

AGENCY FOR HEALTH CARE ADMINISTRATION

Statewide Medicaid Managed Care (SMMC) Long-Term Care (LTC) Program

Monthly Base Rates

**Effective Date: SMMC Implementation¹ to September 2019
NOT FOR USE UNLESS APPROVED BY CMS**

Region	Certified Non-HCBS Rate ²	Certified HCBS Rate ²	HCBS Transition ³	CHRP ⁴
1	\$6,091.58	\$1,611.82	2.00%	\$94.39
2	\$5,968.52	\$1,418.37	2.00%	\$32.62
3	\$5,962.66	\$1,480.89	2.00%	\$21.85
4	\$5,934.87	\$1,461.36	2.00%	\$31.17
5	\$5,874.14	\$1,492.49	2.25%	\$26.90
6	\$5,856.45	\$1,579.98	2.25%	\$23.25
7	\$5,929.15	\$1,643.15	2.25%	\$75.03
8	\$6,218.50	\$1,710.34	2.25%	\$46.83
9	\$6,423.26	\$1,775.18	2.50%	\$30.83
10	\$6,732.02	\$1,745.61	2.50%	\$49.05
11	\$6,609.77	\$1,745.32	2.50%	\$9.47

Rates are on a per member per month (PMPM) basis and net of patient liability.

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. Home and Community-Based Service (HCBS)

3. The required transition percentage from Non-HCBS to HCBS will be adjusted each month, to avoid weighting HCBS at more than 75%, in the calculation of the final blended rate. This will start as a .25% transition and increase each month until September 30, 2019.

4. On a monthly basis, the Agency will pay each LTC plan a "final blended rate" by region. The CHRP (Community High Risk Pool) component will be deducted, to calculate the HCBS base rate. The CHRP may be updated throughout the year. The HCBS base rate will then be blended with the Non-HCBS base rate, based on each plan's monthly enrollment mix, adjusted by the agency-required transition percent. The Agency will send an email to LTC plans regarding each plan's actual final blended rate on a monthly basis.