Needy 21+	\$3.40	\$3.40	\$3.40	\$3.40	\$3.40	\$3.40	\$3.40	\$3.40	\$3.40	\$3.40	\$3.40

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