

# 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, 2022 to September 30, 2023**

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	\$11.19	\$11.36	\$8.91	\$8.91	\$10.36	\$10.54	\$8.89	\$8.86	\$11.58	\$11.37	\$10.62
Medicaid Only 21+	\$4.97	\$4.61	\$3.71	\$3.92	\$4.50	\$4.22	\$3.58	\$2.98	\$3.02	\$2.68	\$3.06
Dual Eligible 21+	\$3.08	\$4.22	\$3.13	\$3.03	\$2.85	\$3.29	\$2.74	\$2.72	\$3.13	\$2.42	\$2.86
Medically Needy 0-20	\$5.42	\$5.42	\$5.42	\$5.42	\$5.42	\$5.42	\$5.42	\$5.42	\$5.42	\$5.42	\$5.42
Medically Needy 21+	\$3.02	\$3.02	\$3.02	\$3.02	\$3.02	\$3.02	\$3.02	\$3.02	\$3.02	\$3.02	\$3.02

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

# AGENCY FOR HEALTH CARE ADMINISTRATION

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

**Effective Date: October 1, 2022 to September 30, 2023**

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	\$15.48	\$14.67	\$11.56	\$12.27	\$13.21	\$13.34	\$11.78	\$11.20	\$14.55	\$14.74	\$13.30
Medicaid Only 21+	\$4.97	\$4.61	\$3.71	\$3.92	\$4.50	\$4.22	\$3.58	\$2.98	\$3.02	\$2.68	\$3.06
Dual Eligible 21+	\$3.08	\$4.22	\$3.13	\$3.03	\$2.85	\$3.29	\$2.74	\$2.72	\$3.13	\$2.42	\$2.86
Medically Needy 0-20	\$5.42	\$5.42	\$5.42	\$5.42	\$5.42	\$5.42	\$5.42	\$5.42	\$5.42	\$5.42	\$5.42
Medically Needy 21+	\$3.02	\$3.02	\$3.02	\$3.02	\$3.02	\$3.02	\$3.02	\$3.02	\$3.02	\$3.02	\$3.02

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