

AGENCY FOR HEALTH CARE ADMINISTRATION

**Statewide Medicaid Managed Care (SMMC)
Statewide Medicaid Prepaid Dental Health Program (Dental Program)
Monthly Base Rates
Effective Date: February 1, 2025 to September 30, 2025**

Rate Group / Rate Cell ¹	Region								
	A	B	C	D	E	F	G	H	I
Medicaid Only/Dual Eligible 0-20	\$21.36	\$13.16	\$16.24	\$15.42	\$13.61	\$13.70	\$16.23	\$16.17	\$15.58
Medicaid Only 21+	\$7.24	\$4.18	\$4.69	\$4.30	\$3.71	\$2.90	\$3.08	\$2.92	\$3.75
Dual Eligible 21+	\$4.70	\$2.94	\$3.46	\$2.91	\$3.09	\$2.16	\$3.66	\$3.56	\$2.83
Medically Needy 0-20	\$11.30	\$11.30	\$11.30	\$11.30	\$11.30	\$11.30	\$11.30	\$11.30	\$11.30
Medically Needy 21+	\$3.81	\$3.81	\$3.81	\$3.81	\$3.81	\$3.81	\$3.81	\$3.81	\$3.81

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