

AGENCY FOR HEALTH CARE ADMINISTRATION

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

Effective Date: October 1, 2023 to September 30, 2024

Rate Group / Rate Cell ¹	Region										
	1	2	3	4	5	6	7	8	9	10	11
Medicaid Only/Dual Eligible 0-20	\$10.13	\$12.48	\$8.96	\$8.78	\$10.82	\$10.34	\$8.71	\$9.60	\$12.10	\$11.69	\$11.26
Medicaid Only 21+	\$4.41	\$5.30	\$3.56	\$3.60	\$3.89	\$3.58	\$3.24	\$2.42	\$2.60	\$2.43	\$2.83
Dual Eligible 21+	\$3.33	\$4.56	\$2.90	\$2.97	\$2.91	\$2.80	\$2.72	\$2.49	\$2.93	\$2.96	\$2.63
Medically Needy 0-20	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01
Medically Needy 21+	\$2.58	\$2.58	\$2.58	\$2.58	\$2.58	\$2.58	\$2.58	\$2.58	\$2.58	\$2.58	\$2.58

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