

# 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, 2020 to September 30, 2021**

Rate Group / Rate Cell <sup>1</sup>	Region										
	1	2	3	4	5	6	7	8	9	10	11
Medicaid Only/Dual Eligible 0-20	\$12.72	\$12.06	\$9.58	\$10.49	\$11.38	\$11.78	\$10.06	\$9.57	\$13.50	\$13.13	\$12.07
Medicaid Only 21+	\$5.80	\$4.52	\$3.90	\$4.79	\$4.67	\$4.64	\$4.00	\$3.58	\$3.67	\$3.21	\$3.77
Dual Eligible 21+	\$3.01	\$3.64	\$2.75	\$3.41	\$2.98	\$3.66	\$2.84	\$3.08	\$3.08	\$2.61	\$3.32
Medically Needy 0-20	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46
Medically Needy 21+	\$3.56	\$3.56	\$3.56	\$3.56	\$3.56	\$3.56	\$3.56	\$3.56	\$3.56	\$3.56	\$3.56

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 <sup>1</sup>	Region										
	1	2	3	4	5	6	7	8	9	10	11
Medicaid Only/Dual Eligible 0-20	\$15.46	\$14.35	\$11.39	\$12.47	\$13.59	\$14.09	\$11.95	\$11.11	\$16.11	\$15.43	\$14.15
Medicaid Only 21+	\$5.80	\$4.52	\$3.90	\$4.79	\$4.67	\$4.64	\$4.00	\$3.58	\$3.67	\$3.21	\$3.77
Dual Eligible 21+	\$3.01	\$3.64	\$2.75	\$3.41	\$2.98	\$3.66	\$2.84	\$3.08	\$3.08	\$2.61	\$3.32
Medically Needy 0-20	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46	\$6.46
Medically Needy 21+	\$3.56	\$3.56	\$3.56	\$3.56	\$3.56	\$3.56	\$3.56	\$3.56	\$3.56	\$3.56	\$3.56

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