

AGENCY FOR HEALTH CARE ADMINISTRATION

Statewide Medicaid Managed Care (SMMC) Statewide Medicaid Prepaid Dental Health Program (Dental Program)

Monthly Base Rates

Effective Date: SMMC Implementation to September 2019¹
NOT FOR USE UNLESS APPROVED BY CMS

Rate Group / Rate Cell ²	Region										
	1	2	3	4	5	6	7	8	9	10	11
Medicaid Only/Dual Eligible 0-20	\$8.82	\$10.86	\$9.43	\$10.69	\$11.96	\$11.67	\$9.84	\$10.88	\$13.16	\$10.56	\$10.76
Medicaid Only 21+	\$8.25	\$5.28	\$4.60	\$5.52	\$7.22	\$5.40	\$4.01	\$4.99	\$4.38	\$3.68	\$3.95
Dual Eligible 21+	\$4.10	\$4.16	\$3.20	\$3.60	\$3.59	\$3.39	\$2.53	\$3.74	\$2.87	\$2.47	\$2.67
Medically Needy 0-20	\$8.74	\$8.74	\$8.74	\$8.74	\$8.74	\$8.74	\$8.74	\$8.74	\$8.74	\$8.74	\$8.74
Medically Needy 21+	\$9.38	\$9.38	\$9.38	\$9.38	\$9.38	\$9.38	\$9.38	\$9.38	\$9.38	\$9.38	\$9.38

1. SMMC Implementation refers to the regional rollout schedule, resulting from the recent procurement process. The SMMC Implementation schedule is as follows: December 1, 2018 (Regions 9, 10, and 11), January 1, 2019 (Regions 5, 6, 7, and 8), and February 1, 2019 (Regions 1, 2, 3, and 4)

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