

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, 2019 to September 30, 2020
NOT FOR USE UNLESS APPROVED BY CMS**

Rate Group / Rate Cell ¹	Region										
	1	2	3	4	5	6	7	8	9	10	11
Medicaid Only/Dual Eligible 0-20	\$12.37	\$10.92	\$9.69	\$11.41	\$12.74	\$12.71	\$9.91	\$9.50	\$13.21	\$11.73	\$11.68
Medicaid Only 21+	\$8.37	\$6.40	\$5.40	\$6.00	\$7.88	\$7.11	\$4.30	\$6.52	\$5.29	\$3.85	\$4.56
Dual Eligible 21+	\$6.83	\$5.21	\$5.03	\$4.86	\$4.93	\$4.80	\$3.24	\$5.34	\$4.16	\$2.85	\$2.74
Medically Needy 0-20	\$3.41	\$3.41	\$3.41	\$3.41	\$3.41	\$3.41	\$3.41	\$3.41	\$3.41	\$3.41	\$3.41
Medically Needy 21+	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01

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

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	1	2	3	4	5	6	7	8	9	10	11
Medicaid Only/Dual Eligible 0-20	\$13.46	\$11.88	\$10.54	\$12.41	\$13.86	\$13.83	\$10.78	\$10.33	\$14.37	\$12.76	\$12.71
Medicaid Only 21+	\$8.37	\$6.40	\$5.40	\$6.00	\$7.88	\$7.11	\$4.30	\$6.52	\$5.29	\$3.85	\$4.56
Dual Eligible 21+	\$6.83	\$5.21	\$5.03	\$4.86	\$4.93	\$4.80	\$3.24	\$5.34	\$4.16	\$2.85	\$2.74
Medically Needy 0-20	\$3.41	\$3.41	\$3.41	\$3.41	\$3.41	\$3.41	\$3.41	\$3.41	\$3.41	\$3.41	\$3.41
Medically Needy 21+	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01	\$5.01

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