

Capitation Rate Development and Certification

Calendar Year 2024 Nevada
Medicaid Managed Care Program

State of Nevada
Department of Health and Human Services
Division of Health Care Financing and Policy
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Section 1

General Information

Executive Summary

The State of Nevada Department of Health and Human Services (State), Division of Health Care Financing and Policy (DHCFP) contracted with Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC, to develop actuarially sound¹ capitation rates for the Nevada Medicaid managed care program applicable to the managed care organizations (MCOs). The capitation rates are effective for calendar year 2024 (CY 2024), January 1, 2024, through December 31, 2024.

Per Section 4.2 of ASOP 49, capitation rates for the Nevada Medicaid managed care program were developed in accordance with the Centers for Medicare & Medicaid Services (CMS) requirements, and this report provides the certification of actuarial soundness as defined and required in 42 C.F.R. § 438.4. Any proposed differences in the assumptions, methodologies, or factors used to develop capitation rates for covered populations comply with 42 C.F.R. § 438.4(b)(1), are based on valid rate development standards that represent actual cost differences to the covered populations, and these differences do not vary with the rate of federal financial participation associated with the covered populations in a manner that increases federal costs.

This report provides an overview of the analyses and methodology used in the development of the CY 2024 rates for the purposes of satisfying the requirements of the CMS rate review process. This report follows the general outline for the CMS July 2023 through June 2024 Medicaid Managed Care Rate Development Guide (RDG), which is applicable to contract periods beginning between July 1, 2023, and June 30, 2024. A copy of the RDG, with documentation references, is attached with this report.

Multiple exhibits are also included as part of this rate certification package (please see the attached file: *CY 2024 Nevada MCO Rate Certification_Appendices_2023.12.22.xlsx*). This attachment includes summaries of the capitation rates (including the final and certified capitation rates) and exhibits that provide more detail around various rate-development components. The final certified capitation rates by rate cell can be found in Appendix A of the attached file.

Mercer developed this rate certification package exclusively for DHCFP; subject to this limitation, DHCFP may direct this rate certification package be provided to CMS. It should be read in its entirety and has been prepared under the direction of Roger Figueroa, FSA,

¹ Actuarially sound/actuarial soundness — Medicaid capitation rates are "actuarially sound" if, for business in the state for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For the purposes of this definition, other revenue sources include, but are not limited to, governmental stop-loss cash flows, governmental risk adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits, health benefit settlement expenses, administrative expenses, the cost of capital, and government-mandated assessments, fees, and taxes.
https://www.actuarialstandardsboard.org/wp-content/uploads/2015/03/asop049_179.pdf.

MAAA, who is a member of the American Academy of Actuaries and meet its US Qualification Standards for issuing the statements of actuarial opinion herein.

To the best of Mercer’s knowledge, there are no conflicts of interest in performing this work.

The suppliers of data are solely responsible for its validity and completeness. Mercer has reviewed the data and information for internal consistency and reasonableness, but we did not audit it. All estimates are based upon the information and data available at a point in time and are subject to unforeseen and random events, and actual experience will vary from estimates.

Mercer expressly disclaims responsibility, liability, or both for any reliance on this communication by third parties or the consequences of any unauthorized use or disclosure other than as mutually contemplated when Mercer was first retained to perform this work.

Certified Rate Change

Table 1 illustrates the composite CY 2024 rates on a per member per month (PMPM) basis by major category of aid (COA), with a comparison to the CY 2023 rates certified on December 22, 2022, and to the CY 2023 rates after the +1.5% *de minimus* change to the rates applied by DHCFP using the authority in 42 C.F.R. § 438.7(c)(3). Composite values were calculated using projected member months, and delivery case rate (DCR) and very low birth weight (VLBW) projected case counts for the January 1, 2024, through December 31, 2024, rating period.

Table 1: COA Rate Change Summary

| Rate Effective Date | TANF/CHAP Child Capitation | TANF/CHAP Adult Capitation | Check Up Capitation | Expansion Capitation | DCR | VLBW Risk Pool Payment |
|---|----------------------------|----------------------------|---------------------|----------------------|------------|------------------------|
| Comparison to CY 2023 Certified Rate | | | | | | |
| CY 2023 | \$148.67 | \$337.61 | \$114.00 | \$468.63 | \$6,186.68 | \$138,070.15 |
| CY 2024 | \$152.78 | \$333.38 | \$114.66 | \$482.61 | \$6,260.13 | \$136,464.93 |
| Percent Change | 2.77% | -1.25% | 0.58% | 2.98% | 1.19% | -1.16% |
| Comparison to CY 2023 Payment Rate (reflects 42 C.F.R. § 438.7(c)(3) adjustment made by DHCFP) | | | | | | |
| CY 2023 | \$150.90 | \$342.67 | \$115.71 | \$475.66 | \$6,279.48 | \$140,141.20 |
| CY 2024 | \$152.78 | \$333.38 | \$114.66 | \$482.61 | \$6,260.13 | \$136,464.93 |
| Percent Change | 1.25% | -2.71% | -0.91% | 1.46% | -0.31% | -2.62% |

Appendix A includes the final certified rates effective January 1, 2024, for each rate cell, as well as a comparison to the certified rates and payment rates effective January 1, 2023. The total projected composite change in certified rates is an increase of 2.29%, and an increase of 0.78% when compared to the CY 2023 payment rate.

As shown in Appendix A, there are some rate cells with large or negative changes in rates from the previous rating period of CY 2023. The primary driver of these rate changes is the base data change from CY 2021 to CY 2022, which is shown in Appendix B. The base data change is driven, in large part, by changes in acuity of the underlying population, as further discussed in the “COVID-19 Public Health Emergency and Related Unwinding Base Data Considerations” subsection of Section 2.

All rate cells were positively impacted due to emphasis in projected trends absent of the effects of the Coronavirus Disease 2019 public health emergency (COVID-19 PHE). Additionally, the Temporary Assistance for Needy Families/Child Health Assurance Program (TANF/CHAP) and Affordable Care Act (ACA) Adult Expansion (Expansion) populations rate cells were positively impacted for projected changes to the population acuity. These are discussed further in the “Trend” and “Population Acuity” subsections of Section 3, respectively.

Program Background

The Nevada Medicaid managed care program, known as the Nevada Mandatory Health Maintenance Program, has been in existence since 1997. Managed care was first introduced in Nevada through voluntary managed care in Washoe and Clark counties. Through the years, the Nevada Mandatory Health Maintenance Program has expanded and is operating in the two urban geographic areas, referred to for rate development purposes as the Northern (urban Washoe County) and Southern (urban Clark County) regions, covered by mandatory managed care.

MCO Participation

As of the date of this report, there are four distinct MCOs anticipated to operate in the Nevada Medicaid managed care program in CY 2024: Community Care Health Plan of Nevada, Health Plan of Nevada, Molina Healthcare of Nevada, and SilverSummit Healthplan.

Covered Populations

The populations served by the MCOs applicable to this certification include the TANF/CHAP, Nevada Check Up (Check Up), and Expansion populations.

The Nevada Medicaid managed care program currently covers children, parents/caretakers, adults without dependent children, and pregnant women. Individuals served through Nevada’s Children’s Health Insurance Program (CHIP) are covered under the same MCO contract. Generally, managed care enrollment is mandatory in the two urban geographic areas. Notable populations not eligible for managed care include members dually eligible for Medicare, as well as the aged, blind, and disabled, long-term residents of nursing homes, residents of intermediate care facilities for individuals with intellectual and developmental disabilities (ICF/IDD), children receiving supplemental security income, and those in foster care. Managed care enrollment is voluntary for American Indians/Alaskan Natives, along with children with severe emotional disturbance.

There are several changes to the covered populations, anticipated to be effective by or on January 1, 2024, as compared to the prior rating period:

- The continuous eligibility coverage for children will be expanded to 12 months.
- The definition of lawfully residing recipients will be expanded to include Deferred Action for Childhood Arrivals (DACA) recipients.
- The coverage of pregnant women will be expanded from 165% of the federal poverty level (FPL) to 200% FPL.
- The coverage of pregnant women will be expanded from two months to 12 months of postpartum coverage.

These changes are discussed further in the “Membership Projections” subsection below and the “Eligibility Coverage Changes” subsection of Section 3.

Covered Services

Services covered by the MCO contract include hospital services (including inpatient, outpatient, and emergency room services), physician services, mental health services, emergency transportation services, laboratory and radiology services, case management, and prescription drugs. Notable services excluded from the MCO contract are dental services, which are provided through a dental prepaid ambulatory health plan, and non-emergency transportation (NET) services, which are provided through the State’s NET broker.

The following are services that are excluded as an MCO-covered benefit and covered under State fee-for-service (FFS) or with current coverage limitations in the prior rating period and continue to be for CY 2024:

- Indian health service facilities and Tribal clinics
- Non-emergency secure behavioral health transport
- Ground emergency medical transportation
- School health services
- Adult day health care
- Home- and community-based waiver services
- Pre-admission screening and resident review and level of care assessments
- Targeted case management
- Nursing facility stays over 180 days
- Hospice
- Orthodontic services
- Zolgensma®

- ICF/IDD
- Swing bed stays in acute hospitals over 45 days
- Adult chiropractic

There are several changes to the covered services compared to the prior rating period:

- Effective by January 1, 2024, the State implemented a Section 1115 Demonstration waiver, Nevada's Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project, to expand access to comprehensive behavioral health services at institutions for mental disease (IMDs). Services at an IMD facility defined as OUD or SUD service day(s) previously excluded will be covered through the waiver.
- Effective October 1, 2024, the ingredient cost of the COVID-19 vaccines, the cost to administer and provide counseling for COVID-19 vaccinations, and over-the-counter tests for COVID-19 infections previously provided on a non-risk basis by the MCOs, will be covered through the risk-based contract.
- Effective April 1, 2024, neurotherapy and biofeedback services will be eliminated from the State plan.

These changes are discussed further in the "Member Exclusions" subsection of Section 2, and the "COVID-19 Non-Risk Services Carve-In" and "Neurotherapy and Biofeedback Services Elimination" subsections of Section 3, respectively.

Refer to the MCO contract for detailed specifications related to program eligibility and covered populations and services.

Rate Structure

The covered populations are segmented into 36 rate cells for capitation rate development. The populations are first broken into 18 COA/demographic cells as follows:

- TANF/CHAP: Nine age/gender demographic cells
- Check Up: Five age/gender demographic cells
- Expansion: Four age/gender demographic cells

Each demographic cell is also segmented into the Northern and Southern regions, creating a total of 36 individual rate cells.

Costs associated with delivery events are separated from the main capitation rate development and included in a single rate cell for a DCR.

There are no changes to the rate structure from the prior rating period.

Federal Medical Assistance Percentages

The State receives different federal medical assistance percentages (FMAP) for certain populations and services that are included in the Nevada Medicaid managed care program. Recognizing this, CMS expects the signing actuary to indicate the proportions or amounts of the costs that are subject to a different FMAP and show this information.

The rates certified in this report include coverage of several populations that receive higher FMAP than the regular FMAP. These include all Check Up and Expansion populations as well as the CHIP-to-Medicaid population. These populations are included within their applicable rate cell, with all adjustments as described in this certification. The estimated baseline CY 2024 FMAP by COA is as follows:²

- TANF/CHAP:
 - CHIP-to-Medicaid: 72.4% (Enhanced)
 - All other TANF/CHAP: 60.6% (Standard)
- Check Up: 72.4% (Enhanced)
- Expansion: 90.0% (Enhanced)

DHCFP uses aid codes in its capitation payment system to identify members qualifying for the higher FMAP. In these instances, the full capitation rate for these members is subject to the higher FMAP.

In addition to the populations that receive enhanced FMAP, there are services for which the State receives a different FMAP than the regular FMAP that applies on a population basis. Those services include, but are not limited to, family planning, for which the FMAP is 90.0%; SUD services, for which the FMAP is 80.0% per Nevada's SUD Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act Demonstration program; and adult preventive services, which earns an additional 1.0% pursuant to Section 4106(b) of the ACA. Mercer and DHCFP prepare separate memoranda that describe and document the process for estimating the proportion of the capitation rate subject to these different FMAPs.

Rate Development

The CY 2024 capitation rates were developed in accordance with rate development guidelines established by CMS and reflect all known benefit changes since those described in the CY 2023 certification dated December 22, 2022. No capitation rate ranges were developed.

For CY 2024 rate development, Mercer used data from the MCOs, including MCO-reported encounter data from the State's Medicaid management information systems (MMIS), supplemental data requests (SDRs) submitted by each MCO, the Division of Welfare and

² Estimated FMAP based on a blend of percentages for federal fiscal year (FFY) 2024 (<https://public-inspection.federalregister.gov/2022-26390.pdf>) and FFY 2025 (<https://www.federalregister.gov/documents/2023/11/21/2023-25636/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for>).

Supportive Services (DWSS) eligibility and DHCFP enrollment information, and other ad hoc data provided by DHCFP and the MCOs. The most recently available financial reports for all four MCOs, submitted to DHCFP at the time the rates were determined, were also considered in the rate development process.

The data used in the development of the rates is collected from each MCO at the level of detail needed for rate development purposes, which includes membership, utilization, and cost data, along with various payment arrangements (e.g., incentive payments, subcapitation), and value-added services by COA and by category of service (COS). The most recent and complete year of data, January 1, 2022, through January 31, 2022, (CY 2022), was selected as the base period for CY 2024 rate development. The base data period, therefore, reflects Nevada-specific experience data for the MCOs.

Adjustments were made to the selected base data period of CY 2022 to match the covered population risk and the State-approved benefit package for CY 2024. These adjustments are discussed in more detail in subsequent sections of this report. Additional adjustments were then evaluated and applied to the selected base data to incorporate:

- Trend factors to project the expenditures and utilization to the rating period
- Prospective and historical program changes not reflected (or not fully reflected) in the base data
- Weighting to increase credibility of small rate cells
- Administration, underwriting gain, and premium tax loading

In addition to these adjustments, additional steps are made in the measured matching of payment to risk:

- Application of an inpatient hospital stop-loss provision
- Application of a VLBW risk pool
- Application of a DCR
- Application of retrospective risk adjustment

Mercer evaluated the direct and indirect impacts of the COVID-19 PHE on capitation rates in various components of the rate development process. These considerations are detailed in the “Membership Projections” subsection below, the “COVID-19 Public Health Emergency and Related Unwinding Base Data Considerations” subsection of Section 2, and the “COVID-19 Public Health Emergency and Related Unwinding Trend Considerations” and “Population Acuity” subsections of Section 3.

Exhibits attached to this report summarize the final and certified rates, along with the development of various rate components. This includes the following exhibits:

- Appendix A: CY 2024 Final Certified Rates and Comparison
- Appendix B: Base Data Comparison
- Appendix C: Capitated Medical PMPM Build-up
- Appendix D: Below-the-Line Medical Adjustments
- Appendix E: Non-Medical and Total Capitation
- Appendix F: Capitation Annualized Trend Comparison
- Appendix G: Capitation Rate Calculation Sheet (CRCS) (36 exhibits)
- Appendix H: DCR Rate Calculation Sheet
- Appendix I: State Directed Payments (two exhibits)

Membership Projections

Mercer developed enrollment projections for the period from January 1, 2024, through December 31, 2024, for the program by rate cell. In developing these projections, Mercer reviewed detailed monthly enrollment by rate cell through March 2023, as well as summarized monthly enrollment information by broad COA through July 2023. Mercer observed significant enrollment increases from March 2020 through May 2023 driven by the PHE and subsequent maintenance of effort (MOE) requirements. Disenrollments resulting from the redetermination process commenced two months after the end of the continuous coverage requirement, which ended March 31, 2023, as part of the Consolidated Appropriations Act, 2023.

The State implemented an *ex parte* process during October 2022, reviewing membership status approximately 75 days prior to the renewal month, which is anticipated to significantly reduce enrollment gaps for eligible members, who, absent the *ex parte* process, would be disenrolled due to non-response. In addition, the State continued submitting notices to members for redetermination processes throughout the PHE. In this process, if a member's eligibility is confirmed, the next redetermination date is pushed out 12 months. If the member responds and is ineligible, or if there is no response to the notice, the member's next redetermination date is pushed out six months. Based on this guidance from the State and the Unwinding Plan for Operations, Mercer assumed that redeterminations would span the following timeline based on the member's redetermination date (noticing and disenrollment):

- Individuals assessed and determined to be ineligible (e.g., responded to notice via mail) will be processed and disenrolled monthly from June 2023 through May 2024.
- Individuals assessed and determined to be ineligible for procedural reasons (e.g., did not respond via mail) will be pushed forward, per CMS guidance, and reassessed for disenrollment between March 2024 through August 2024.

During 2022, the State underwent an out-of-state eligibility review based on results from a Public Assistance Reporting Information System (PARIS) report that identified Medicaid recipients who were potentially receiving services in Nevada and in another state. The State pursued redetermination efforts for the identified members as part of this eligibility review, who were subsequently disenrolled as of November 2022. Mercer removed the potential out-of-state enrollment spans identified from the DHCFP-provided PARIS data during the CY 2022 base period for members disenrolled as of November 2022 but that had not reenrolled by July 2023, with this adjustment reflected in the CY 2024 enrollment projections below. Mercer also applied a program change adjustment described in the “Out-of-State Eligibility Review” subsection of Section 3.

In addition, the State will expand eligibility coverage to several populations anticipated to be effective by or on January 1, 2024, as discussed in the “Covered Populations” subsection of Section 2. Due to MOE requirements, the impact of the expansion to 12 months of continuous eligibility for children and expansion for pregnant women from two to 12 months of postpartum coverage are already reflected in the CY 2022 base period. Mercer considered the impact on the enrollment projections of the requirement to expand the definition of lawfully residing to include DACA recipients, and the expansion of pregnant women from 165% FPL to 200% FPL, and these reviews are reflected in the CY 2024 enrollment projections below. Mercer also applied a program change adjustment described in the “Eligibility Coverage Changes” subsection of Section 3.

Table 2 illustrates the changes in enrollment from the CY 2022 base period to the CY 2024 rating period by major COA.

Table 2: COA Member Months Change Summary

| Year | TANF/CHAP Child | TANF/CHAP Adult | Check Up | Expansion | All COAs |
|-----------------------|------------------------|------------------------|-----------------|------------------|-----------------|
| CY 2022 | 3,494,110 | 877,339 | 237,416 | 3,647,240 | 8,256,105 |
| CY 2024 | 3,241,157 | 790,633 | 278,105 | 2,983,902 | 7,293,797 |
| Percent Change | -7.24% | -9.88% | 17.14% | -18.19% | -11.66% |

Section 2

Data

Data Sources

The primary data sources used for CY 2024 rate development include the following:

- DWSS eligibility and DHCFP enrollment information effective January 1, 2020, through March 31, 2023
- MCO-reported encounter data from MMIS (including encounters for subcapitated services) for dates of service ranging from January 1, 2020, through March 31, 2023, processed through MMIS as of April 1, 2023

The encounter, eligibility, and enrollment information was used to develop base period unit cost, utilization, and PMPM metrics to review experience for members eligible on the date of service for the program and to analyze various rating variables such as program changes and trend.

Additional data sources were also relied upon by Mercer to supplement various rate development analyses. These include:

- SDR and supplemental information submitted by each MCO for dates of service from January 1, 2021, through March 31, 2023
- MCO-reported financial reports submitted to DHCFP through August 2023
- FFS claims data from MMIS for CY 2022 dates of service, processed through MMIS as of April 1, 2023

Data Validations

Encounter data for the enrolled population was evaluated for dates of service from January 1, 2020, through March 31, 2023. Mercer evaluated the encounter data for field validity, and the encounter data was determined to be valid. Mercer also compared payment levels to the amounts in the MCO-reported SDRs for completeness by broad COS. Based on this comparison, Mercer made adjustments for underreporting/overreporting as described later in this section.

Mercer relies, in part, on the State's MMIS processes to review, accept, retain, and update encounters and the State's processes, which determine eligibility and enrollment data for eligible members and services. This includes a number of edits to ensure that the encounters submitted comply with minimum business rules associated with a typical encounter adjudication system. The encounter data intake process ensures integrity of the data through a series of edits including, but not limited to, national standard code sets, identification of duplicates, and appropriate provider IDs.

Mercer also completed other reviews and analyses when determining the reasonableness and appropriateness of the data used for rate development purposes. These included data validation for overall monthly encounter volume, consistency in reported enrollment over time, consistency in reported encounters by eligible population and service category, referential integrity between the eligibility and encounter data, and review of the eligibility and encounter data for valid values. In general, Mercer determined the encounter, eligibility, and enrollment data to be reasonable and appropriate to use for rate development purposes.

Base Data

The CY 2022 time period was selected as the base data period for CY 2024 rate development, as it is the most recent and complete year of experience available at the time the prospective CY 2024 rates were developed and reflects historical member utilization, managed care protocols, and provider reimbursement contracted amounts as reported by the MCOs and was determined to be appropriate for CY 2024 rate development. In accordance with 42 C.F.R. § 438.5(c)(2), the base data time period is no older than the three most recent and complete years prior to the rating period.

The data used was managed care data that did not include any disproportionate share hospital payments, nor did it include any adjustments for federally qualified health centers (FQHCs) or rural health clinic reimbursements. FQHC costs considered in rate development are the costs incurred by the MCOs, net of any wraparound payment by the State to reimburse the FQHC at its Prospective Payment System rate.

The encounter, eligibility, and enrollment data served as the primary data source for developing the base data for rate development. Populations not eligible to enroll were excluded from the base data, and encounter data was limited to services covered under the MCO contract.

COVID-19 Public Health Emergency and Related Unwinding Base Data Considerations

The DHCFP and Mercer did not request an exception to the base data requirements due to the COVID-19 PHE and related unwinding requirements.

Mercer recognizes that although CY 2022 is the most appropriate base period to use for CY 2024 rate development, the CY 2022 base period is significantly affected by the COVID-19 PHE and MOE requirements. Consequently, Mercer considered these effects in the population acuity adjustment assumptions, where appropriate, to account for utilization and cost patterns inherent in the base data that are not expected to continue in CY 2024. These considerations are described in the “Population Acuity” subsection of Section 3.

The MCOs will become at risk for the direct COVID-19 costs for vaccines and vaccine administration effective October 1, 2024; therefore, these services were excluded from the base data and considered through a program change adjustment described in the “COVID-19 Non-Risk Services Carve-In” subsection of Section 3.

The base period also reflects COVID-19 testing and treatment costs that were incurred during the CY 2022 timeframe. As the base data captures service utilization and costs

related to COVID-19 and a return to normal utilization levels, Mercer did not apply separate adjustments related to COVID-19 as part of the rate development but, rather, considered any change in COVID-19 testing and treatment costs as part of the medical trend development, described further in the “Trend” subsection of Section 3.

In addition, DHCFP did not implement any material policy changes to covered populations, covered services, and payment methodologies specific to COVID-19 PHE requirements aside from the aforementioned MOE and vaccine requirements; accordingly, there were no additional adjustments required.

Member Exclusions

Mercer made adjustments to ensure that the membership reflected in the base data was representative of the covered populations eligible during CY 2024:

- **Missing enrollment:** Encounter data with no managed care enrollment segment on the date of service was excluded from the base data.
- **Missing demographics:** Eligibility records for some members were missing some or all COA information for the member. For members missing essential demographic information, the associated encounter and enrollment data were excluded from the base data.
- **Ineligible age/COA:** Members with ineligible or incorrectly assigned age or COA were excluded from the base data, such as Expansion members under age 19 years.
- **Removal of members with long-term IMD stays:** Mercer identified long-term IMD stays in the base data, identified as 16 or more inpatient days in any calendar month at an IMD by a member aged 21 years to 64 years. In accordance with 42 C.F.R. § 438.6(e), all encounter and enrollment data for these members were removed from the base data for days that were not defined as OUD or SUD service days.

Excluded and Carved-Out Services

Encounters for excluded and carved-out services, services covered by ineligible providers, as well as value-added services, were identified and excluded from the base data.

In Lieu of Services

Institution for Mental Disease

DHCFP authorized the MCOs to cover services delivered in IMDs to the extent not otherwise authorized under the State plan, as described in the MCO contract. This in lieu of service (ILOS) was provided as a benefit during the CY 2022 base period. The contractor may provide access to IMD services in an alternative inpatient setting, such as a hospital or subacute facility, that is licensed by the State of Nevada. The hospital or subacute facility must provide psychiatric or substance use disorder inpatient services or crisis residential services. These alternative inpatient settings must be lower cost than traditional inpatient

settings, and the length of the stay can be no longer than 15 days during the period of monthly capitation.

As noted in the “Member Exclusions” subsection above, in accordance with 42 C.F.R. § 438.6(e), all encounters and enrollment for members aged 21 years to 64 years with long-term IMD stays that were not defined as OUD or SUD service days were excluded from the base data. Utilization for short-term IMD stays is included in rate development and is repriced as described in the “Short-Term Institution for Mental Disease Repricing” subsection of Section 3.

Housing Support and Services

Effective January 1, 2024, DHCFP will authorize the MCOs to cover housing support and services to the extent not otherwise authorized under the State plan as described in the MCO contract. This ILOS was not authorized as a benefit during the CY 2022 base period. The contractor may provide housing support or tenancy support services that are defined as services and supports that assist a member that is homeless or at risk of experiencing homelessness in obtaining and remaining in housing in a manner that complies with all applicable State and federal requirements. The contractor may not pay for the cost of room and board. These alternative services are considered medically appropriate and a cost-effective substitute for services and/or settings covered under the State plan.

Historically, the MCOs have provided certain housing support and services that were defined as value-added services and excluded from the base data. Through discussion with DHCFP and the MCOs, Mercer identified qualifying expenses for the new ILOS. Expenses for the housing support and services from the CY 2022 base period are included in rate development as a program change adjustment as described in the “Housing Support In Lieu of Services” subsection of Section 3.

The development of the aggregate projected ILOS cost percentage applicable to the Nevada Medicaid managed care program uses the same data sources and follows the same methodology to that used in developing the CY 2024 capitation rates as described in the “Base Data” and “Base Data Adjustments” subsections above and follows the State Medicaid Director #23-001 guidance³, published on January 4, 2023 (e.g., denominator includes all state directed payments, including those that are separate payment streams).

Table 3 shows the ILOS cost percentage specific to the housing support and services ILOS, which Mercer considers to be immaterial for CY 2024.

Table 3: Housing Support and Services ILOS Cost Percentage

| Numerator | Denominator | Projected ILOS Cost Percentage |
|-------------|-----------------|--------------------------------|
| \$7,677,315 | \$3,412,989,733 | 0.22% |

³ CMS. *Additional Guidance on Use of In Lieu of Services and Settings in Medicaid Managed Care*. January 2023. <https://www.medicaid.gov/sites/default/files/2023-01/smd23001.pdf>.

Retrospective Eligibility Periods

Retrospective eligibility is captured in the member enrollment information provided by the State, which reflects managed care enrollment spans. These spans are linked to the encounter data to appropriately capture the member experience for rate development purposes.

Base Data Adjustments

Once the base data was adjusted to reflect the appropriate services and populations covered under the MCO contract for CY 2024, additional adjustments to the base data were applied as described below.

The aggregate PMPM impact of each base data adjustment described in this section is provided by COA in Appendix C.

Incurred but Not Reported

Mercer developed monthly completion factors to account for expenditures that are incurred but not reported (IBNR) in the encounter and claims data. The base data used for CY 2024 rate development included dates processed through MMIS as of April 1, 2023, and were inclusive of subcapitated shadow encounters. Mercer analyzed monthly data from January 2020 through March 2023 using claim lag triangles, as well as encounters with paid dates of April 1, 2023. Completion factors were developed by payer, major service category, and month. Inpatient factors were developed separately for Child (under age 19 years) and Adult (aged 19 years and greater) populations. The aggregate impact to the CY 2022 base data for the IBNR adjustment is an increase of 1.27%.

Aggregate completion factors for CY 2022 by major service category are provided in Table 4.

Table 4: Annual Completion Factors

| Service Category | CY 2022 Estimated Completion Factor |
|---------------------|-------------------------------------|
| Inpatient – Child | 0.9604 |
| Inpatient – Adult | 0.9804 |
| Outpatient Facility | 0.9907 |
| Pharmacy | 1.0003 |
| Other | 0.9893 |

Underreporting and Overreporting

Mercer reviewed the MCO-submitted encounter data from MMIS as compared to the expenses reported in the MCO-submitted SDRs for CY 2022. Mercer observed differences between the data sources. Through discussions with the State and the MCOs, Mercer identified some instances of underreporting in the encounters for two MCOs. The underreporting was due to encounters not submitted to, or erroneously rejected from, MMIS. Overpayments were also identified for one MCO. This MCO reported instances of

overpayments to some providers in which the overpayment recoveries were not reflected in the encounters. The base data was adjusted for these instances of both underreporting and overreporting; the aggregate impact to the CY 2022 base data was an increase of 1.08%.

Provider Overpayment Recoveries

The base data used in development of the CY 2024 capitation rates is net of all known overpayments, including those overpayments due to third party liability. The majority of overpayment recoveries are netted out of the paid amounts in the encounters submitted to the State's MMIS by the MCOs. In the MCO-reported SDRs collected through March 31, 2023, each MCO reported any additional provider overpayment recoveries for CY 2022 dates of service that were not already captured in the encounter data. This reporting was the basis of the overreporting adjustment noted in the section above. The adjusted base data is, therefore, net of all known provider overpayments.

Non-Claims Adjustments

The MCO-submitted SDRs include schedules for the MCOs to describe non-claims adjustments, in addition to providing the amounts for each adjustment by COA. Through a review of this information, it was determined that several of these adjustments reflected appropriate benefit expense adjustments and are indicative of expected future cost levels during CY 2024. Adjustments were made to the base data to add or remove these non-claims costs as appropriate. These include an addition of approximately \$12.7 million for provider incentive arrangements and removal of \$1.0 million for out-of-system payments. In addition, \$2.7 million was added for covered services that were incorrectly submitted as non-covered services. The combined aggregate impact to the CY 2022 base data was an increase of 0.78%.

Delivery Services

Delivery events and associated services eligible for a DCR payment were identified in the base data and excluded from the development of the PMPM capitation rate to establish a per event supplemental payment. The supplemental payment includes only the costs associated with the delivery event; therefore, costs for the following remain in the data used for PMPM capitation rate development: newborn costs associated with the delivery event, prenatal care, and postpartum care.

This excluded experience forms the base data for the DCR supplemental payment, as described in Section 3.

Section 3

Projected Benefit Costs and Trends

Trend

Trend is an estimate of the change in the overall unit cost and utilization of medical services over a finite period of time. Trend factors are necessary to estimate the expenses of providing health care services in a prospective rating period. Mercer developed unit cost and utilization trend factors by COA and COS. Mercer's selected trends were applied for 24 months, from the midpoint of the base period (July 1, 2022) to the midpoint of the rating period (July 1, 2024).

Annualized trends by rate cell and COS are provided in Appendix G (36 exhibits). A comparison of annualized trends between the CY 2023 and CY 2024 rate development assumptions by COA is provided in Appendix F.

COVID-19 Public Health Emergency and Related Unwinding Trend Considerations

The impact on service utilization and cost related to the COVID-19 PHE and related unwinding are separately accounted for through a program change adjustment, "Population Acuity" described later this section. Because of this, Mercer normalized the data for trend analysis to account for changes in the acuity of the enrolled population of time caused by the MOE requirements and redeterminations timeline. This approach avoids double counting the effects of the COVID-19 PHE and related unwinding through both trend and the subsequent program change.

Direct COVID-19 Services

The CY 2022 base period includes COVID-19 testing and treatment experience, and direct and indirect impacts of the COVID-19 PHE. Although the COVID-19 direct services ebbed and flowed through the observable experience after the onset of the COVID-19 PHE, the aggregate inpatient and outpatient utilization appeared stable. In the development of trends, data was reviewed for both COVID-19 direct services in isolation and for total medical experience, net and gross of these services. No explicit adjustment was applied specific to COVID-19 services, as the services are embedded in the base data and reflected in the aggregated trends by COA and COS described below.

Service Utilization

Mercer observed minimal suppression of utilization in the CY 2022 base period, relative to experience prior to the PHE, in addition to the aforementioned population acuity impacts. This was likely due to some instances of foregone and/or delayed care and service delivery changes throughout the COVID-19 PHE. Through a review of managed care encounters

through March 2023 and MCO-reported financials through August 2023, Mercer observed a recovery of utilization throughout CY 2022 and into CY 2023 to varying extents by COA and COS. As Mercer expects utilization levels to largely return to historical levels observed in the periods prior to the COVID-19 PHE, higher than normal utilization trends were applied for CY 2024 rate development to offset the lower utilization levels present in the CY 2022 base period.

Mercer also considered the impact of other service delivery changes over time, such as expansion and utilization of telehealth services, as additional drivers of trend changes during the CY 2022 base period. However, Mercer considered the impact of these services on trend to be immaterial and did not make any explicit adjustments to the trend assumptions to account for possible changes in these services during the rating period.

Medical Trends

The primary data source for trend development was managed care experience data. Mercer reviewed 38 months of encounter data (January 2020 through February 2023), including utilization, unit cost, and PMPM metrics, and 21 months of MCO-reported PMPMs in the financial reports (January 2022 through September 2023). In developing trend factors, Mercer considered quantitative methods such as regression analysis and monthly moving averages, as well as qualitative information, in finalizing the ultimate trend projections. Longitudinal reviews of three-month, six-month, and 12-month moving average trends ensure that the projected estimates do not result in outlier or unreasonable results compared to historical data. Additionally, Mercer consulted with the State to understand other factors that could influence trends and considered the impact of program changes, adjusted for separately, to avoid double-counting of the impacts. Mercer adjusted and reviewed the underlying trend data for the COVID-19 considerations as described above.

Mercer considered other sources of data and information for trend development such as regional and national indicators (e.g., Consumer Price Index), National Health Expenditures from the Office of the Actuary, and reporting data for other states with similar Medicaid managed care programs. These sources provide broad perspectives of industry trends in the United States and in the West. Each source was reviewed for its potential applicability and was used collectively with other data and information via actuarial judgement to inform the final trends.

Unit cost and utilization trends were developed to account for projected changes in medical services for the covered populations, reflecting the data sources and considerations outlined above. Trend assumptions vary in direction and magnitude by COA and COS. Mercer did not select any negative trends for CY 2024.

Unit cost trends ranged from 0.00% to 7.30%, depending on the COA and COS. Unit cost trends may reflect inflationary pressures as well as changes in the mix of services provided within each service category.

Applied behavior analysis (ABA) services exhibited particularly high historic trends, and Mercer developed trends specific to this COS for child COAs. Mercer observed consistent monthly increases in utilization of ABA services for the TANF/CHAP Child and Check Up populations throughout all available months of data; therefore, Mercer projected a continued

increase in utilization through CY 2024, applying a 27.0% and 24.0% annualized utilization trend, respectively.

Utilization trends for other medical COS ranged from 0.00% to 6.00%, depending on the COA and COS.

The aggregate annualized PMPM trend for medical services for CY 2024 is 3.06%.

Pharmacy Trends

The overall pharmacy trend consists of projections for specialty and traditional pharmacy trends. Historical program data used in the trend analysis may not fully account for future changes expected to the pharmacy costs due to a variety of factors, including newly diagnosed patients, expanded clinical indications, direct to consumer advertising, anticipated patent expirations, and new drugs entering the market faster due to breakthrough therapy approvals granted by the Food and Drug Administration.

Mercer's trend review is an ongoing process requiring monthly review of newly approved drugs and an annual review of all therapeutic classes. The reviews are handled by a team of Mercer pharmacists with several years of Medicaid experience. Mercer's Managed Pharmacy Practice reviewed potential blockbuster drugs in the pipeline for approval, highly utilized brand name drugs in the pipeline for generic approval, and potential biosimilar medications in the pipeline, leveraging professional experience and industry reviews.

The aggregate annualized PMPM trend for pharmacy COS for CY 2024 is 7.45%.

Delivery Trends

Trend development for the DCR followed the same methodology as other medical trends, except that the utilization was reviewed on a per case basis rather than per member month. Therefore, utilization trends reflect slight increases in the volume of services and/or length of stay per delivery event and is irrespective of delivery prevalence within the population. Annualized trend factors for the DCR are provided in Appendix H.

Program Changes

Program change adjustments recognize the impact of changes in covered populations, covered services, and payment methodologies, including adjustments for FFS fee schedule changes, which impact services covered under the MCO contract. In general, fee schedule changes produce corresponding pricing pressures in the managed care delivery system, and managed care provider contracting is often tied to the FFS fee schedule. The program changes incorporated in the development of the capitation rates were based on information provided by DHCFP. The program changes detailed below were viewed to have a material impact on capitation rates and effective during or after the base data period. Each was reviewed, analyzed, and evaluated by Mercer with the assistance of DHCFP.

The next few subsections outline the program change adjustments that were explicitly accounted for within the CY 2024 capitation rates. Total program change adjustments by rate cell and COS are provided in Appendix G (36 exhibits). The aggregate PMPM impact of each

individual program change adjustment described in this section is shown by COA in Appendix C.

Short-Term Institution for Mental Disease Repricing

Pursuant to 42 C.F.R. § 438.6(e), short-term IMD stays for members aged 21 years to 64 years must be repriced to the State plan rate, identified for Nevada as the acute inpatient psychiatric/detox per diem. Short-term IMD stays were defined as stays for members aged 21 years to 64 years with 15 or fewer days in a calendar month at an IMD facility. Stays defined as OUD or SUD are not subject to repricing requirements due to the State's 1115 Demonstration. Mercer repriced CY 2022 base experience for the mental health stays at the State plan rate. Additionally, Mercer developed a corresponding utilization adjustment, which accounted for the difference in the average length of stay for inpatient behavioral health services at an acute facility as compared to short-term IMD stays.

Certified Community Behavioral Health Center Directed Payment

Certified Community Behavioral Health Center (CCBHC) services are subject to a minimum fee schedule State directed payment under 42 C.F.R. §438.6(c), set to the State plan bundled rate. Encounters for the affected services in the CY 2022 base data were repriced to the anticipated State plan bundled rates for each CCBHC effective for CY 2024.

Neurotherapy and Biofeedback Services Elimination

Effective April 1, 2024, neurotherapy and biofeedback services will be eliminated as covered services from the State plan. Mercer applied an adjustment to remove these dollars from the CY 2022 base data. Based on a review of historical utilization for these members, along with clinical review and professional judgement, Mercer anticipated a portion of the eliminated costs for neurotherapy and biofeedback services will be replaced with covered psychotherapy services. The adjustment includes the removal of the neurotherapy and biofeedback services and the consideration for subsequent utilization of other medical services as a substitution.

Mobile Crisis Services Initiatives

Effective by January 1, 2024, DHCFP will implement initiatives to expand mobile crisis services, including the development of designated mobile crisis teams. Mercer relied on projected cost and utilization assumptions for the mobile crisis services to develop an adjustment. The adjustment assumed growth in mobile crisis services overall, along with a higher fee schedule reimbursement rate for designated mobile crisis teams as compared to traditional mobile crisis services.

Housing Support In Lieu of Services

Effective January 1, 2024, certain housing support and services will be permitted as ILOS. The housing support and services are anticipated to be medically appropriate and a cost-effective replacement of State plan-covered services, such as emergency room services and emergency medical transportation. Mercer leveraged MCO-reported housing support services (e.g., housing transition services, housing sustainment services) from the CY 2022

base that were previously categorized and excluded as value-added services to develop an adjustment.

COVID-19 Non-Risk Services Carve-In

Effective October 1, 2024, COVID-19 services that were previously covered under non-risk arrangements will be carved into managed care. The MCOs will be responsible for the cost to administer COVID-19 vaccines and over-the-counter COVID-19 screening tests, along with the cost to provide counseling for COVID-19 vaccinations. In addition, the MCOs will be liable for the ingredient cost of the COVID-19 vaccine itself. The ingredient cost of the vaccines for children is expected to continue to be paid for by the federal government under the Vaccines for Children program while the cost for adults will be paid for by the MCOs.

DHCFP provided the COVID-19 vaccine administration fee schedule reimbursement rate. Mercer leveraged historical utilization of these services, along with clinical review and professional judgement, to develop vaccination ingredient cost and rate assumptions. The adjustment anticipated COVID-19 vaccine consumption to become somewhat seasonal, similar to historical influenza rate utilization, and be fully incurred within the fourth quarter of CY 2024.

Senate Bill 378 Rebates Pass-Through

Effective January 1, 2020, DHCFP implemented a provision pursuant to Senate Bill 378. MCOs are required to pass all pharmacy rebates through to the State, less an administrative fee. The encounter data utilized for rate development are reported gross of pharmacy rebates. Mercer developed an adjustment to remove 1% of estimated CY 2024 pharmacy rebate payments from the projected pharmacy costs using MCO-submitted supplemental data, encounters, and industry-wide experience.

Out-of-State Eligibility

During 2022, the State underwent an out-of-state eligibility review based on results from a PARIS report that identified members who were potentially receiving services in Nevada and another state. The State pursued redetermination efforts for the identified members as part of this eligibility review, and disenrolled ineligible members in November 2022. DHCFP provided Mercer with a list of members disenrolled in November 2022 as a result of the eligibility review, along with dates of any members that had been since reenrolled as of July 2023. Mercer applied an adjustment to reflect the disenrollments due to the Medicaid eligibility review. This adjustment reflects the impact of removing member months and associated spend for these members from the CY 2022 base.

Applied Behavior Analysis Services Fee Changes

Effective July 1, 2023, DHCFP implemented a fee schedule increase for certain ABA services to match median rates from other states. Encounters for the affected services in the CY 2022 base data were repriced upward accordingly to develop an adjustment.

Personal Care Services Fee Changes

Effective January 1, 2024, DHCFP will implement a fee schedule increase to \$25 per hour for personal care services. Encounters for the affected services in the CY 2022 base data were repriced upward accordingly to develop an adjustment.

Skilled Nursing Facilities Fee Changes

Effective January 1, 2024, DHCFP will implement a fee schedule increase of 24.5% for skilled nursing facilities. Encounters for the affected services in the CY 2022 base data were repriced upward accordingly to develop an adjustment.

Home Health Providers and Private Duty Nurses Fee Changes

Effective January 1, 2024, DHCFP will implement a fee schedule increase of 15% for home health providers, including private duty nurses. Encounters for the affected services in the CY 2022 base data were repriced upward accordingly to develop an adjustment.

Professional Fee Changes

Effective January 1, 2024, DHCFP will implement a fee schedule increase of 5% for physician services. Additionally, the fee schedule for advanced practice registered nurses and certified nurse midwives will be increased to be equal to the physician fee schedule, inclusive of a 15% rate enhancement applied to certain pediatric services. Encounters for the affected services in the CY 2022 base data were repriced upward accordingly to develop an adjustment.

Eligibility Coverage Changes

Effective by or on January 1, 2024, DHCFP will implement several eligibility coverage changes:

- Continuous eligibility coverage for children for 12 months
- Definition of lawfully residing recipients will include DACA recipients
- Pregnant women coverage from 165% FPL to 200% FPL
- Pregnant women coverage from two to 12 months of postpartum coverage

The DHCFP provided projected cost and utilization assumptions that Mercer evaluated, along with historical utilization for similar demographics, to determine the cost profile of the additional member months to develop an adjustment. For the coverage expansion for children and non-pregnant DACA recipients, Mercer assumed that the additional member months will have a similar cost profile as equivalent members represented in the CY 2022 base period; therefore, no rate adjustment was made for these provisions.

For the coverage expansions for pregnant women (i.e., pregnant DACA recipients; from 165% FPL to 200% FPL; postpartum coverage change), Mercer anticipated a similar cost profile to historical pregnant members and applied an adjustment to the TANF/CHAP Adult

rate cells to account for the increased projected cost mix profile. In addition, this adjustment includes shifting certain member months and costs from the Expansion to TANF/CHAP Adult COAs to account for the extended postpartum coverage period, as these members are expected to remain in TANF/CHAP Adult throughout the postpartum period.

Population Acuity

Effective March 31, 2023, as part of the Consolidated Appropriations Act, 2023, the continuous enrollment condition ended. Disenrollments resulting from the redetermination process recommenced June 2023 and are anticipated to continue through August 2024. Due to the growth in enrollment during the CY 2022 base period as a result of the PHE and MOE requirements and in light of the resumed redeterminations, Mercer developed an adjustment to the projected benefit cost to account for the changes in overall population acuity expected to occur between the CY 2022 base period and CY 2024 rating period. Mercer relied on information provided by DHCFF related to the State's redetermination process and timeline to develop the adjustment.

As previously described in the "Membership Projections" subsection in Section 1, the member months increased significantly due to the continuous enrollment requirements during the CY 2022 base period and into CY 2023. The enrollment growth is attributed to both new entrants and MOE for members who would have otherwise been disenrolled as ineligible or disenrolled for an intermediate period due to non-response in the redetermination process. The population acuity adjustment was developed to account for members disenrolling from Medicaid due to losing continuous coverage from the MOE requirements.

DHCFF and Mercer worked with DWSS to obtain member-level detail regarding redetermination dates and anticipated redetermination status prior to the COVID-19 PHE unwinding, as the State continued submitting notices to members for redetermination processes throughout the PHE. The data identified Medicaid recipients as eligible, ineligible, or non-responsive based on their respective redetermination information. Members identified as non-responsive have remained continuously enrolled in Medicaid as a result of the MOE requirements, but it is assumed they would have otherwise been disenrolled absent these restrictions.

Mercer utilized the member-level detail from DWSS to identify and project the eligible, ineligible, and non-responsive members enrolled in the base period and rating period. Mercer also considered Nevada's temporary pause and reenrollment of certain individuals who had been disenrolled between June 2023 and August 2023, but per CMS guidance to the affected states, needed to be reprocessed prior to disenrollment. DHCFF informed Mercer of the anticipated number of individuals impacted and that their next redetermination would be pushed out six months.

Mercer modeled the relative cost and acuity of the members from the CY 2022 base data that were identified as eligible, ineligible, or non-responsive and leveraged this information to determine the acuity assumptions for these respective eligibility groups. Review of the historical data for the ineligible and non-responsive members indicated that these individuals have significantly lower costs and acuity levels as compared to typical eligible members. Mercer applied the acuity assumptions to the projected mix of the eligibility groups in the

base and rating period to determine the overall aggregate population acuity factors by rate cell for the respective periods. Based on this analysis, Mercer developed population acuity adjustments by rate cell after modeling the change in the aggregate population acuity measured between the CY 2022 base period and the CY 2024 rating period, which can be found in Appendix C.

Mercer also considered the return of gap months, which are expected to return due to the end of the MOE requirements and occur for procedural disenrollments when additional information is needed to determine the ongoing eligibility. As noted in the “Membership Projections” subsection in Section 1, the State implemented an *ex parte* process in October 2022 and has since made improvements to the process, which are expected to reduce the eligibility gaps for members. Therefore, no adjustment was made in consideration of gap months.

Other Medical Rating Adjustments

To finalize the CY 2024 projected benefit costs, Mercer applied further medical rating adjustments to account for additional provisions to the Nevada Medicaid managed care program, as described in the subsections below. The PMPM impact of each medical rating adjustment described in this section is shown by rate cell in Appendix D.

Inpatient Hospital Stop-Loss

DHCFP is continuing a member-level stop-loss contract provision for inpatient hospital claims with an attachment point of \$500,000 for CY 2024. MCOs are responsible for 25% of experience costs above the attachment point. DHCFP reimburses the remaining 75% of inpatient hospital costs in excess of \$500,000 per individual member, and the expected reimbursement is removed from capitation.

Mercer analyzed member-level inpatient hospital medical costs in the CY 2022 base data and the 30-day period prior to the base period. The encounters were individually adjusted for fee changes and trend to project forward to CY 2024. Mercer then aggregated costs by member and calculated the projected portion of inpatient costs by rate cell expected to be reimbursed by DHCFP in CY 2024. As the base data for rate development is reported gross of any stop-loss reimbursement, the projected CY 2024 reimbursement is netted out of the gross CY 2024 projected medical costs by rate cell.

As computed, the stop-loss provision is expected to be budget neutral to the State in aggregate; however, actual reimbursement may vary from the expected values.

The PMPM impact of inpatient hospital stop-loss by rate cell is provided in Appendix D. For more detail regarding the inpatient hospital stop-loss provision, please refer to Section 4.

VLBW Risk Pool Payment

For CY 2024 rate development, DHCFP is continuing a VLBW risk pool contract provision for eligible birth events. For infants with a birth weight at or below 1,500 grams, the State will pay the MCO a supplemental payment to offset a portion of the medical costs attributed to covering a VLBW newborn during its first 90 days of life.

The VLBW risk pool is funded by a reduction to the respective capitation rates for members under the age of one year. The value of the VLBW supplemental case rate benefit cost is \$115,000 for CY 2024. The supplemental payment is not expected to fully offset expenses for these members, but to offset a portion of the costs.

Mercer analyzed the prevalence associated with VLBW events in the CY 2020–CY 2022 experience data. Mercer then selected a conservative prevalence rate for the CY 2024 prospective rating period as a percentage of expected CY 2024 under age one year member months by COA to ensure adequate funding for the risk pool. The projected prevalence rate for CY 2024 is 0.95 per 1,000 member months for TANF/CHAP Under 1 rate cells and 0.00 projected prevalence rate for Check Up Under 1 rate cells.

As the VLBW risk pool is funded by an offset to the capitated rate, the projected PMPM value of the VLBW case rate benefit cost was calculated using the expected prevalence rate associated with projected under age one year member months and the VLBW case rate benefit cost of \$115,000. The resulting PMPM is deducted from the projected benefit cost for capitation rates for applicable rate cells as shown in Appendix D. The value of the VLBW risk pool is not a fixed amount; rather, the risk pool is funded by the reduction to the capitation rates and will vary with actual enrollment. Funds in the VLBW risk pool will be distributed to the MCOs based on actual prevalence of VLBW occurrences. As such, the VLBW risk pool is budget neutral to the DHCFFP.

For more detail regarding the VLBW risk pool payment, please refer to Section 4.

Credibility Adjustments

To increase the stability and statistical credibility of small rate cells, credibility weighting is applied to rate cells with partial credibility, using the classical credibility formula. Rate cells are considered fully credible at a threshold of 36,000 base member months. For rate cells determined to have partial credibility, projected medical cost PMPMs were blended with manual rates.

The manual rates were calculated by blending projected medical costs for other rate cells. A summary of the development of manual rates for applicable rate cells are as follows:

- TANF/CHAP Northern region: Manual rates leverage the projected medical cost of the respective TANF/CHAP age/gender rate cell in the Southern region. A region factor is applied based on the relative composite projected medical cost for TANF/CHAP Child and TANF/CHAP Adult between the Northern and Southern regions, with composites based on the TANF/CHAP Northern region projected member months.
- Check Up: Manual rates are a blend of three components, the projected medical cost of the respective age/gender cell in TANF/CHAP Child for both Northern and Southern regions as well as the respective age/gender cell in Check Up for the opposing region. Region factors are applied similarly, as described above, when leveraging a rate cell in an opposing region. A COA differential factor is also applied when leveraging the TANF/CHAP Child rate cells based on the relative composite projected medical cost for

TANF/CHAP Child and Check Up, separated into under age one year and ages one year to 18 years.

The credibility weighting, manual rate PMPMs, and blended final medical PMPMs are provided in Appendix D.

Delivery Case Rate

For CY 2024, DHCFP will continue the MCO DCR contract provision to provide a supplemental delivery payment associated with members delivering a child. The supplemental payment amount is based on services incurred during inpatient hospital admissions for delivery and does not reflect costs for any of the following: newborn costs associated with the delivery event, prenatal care, or postpartum care. These costs are instead reflected in the monthly capitation rates for their respective rate cell. Where there are multiple live births, the event will be treated as a single delivery event, and only one supplemental payment will be paid.

The average delivery event costs are significantly higher than the average medical cost of care for men and non-pregnant women with similar demographic characteristics. Due to the variance in cost, the DCR supplemental payment allows payment to better match risk by mitigating variation in the prevalence of delivery events.

The development of the projected benefit cost for the supplemental payment uses the same data sources and follows the same methodology to that used in developing the CY 2024 capitation rates as described in the “Base Data” and “Base Data Adjustments” subsections of Section 2. The delivery data is identified by filtering the base data to identify claims with Diagnosis Related Group codes and/or diagnosis codes indicating the delivery event. All costs incurred during the dates of such a delivery event are excluded from the main capitation rate development and included in the development of the DCR. Trend and the fee schedule reimbursement increases for the professional fee changes are applied to the projected benefit cost.

The DCR development methodology includes a case-mix adjustment based on review of delivery counts for Cesarean versus vaginal deliveries over time. The projected mix selected for CY 2024 is 33.1% Cesarean births and 66.9% vaginal births, approximately a 0.5 percentage point reduction in Cesarean birth rate as compared to the CY 2022 base period.

The DCR is developed on a per delivery event basis and is irrespective of delivery prevalence within the population. Projected delivery counts were developed based on a review of the prevalence of delivery events per childbearing-aged female rate cell in the experience data (January 2020 through March 2023). In addition, Mercer considered the impact of the eligibility coverage expansions on the delivery count projections.

The development of the DCR is shown in Appendix H.

Section 4

Special Contract Provisions Related to Payment

Incentive Arrangements

There are three MCO incentive arrangements effective for CY 2024:

- Primary care investment
- Value-based purchasing (VBP) enhancement
- Improve outcomes for women

There is no impact on the CY 2024 capitation rates for the provision of the incentive arrangements. The CY 2024 capitation rates reflect Mercer's best estimate projection of reasonable, appropriate, and attainable costs.

Per information provided by DHCFP, the total payments under the incentive arrangements applicable to CY 2024, and described below, have been designed in such a manner as to not exceed 105% of the capitation payments for each MCO.

Additional details specific to the incentive arrangements requirements can be found in the MCO contract.

Primary Care Investment

For CY 2024, DHCFP will continue an incentive arrangement for primary care investment under which an MCO may receive up to a maximum 1.2% over and above the capitation rate for meeting targets specified in the MCO contract, effective for the entirety of the CY 2024 contract period (January 1, 2024, through December 31, 2024). MCO performance will be evaluated on three-tiered basis. The incentive arrangement provision for primary care investment is intended as a bonus payment for increasing primary care medical expenditures as a portion of total medical expenditures and applies to all of the MCOs.

Value-Based Purchasing Enhancement

For CY 2024, DHCFP will continue an incentive arrangement for VBP enhancement under which an MCO may receive up to 1.0% over and above the capitation rate for meeting targets specified in the MCO contract, effective for the entirety of the CY 2024 contract period (January 1, 2024, through December 31, 2024). The incentive arrangement provision for VBP enhancement is intended as a bonus payment to increase/expand the use of VBP in the Medicaid managed care program and applies to all of the MCOs.

Improve Outcomes for Women

For CY 2024, DHCFP will implement an incentive arrangement to promote the development of a more robust maternal health system for screening, treatment, and education related to syphilis, which is needed to improve pregnant women's birthing outcomes, under which an MCO may receive up to 1.0% over and above the capitation rate for meeting targets specified in the MCO contract, effective for the entirety of the CY 2024 contract period (January 1, 2024 through December 31, 2024). The incentive arrangement provision is intended as a bonus payment and applies to all of the MCOs.

Withhold Arrangements

For CY 2024, DHCFP will continue a withhold arrangement under which 1.5% of the capitation rate will be withheld from an MCO, and a portion, or all, of the withheld amount will be paid to the MCO for meeting the targets outlined in the MCO contract, effective for the entirety of the CY 2024 contract period (January 1, 2024 through December 31, 2024). This arrangement was included in the prior rating period. The 1.5% will be withheld from each capitation rate cell, and this withhold arrangement provision applies to all of the MCOs. Earned withhold will be evaluated and processed for payment no later than twelve months after the closing of the contract period.

The CY 2024 withhold arrangement aligns with the State's quality strategy to improve health outcomes for enrolled members.

The State set MCO-specific performance targets for three HEDIS[®] measures. The performance targets represent incremental improvement over performance from the 2022 measurement year baseline. Through discussions with DHCFP and the State's external quality review vendor, the CY 2024 quality withhold targets were deemed to be reasonably achievable. The incremental improvements needed to achieve the CY 2024 targets relative to the baseline period were consistent with rate-development assumptions for the CY 2024 projected benefit cost for returning utilization across relevant service categories.

The MCOs are, therefore, reasonably expected to achieve 100% of the 1.5% withhold for CY 2024. As no portion of the withhold was determined to not be reasonably achievable, the capitation rates gross of the withhold are considered actuarially sound.

There is no impact on the CY 2024 projected benefit or administrative cost for the provision of a withhold arrangement. The CY 2024 capitation rates reflect Mercer's best estimate projection of reasonable, appropriate, and attainable costs. The 1.5% withhold was determined to be reasonable given the MCOs' financial operating needs, the size and characteristics of the populations covered under the contract, and the MCOs' capital reserves. The withhold arrangement was taken into consideration in evaluating the cost of capital requirements when developing the CY 2024 underwriting gain assumption described in the "Underwriting Gain" subsection of Section 5.

Additional details specific to the withhold arrangement requirements can be found in the MCO contract.

Risk-Sharing Mechanisms

There are four risk-sharing mechanisms effective for CY 2024:

- Inpatient hospital stop-loss
- VLBW risk pool
- Remittance on minimum medical loss ratio (MLR)
- Risk corridor

Inpatient Hospital Stop-Loss

For CY 2024, DHCFP will continue an MCO stop-loss contract provision for inpatient hospital claims. The prior MCO contract included an inpatient stop-loss provision, and the risk-mitigation mechanism was approved by CMS for prior rating periods. This inpatient hospital stop-loss provision applies to all the MCOs.

Inpatient hospital stop-loss is intended to mitigate catastrophic hospital costs for high-cost members. Inpatient is the largest medical service category covered by the risk based MCOs for catastrophic claims. Providing stop-loss on high-cost members is a relatively common tool used by states and their actuaries across the country to enable DHCFP to assume partial risk for these members.

DHCFP will assume partial risk for member-level inpatient hospital medical costs that exceed \$500,000 during CY 2024. The DHCFP will reimburse the MCO at 75% of the contractor's paid amount for a member's inpatient hospital medical costs above the \$500,000 attachment point, inclusive of a 30-day period prior to the commencement of CY 2024. The MCO will be responsible for the remaining 25% of the costs and shall continue to care for the member under the terms of the MCO contract.

A description of the effect of inpatient hospital stop-loss on the development of capitation rates is provided in Section 3. This risk-mitigation program has been developed in accordance with generally accepted actuarial principles and practices.

VLBW Risk Pool

For CY 2024, DHCFP will continue an MCO contract provision for a risk pool to fund supplemental payments for VLBW members. This risk mitigation program was in place for the entirety of the prior MCO contract and approved by CMS for prior rating periods. This risk pool applies to all the MCOs.

VLBW babies are typically very high-cost members, with long inpatient hospital stays within the first 90 days of life and have significantly higher costs than the average under age one year member. Due to the variance in cost within this rate cell, the VLBW risk pool is intended to mitigate the risk of a disproportionate share of VLBW babies among MCOs.

When a qualifying VLBW event is reported, DHCFP will issue the VLBW payment to the applicable MCO. If the number of actual VLBW events exceed the funds available in the

VLBW risk pool, the MCOs will receive \$0 for any VLBW event that exceeds the funding amount available in the risk pool. Conversely, if at the end of the rating period there are any funds remaining in the VLBW risk pool, DHCFP will redistribute those remaining funds to the MCOs based on a distribution of infant member months during the period.

A description of the effect of the VLBW risk pool on the development of capitation rates can be found in Section 3. The VLBW case rate benefit cost is \$115,000. The case rate is loaded for administration, underwriting gain, and premium tax for a total of \$136,464.93.

This risk mitigation program has been developed in accordance with generally accepted actuarial principles and practices.

Remittance on Minimum MLR

For CY 2024, DHCFP will continue an MCO contract provision for remittance to the State if an MCO's MLR falls below 85%. An MLR remittance was in place for the Medicaid population for the entirety of the prior MCO contract and for the CHIP population since CY 2019 and has been approved by CMS for prior rating periods. The minimum MLR remittance applies to all the MCOs.

CMS regulations offer states the option to require a remittance from plans if their reported MLR per 42 C.F.R. §438.8 is less than the State's minimum MLR. DHCFP has opted to incorporate this optional requirement into the program to provide the State some protection against excess gains in the Nevada Medicaid managed care program.

The MCOs provide an MLR report to DHCFP within 12 months of the end of the rating period, in accordance with CMS regulation and guidance. If the calculated MLR for an MCO falls below the State's minimum MLR of 85%, the State will collect a remittance from that MCO. The MLR remittance will be calculated separately for TANF/CHAP and Expansion within Title XIX of the Social Security Act; the MLR remittance will continue to be calculated separately for Title XXI of the Social Security Act.

Although capitation rates are not directly affected by the minimum MLR requirement, the rates have been developed in such a way that the MCOs are reasonably expected to achieve an MLR of at least 85% for CY 2024.

This risk-mitigation program has been developed in accordance with generally accepted actuarial principles and practices.

Risk Corridor

For CY 2024, DHCFP will continue a symmetrical, two-sided MLR-based risk corridor on all populations and all medical costs. The risk corridor is being implemented as a response to the period following the end of the COVID-19 PHE and related unwinding. This risk corridor applies to all the MCOs.

The CY 2024 rating period remains a period of uncertainty due to the impact of the COVID-19 PHE and related unwinding and corresponding economic and enrollment impacts. The risk corridor is intended to mitigate excess managed care gains or losses due to

uncertainty in rate development for CY 2024, limiting financial risks to both State and local governments and managed care plans.

This risk corridor applies to all populations, services, and rating regions included in the Medicaid/CHIP managed care program. The parameters of the CY 2024 risk corridor are as follows:

- The target MLR for CY 2024 is 89.50%. For purposes of the risk corridor, the MLR will be computed consistent with CMS regulations as outlined in 42 C.F.R. § 438.8 and related policy guidance, with the exception that state directed payments that are separate payments streams will be excluded from the risk corridor’s MLR calculation. The target MLR was set consistent with CY 2024 capitation rate development assumptions, including the assumptions for the non-medical expense load, consideration for the portion attributable to MLR-allowable health care quality improvement expenses, and other nuances of the CMS MLR definitions. The State and Mercer are proposing one uniform risk corridor for all four MCOs. The selection of an 89.50% target MLR was considered reasonable and appropriate for the program.
- Risk corridor bands and sharing levels are shown in Table 5 below. In developing the risk corridor bands and sharing levels, considerations included the parameters used in Nevada’s historical risk corridors, parameters used in other states with similar Medicaid managed care programs, and a review of guidance provided by CMS. The parameters selected for the CY 2024 risk corridor are structured similarly to the example provided in the May 14, 2020, CMS informational bulletin.⁴ The DHCFP will limit MCO gains and losses in CY 2024 if the actual MLR is different from the target MLR within a specific margin, as laid out in Table 5 below:

Table 5: Risk Corridor Sharing Parameters

| MLR Corridor | MCO Share of Gain/Loss | DHCFP/Federal Share of Gain/Loss |
|-------------------------------------|------------------------|----------------------------------|
| MLR of less than 85.50% | 25% | 75% |
| MLR of 85.50% to less than 87.50% | 50% | 50% |
| MLR of 87.50% to 91.50% | 100% | 0% |
| MLR of 91.50% to less than 93.50% | 50% | 50% |
| MLR greater than or equal to 93.50% | 25% | 75% |

DHCFP will provide MCOs with a reporting tool, along with an instructional guide, for the CY 2024 risk corridor. The reporting tool and the MLR calculation will be consistent with the regulations set forth in 42 C.F.R. § 438.8, with the exception that the MLR calculation will exclude all state directed payments paid through a separate payment term from both the numerator and denominator. DHCFP will allow for reasonable claims run out as well as

⁴ CMS. *Medicaid Managed Care Options in Responding to COVID-19*. May 2020. <https://www.medicare.gov/sites/default/files/Federal-Policy-Guidance/Downloads/cib051420.pdf>.

reflection of any other adjustments applicable to CY 2024 revenues, such as risk adjustment and payment of all supplemental per event payments, before computing the risk corridor settlement.

There is no impact on the CY 2024 capitation rates for the provision of a risk corridor. The CY 2024 capitation rates reflect Mercer’s best estimate projection of reasonable, appropriate, and attainable costs.

This risk mitigation program has been developed in accordance with generally accepted actuarial principles and practices. Additional details specific to the risk corridor requirements can be found in the MCO contract.

State Directed Payments

There are six State directed payments under 42 C.F.R. § 438.6(c) proposed for the program in CY 2024. Preprints for the four applicable proposed payment arrangements were submitted to CMS, with the remaining preprint anticipated to be submitted by December 31, 2023. The payments are accounted for in this rate certification in a manner that is consistent with the preprints submitted, or anticipated to be submitted, for CMS review. A summary of the State directed payments that Mercer was aware of at the time this certification was produced are described in this Section and are provided in Table 6.

Table 6: State Directed Payment Overview

| Control Name | Type of Payment | Brief Description | Is the Payment included as a Rate Adjustment or Separate Payment Term? |
|--------------------------------------|-----------------------------|---|--|
| NV_Fee_AMC_Renewal_20240101-20241231 | Uniform percentage increase | Uniform percentage increase for services provided by designated practitioners through an eligible public teaching entity set as difference between average commercial rates and Medicaid base reimbursement | Separate payment term |

| Control Name | Type of Payment | Brief Description | Is the Payment included as a Rate Adjustment or Separate Payment Term? |
|---|------------------------------------|--|--|
| NV_Fee_IPH.OPH_Renewal_20240101-20241231 | Uniform percentage increase | Uniform percentage increase for inpatient and outpatient services provided by eligible public hospitals set as an increase of 317% for inpatient and 751% for outpatient services above the Medicaid base reimbursement | Separate payment term |
| NV_VBP_BHO.Oth_Renewal_20240101-20241231 | Performance improvement initiative | Quality incentive payments for CCBHCs at a maximum of 15% of total bundled rate payments, dependent on meeting specified performance measures | Separate payment term |
| CCBHC Bundled Rate (no preprint required) | Minimum fee schedule | Minimum fee schedule set at Medicaid State plan rate | Rate adjustment |
| NV_Fee_IPH.OPH2_New_20240101-20241231 | Uniform dollar increase | Uniform dollar increase for inpatient and outpatient services provided by eligible private hospitals set as difference between average commercial rate and Medicaid base reimbursement or Medicare upper payment limit and Medicaid base reimbursement depending on provider class | Separate payment term |

| Control Name | Type of Payment | Brief Description | Is the Payment included as a Rate Adjustment or Separate Payment Term? |
|--|------------------------------------|---|--|
| Control Name TBD – Nursing Facility Payments | Performance Improvement Initiative | Supplemental payment for nursing facilities based on four components (number of bed days, acuity of patients, set of quality metrics, and accuracy of minimum data set) | Separate payment term |

Additional detail related to the State directed payment that was incorporated into this rate certification in the base capitation rates as a rate adjustment is provided in Table 7.

Table 7: Rate Adjustment State Directed Payments

| Control Name | Rate Cells Affected | Impact | Description of the Adjustment | Confirmation the Rates are Consistent with the Preprint |
|---|---------------------------|---------------------|---|---|
| CCBHC Bundled Rate (no preprint required) | All capitation rate cells | Refer to Appendix I | See Section 3, subsection “CCBHC Services Directed Payment” | Not applicable |

Additional detail related to the State directed payments that will be incorporated as separate payment terms described in this section are provided in Table 8.

Table 8: Separate Payment Term State Directed Payments

| Control Name | Aggregate Amount Included in the Certification (Excluding MCO Premium Tax) | Aggregate Amount Included in the Certification (Grossed up for MCO Premium Tax) | Statement that the Actuary is Certifying the Separate Payment Term | The Magnitude on a PMPM Basis | Confirmation the Rate Development is Consistent with the Preprint | Confirmation that the State and Actuary will Submit Required Documentation at the End of the Rating Period |
|---|--|---|--|-------------------------------|---|--|
| NV_Fee_AMC_Renewal_20240101-20241231 | \$30.9 million | \$32.0 million | The signing actuary certifies the separate payment term | Refer to Appendix I | The State directed payment is accounted for consistent with the submitted preprint on September 28, 2023. CMS approved the preprint on December 12, 2023. | DHCFP will submit documentation to incorporate the total amount of the State directed payment |
| NV_Fee_I PH.OPH_Renewal_20240101-20241231 | \$232.0 million | \$240.1 million | The signing actuary certifies the separate payment term | Refer to Appendix I | The State directed payment is accounted for, consistent with the submitted preprint on September 28, 2023. The preprint is under CMS review. | DHCFP will submit documentation to incorporate the total amount of the State directed payment |

| Control Name | Aggregate Amount Included in the Certification (Excluding MCO Premium Tax) | Aggregate Amount Included in the Certification (Grossed up for MCO Premium Tax) | Statement that the Actuary is Certifying the Separate Payment Term | The Magnitude on a PMPM Basis | Confirmation the Rate Development is Consistent with the Preprint | Confirmation that the State and Actuary will Submit Required Documentation at the End of the Rating Period |
|--|--|---|--|-------------------------------|--|--|
| NV_VBP_BHO.Oth_Renewal_20240101 - 20241231 | \$1.5 million | \$1.6 million | The signing actuary certifies the separate payment term | Refer to Appendix I | The State directed payment is accounted for, consistent with the submitted preprint on October 23, 2023. The preprint is under CMS review. | DHCFP will submit documentation to incorporate the total amount of the State directed payment |
| NV_Fee_I PH.OPH2_New_20240101-20241231 | \$748.8 million | \$775.9 million | The signing actuary certifies the separate payment term | Refer to Appendix I | The State directed payment is accounted for, consistent with the submitted preprint on September 29, 2023. The preprint is under CMS review. | DHCFP will submit documentation to incorporate the total amount of the State directed payment |

| Control Name | Aggregate Amount Included in the Certification (Excluding MCO Premium Tax) | Aggregate Amount Included in the Certification (Grossed up for MCO Premium Tax) | Statement that the Actuary is Certifying the Separate Payment Term | The Magnitude on a PMPM Basis | Confirmation the Rate Development is Consistent with the Preprint | Confirmation that the State and Actuary will Submit Required Documentation at the End of the Rating Period |
|--|--|---|--|-------------------------------|---|--|
| Control Name TBD – Nursing Facility Payments | \$13.2 million | \$13.7 million | The signing actuary certifies the separate payment term | Refer to Appendix I | The State directed payment is accounted for, consistent with the submitted preprint on December 20, 2023. The preprint is under CMS review. | DHCFP will submit documentation to incorporate the total amount of the State directed payment |

Appendix I, Separate Payment Term exhibit, illustrates the estimated magnitude of each separate payment term State directed payment on a PMPM basis for each rate cell. These amounts are developed based on the CY 2024 projected aggregate estimated payments provided by DHCFP. The estimated payments are then grossed up for the 3.50% Nevada State premium tax to produce the estimated impact to managed care capitation. The estimated dollar impacts are distributed by rate cell based on the projected CY 2024 utilization mix by rate cell, estimated using utilization for applicable services by rate cell identified in the CY 2022 base data, reweighted on CY 2024 projected enrollment.

Final payments made will vary from these estimates based on actual utilization or performance measures for applicable services in CY 2024. After the rating period is complete, the State will submit documentation to CMS that incorporates the total amounts for each directed payment into the rate certification’s rate cells, distributed consistent with the distribution methodology noted below.

To Mercer’s knowledge, there are no additional directed payments in the program for CY 2024 that are not addressed in this rate certification. There are no requirements regarding the reimbursement rates the MCOs must pay to any providers unless specified in the certification as a directed payment or authorized under applicable law, regulation, or waiver.

Services in a Teaching Environment

The State directed payment for professional services provided in a teaching environment (CMS control name NV_Fee_AMC_Renewal_20240101-20241231) is in alignment with the

State plan rate for professional services delivered in a teaching environment as detailed in State Plan Attachment 4.19-B, pages 8, 9, and 9a. The directed payment is a uniform percentage increase for services provided by designated practitioners through an eligible public teaching entity. The directed payment will increase payments by the difference between payments under the average commercial rates and Medicaid base reimbursement for this provider class; therefore, total Medicaid reimbursement will not exceed estimated payments under average commercial rates. This directed payment was approved by CMS for prior rating periods.

This directed payment is incorporated as a separate payment term. The aggregate estimated impact to managed care capitation under this State directed payment is \$31,968,228 inclusive of the MCO premium tax. Payments will be issued quarterly. The first three payments for each will be 25% of the projected aggregate estimated payment amount under the directed payment. After the final quarter of the year, the final reimbursement total will be reconciled using actual service utilization or applicable services for the year under the directed payment. The fourth and final payment of the year for each directed payment will be the difference between the final reconciled reimbursement total and the first three quarterly payments.

All services that meet the eligibility criteria under the preprint will be subject to the same percentage increase.

Services Provided by Public Hospitals

The State directed payment for inpatient and outpatient services provided by public hospitals (CMS control name NV_Fee_IPH.OPH_Renewal_20240101-20241231) is for inpatient and outpatient services provided by public hospitals in counties whose population is 700,000 or more. The inpatient reimbursement will be consistent with the supplemental payment for non-state governmentally owned or operated hospitals as detailed in State Plan, and the outpatient reimbursement will be consistent with the supplemental payment for non-state governmentally owned or operated hospitals as detailed in State Plan Attachment 4.19-B, pages 20 and 20 (Continued). The directed payment is a uniform percentage increase for inpatient and outpatient services provided by eligible public hospitals. New for CY 2024, the payment calculation methodology changed. The directed payment will increase payments by the difference of 317% for inpatient services in this provider class and 751% for outpatient services in this provider class above the Medicaid base reimbursement. Following the rating period, the average commercial rate percentages will be recalculated and adjusted if necessary to not exceed the fixed pool payment; therefore, total Medicaid reimbursement will not exceed 100% of the average commercial rates. This directed payment was approved by CMS for prior rating periods.

This directed payment is incorporated as a separate payment term. The aggregate estimated impact to managed care capitation under this State directed payment is \$240,129,255 inclusive of the MCO premium tax. Payments will be issued quarterly. The first three payments for each will be 25% of the projected fixed pool amount under the directed payment. After the final quarter of the year, the final reimbursement total will be reconciled using actual service utilization or applicable services for the year under the directed payment.

The fourth and final payment of the year for each directed payment will be the difference between the final reconciled reimbursement total and the first three quarterly payments.

All services that meet the eligibility criteria under the preprint will be eligible for the same enhanced reimbursement.

CCBHC Quality Payments

The State directed payment for CCBHC quality payments (CMS control name NV_VBP_BHO.Oth_Renewal_20240101-20241231) is for quality incentive payments for CCBHCs achieving established performance metrics. Between 11 and 13 CCBHCs are anticipated to provide services under the State Plan Amendment 19-010 within the State for CY 2024 that are eligible to receive quality incentive payments. The performance period is based on each entity's fiscal year. The payments are up to 15% of the total facility-specific bundled rate payments made to the CCBHC in the performance period on a statewide basis. Payments will be issued annually, and the managed care portion of the quality payments will be attributed to the rating period in which the entity's fiscal year ends. This directed payment was approved by CMS for prior rating periods.

This directed payment is incorporated as a separate payment term, and the aggregate estimated impact to managed care capitation under this directed payment is \$1,578,081 inclusive of the MCO premium tax.

Services Provided by Private Hospitals

The State directed payment for inpatient and outpatient services provided by private hospitals (CMS control name NV_Fee_IPH.OPH2_New_20240101-20241231) is for inpatient and outpatient services provided by private hospitals. The directed payment is a uniform dollar increase for inpatient and outpatient services provided by eligible private hospitals per respective provider class. The directed payment will increase payments for inpatient services from \$326 to \$2,230 per day and increase payments for outpatient services from \$190 to \$3,295 per encounter by provider class. For short-term acute and critical access hospital classes, total payments will not exceed 100% of the average commercial rates. For long-term acute care, rehabilitation and psychiatric hospitals, total payments will not exceed 100% of Medicare. This directed payment is new for CY 2024, and at the time of this certification, the preprint form was pending CMS approval.

This directed payment is incorporated as a separate payment term. The aggregate estimated impact to managed care capitation under this State directed payment is \$775,938,694 inclusive of the MCO premium tax. DHCFP will make interim quarterly payments to each MCO. After the close of the rating period, the final reimbursement total will be reconciled using actual service utilization or applicable services for the year under the directed payment.

All services that meet the eligibility criteria under the preprint will be eligible for the same enhanced reimbursement.

Nursing Facility Payments

The State directed payment for nursing facility payments (CMS control name TBD) is for eligible freestanding nursing facilities. The directed payment has four components, including 50% payment based on a facility's number of bed days in a given quarter (41% of payment), the acuity of the patients at the facility (50% of payment), a set of quality metrics (4.5% of payment), and the accuracy of the minimum data set (4.5% of payment). This directed payment is new for CY 2024, and at the time of this certification, the preprint form was forthcoming submission to CMS for approval.

This directed payment is incorporated as a separate payment term. The aggregate estimated impact to managed care capitation under this State directed payment is \$13,678,756 inclusive of the MCO premium tax. Payments will be issued quarterly. The fourth and final payment of the year for the directed payment will be reconciled using actual service utilization data for the year.

All services that meet the eligibility criteria under the preprint will be eligible for the same enhanced reimbursement.

Pass-Through Payments

There continues to be no pass-through payments applicable to the program during CY 2024.

Section 5

Projected Non-Benefit Costs

Administrative Expense

The CY 2024 rates include provisions for MCO administrative expense. Administrative expenses were developed on a PMPM basis leveraging multiple data sources, including MCO-reported non-benefit expenses in the SDR, ad hoc information from DHCFP and the MCOs, along with regional and national administrative expense benchmarks for similar Medicaid populations. Administration expenses by rate cell and in aggregate are provided on a PMPM basis and as a percentage load in Appendix E.

Non-Pharmacy Administration

To develop the non-pharmacy-related portion of the administrative expense, Mercer reviewed historical MCO administrative expenses reported in the SDR by quarter from CY 2021 Q1 to CY 2023 Q1. Through discussion with each MCO on its reported expenses, Mercer adjusted the reported administrative expenses to remove one-time expenses.

Subsequent adjustments were made to the administrative expenses reported for CY 2021 to reflect increased administrative and care management requirements from the MCO contract that was effective January 1, 2022. Each of the incumbent MCOs provided information regarding additional FTEs and salaries needed to meet the updated MCO contract requirements that were above and beyond staffing included in the historical administrative expense data for CY 2021. Last, additional adjustments were made to the reported administrative expenses to reflect increased staffing burden to meet the administration requirements of the State directed payments.

The adjusted administrative expenses for CY 2021 and CY 2022 were projected forward to CY 2024 for cost trends, based on a review of the Consumer Price Index and Employment Cost Index; CY 2021 was projected forward at an annualized rate of 4.7%, and CY 2022 was projected forward at an annualized rate of 4.3%. Consistent with the prior administrative expense development, the projected administrative expenses were blended together to develop the non-pharmacy administrative expense load for the CY 2024 rating period.

Mercer also considered the interaction between the MCOs and CCBHCs related to care management requirements. Mercer verified by having each MCO attest that there is no duplication of services between internal MCO activities and the targeted care management services performed by CCBHCs.

Pharmacy Administration

Pharmacy administration expense was developed separately from non-pharmacy-related administration expenses. Mercer reviewed MCO-reported pharmacy administration expenses in CY 2022 for all four MCOs, relative to their respective pharmacy benefit expenditures over the same period. After accounting for anticipated enrollment changes in plan mix between

the base and rating period, the pharmacy administration expense for CY 2024 was estimated at 1.90% of projected pharmacy benefit expenses.

Administrative Expense Allocation

Administrative expense was projected across all MCO-covered members and was then allocated by major COA and converted to a percentage load.

For the non-pharmacy portion of the administrative expense, 15% of the PMPM was allocated to capitation for each major COA, and 85% was variable as a function of the final projected benefit costs. As the fixed cost for members is captured through the allocation to capitation rates, the case rates are loaded for the variable portion only. The pharmacy administration expense was allocated to each major COA on a 100% variable basis by projected pharmacy scripts. The resulting combined administrative expense PMPM for each major COA and the case rates were converted to a percentage load. The resulting percentage loads were applied uniformly to the underlying rate cells.

Underwriting Gain

The CY 2024 rates include provisions for underwriting gain, which implicitly and broadly considers the cost of capital and level of risk in the program, including the various risk-mitigation strategies and the quality withhold employed in CY 2024. The analysis used MCO-audited financial statements, premium and expense information, and enrollment data to determine underwriting gain assumptions that are sufficient to cover, at least, minimum costs of capital needs. Mercer verified that the underwriting gain percentage load was no less than the output from the Society of Actuaries Medicaid Managed Care Underwriting Margin Model. Underwriting gain is determined as a percentage of the capitation prior to the loading of State premium tax. An underwriting gain percentage load of 1.50% is applied to each rate cell.

Underwriting gain by rate cell and in aggregate are provided on a PMPM basis and as a percentage load in Appendix E.

Premium Tax

All MCOs are subject to Nevada State premium tax of 3.50% for CY 2024. Each rate cell includes an additional 3.50% load for premium tax.

The PMPM impacts of the premium tax by rate cell and in aggregate are provided in Appendix E.

Section 6

Risk Adjustment

Overview

There is currently no prospective risk adjustment applied to the CY 2024 rates. The State reserves the right to implement prospective risk adjustment. If implemented, appropriate documentation would be provided at that time.

There will be a final retrospective application of risk adjustment applied to CY 2024 capitation rates, performed once annually following the end of the rating period. Under age one year rate cells will not be risk adjusted nor will per event supplemental case rates; capitation rates will be risk adjusted net of directed payments paid under separate payment terms and net of the quality withhold. Mercer will perform the risk adjustment.

The data used for risk adjustment will include MCO-submitted encounter data and FFS claims data with CY 2024 dates of service for all members who were enrolled with an MCO within CY 2024. The data utilized for the final retrospective risk adjustment will include at least three months of runout and include only those encounters and claims recorded in the Nevada data warehouse; therefore, MCO-denied or State-rejected encounters and claims will not be used. Claims/encounters that do not involve an encounter with a physician and are diagnostic in nature, such as professional laboratory and diagnostic radiology claims, will be excluded.

Mercer currently intends to use the most recent Combined Chronic Illness and Disability Payment System and Medicaid Rx (CDPS+Rx) risk-adjustment model with national concurrent risk weights. The model is a combination of two models developed by the University of California, San Diego: the Chronic Illness and Disability Payment System model is a diagnosis-based risk-adjustment model that uses diagnosis codes to assess risk, and the Medicaid Rx is a pharmacy-based model that uses National Drug Codes to assess risk. Mercer will not include the CDPS+Rx maternity categories, as the DCR is not risk adjusted.

Mercer does not currently anticipate making any substantive changes to the risk-adjustment model compared to CY 2023 beyond using the most up-to-date version of the CDPS+Rx model; however, the State reserves the right to update the approach per the MCO contract. In the event changes are made to the risk adjustment model, appropriate documentation would be provided at that time. Risk adjustment will be normalized on the capitation rates and will be budget neutral to the State by region and COA.

Section 7

Acuity Adjustments

A prospective acuity adjustment was applied to the CY 2024 rates across all MCOs and the Nevada Medicaid managed care program to account for uncertainty due to the COVID-19 PHE and related unwinding, as described in the “Population Acuity” subsection of Section 3.

There is currently no retrospective acuity adjustment applied to the CY 2024 rates. If implemented, appropriate documentation would be provided at that time.

Section 8

Certification of Final Rates

This certification assumes items in the Medicaid State plan, including any proposed State plan amendments, as well as the MCO contract, have been or will be approved by CMS.

In preparing the capitation rates found in Appendix A and directed payment separate payment term estimates found in Appendix I for CY 2024 for the Nevada Medicaid managed care program, Mercer has used and relied upon enrollment, eligibility, encounter, claims, revenue, and other information supplied by DHCFP and its vendors. DHCFP and its vendors are responsible for the validity and completeness of this supplied data and information. Mercer has reviewed the summarized data and information for internal consistency and reasonableness but did not audit it. In Mercer's opinion, the data used for the rate development process is appropriate for the intended purposes. If the data and information is incomplete or inaccurate, the values shown in this certification may need to be revised accordingly.

Because modeling all aspects of a situation or scenario is not possible or practical, Mercer may use summary information, estimates, or simplifications of calculations to facilitate the modeling of future events in an efficient and cost-effective manner. Mercer may also exclude factors or data that are immaterial in its judgment. Use of such simplifying techniques does not, in Mercer's judgment, affect the reasonableness, appropriateness, or attainability of the results for the Medicaid program. Actuarial assumptions may also be changed from one certification period to the next because of changes in mandated requirements, program experience, changes in expectations about the future, and other factors. A change in assumptions is not an indication that prior assumptions were unreasonable, inappropriate, or unattainable when they were made.

Mercer certifies that the Nevada Medicaid managed care program capitation rates and the directed payment separate payment term estimates were developed in accordance with generally accepted actuarial practices and principles and are appropriate for the covered populations and services under the managed care contract. The undersigned actuary is a member of the American Academy of Actuaries and meets its US Qualification Standards to certify to the actuarial soundness of Medicaid managed care capitation rates.

Capitation rates developed by Mercer are actuarial projections of future contingent events. All estimates are based upon the information and data available at a point in time and are subject to unforeseen and random events. Therefore, any projection must be interpreted as having a likely, and potentially wide, range of variability from the estimate. Any estimate or projection may not be used or relied upon by any other party or for any other purpose than for which it was issued by Mercer. Mercer is not responsible for the consequences of any unauthorized use. Actual MCO costs will differ from these projections. Mercer has developed these rates on behalf of DHCFP to demonstrate compliance with CMS requirements under 42 C.F.R. § 438.4 and in accordance with applicable laws and regulations. Use of these rates for any purpose beyond that stated may not be appropriate.

MCOs are advised that the use of these rates may not be appropriate for their particular circumstance, and Mercer disclaims any responsibility for the use of these rates by MCOs for any purpose. Mercer recommends that any MCO considering contracting with DHCFP should analyze its own projected medical expense, administrative expense and any other premium needs for comparison to these rates before deciding whether to contract with DHCFP.

DHCFP understands that Mercer is not engaged in the practice of law, or in providing advice on taxation matters. This report, which may include commenting on legal or taxation issues or regulations, does not constitute and is not a substitute for legal or taxation advice. Accordingly, Mercer recommends that DHCFP secure the advice of competent legal and taxation counsel with respect to any legal or taxation matters related to this report or otherwise.

This certification assumes the reader is familiar with the Nevada Medicaid managed care program, Medicaid eligibility rules, and actuarial rating techniques. It has been prepared exclusively for DHCFP and should not be relied upon by third parties. Other readers should seek the advice of actuaries or other qualified professionals competent in the area of actuarial rate projections to understand the technical nature of these results. This report should only be reviewed in its entirety, and Mercer is not responsible for, and expressly disclaims liability for, any reliance on this report by third parties.

Sincerely,

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Roger Figueroa, FSA, MAAA
Principal

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES
Appendix A: CY 2024 Final Certified Rates and Comparison

| Region | COA | Rating Group | Projected MMs/Counts | CY 2024 | CY 2023 Certified ¹ | CY 2023 Payment ² | % Change CY 2024 to Certified | % Change CY 2024 to Payment |
|---------------------------|-----------------|--------------------|----------------------|---------------|--------------------------------|------------------------------|-------------------------------|-----------------------------|
| Capitation Rates | | | | | | | | |
| Northern | TANF/CHAP Child | Under 1 | 24,867 | \$ 607.37 | \$ 705.72 | \$ 716.31 | -13.9% | -15.2% |
| Northern | TANF/CHAP Child | Child 1-2 | 46,533 | \$ 128.32 | \$ 107.41 | \$ 109.02 | 19.5% | 17.7% |
| Northern | TANF/CHAP Child | Child 3-14 | 247,630 | \$ 95.87 | \$ 94.23 | \$ 95.64 | 1.7% | 0.2% |
| Northern | TANF/CHAP Child | Female 15-18 | 30,188 | \$ 198.25 | \$ 179.79 | \$ 182.49 | 10.3% | 8.6% |
| Northern | TANF/CHAP Child | Male 15-18 | 31,317 | \$ 117.50 | \$ 123.09 | \$ 124.94 | -4.5% | -6.0% |
| Northern | TANF/CHAP Adult | Female 19-34 | 49,108 | \$ 272.57 | \$ 268.32 | \$ 272.34 | 1.6% | 0.1% |
| Northern | TANF/CHAP Adult | Male 19-34 | 8,232 | \$ 146.34 | \$ 146.94 | \$ 149.14 | -0.4% | -1.9% |
| Northern | TANF/CHAP Adult | Female 35 and Over | 24,027 | \$ 434.52 | \$ 434.50 | \$ 441.02 | 0.0% | -1.5% |
| Northern | TANF/CHAP Adult | Male 35 and Over | 9,345 | \$ 357.74 | \$ 346.62 | \$ 351.82 | 3.2% | 1.7% |
| Northern | Check Up | Under 1 | 310 | \$ 314.70 | \$ 325.70 | \$ 330.59 | -3.4% | -4.8% |
| Northern | Check Up | Child 1-2 | 2,908 | \$ 119.47 | \$ 111.67 | \$ 113.35 | 7.0% | 5.4% |
| Northern | Check Up | Child 3-14 | 33,834 | \$ 83.11 | \$ 89.77 | \$ 91.12 | -7.4% | -8.8% |
| Northern | Check Up | Female 15-18 | 5,410 | \$ 142.87 | \$ 160.13 | \$ 162.53 | -10.8% | -12.1% |
| Northern | Check Up | Male 15-18 | 5,954 | \$ 94.68 | \$ 113.47 | \$ 115.17 | -16.6% | -17.8% |
| Northern | Expansion | Female 19-34 | 80,531 | \$ 280.91 | \$ 284.79 | \$ 289.06 | -1.4% | -2.8% |
| Northern | Expansion | Male 19-34 | 66,475 | \$ 290.24 | \$ 313.71 | \$ 318.42 | -7.5% | -8.8% |
| Northern | Expansion | Female 35 and Over | 98,589 | \$ 624.99 | \$ 577.97 | \$ 586.64 | 8.1% | 6.5% |
| Northern | Expansion | Male 35 and Over | 97,392 | \$ 628.52 | \$ 658.94 | \$ 668.82 | -4.6% | -6.0% |
| Southern | TANF/CHAP Child | Under 1 | 180,835 | \$ 666.74 | \$ 728.52 | \$ 739.45 | -8.5% | -9.8% |
| Southern | TANF/CHAP Child | Child 1-2 | 325,301 | \$ 133.17 | \$ 116.74 | \$ 118.49 | 14.1% | 12.4% |
| Southern | TANF/CHAP Child | Child 3-14 | 1,851,483 | \$ 109.98 | \$ 98.83 | \$ 100.31 | 11.3% | 9.6% |
| Southern | TANF/CHAP Child | Female 15-18 | 252,080 | \$ 160.71 | \$ 160.63 | \$ 163.04 | 0.0% | -1.4% |
| Southern | TANF/CHAP Child | Male 15-18 | 250,923 | \$ 130.24 | \$ 133.54 | \$ 135.54 | -2.5% | -3.9% |
| Southern | TANF/CHAP Adult | Female 19-34 | 380,809 | \$ 270.43 | \$ 282.84 | \$ 287.08 | -4.4% | -5.8% |
| Southern | TANF/CHAP Adult | Male 19-34 | 58,601 | \$ 171.25 | \$ 157.54 | \$ 159.90 | 8.7% | 7.1% |
| Southern | TANF/CHAP Adult | Female 35 and Over | 186,499 | \$ 491.97 | \$ 488.76 | \$ 496.09 | 0.7% | -0.8% |
| Southern | TANF/CHAP Adult | Male 35 and Over | 74,012 | \$ 411.25 | \$ 415.66 | \$ 421.89 | -1.1% | -2.5% |
| Southern | Check Up | Under 1 | 1,680 | \$ 266.84 | \$ 300.40 | \$ 304.91 | -11.2% | -12.5% |
| Southern | Check Up | Child 1-2 | 12,583 | \$ 143.79 | \$ 106.67 | \$ 108.27 | 34.8% | 32.8% |
| Southern | Check Up | Child 3-14 | 158,817 | \$ 115.00 | \$ 108.04 | \$ 109.66 | 6.4% | 4.9% |
| Southern | Check Up | Female 15-18 | 28,533 | \$ 124.70 | \$ 157.66 | \$ 160.02 | -20.9% | -22.1% |
| Southern | Check Up | Male 15-18 | 28,074 | \$ 114.48 | \$ 113.83 | \$ 115.54 | 0.6% | -0.9% |
| Southern | Expansion | Female 19-34 | 603,658 | \$ 269.01 | \$ 261.13 | \$ 265.05 | 3.0% | 1.5% |
| Southern | Expansion | Male 19-34 | 575,840 | \$ 276.13 | \$ 278.68 | \$ 282.86 | -0.9% | -2.4% |
| Southern | Expansion | Female 35 and Over | 747,990 | \$ 620.25 | \$ 605.10 | \$ 614.18 | 2.5% | 1.0% |
| Southern | Expansion | Male 35 and Over | 713,428 | \$ 686.81 | \$ 648.52 | \$ 658.25 | 5.9% | 4.3% |
| Delivery Case Rate | | | | | | | | |
| All Regions | TANF/CHAP Child | All | 505 | \$ 6,260.13 | \$ 6,186.68 | \$ 6,279.48 | 1.2% | -0.3% |
| All Regions | TANF/CHAP Adult | All | 12,211 | \$ 6,260.13 | \$ 6,186.68 | \$ 6,279.48 | 1.2% | -0.3% |
| All Regions | Check Up | All | 25 | \$ 6,260.13 | \$ 6,186.68 | \$ 6,279.48 | 1.2% | -0.3% |
| All Regions | Expansion | All | 2,009 | \$ 6,260.13 | \$ 6,186.68 | \$ 6,279.48 | 1.2% | -0.3% |
| VLBW Case Rate | | | | | | | | |
| All Regions | TANF/CHAP Child | All | 195 | \$ 136,464.93 | \$ 138,070.15 | \$ 140,141.20 | -1.2% | -2.6% |
| All Regions | TANF/CHAP Adult | All | - | \$ - | \$ - | \$ - | 0.0% | 0.0% |
| All Regions | Check Up | All | - | \$ 136,464.93 | \$ 138,070.15 | \$ 140,141.20 | -1.2% | -2.6% |
| All Regions | Expansion | All | - | \$ - | \$ - | \$ - | 0.0% | 0.0% |
| Composite PMPM | | | | | | | | |
| All Regions | TANF/CHAP Child | All | 3,241,157 | \$ 161.98 | \$ 157.96 | \$ 160.33 | 2.5% | 1.0% |
| All Regions | TANF/CHAP Adult | All | 790,633 | \$ 430.06 | \$ 433.16 | \$ 439.65 | -0.7% | -2.2% |
| All Regions | All TANF/CHAP | All | 4,031,790 | \$ 214.55 | \$ 211.92 | \$ 215.10 | 1.2% | -0.3% |
| All Regions | Check Up | All | 278,105 | \$ 115.22 | \$ 114.56 | \$ 116.28 | 0.6% | -0.9% |
| All Regions | Expansion | All | 2,983,902 | \$ 486.83 | \$ 472.79 | \$ 479.88 | 3.0% | 1.4% |
| All Regions | All COAs | All | 7,293,797 | \$ 322.15 | \$ 314.93 | \$ 319.66 | 2.3% | 0.8% |

General Notes:
- Totals may differ due to rounding.
- All composites are weighted on CY 2024 projected member months.

Footnotes:
1. CY 2023 Certified reflects the rates certified on December 22, 2022.
2. CY 2023 Payment reflects the contracted rates applying the de minimus 1.5% change exercised by DHCFF as allowed under 42 C.F.R. § 438.7(c)(3).

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix B: Base Data Comparison

| Region | COA | Rating Group | Projected MMs | CY 2024 Base | | CY 2023 Base | | % Change | |
|----------|-----------------|--------------------|---------------|--------------|---------------|--------------|---------------|----------|---------------|
| | | | | Base MMs | Adjusted PMPM | Base MMs | Adjusted PMPM | Base MMs | Adjusted PMPM |
| Northern | TANF/CHAP Child | Under 1 | 24,867 | 24,956 | \$ 550.17 | 25,385 | \$ 589.41 | -1.7% | -6.7% |
| Northern | TANF/CHAP Child | Child 1-2 | 46,533 | 50,230 | \$ 88.34 | 50,495 | \$ 72.18 | -0.5% | 22.4% |
| Northern | TANF/CHAP Child | Child 3-14 | 247,630 | 258,441 | \$ 67.21 | 244,018 | \$ 58.68 | 5.9% | 14.5% |
| Northern | TANF/CHAP Child | Female 15-18 | 30,188 | 34,469 | \$ 138.26 | 30,232 | \$ 107.15 | 14.0% | 29.0% |
| Northern | TANF/CHAP Child | Male 15-18 | 31,317 | 34,402 | \$ 81.44 | 30,150 | \$ 72.34 | 14.1% | 12.6% |
| Northern | TANF/CHAP Adult | Female 19-34 | 49,108 | 50,549 | \$ 197.14 | 49,370 | \$ 194.02 | 2.4% | 1.6% |
| Northern | TANF/CHAP Adult | Male 19-34 | 8,232 | 10,140 | \$ 92.83 | 9,212 | \$ 108.13 | 10.1% | -14.1% |
| Northern | TANF/CHAP Adult | Female 35 and Over | 24,027 | 27,751 | \$ 324.12 | 25,261 | \$ 322.58 | 9.9% | 0.5% |
| Northern | TANF/CHAP Adult | Male 35 and Over | 9,345 | 11,334 | \$ 237.23 | 10,265 | \$ 241.46 | 10.4% | -1.7% |
| Northern | Check Up | Under 1 | 310 | 323 | \$ 596.58 | 261 | \$ 396.65 | 23.5% | 50.4% |
| Northern | Check Up | Child 1-2 | 2,908 | 1,618 | \$ 86.11 | 2,330 | \$ 77.70 | -30.6% | 10.8% |
| Northern | Check Up | Child 3-14 | 33,834 | 28,003 | \$ 55.27 | 33,345 | \$ 62.03 | -16.0% | -10.9% |
| Northern | Check Up | Female 15-18 | 5,410 | 5,260 | \$ 103.28 | 5,750 | \$ 96.81 | -8.5% | 6.7% |
| Northern | Check Up | Male 15-18 | 5,954 | 5,679 | \$ 47.76 | 6,008 | \$ 64.06 | -5.5% | -25.4% |
| Northern | Expansion | Female 19-34 | 80,531 | 99,806 | \$ 193.33 | 89,056 | \$ 207.67 | 12.1% | -6.9% |
| Northern | Expansion | Male 19-34 | 66,475 | 85,674 | \$ 194.12 | 74,153 | \$ 226.77 | 15.5% | -14.4% |
| Northern | Expansion | Female 35 and Over | 98,589 | 117,559 | \$ 442.13 | 105,076 | \$ 436.89 | 11.9% | 1.2% |
| Northern | Expansion | Male 35 and Over | 97,392 | 121,866 | \$ 431.66 | 106,463 | \$ 495.06 | 14.5% | -12.8% |
| Southern | TANF/CHAP Child | Under 1 | 180,835 | 180,230 | \$ 593.72 | 182,221 | \$ 611.58 | -1.1% | -2.9% |
| Southern | TANF/CHAP Child | Child 1-2 | 325,301 | 356,856 | \$ 91.17 | 355,980 | \$ 79.94 | 0.2% | 14.0% |
| Southern | TANF/CHAP Child | Child 3-14 | 1,851,483 | 1,999,214 | \$ 76.59 | 1,899,648 | \$ 66.37 | 5.2% | 15.4% |
| Southern | TANF/CHAP Child | Female 15-18 | 252,080 | 277,873 | \$ 111.61 | 249,505 | \$ 108.53 | 11.4% | 2.8% |
| Southern | TANF/CHAP Child | Male 15-18 | 250,923 | 277,441 | \$ 91.01 | 249,468 | \$ 89.98 | 11.2% | 1.1% |
| Southern | TANF/CHAP Adult | Female 19-34 | 380,809 | 379,250 | \$ 199.43 | 363,331 | \$ 209.76 | 4.4% | -4.9% |
| Southern | TANF/CHAP Adult | Male 19-34 | 58,601 | 74,272 | \$ 117.53 | 66,490 | \$ 114.70 | 11.7% | 2.5% |
| Southern | TANF/CHAP Adult | Female 35 and Over | 186,499 | 237,068 | \$ 354.51 | 215,977 | \$ 361.48 | 9.8% | -1.9% |
| Southern | TANF/CHAP Adult | Male 35 and Over | 74,012 | 86,974 | \$ 292.86 | 78,478 | \$ 307.40 | 10.8% | -4.7% |
| Southern | Check Up | Under 1 | 1,680 | 1,392 | \$ 140.13 | 1,364 | \$ 181.58 | 2.0% | -22.8% |
| Southern | Check Up | Child 1-2 | 12,583 | 7,937 | \$ 111.33 | 9,881 | \$ 70.93 | -19.7% | 56.9% |
| Southern | Check Up | Child 3-14 | 158,817 | 134,322 | \$ 77.90 | 153,520 | \$ 76.53 | -12.5% | 1.8% |
| Southern | Check Up | Female 15-18 | 28,533 | 26,485 | \$ 86.40 | 26,942 | \$ 110.75 | -1.7% | -22.0% |
| Southern | Check Up | Male 15-18 | 28,074 | 26,397 | \$ 81.06 | 26,935 | \$ 75.28 | -2.0% | 7.7% |
| Southern | Expansion | Female 19-34 | 603,658 | 767,220 | \$ 186.01 | 688,465 | \$ 195.96 | 11.4% | -5.1% |
| Southern | Expansion | Male 19-34 | 575,840 | 697,548 | \$ 192.79 | 605,429 | \$ 205.30 | 15.2% | -6.1% |
| Southern | Expansion | Female 35 and Over | 747,990 | 899,232 | \$ 437.53 | 802,589 | \$ 457.00 | 12.0% | -4.3% |
| Southern | Expansion | Male 35 and Over | 713,428 | 858,336 | \$ 481.19 | 749,990 | \$ 485.89 | 14.4% | -1.0% |

Base MMs Weighted Composites

| | | | | | | | | | |
|--------------------|-----------------|------------|--|------------------|------------------|------------------|------------------|-------------|-------------|
| All Regions | TANF/CHAP Child | All | | 3,494,110 | \$ 112.20 | 3,317,102 | \$ 106.67 | 5.3% | 5.2% |
| All Regions | TANF/CHAP Adult | All | | 877,339 | \$ 246.73 | 818,385 | \$ 253.23 | 7.2% | -2.6% |
| All Regions | Check Up | All | | 237,416 | \$ 78.61 | 266,337 | \$ 78.86 | -10.9% | -0.3% |
| All Regions | Expansion | All | | 3,647,240 | \$ 335.64 | 3,221,220 | \$ 349.03 | 13.2% | -3.8% |
| All Regions | All COAs | All | | 8,256,105 | \$ 224.24 | 7,623,044 | \$ 223.85 | 8.3% | 0.2% |

CY 2024 Projected MMs Weighted Composites

| | | | | | | | | | |
|--------------------|-----------------|------------|------------------|--|------------------|--|------------------|--|--------------|
| All Regions | TANF/CHAP Child | All | 3,241,157 | | \$ 114.45 | | \$ 107.20 | | 6.8% |
| All Regions | TANF/CHAP Adult | All | 790,633 | | \$ 241.67 | | \$ 249.41 | | -3.1% |
| All Regions | Check Up | All | 278,105 | | \$ 78.74 | | \$ 79.03 | | -0.4% |
| All Regions | Expansion | All | 2,983,902 | | \$ 337.80 | | \$ 351.24 | | -3.8% |
| All Regions | All COAs | All | 7,293,797 | | \$ 218.25 | | \$ 221.38 | | -1.4% |

General Notes:

- Totals may differ due to rounding.
- The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR, underreporting, and non-claims adjustments.
- The CY 2023 base reflects January 1, 2021 through December 31, 2021 dates of service, adjusted for IBNR, underreporting, and non-claims adjustments.
- All figures exclude experience for months in which members age 21 to 64 had 16 or more days at an IMD facility not defined as SUD/ODU services days.

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix C: Capitated Medical PMPM Build-up

| Rate-Development Component | TANF/CHAP Child | TANF/CHAP Adult | Check Up | Expansion | All COAs |
|---|------------------|------------------|-----------------|------------------|------------------|
| CY 2022 Base MMs | 3,494,110 | 877,339 | 237,416 | 3,647,240 | 8,256,105 |
| CY 2024 Projected MMs | 3,241,157 | 790,633 | 278,105 | 2,983,902 | 7,293,797 |
| Unadjusted Base Data¹ | \$ 111.47 | \$ 237.11 | \$ 76.65 | \$ 326.06 | \$ 211.55 |
| Base Data Adjustments | | | | | |
| IBNR | \$ 2.21 | \$ 2.46 | \$ 0.97 | \$ 3.44 | \$ 2.69 |
| Underreporting and Overreporting | \$ (0.21) | \$ 0.46 | \$ 0.62 | \$ 5.70 | \$ 2.31 |
| Non-Claims Adjustments ² | \$ 0.98 | \$ 1.64 | \$ 0.50 | \$ 2.60 | \$ 1.70 |
| Adjusted Base Data | \$ 114.45 | \$ 241.67 | \$ 78.74 | \$ 337.80 | \$ 218.25 |
| Medical Rating Adjustments | | | | | |
| Trend | \$ 13.02 | \$ 16.14 | \$ 7.19 | \$ 28.30 | \$ 19.39 |
| Program Adjustments | | | | | |
| Short-Term IMD Repricing | \$ - | \$ 0.20 | \$ - | \$ 1.84 | \$ 0.78 |
| CCBHC Directed Payment | \$ 0.07 | \$ 0.26 | \$ 0.08 | \$ 0.23 | \$ 0.16 |
| Neurotherapy and Biofeedback Services Elimination | \$ (0.29) | \$ (0.43) | \$ (0.09) | \$ (0.44) | \$ (0.36) |
| Mobile Crisis Services Initiatives | \$ 0.10 | \$ 0.18 | \$ 0.11 | \$ 0.36 | \$ 0.21 |
| Housing Support ILOS | \$ 0.37 | \$ 1.88 | \$ 0.21 | \$ 1.66 | \$ 1.05 |
| COVID-19 Non-Risk Services Carve-In | \$ 0.08 | \$ 1.09 | \$ 0.87 | \$ 1.09 | \$ 0.63 |
| SB 378 Rebates Pass-Through | \$ (0.01) | \$ (0.06) | \$ (0.01) | \$ (0.11) | \$ (0.06) |
| Out-of-State Eligibility Review | \$ 1.20 | \$ 4.49 | \$ 0.51 | \$ 7.75 | \$ 4.21 |
| ABA Services Fee Changes | \$ 0.07 | \$ - | \$ 0.05 | \$ 0.00 | \$ 0.03 |
| Personal Care Services Fee Changes | \$ 0.02 | \$ 0.33 | \$ - | \$ 0.86 | \$ 0.39 |
| Skilled Nursing Facilities Fee Changes | \$ 0.10 | \$ 0.41 | \$ 0.18 | \$ 1.83 | \$ 0.85 |
| Home Health Providers/Private Duty Nurses Fee Changes | \$ 0.05 | \$ 0.01 | \$ 0.14 | \$ 0.05 | \$ 0.05 |
| Professional Fee Changes | \$ 2.38 | \$ 4.57 | \$ 1.81 | \$ 4.63 | \$ 3.52 |
| Eligibility Coverage Changes | \$ 0.03 | \$ (3.50) | \$ - | \$ 1.64 | \$ 0.31 |
| Population Acuity | \$ 1.42 | \$ 15.67 | \$ 3.61 | \$ 28.10 | \$ 13.97 |
| CY 2024 Projected Medical | \$ 133.05 | \$ 282.92 | \$ 93.40 | \$ 415.60 | \$ 263.37 |
| Inpatient Stop-Loss | \$ (0.05) | \$ (0.08) | \$ - | \$ (0.46) | \$ (0.22) |
| VLBW Case Rate | \$ (6.93) | \$ - | \$ - | \$ - | \$ (3.08) |
| CY 2024 Capitated Medical (Pre-Credibility) | \$ 126.06 | \$ 282.84 | \$ 93.40 | \$ 415.14 | \$ 260.07 |
| Credibility Adjustment | \$ 0.00 | \$ 0.34 | \$ 0.55 | \$ - | \$ 0.06 |
| CY 2024 Final Capitated Medical | \$ 126.07 | \$ 283.18 | \$ 93.95 | \$ 415.14 | \$ 260.13 |

| Percentage Impacts | TANF/CHAP Child | TANF/CHAP Adult | Check Up | Expansion | All COAs |
|---|-----------------|-----------------|----------|-----------|----------|
| Base Data Adjustments | | | | | |
| IBNR | 1.98% | 1.04% | 1.27% | 1.06% | 1.27% |
| Underreporting | -0.19% | 0.19% | 0.80% | 1.73% | 1.08% |
| Non-Claims Adjustments | 0.87% | 0.68% | 0.63% | 0.78% | 0.78% |
| Medical Rating Adjustments | | | | | |
| Trend | 11.38% | 6.68% | 9.14% | 8.38% | 8.88% |
| Program Adjustments | | | | | |
| Short-Term IMD Repricing | 0.00% | 0.08% | 0.00% | 0.50% | 0.33% |
| CCBHC Directed Payment | 0.05% | 0.10% | 0.09% | 0.06% | 0.07% |
| Neurotherapy and Biofeedback Services Elimination | -0.23% | -0.17% | -0.10% | -0.12% | -0.15% |
| Mobile Crisis Services Initiatives | 0.08% | 0.07% | 0.13% | 0.10% | 0.09% |
| Housing Support ILOS | 0.29% | 0.73% | 0.24% | 0.45% | 0.44% |
| COVID-19 Non-Risk Services Carve-In | 0.06% | 0.42% | 1.01% | 0.30% | 0.26% |
| SB 378 Rebates Pass-Through | -0.01% | -0.02% | -0.02% | -0.03% | -0.02% |
| Out-of-State Eligibility Review | 0.94% | 1.72% | 0.59% | 2.09% | 1.75% |
| ABA Services Fee Changes | 0.05% | 0.00% | 0.06% | 0.00% | 0.01% |
| Personal Care Services Fee Changes | 0.01% | 0.13% | 0.00% | 0.23% | 0.16% |
| Skilled Nursing Facilities Fee Changes | 0.08% | 0.15% | 0.21% | 0.48% | 0.35% |
| Home Health Providers/Private Duty Nurses Fee Changes | 0.04% | 0.00% | 0.16% | 0.01% | 0.02% |
| Professional Fee Changes | 1.85% | 1.72% | 2.06% | 1.21% | 1.43% |
| Eligibility Coverage Changes | 0.03% | -1.29% | 0.00% | 0.43% | 0.12% |
| Population Acuity | 1.08% | 5.86% | 4.01% | 7.25% | 5.60% |
| Risk Mitigation | | | | | |
| Inpatient Stop-Loss | -0.04% | -0.03% | 0.00% | -0.11% | -0.08% |
| VLBW Case Rate | -5.21% | 0.00% | 0.00% | 0.00% | -1.17% |
| Credibility Adjustments | | | | | |
| Credibility | 0.00% | 0.12% | 0.59% | 0.00% | 0.02% |

General Notes:

- Totals may differ due to rounding.
- PMPMs represent an average of underlying rate cells weighted together using CY 2024 projected member months.
- PMPM Changes and Percentage Impacts are the incremental impact of each adjustment.

Footnotes:

1. Unadjusted Base Data reflects January 1, 2022 through December 31, 2022 dates of services for covered populations and services.
2. Non-claims adjustments include provider incentive payments, recoveries of provider overpayments, and out-of-system payments.

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix D: Below-the-Line Medical Adjustments

| Region | COA | Rating Group | Projected MMs | Credibility | | CY 2024 Capitated Medical PMPM | | | | | |
|--------------------|-----------------|--------------------|------------------|------------------|-----------------------|--------------------------------|---------------------|------------------|------------------|-------------|------------------|
| | | | | Base MMs | Credibility Weighting | Projected Medical | Inpatient Stop-Loss | VLBW | Pre Credibility | Manual Rate | Final Medical |
| Northern | TANF/CHAP Child | Under 1 | 24,867 | 24,956 | 83.3% | \$ 608.98 | \$ - | \$ (109.25) | \$ 499.73 | \$ 508.41 | \$ 501.18 |
| Northern | TANF/CHAP Child | Child 1-2 | 46,533 | 50,230 | 100.0% | \$ 105.88 | \$ - | \$ - | \$ 105.88 | NA | \$ 105.88 |
| Northern | TANF/CHAP Child | Child 3-14 | 247,630 | 258,441 | 100.0% | \$ 79.11 | \$ - | \$ - | \$ 79.11 | NA | \$ 79.11 |
| Northern | TANF/CHAP Child | Female 15-18 | 30,188 | 34,469 | 97.9% | \$ 164.49 | \$ - | \$ - | \$ 164.49 | \$ 122.54 | \$ 163.59 |
| Northern | TANF/CHAP Child | Male 15-18 | 31,317 | 34,402 | 97.8% | \$ 96.90 | \$ - | \$ - | \$ 96.90 | \$ 99.32 | \$ 96.96 |
| Northern | TANF/CHAP Adult | Female 19-34 | 49,108 | 50,549 | 100.0% | \$ 231.53 | \$ - | \$ - | \$ 231.53 | NA | \$ 231.53 |
| Northern | TANF/CHAP Adult | Male 19-34 | 8,232 | 10,140 | 53.1% | \$ 115.33 | \$ - | \$ - | \$ 115.33 | \$ 134.45 | \$ 124.30 |
| Northern | TANF/CHAP Adult | Female 35 and Over | 24,027 | 27,751 | 87.8% | \$ 366.70 | \$ - | \$ - | \$ 366.70 | \$ 386.24 | \$ 369.09 |
| Northern | TANF/CHAP Adult | Male 35 and Over | 9,345 | 11,334 | 56.1% | \$ 289.00 | \$ - | \$ - | \$ 289.00 | \$ 322.87 | \$ 303.87 |
| Northern | Check Up | Under 1 | 310 | 323 | 9.5% | \$ 633.53 | \$ - | \$ - | \$ 633.53 | \$ 218.57 | \$ 257.87 |
| Northern | Check Up | Child 1-2 | 2,908 | 1,618 | 21.2% | \$ 98.98 | \$ - | \$ - | \$ 98.98 | \$ 97.60 | \$ 97.90 |
| Northern | Check Up | Child 3-14 | 33,834 | 28,003 | 88.2% | \$ 66.60 | \$ - | \$ - | \$ 66.60 | \$ 79.25 | \$ 68.10 |
| Northern | Check Up | Female 15-18 | 5,410 | 5,260 | 38.2% | \$ 115.72 | \$ - | \$ - | \$ 115.72 | \$ 117.89 | \$ 117.06 |
| Northern | Check Up | Male 15-18 | 5,954 | 5,679 | 39.7% | \$ 54.35 | \$ - | \$ - | \$ 54.35 | \$ 92.89 | \$ 77.58 |
| Northern | Expansion | Female 19-34 | 80,531 | 99,806 | 100.0% | \$ 241.64 | \$ - | \$ - | \$ 241.64 | NA | \$ 241.64 |
| Northern | Expansion | Male 19-34 | 66,475 | 85,674 | 100.0% | \$ 249.66 | \$ - | \$ - | \$ 249.66 | NA | \$ 249.66 |
| Northern | Expansion | Female 35 and Over | 98,589 | 117,559 | 100.0% | \$ 537.60 | \$ - | \$ - | \$ 537.60 | NA | \$ 537.60 |
| Northern | Expansion | Male 35 and Over | 97,392 | 121,866 | 100.0% | \$ 540.64 | \$ - | \$ - | \$ 540.64 | NA | \$ 540.64 |
| Southern | TANF/CHAP Child | Under 1 | 180,835 | 180,230 | 100.0% | \$ 660.38 | \$ (0.96) | \$ (109.25) | \$ 550.17 | NA | \$ 550.17 |
| Southern | TANF/CHAP Child | Child 1-2 | 325,301 | 356,856 | 100.0% | \$ 109.89 | \$ - | \$ - | \$ 109.89 | NA | \$ 109.89 |
| Southern | TANF/CHAP Child | Child 3-14 | 1,851,483 | 1,999,214 | 100.0% | \$ 90.75 | \$ - | \$ - | \$ 90.75 | NA | \$ 90.75 |
| Southern | TANF/CHAP Child | Female 15-18 | 252,080 | 277,873 | 100.0% | \$ 132.61 | \$ - | \$ - | \$ 132.61 | NA | \$ 132.61 |
| Southern | TANF/CHAP Child | Male 15-18 | 250,923 | 277,441 | 100.0% | \$ 107.47 | \$ - | \$ - | \$ 107.47 | NA | \$ 107.47 |
| Southern | TANF/CHAP Adult | Female 19-34 | 380,809 | 379,250 | 100.0% | \$ 229.82 | \$ (0.12) | \$ - | \$ 229.71 | NA | \$ 229.71 |
| Southern | TANF/CHAP Adult | Male 19-34 | 58,601 | 74,272 | 100.0% | \$ 145.46 | \$ - | \$ - | \$ 145.46 | NA | \$ 145.46 |
| Southern | TANF/CHAP Adult | Female 35 and Over | 186,499 | 237,068 | 100.0% | \$ 417.88 | \$ - | \$ - | \$ 417.88 | NA | \$ 417.88 |
| Southern | TANF/CHAP Adult | Male 35 and Over | 74,012 | 86,974 | 100.0% | \$ 349.59 | \$ (0.27) | \$ - | \$ 349.32 | NA | \$ 349.32 |
| Southern | Check Up | Under 1 | 1,680 | 1,392 | 19.7% | \$ 152.65 | \$ - | \$ - | \$ 152.65 | \$ 234.80 | \$ 218.65 |
| Southern | Check Up | Child 1-2 | 12,583 | 7,937 | 47.0% | \$ 133.35 | \$ - | \$ - | \$ 133.35 | \$ 104.07 | \$ 117.82 |
| Southern | Check Up | Child 3-14 | 158,817 | 134,322 | 100.0% | \$ 94.24 | \$ - | \$ - | \$ 94.24 | NA | \$ 94.24 |
| Southern | Check Up | Female 15-18 | 28,533 | 26,485 | 85.8% | \$ 97.60 | \$ - | \$ - | \$ 97.60 | \$ 129.78 | \$ 102.18 |
| Southern | Check Up | Male 15-18 | 28,074 | 26,397 | 85.6% | \$ 92.71 | \$ - | \$ - | \$ 92.71 | \$ 100.36 | \$ 93.81 |
| Southern | Expansion | Female 19-34 | 603,658 | 767,220 | 100.0% | \$ 231.40 | \$ (0.00) | \$ - | \$ 231.39 | NA | \$ 231.39 |
| Southern | Expansion | Male 19-34 | 575,840 | 697,548 | 100.0% | \$ 239.87 | \$ (2.34) | \$ - | \$ 237.53 | NA | \$ 237.53 |
| Southern | Expansion | Female 35 and Over | 747,990 | 899,232 | 100.0% | \$ 533.53 | \$ - | \$ - | \$ 533.53 | NA | \$ 533.53 |
| Southern | Expansion | Male 35 and Over | 713,428 | 858,336 | 100.0% | \$ 590.81 | \$ (0.03) | \$ - | \$ 590.79 | NA | \$ 590.79 |
| All Regions | TANF/CHAP Child | All | 3,241,157 | 3,494,110 | | \$ 133.05 | \$ (0.05) | \$ (6.93) | \$ 126.06 | | \$ 126.07 |
| All Regions | TANF/CHAP Adult | All | 790,633 | 877,339 | | \$ 282.92 | \$ (0.08) | \$ - | \$ 282.84 | | \$ 283.18 |
| All Regions | Check Up | All | 278,105 | 237,416 | | \$ 93.40 | \$ - | \$ - | \$ 93.40 | | \$ 93.95 |
| All Regions | Expansion | All | 2,983,902 | 3,647,240 | | \$ 415.60 | \$ (0.46) | \$ - | \$ 415.14 | | \$ 415.14 |
| All Regions | All COAs | All | 7,293,797 | 8,256,105 | | \$ 263.37 | \$ (0.22) | \$ (3.08) | \$ 260.07 | | \$ 260.13 |

General Notes:

- Totals may differ due to rounding.
- All composites are weighted on CY 2024 projected member months.
- Rate cells are considered fully credible at a threshold of 36,000 base member months, and credibility weighting uses the classical credibility formula.

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix E: Non-Medical and Total Capitation

| Region | COA | Rating Group | Projected MMs/Counts | Medical | Administration | | Underwriting Gain | | Premium Tax | | Total |
|--------------------|-----------------|--------------------|----------------------|------------------|-----------------|-----------------|-------------------|----------------|-----------------|-----------------|------------------|
| | | | | PMPM | Percentage Load | PMPM | Percentage Load | PMPM | Percentage Load | PMPM | PMPM |
| Northern | TANF/CHAP Child | Under 1 | 24,867 | \$ 501.18 | 13.2% | \$ 76.14 | 1.5% | \$ 8.79 | 3.5% | \$ 21.26 | \$ 607.37 |
| Northern | TANF/CHAP Child | Child 1-2 | 46,533 | \$ 105.88 | 13.2% | \$ 16.09 | 1.5% | \$ 1.86 | 3.5% | \$ 4.49 | \$ 128.32 |
| Northern | TANF/CHAP Child | Child 3-14 | 247,630 | \$ 79.11 | 13.2% | \$ 12.02 | 1.5% | \$ 1.39 | 3.5% | \$ 3.36 | \$ 95.87 |
| Northern | TANF/CHAP Child | Female 15-18 | 30,188 | \$ 163.59 | 13.2% | \$ 24.85 | 1.5% | \$ 2.87 | 3.5% | \$ 6.94 | \$ 198.25 |
| Northern | TANF/CHAP Child | Male 15-18 | 31,317 | \$ 96.96 | 13.2% | \$ 14.73 | 1.5% | \$ 1.70 | 3.5% | \$ 4.11 | \$ 117.50 |
| Northern | TANF/CHAP Adult | Female 19-34 | 49,108 | \$ 231.53 | 10.6% | \$ 27.56 | 1.5% | \$ 3.95 | 3.5% | \$ 9.54 | \$ 272.57 |
| Northern | TANF/CHAP Adult | Male 19-34 | 8,232 | \$ 124.30 | 10.6% | \$ 14.80 | 1.5% | \$ 2.12 | 3.5% | \$ 5.12 | \$ 146.34 |
| Northern | TANF/CHAP Adult | Female 35 and Over | 24,027 | \$ 369.09 | 10.6% | \$ 43.93 | 1.5% | \$ 6.29 | 3.5% | \$ 15.21 | \$ 434.52 |
| Northern | TANF/CHAP Adult | Male 35 and Over | 9,345 | \$ 303.87 | 10.6% | \$ 36.17 | 1.5% | \$ 5.18 | 3.5% | \$ 12.52 | \$ 357.74 |
| Northern | Check Up | Under 1 | 310 | \$ 257.87 | 13.8% | \$ 41.26 | 1.5% | \$ 4.56 | 3.5% | \$ 11.01 | \$ 314.70 |
| Northern | Check Up | Child 1-2 | 2,908 | \$ 97.90 | 13.8% | \$ 15.67 | 1.5% | \$ 1.73 | 3.5% | \$ 4.18 | \$ 119.47 |
| Northern | Check Up | Child 3-14 | 33,834 | \$ 68.10 | 13.8% | \$ 10.90 | 1.5% | \$ 1.20 | 3.5% | \$ 2.91 | \$ 83.11 |
| Northern | Check Up | Female 15-18 | 5,410 | \$ 117.06 | 13.8% | \$ 18.73 | 1.5% | \$ 2.07 | 3.5% | \$ 5.00 | \$ 142.87 |
| Northern | Check Up | Male 15-18 | 5,954 | \$ 77.58 | 13.8% | \$ 12.41 | 1.5% | \$ 1.37 | 3.5% | \$ 3.31 | \$ 94.68 |
| Northern | Expansion | Female 19-34 | 80,531 | \$ 241.64 | 9.5% | \$ 25.38 | 1.5% | \$ 4.07 | 3.5% | \$ 9.83 | \$ 280.91 |
| Northern | Expansion | Male 19-34 | 66,475 | \$ 249.66 | 9.5% | \$ 26.22 | 1.5% | \$ 4.20 | 3.5% | \$ 10.16 | \$ 290.24 |
| Northern | Expansion | Female 35 and Over | 98,589 | \$ 537.60 | 9.5% | \$ 56.46 | 1.5% | \$ 9.05 | 3.5% | \$ 21.87 | \$ 624.99 |
| Northern | Expansion | Male 35 and Over | 97,392 | \$ 540.64 | 9.5% | \$ 56.78 | 1.5% | \$ 9.10 | 3.5% | \$ 22.00 | \$ 628.52 |
| Southern | TANF/CHAP Child | Under 1 | 180,835 | \$ 550.17 | 13.2% | \$ 83.59 | 1.5% | \$ 9.65 | 3.5% | \$ 23.34 | \$ 666.74 |
| Southern | TANF/CHAP Child | Child 1-2 | 325,301 | \$ 109.89 | 13.2% | \$ 16.69 | 1.5% | \$ 1.93 | 3.5% | \$ 4.66 | \$ 133.17 |
| Southern | TANF/CHAP Child | Child 3-14 | 1,851,483 | \$ 90.75 | 13.2% | \$ 13.79 | 1.5% | \$ 1.59 | 3.5% | \$ 3.85 | \$ 109.98 |
| Southern | TANF/CHAP Child | Female 15-18 | 252,080 | \$ 132.61 | 13.2% | \$ 20.15 | 1.5% | \$ 2.33 | 3.5% | \$ 5.62 | \$ 160.71 |
| Southern | TANF/CHAP Child | Male 15-18 | 250,923 | \$ 107.47 | 13.2% | \$ 16.33 | 1.5% | \$ 1.89 | 3.5% | \$ 4.56 | \$ 130.24 |
| Southern | TANF/CHAP Adult | Female 19-34 | 380,809 | \$ 229.71 | 10.6% | \$ 27.34 | 1.5% | \$ 3.91 | 3.5% | \$ 9.47 | \$ 270.43 |
| Southern | TANF/CHAP Adult | Male 19-34 | 58,601 | \$ 145.46 | 10.6% | \$ 17.32 | 1.5% | \$ 2.48 | 3.5% | \$ 5.99 | \$ 171.25 |
| Southern | TANF/CHAP Adult | Female 35 and Over | 186,499 | \$ 417.88 | 10.6% | \$ 49.74 | 1.5% | \$ 7.12 | 3.5% | \$ 17.22 | \$ 491.97 |
| Southern | TANF/CHAP Adult | Male 35 and Over | 74,012 | \$ 349.32 | 10.6% | \$ 41.58 | 1.5% | \$ 5.95 | 3.5% | \$ 14.39 | \$ 411.25 |
| Southern | Check Up | Under 1 | 1,680 | \$ 218.65 | 13.8% | \$ 34.99 | 1.5% | \$ 3.86 | 3.5% | \$ 9.34 | \$ 266.84 |
| Southern | Check Up | Child 1-2 | 12,583 | \$ 117.82 | 13.8% | \$ 18.85 | 1.5% | \$ 2.08 | 3.5% | \$ 5.03 | \$ 143.79 |
| Southern | Check Up | Child 3-14 | 158,817 | \$ 94.24 | 13.8% | \$ 15.08 | 1.5% | \$ 1.66 | 3.5% | \$ 4.03 | \$ 115.00 |
| Southern | Check Up | Female 15-18 | 28,533 | \$ 102.18 | 13.8% | \$ 16.35 | 1.5% | \$ 1.81 | 3.5% | \$ 4.36 | \$ 124.70 |
| Southern | Check Up | Male 15-18 | 28,074 | \$ 93.81 | 13.8% | \$ 15.01 | 1.5% | \$ 1.66 | 3.5% | \$ 4.01 | \$ 114.48 |
| Southern | Expansion | Female 19-34 | 603,658 | \$ 231.39 | 9.5% | \$ 24.30 | 1.5% | \$ 3.89 | 3.5% | \$ 9.42 | \$ 269.01 |
| Southern | Expansion | Male 19-34 | 575,840 | \$ 237.53 | 9.5% | \$ 24.95 | 1.5% | \$ 4.00 | 3.5% | \$ 9.66 | \$ 276.13 |
| Southern | Expansion | Female 35 and Over | 747,990 | \$ 533.53 | 9.5% | \$ 56.03 | 1.5% | \$ 8.98 | 3.5% | \$ 21.71 | \$ 620.25 |
| Southern | Expansion | Male 35 and Over | 713,428 | \$ 590.79 | 9.5% | \$ 62.05 | 1.5% | \$ 9.94 | 3.5% | \$ 24.04 | \$ 686.81 |
| All Regions | TANF/CHAP Child | All Capitation | 3,241,157 | \$ 126.07 | 13.2% | \$ 19.15 | 1.5% | \$ 2.21 | 3.5% | \$ 5.35 | \$ 152.78 |
| All Regions | TANF/CHAP Adult | All Capitation | 790,633 | \$ 283.18 | 10.6% | \$ 33.71 | 1.5% | \$ 4.83 | 3.5% | \$ 11.67 | \$ 333.38 |
| All Regions | Check Up | All Capitation | 278,105 | \$ 93.95 | 13.8% | \$ 15.03 | 1.5% | \$ 1.66 | 3.5% | \$ 4.01 | \$ 114.66 |
| All Regions | Expansion | All Capitation | 2,983,902 | \$ 415.14 | 9.5% | \$ 43.60 | 1.5% | \$ 6.99 | 3.5% | \$ 16.89 | \$ 482.61 |
| All Regions | All COAs | DCR | 14,750 | \$ 5,275.45 | 11.3% | \$ 674.95 | 1.5% | \$ 90.62 | 3.5% | \$ 219.10 | \$ 6,260.13 |
| All Regions | All COAs | VLBW | 195 | \$ 115,000.00 | 11.3% | \$ 14,713.33 | 1.5% | \$ 1,975.33 | 3.5% | \$ 4,776.27 | \$ 136,464.93 |
| All Regions | All COAs | All | 7,293,797 | \$ 273.88 | 10.6% | \$ 32.33 | 1.5% | \$ 4.66 | 3.5% | \$ 11.28 | \$ 322.15 |

General Notes:

- Totals may differ due to rounding.
- All composites are weighted on CY 2024 projected member months.

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES
Appendix F: Capitation Annualized Trend Comparison

| Region | COA | CY 2024 Annualized Trend Assumptions | | | CY 2023 Annualized Trend Assumptions | | | Change | | |
|--------------------|-----------------|--------------------------------------|--------------|--------------|--------------------------------------|--------------|--------------|---------------|---------------|---------------|
| | | Rx | Non-Rx | Total | Rx | Non-Rx | Total | Rx | Non-Rx | Total |
| All Regions | TANF/CHAP Child | 6.85% | 5.32% | 5.53% | 11.50% | 8.75% | 9.13% | -4.65% | -3.43% | -3.60% |
| All Regions | TANF/CHAP Adult | 7.02% | 1.78% | 3.29% | 8.65% | 5.06% | 6.08% | -1.63% | -3.28% | -2.80% |
| All Regions | Check Up | 7.46% | 3.53% | 4.47% | 10.07% | 6.47% | 7.28% | -2.60% | -2.94% | -2.82% |
| All Regions | Expansion | 7.60% | 2.21% | 4.10% | 9.14% | 4.14% | 5.85% | -1.54% | -1.93% | -1.75% |
| All Regions | All COAs | 7.45% | 3.06% | 4.35% | 9.34% | 5.50% | 6.61% | -1.89% | -2.44% | -2.27% |

General Notes:

- Totals may differ due to rounding.
- Composites represent an average of underlying rate cells weighted together using CY 2024 projected member months.
- Trend assumptions represent aggregated annualized trends. The CY 2024 trend factors are applied for 24 months from the midpoint of the CY 2022 base period to the midpoint of CY 2024. The CY 2023 trend factors were applied for 24 months from the midpoint of the CY 2021 base period to the midpoint of CY 2023.

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
TANF/CHAP Under 1 – Northern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 24,956 |
| Projected Member Months: | 24,867 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|-----------|-------------------------------|-----------|--------------|-----------------|-----------|--------------|-------------------|------------------|-----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 3,696 | \$ 1,205.87 | \$ 371.36 | 3.00% | 1.00% | 4.03% | 0.50% | 0.00% | 0.50% | 3,940 | \$ 1,230.10 | \$ 403.90 |
| Inpatient BH | 3 | \$ 1,379.13 | \$ 0.39 | 3.00% | 1.00% | 4.03% | 0.50% | 0.00% | 0.50% | 4 | \$ 1,406.85 | \$ 0.42 |
| Long-Term Care | 50 | \$ 675.68 | \$ 2.82 | 2.50% | 1.00% | 3.53% | 0.50% | 24.50% | 25.12% | 53 | \$ 858.13 | \$ 3.78 |
| Emergency Room | 1,155 | \$ 64.29 | \$ 6.19 | 6.00% | 3.00% | 9.18% | 0.37% | -0.05% | 0.33% | 1,303 | \$ 68.18 | \$ 7.40 |
| Lab and Radiology - Facility | 2,066 | \$ 18.11 | \$ 3.12 | 6.00% | 3.00% | 9.18% | 0.26% | -0.08% | 0.18% | 2,327 | \$ 19.20 | \$ 3.72 |
| Other Outpatient Hospital | 4,576 | \$ 15.35 | \$ 5.85 | 6.00% | 3.00% | 9.18% | 0.48% | -0.01% | 0.47% | 5,166 | \$ 16.28 | \$ 7.01 |
| Professional | 31,875 | \$ 55.28 | \$ 146.85 | 2.50% | 1.50% | 4.04% | 0.45% | 4.84% | 5.31% | 33,640 | \$ 59.71 | \$ 167.39 |
| Specialty OAD | 45 | \$ 909.39 | \$ 3.38 | 2.00% | 5.50% | 7.61% | -2.81% | 1.84% | -1.02% | 45 | \$ 1,030.82 | \$ 3.88 |
| Specialty Pharmacy | 7 | \$ 3,328.66 | \$ 2.00 | 4.05% | 4.15% | 8.37% | 0.50% | -0.09% | 0.41% | 8 | \$ 3,607.53 | \$ 2.36 |
| Other Pharmacy | 1,590 | \$ 16.08 | \$ 2.13 | 2.95% | 2.10% | 5.11% | 2.13% | -0.37% | 1.75% | 1,721 | \$ 16.70 | \$ 2.40 |
| DME & Supplies | 6,807 | \$ 5.65 | \$ 3.20 | 2.50% | 1.00% | 3.53% | 0.50% | 0.01% | 0.51% | 7,187 | \$ 5.76 | \$ 3.45 |
| Community LTSS | 238 | \$ 27.57 | \$ 0.55 | 2.50% | 1.00% | 3.53% | 0.50% | 14.03% | 14.60% | 252 | \$ 32.07 | \$ 0.67 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 27.00% | 1.00% | 28.27% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 414 | \$ 40.39 | \$ 1.39 | 2.50% | 2.50% | 5.06% | 0.50% | 1.35% | 1.86% | 437 | \$ 43.01 | \$ 1.57 |
| Other Medical Services | 590 | \$ 19.04 | \$ 0.94 | 2.50% | 1.00% | 3.53% | 0.50% | 1.93% | 2.44% | 623 | \$ 19.80 | \$ 1.03 |
| All Categories of Service | | \$ 550.17 | | | | 4.22% | | | 1.92% | | \$ 608.98 | |

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ (109.25) |
| Capitated Medical Pre-Credibility | \$ 499.73 |
| Credibility Weighting | 83.3% |
| Manual PMPM | \$ 508.41 |
| Final Capitated Medical | \$ 501.18 |
| Administration | \$ 76.14 |
| Underwriting Gain | \$ 8.79 |
| Premium Tax | \$ 21.26 |
| Total Non-Medical | \$ 106.19 |
| Total Capitation | \$ 607.37 |

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet

TANF/CHAP Child 1-2 – Northern

| | |
|--------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 50,230 |
| Projected Member Months: | 46,533 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|-----------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|--------------|-------------------|------------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 139 | \$ 1,536.34 | \$ 17.78 | 3.00% | 1.00% | 4.03% | 4.59% | 0.00% | 4.59% | 154 | \$ 1,567.22 | \$ 20.12 |
| Inpatient BH | - | \$ 0.00 | \$ 0.00 | 3.00% | 1.00% | 4.03% | 3.05% | 0.00% | 3.05% | - | \$ 0.00 | \$ 0.00 |
| Long-Term Care | 10 | \$ 677.39 | \$ 0.55 | 2.50% | 1.00% | 3.53% | 4.59% | 24.50% | 30.21% | 11 | \$ 860.30 | \$ 0.76 |
| Emergency Room | 816 | \$ 65.89 | \$ 4.48 | 6.00% | 3.00% | 9.18% | 4.15% | 0.00% | 4.15% | 955 | \$ 69.91 | \$ 5.57 |
| Lab and Radiology - Facility | 1,271 | \$ 18.89 | \$ 2.00 | 6.00% | 3.00% | 9.18% | 4.15% | 0.01% | 4.16% | 1,488 | \$ 20.04 | \$ 2.48 |
| Other Outpatient Hospital | 4,094 | \$ 10.75 | \$ 3.67 | 6.00% | 3.00% | 9.18% | 4.02% | 0.41% | 4.45% | 4,785 | \$ 11.45 | \$ 4.57 |
| Professional | 11,311 | \$ 41.62 | \$ 39.23 | 2.50% | 1.50% | 4.04% | 4.70% | 4.12% | 9.01% | 12,441 | \$ 44.65 | \$ 46.29 |
| Specialty OAD | 6 | \$ 334.78 | \$ 0.18 | 2.00% | 5.50% | 7.61% | 4.59% | 0.01% | 4.60% | 7 | \$ 372.66 | \$ 0.21 |
| Specialty Pharmacy | 11 | \$ 2,147.98 | \$ 1.88 | 4.05% | 4.15% | 8.37% | 4.59% | -0.09% | 4.50% | 12 | \$ 2,327.93 | \$ 2.31 |
| Other Pharmacy | 1,632 | \$ 20.79 | \$ 2.83 | 2.95% | 2.10% | 5.11% | 6.16% | -0.67% | 5.45% | 1,836 | \$ 21.52 | \$ 3.29 |
| DME & Supplies | 3,512 | \$ 6.56 | \$ 1.92 | 2.50% | 1.00% | 3.53% | 4.59% | 0.06% | 4.65% | 3,859 | \$ 6.69 | \$ 2.15 |
| Community LTSS | 1,142 | \$ 57.40 | \$ 5.46 | 2.50% | 1.00% | 3.53% | 4.59% | 15.00% | 20.28% | 1,255 | \$ 67.33 | \$ 7.04 |
| Applied Behavioral Analysis | 1,596 | \$ 17.81 | \$ 2.37 | 27.00% | 1.00% | 28.27% | 4.59% | 1.78% | 6.45% | 2,692 | \$ 18.49 | \$ 4.15 |
| Outpatient Behavioral Health | 1,228 | \$ 52.56 | \$ 5.38 | 2.50% | 2.50% | 5.06% | 4.59% | 0.22% | 4.82% | 1,349 | \$ 55.34 | \$ 6.22 |
| Other Medical Services | 172 | \$ 43.18 | \$ 0.62 | 2.50% | 1.00% | 3.53% | 4.44% | 2.09% | 6.62% | 189 | \$ 44.97 | \$ 0.71 |
| All Categories of Service | | \$ 88.34 | | | | 5.51% | | | 7.67% | | \$ 105.88 | |

General Note:

- Totals may differ due to rounding.

Footnotes:

1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 105.88 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 105.88 |

| | |
|--------------------------|-----------------|
| Administration | \$ 16.09 |
| Underwriting Gain | \$ 1.86 |
| Premium Tax | \$ 4.49 |
| Total Non-Medical | \$ 22.43 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 128.32 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
TANF/CHAP Child 3-14 – Northern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 258,441 |
| Projected Member Months: | 247,630 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|-------------|----------|-------------------------------|-----------|--------|-----------------|-----------|--------|-------------------|-------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 39 | \$ 2,167.70 | \$ 7.11 | 3.00% | 1.00% | 4.03% | 1.79% | 0.00% | 1.79% | 43 | \$ 2,211.27 | \$ 7.84 |
| Inpatient BH | 141 | \$ 510.72 | \$ 5.99 | 3.00% | 1.00% | 4.03% | 1.79% | 0.00% | 1.79% | 152 | \$ 520.98 | \$ 6.60 |
| Long-Term Care | 2 | \$ 108.35 | \$ 0.02 | 2.50% | 1.00% | 3.53% | 1.79% | 24.50% | 26.73% | 2 | \$ 137.61 | \$ 0.03 |
| Emergency Room | 398 | \$ 77.60 | \$ 2.57 | 6.00% | 3.00% | 9.18% | 1.62% | -0.05% | 1.57% | 454 | \$ 82.28 | \$ 3.12 |
| Lab and Radiology - Facility | 880 | \$ 22.94 | \$ 1.68 | 6.00% | 3.00% | 9.18% | 1.67% | 0.06% | 1.72% | 1,005 | \$ 24.35 | \$ 2.04 |
| Other Outpatient Hospital | 3,222 | \$ 9.23 | \$ 2.48 | 6.00% | 3.00% | 9.18% | 1.73% | 0.04% | 1.77% | 3,683 | \$ 9.80 | \$ 3.01 |
| Professional | 7,079 | \$ 37.11 | \$ 21.89 | 2.50% | 1.50% | 4.04% | 1.96% | 4.36% | 6.41% | 7,584 | \$ 39.89 | \$ 25.21 |
| Specialty OAD | 501 | \$ 6.78 | \$ 0.28 | 2.00% | 5.50% | 7.61% | 1.78% | -1.31% | 0.44% | 530 | \$ 7.44 | \$ 0.33 |
| Specialty Pharmacy | 14 | \$ 3,720.44 | \$ 4.49 | 4.05% | 4.15% | 8.37% | 1.46% | 0.12% | 1.58% | 16 | \$ 4,040.46 | \$ 5.36 |
| Other Pharmacy | 1,840 | \$ 37.08 | \$ 5.68 | 2.95% | 2.10% | 5.11% | 6.09% | -3.18% | 2.72% | 2,069 | \$ 37.42 | \$ 6.45 |
| DME & Supplies | 854 | \$ 12.02 | \$ 0.86 | 2.50% | 1.00% | 3.53% | 1.79% | 0.51% | 2.30% | 914 | \$ 12.33 | \$ 0.94 |
| Community LTSS | - | \$ 0.00 | \$ 0.00 | 2.50% | 1.00% | 3.53% | 0.58% | 0.00% | 0.58% | - | \$ 0.00 | \$ 0.00 |
| Applied Behavioral Analysis | 2,511 | \$ 15.84 | \$ 3.31 | 27.00% | 1.00% | 28.27% | 1.79% | 1.23% | 3.04% | 4,123 | \$ 16.35 | \$ 5.62 |
| Outpatient Behavioral Health | 1,793 | \$ 59.52 | \$ 8.89 | 2.50% | 2.50% | 5.06% | 1.84% | 4.42% | 6.34% | 1,918 | \$ 65.30 | \$ 10.44 |
| Other Medical Services | 1,142 | \$ 20.35 | \$ 1.94 | 2.50% | 1.00% | 3.53% | 1.59% | 1.43% | 3.04% | 1,219 | \$ 21.06 | \$ 2.14 |
| All Categories of Service | | \$ 67.21 | | | | 6.39% | | | 4.00% | | \$ 79.11 | |

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|-----------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 79.11 |
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 79.11 |
| Administration | \$ 12.02 |
| Underwriting Gain | \$ 1.39 |
| Premium Tax | \$ 3.36 |
| Total Non-Medical | \$ 16.76 |
| Total Capitation | \$ 95.87 |

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
TANF/CHAP Female 15-18 – Northern

| | |
|--------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 34,469 |
| Projected Member Months: | 30,188 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|--------------|-------------------|------------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 81 | \$ 1,630.97 | \$ 11.05 | 3.00% | 1.00% | 4.03% | 3.81% | -0.12% | 3.68% | 90 | \$ 1,661.81 | \$ 12.40 |
| Inpatient BH | 551 | \$ 618.26 | \$ 28.37 | 3.00% | 1.00% | 4.03% | 2.29% | 0.32% | 2.62% | 597 | \$ 632.72 | \$ 31.50 |
| Long-Term Care | - | \$ 0.00 | \$ 0.00 | 2.50% | 1.00% | 3.53% | 2.35% | 0.00% | 2.35% | - | \$ 0.00 | \$ 0.00 |
| Emergency Room | 512 | \$ 94.56 | \$ 4.04 | 6.00% | 3.00% | 9.18% | 3.73% | 0.26% | 4.00% | 597 | \$ 100.58 | \$ 5.00 |
| Lab and Radiology - Facility | 2,508 | \$ 19.15 | \$ 4.00 | 6.00% | 3.00% | 9.18% | 3.94% | 0.09% | 4.04% | 2,929 | \$ 20.33 | \$ 4.96 |
| Other Outpatient Hospital | 5,786 | \$ 8.11 | \$ 3.91 | 6.00% | 3.00% | 9.18% | 3.78% | 0.43% | 4.22% | 6,747 | \$ 8.64 | \$ 4.86 |
| Professional | 17,713 | \$ 23.51 | \$ 34.70 | 2.50% | 1.50% | 4.04% | 4.26% | 4.33% | 8.78% | 19,403 | \$ 25.27 | \$ 40.85 |
| Specialty OAD | 314 | \$ 93.33 | \$ 2.44 | 2.00% | 5.50% | 7.61% | 4.44% | 0.32% | 4.77% | 341 | \$ 104.21 | \$ 2.96 |
| Specialty Pharmacy | 33 | \$ 2,598.00 | \$ 7.16 | 4.05% | 4.15% | 8.37% | 3.27% | -0.13% | 3.14% | 37 | \$ 2,814.55 | \$ 8.67 |
| Other Pharmacy | 4,450 | \$ 39.60 | \$ 14.68 | 2.95% | 2.10% | 5.11% | 5.27% | -1.88% | 3.29% | 4,964 | \$ 40.50 | \$ 16.76 |
| DME & Supplies | 334 | \$ 53.02 | \$ 1.48 | 2.50% | 1.00% | 3.53% | 3.46% | 0.24% | 3.71% | 363 | \$ 54.22 | \$ 1.64 |
| Community LTSS | 208 | \$ 0.52 | \$ 0.01 | 2.50% | 1.00% | 3.53% | 3.37% | 64.53% | 70.09% | 225 | \$ 0.87 | \$ 0.02 |
| Applied Behavioral Analysis | 2 | \$ 0.00 | \$ 0.00 | 27.00% | 1.00% | 28.27% | 3.02% | 0.00% | 2.35% | 3 | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 3,235 | \$ 88.17 | \$ 23.77 | 2.50% | 2.50% | 5.06% | 16.83% | 4.05% | 21.56% | 3,970 | \$ 96.39 | \$ 31.89 |
| Other Medical Services | 1,492 | \$ 21.34 | \$ 2.65 | 2.50% | 1.00% | 3.53% | 3.13% | 1.13% | 4.29% | 1,616 | \$ 22.02 | \$ 2.97 |
| All Categories of Service | | \$ 138.26 | | | | 5.06% | | | 7.80% | | \$ 164.49 | |

General Note:

- Totals may differ due to rounding.

Footnotes:

1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 164.49 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 97.9% |
| Manual PMPM | \$ 122.54 |
| Final Capitated Medical | \$ 163.59 |

| | |
|--------------------------|-----------------|
| Administration | \$ 24.85 |
| Underwriting Gain | \$ 2.87 |
| Premium Tax | \$ 6.94 |
| Total Non-Medical | \$ 34.66 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 198.25 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet

TANF/CHAP Male 15-18 – Northern

| | |
|--------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 34,402 |
| Projected Member Months: | 31,317 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|-----------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|--------------|-------------------|-----------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 93 | \$ 1,316.53 | \$ 10.18 | 3.00% | 1.00% | 4.03% | 2.75% | 0.00% | 2.75% | 101 | \$ 1,342.99 | \$ 11.32 |
| Inpatient BH | 117 | \$ 717.30 | \$ 7.01 | 3.00% | 1.00% | 4.03% | 2.75% | 0.00% | 2.75% | 128 | \$ 731.72 | \$ 7.80 |
| Long-Term Care | - | \$ 0.00 | \$ 0.00 | 2.50% | 1.00% | 3.53% | 1.44% | 0.00% | 1.44% | - | \$ 0.00 | \$ 0.00 |
| Emergency Room | 321 | \$ 97.55 | \$ 2.61 | 6.00% | 3.00% | 9.18% | 2.41% | -0.28% | 2.12% | 369 | \$ 103.20 | \$ 3.18 |
| Lab and Radiology - Facility | 1,126 | \$ 25.75 | \$ 2.42 | 6.00% | 3.00% | 9.18% | 2.43% | -0.19% | 2.23% | 1,296 | \$ 27.26 | \$ 2.94 |
| Other Outpatient Hospital | 6,672 | \$ 6.13 | \$ 3.41 | 6.00% | 3.00% | 9.18% | 2.16% | 0.48% | 2.65% | 7,659 | \$ 6.54 | \$ 4.17 |
| Professional | 8,935 | \$ 33.21 | \$ 24.73 | 2.50% | 1.50% | 4.04% | 2.74% | 4.15% | 7.00% | 9,645 | \$ 35.64 | \$ 28.64 |
| Specialty OAD | 6,802 | \$ 5.90 | \$ 3.35 | 2.00% | 5.50% | 7.61% | 2.75% | 0.00% | 2.75% | 7,271 | \$ 6.57 | \$ 3.98 |
| Specialty Pharmacy | 16 | \$ 2,446.74 | \$ 3.34 | 4.05% | 4.15% | 8.37% | 2.75% | -0.09% | 2.66% | 18 | \$ 2,651.73 | \$ 4.03 |
| Other Pharmacy | 2,343 | \$ 48.17 | \$ 9.41 | 2.95% | 2.10% | 5.11% | 6.35% | -2.82% | 3.35% | 2,641 | \$ 48.80 | \$ 10.74 |
| DME & Supplies | 569 | \$ 27.31 | \$ 1.29 | 2.50% | 1.00% | 3.53% | 2.75% | 0.73% | 3.51% | 614 | \$ 28.06 | \$ 1.44 |
| Community LTSS | 105 | \$ 21.41 | \$ 0.19 | 2.50% | 1.00% | 3.53% | 2.75% | 15.00% | 18.16% | 113 | \$ 25.11 | \$ 0.24 |
| Applied Behavioral Analysis | 55 | \$ 4.28 | \$ 0.02 | 27.00% | 1.00% | 28.27% | 2.75% | 0.80% | 3.57% | 91 | \$ 4.40 | \$ 0.03 |
| Outpatient Behavioral Health | 2,027 | \$ 66.12 | \$ 11.17 | 2.50% | 2.50% | 5.06% | 12.09% | 13.98% | 27.76% | 2,387 | \$ 79.19 | \$ 15.75 |
| Other Medical Services | 1,203 | \$ 23.13 | \$ 2.32 | 2.50% | 1.00% | 3.53% | 2.36% | 3.74% | 6.19% | 1,294 | \$ 24.47 | \$ 2.64 |
| All Categories of Service | | \$ 81.44 | | | | 5.15% | | | 7.60% | | \$ 96.90 | |

General Note:

- Totals may differ due to rounding.

Footnotes:

1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|-----------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 96.90 |

| | |
|--------------------------------|-----------------|
| Credibility Weighting | 97.8% |
| Manual PMPM | \$ 99.32 |
| Final Capitated Medical | \$ 96.96 |

| | |
|--------------------------|-----------------|
| Administration | \$ 14.73 |
| Underwriting Gain | \$ 1.70 |
| Premium Tax | \$ 4.11 |
| Total Non-Medical | \$ 20.54 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 117.50 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
TANF/CHAP Female 19-34 – Northern

| | |
|--------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 50,549 |
| Projected Member Months: | 49,108 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|---------------|-------------------|------------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 242 | \$ 1,378.97 | \$ 27.80 | 1.00% | 0.50% | 1.51% | -3.98% | 0.80% | -3.21% | 237 | \$ 1,403.98 | \$ 27.72 |
| Inpatient BH | 88 | \$ 781.27 | \$ 5.70 | 1.00% | 0.50% | 1.51% | 8.37% | 9.05% | 18.18% | 97 | \$ 860.50 | \$ 6.94 |
| Long-Term Care | 7 | \$ 378.40 | \$ 0.23 | 1.50% | 1.00% | 2.52% | -11.91% | 1.57% | -10.53% | 7 | \$ 392.05 | \$ 0.22 |
| Emergency Room | 921 | \$ 102.06 | \$ 7.83 | 0.00% | 1.50% | 1.50% | 3.49% | 1.00% | 4.52% | 953 | \$ 106.19 | \$ 8.43 |
| Lab and Radiology - Facility | 6,446 | \$ 18.74 | \$ 10.07 | 0.00% | 1.50% | 1.50% | 0.91% | 1.94% | 2.87% | 6,505 | \$ 19.68 | \$ 10.67 |
| Other Outpatient Hospital | 15,446 | \$ 8.76 | \$ 11.27 | 0.00% | 1.50% | 1.50% | 2.96% | 9.20% | 12.44% | 15,903 | \$ 9.85 | \$ 13.06 |
| Professional | 41,224 | \$ 19.83 | \$ 68.13 | 0.50% | 1.00% | 1.51% | 4.72% | 8.37% | 13.49% | 43,604 | \$ 21.93 | \$ 79.67 |
| Specialty OAD | 2,214 | \$ 33.60 | \$ 6.20 | 5.25% | 5.40% | 10.93% | 20.65% | -5.05% | 14.55% | 2,958 | \$ 35.44 | \$ 8.74 |
| Specialty Pharmacy | 37 | \$ 3,068.62 | \$ 9.35 | 5.50% | 3.45% | 9.14% | -4.05% | 18.15% | 13.37% | 39 | \$ 3,879.99 | \$ 12.62 |
| Other Pharmacy | 7,025 | \$ 35.91 | \$ 21.02 | 1.70% | 2.25% | 3.99% | 6.31% | -1.55% | 4.67% | 7,725 | \$ 36.96 | \$ 23.79 |
| DME & Supplies | 1,203 | \$ 21.85 | \$ 2.19 | 1.50% | 1.00% | 2.52% | -8.53% | 8.68% | -0.59% | 1,134 | \$ 24.22 | \$ 2.29 |
| Community LTSS | 41 | \$ 52.16 | \$ 0.18 | 1.50% | 1.00% | 2.52% | 91.54% | -4.65% | 82.63% | 81 | \$ 50.74 | \$ 0.34 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 1.50% | 2.00% | 3.53% | 5.09% | 0.00% | 5.09% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 7,137 | \$ 42.28 | \$ 25.15 | 1.50% | 2.00% | 3.53% | 22.02% | 5.15% | 28.30% | 8,972 | \$ 46.25 | \$ 34.58 |
| Other Medical Services | 1,070 | \$ 22.65 | \$ 2.02 | 1.50% | 1.00% | 2.52% | 7.35% | 7.44% | 15.34% | 1,183 | \$ 24.82 | \$ 2.45 |
| All Categories of Service | | \$ 197.14 | | | | 2.74% | | | 11.27% | | \$ 231.53 | |

General Note:

- Totals may differ due to rounding.

Footnotes:

1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 231.53 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 231.53 |

| | |
|--------------------------|-----------------|
| Administration | \$ 27.56 |
| Underwriting Gain | \$ 3.95 |
| Premium Tax | \$ 9.54 |
| Total Non-Medical | \$ 41.05 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 272.57 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
TANF/CHAP Male 19-34 – Northern

| | |
|--------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 10,140 |
| Projected Member Months: | 8,232 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|-----------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|---------------|-------------------|------------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 112 | \$ 1,518.68 | \$ 14.17 | 1.00% | 0.50% | 1.51% | 11.67% | 0.00% | 11.67% | 128 | \$ 1,533.90 | \$ 16.31 |
| Inpatient BH | 95 | \$ 642.10 | \$ 5.09 | 1.00% | 0.50% | 1.51% | 1.66% | 20.92% | 22.93% | 99 | \$ 784.22 | \$ 6.45 |
| Long-Term Care | 40 | \$ 446.03 | \$ 1.48 | 1.50% | 1.00% | 2.52% | 11.67% | 0.00% | 11.67% | 46 | \$ 454.99 | \$ 1.73 |
| Emergency Room | 487 | \$ 96.05 | \$ 3.89 | 0.00% | 1.50% | 1.50% | 10.85% | -0.10% | 10.73% | 539 | \$ 98.85 | \$ 4.44 |
| Lab and Radiology - Facility | 1,810 | \$ 30.46 | \$ 4.59 | 0.00% | 1.50% | 1.50% | 11.01% | 0.49% | 11.55% | 2,009 | \$ 31.53 | \$ 5.28 |
| Other Outpatient Hospital | 5,707 | \$ 4.49 | \$ 2.13 | 0.00% | 1.50% | 1.50% | 11.63% | -0.24% | 11.36% | 6,370 | \$ 4.61 | \$ 2.45 |
| Professional | 30,997 | \$ 8.83 | \$ 22.80 | 0.50% | 1.00% | 1.51% | 11.68% | 4.89% | 17.14% | 34,966 | \$ 9.45 | \$ 27.52 |
| Specialty OAD | 2 | \$ 0.00 | \$ 0.00 | 5.25% | 5.40% | 10.93% | 11.67% | 0.00% | 8.79% | 3 | \$ 0.00 | \$ 0.00 |
| Specialty Pharmacy | 43 | \$ 2,130.65 | \$ 7.56 | 5.50% | 3.45% | 9.14% | 11.67% | -0.08% | 11.58% | 53 | \$ 2,278.28 | \$ 10.05 |
| Other Pharmacy | 3,280 | \$ 53.70 | \$ 14.68 | 1.70% | 2.25% | 3.99% | 15.50% | 0.41% | 15.97% | 3,919 | \$ 56.37 | \$ 18.41 |
| DME & Supplies | 289 | \$ 33.57 | \$ 0.81 | 1.50% | 1.00% | 2.52% | 11.67% | 0.72% | 12.48% | 332 | \$ 34.50 | \$ 0.95 |
| Community LTSS | - | \$ 0.00 | \$ 0.00 | 1.50% | 1.00% | 2.52% | 8.79% | 0.00% | 8.79% | - | \$ 0.00 | \$ 0.00 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 1.50% | 2.00% | 3.53% | 8.79% | 0.00% | 8.79% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 5,889 | \$ 29.33 | \$ 14.40 | 1.50% | 2.00% | 3.53% | 23.84% | 6.21% | 31.53% | 7,514 | \$ 32.41 | \$ 20.30 |
| Other Medical Services | 505 | \$ 28.96 | \$ 1.22 | 1.50% | 1.00% | 2.52% | 11.67% | 0.62% | 12.37% | 581 | \$ 29.73 | \$ 1.44 |
| All Categories of Service | | \$ 92.83 | | | | 2.89% | | | 17.35% | | \$ 115.33 | |

General Note:

- Totals may differ due to rounding.

Footnotes:

1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 115.33 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 53.1% |
| Manual PMPM | \$ 134.45 |
| Final Capitated Medical | \$ 124.30 |

| | |
|--------------------------|-----------------|
| Administration | \$ 14.80 |
| Underwriting Gain | \$ 2.12 |
| Premium Tax | \$ 5.12 |
| Total Non-Medical | \$ 22.04 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 146.34 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
TANF/CHAP Female 35 and Over – Northern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 27,751 |
| Projected Member Months: | 24,027 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|--------------|-------------------|------------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 459 | \$ 1,516.30 | \$ 57.96 | 1.00% | 0.50% | 1.51% | -0.37% | -0.16% | -0.53% | 466 | \$ 1,529.02 | \$ 59.40 |
| Inpatient BH | 94 | \$ 748.23 | \$ 5.88 | 1.00% | 0.50% | 1.51% | -7.06% | 9.07% | 1.36% | 89 | \$ 824.25 | \$ 6.14 |
| Long-Term Care | 66 | \$ 545.44 | \$ 2.98 | 1.50% | 1.00% | 2.52% | -1.11% | 20.39% | 19.06% | 67 | \$ 669.86 | \$ 3.73 |
| Emergency Room | 827 | \$ 107.02 | \$ 7.37 | 0.00% | 1.50% | 1.50% | 3.47% | -0.16% | 3.30% | 855 | \$ 110.07 | \$ 7.84 |
| Lab and Radiology - Facility | 5,361 | \$ 26.70 | \$ 11.93 | 0.00% | 1.50% | 1.50% | 4.82% | 1.30% | 6.18% | 5,620 | \$ 27.87 | \$ 13.05 |
| Other Outpatient Hospital | 25,429 | \$ 7.91 | \$ 16.76 | 0.00% | 1.50% | 1.50% | 2.84% | 2.16% | 5.06% | 26,152 | \$ 8.32 | \$ 18.14 |
| Professional | 50,289 | \$ 20.09 | \$ 84.18 | 0.50% | 1.00% | 1.51% | 5.30% | 5.78% | 11.39% | 53,485 | \$ 21.68 | \$ 96.62 |
| Specialty OAD | 2,098 | \$ 13.84 | \$ 2.42 | 5.25% | 5.40% | 10.93% | 10.23% | 5.12% | 15.88% | 2,562 | \$ 16.16 | \$ 3.45 |
| Specialty Pharmacy | 140 | \$ 3,331.64 | \$ 38.77 | 5.50% | 3.45% | 9.14% | -0.58% | -0.27% | -0.85% | 155 | \$ 3,555.73 | \$ 45.79 |
| Other Pharmacy | 15,487 | \$ 44.87 | \$ 57.91 | 1.70% | 2.25% | 3.99% | 4.35% | -1.65% | 2.62% | 16,714 | \$ 46.14 | \$ 64.27 |
| DME & Supplies | 2,318 | \$ 20.81 | \$ 4.02 | 1.50% | 1.00% | 2.52% | 0.07% | 1.20% | 1.27% | 2,390 | \$ 21.49 | \$ 4.28 |
| Community LTSS | 15 | \$ 17.75 | \$ 0.02 | 1.50% | 1.00% | 2.52% | 174.06% | 92.22% | 426.78% | 43 | \$ 34.79 | \$ 0.13 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 1.50% | 2.00% | 3.53% | 4.91% | 0.00% | 4.91% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 8,668 | \$ 42.75 | \$ 30.88 | 1.50% | 2.00% | 3.53% | 12.52% | 8.60% | 22.20% | 10,048 | \$ 48.31 | \$ 40.45 |
| Other Medical Services | 1,149 | \$ 31.57 | \$ 3.02 | 1.50% | 1.00% | 2.52% | 7.01% | 0.43% | 7.47% | 1,267 | \$ 32.34 | \$ 3.41 |
| All Categories of Service | | \$ 324.12 | | | | 3.19% | | | 6.26% | | \$ 366.70 | |

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 366.70 |
| Credibility Weighting | 87.8% |
| Manual PMPM | \$ 386.24 |
| Final Capitated Medical | \$ 369.09 |
| Administration | \$ 43.93 |
| Underwriting Gain | \$ 6.29 |
| Premium Tax | \$ 15.21 |
| Total Non-Medical | \$ 65.43 |
| Total Capitation | \$ 434.52 |

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
TANF/CHAP Male 35 and Over – Northern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 11,334 |
| Projected Member Months: | 9,345 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|---------------|-------------------|------------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 268 | \$ 1,392.15 | \$ 31.11 | 1.00% | 0.50% | 1.51% | 10.63% | 0.00% | 10.63% | 303 | \$ 1,406.11 | \$ 35.46 |
| Inpatient BH | 73 | \$ 802.28 | \$ 4.89 | 1.00% | 0.50% | 1.51% | 1.20% | 5.86% | 7.13% | 76 | \$ 857.79 | \$ 5.40 |
| Long-Term Care | 101 | \$ 526.27 | \$ 4.43 | 1.50% | 1.00% | 2.52% | 10.63% | 20.24% | 33.02% | 115 | \$ 645.50 | \$ 6.19 |
| Emergency Room | 643 | \$ 108.29 | \$ 5.80 | 0.00% | 1.50% | 1.50% | 10.63% | 0.00% | 10.63% | 711 | \$ 111.56 | \$ 6.61 |
| Lab and Radiology - Facility | 3,424 | \$ 24.26 | \$ 6.92 | 0.00% | 1.50% | 1.50% | 10.63% | 0.00% | 10.63% | 3,788 | \$ 24.99 | \$ 7.89 |
| Other Outpatient Hospital | 13,523 | \$ 16.21 | \$ 18.26 | 0.00% | 1.50% | 1.50% | 10.63% | 0.00% | 10.63% | 14,960 | \$ 16.70 | \$ 20.82 |
| Professional | 15,567 | \$ 41.06 | \$ 53.27 | 0.50% | 1.00% | 1.51% | 10.51% | 4.91% | 15.94% | 17,375 | \$ 43.95 | \$ 63.63 |
| Specialty OAD | 2,269 | \$ 95.38 | \$ 18.04 | 5.25% | 5.40% | 10.93% | 10.63% | 0.29% | 10.95% | 2,781 | \$ 106.26 | \$ 24.63 |
| Specialty Pharmacy | 74 | \$ 3,507.89 | \$ 21.66 | 5.50% | 3.45% | 9.14% | 10.63% | -0.08% | 10.54% | 91 | \$ 3,750.96 | \$ 28.53 |
| Other Pharmacy | 11,085 | \$ 45.36 | \$ 41.90 | 1.70% | 2.25% | 3.99% | 12.32% | 0.61% | 13.01% | 12,877 | \$ 47.72 | \$ 51.20 |
| DME & Supplies | 4,938 | \$ 22.91 | \$ 9.43 | 1.50% | 1.00% | 2.52% | 10.63% | 0.13% | 10.77% | 5,628 | \$ 23.40 | \$ 10.98 |
| Community LTSS | 67 | \$ 21.41 | \$ 0.12 | 1.50% | 1.00% | 2.52% | 10.63% | 15.00% | 27.23% | 77 | \$ 25.11 | \$ 0.16 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 1.50% | 2.00% | 3.53% | 8.53% | 0.00% | 8.53% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 8,642 | \$ 25.89 | \$ 18.64 | 1.50% | 2.00% | 3.53% | 21.36% | 0.00% | 21.36% | 10,805 | \$ 26.93 | \$ 24.25 |
| Other Medical Services | 831 | \$ 39.81 | \$ 2.76 | 1.50% | 1.00% | 2.52% | 10.63% | 1.64% | 12.45% | 947 | \$ 41.28 | \$ 3.26 |
| All Categories of Service | | \$ 237.23 | | | | 3.63% | | | 13.43% | | \$ 289.00 | |

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 289.00 |
| Credibility Weighting | 56.1% |
| Manual PMPM | \$ 322.87 |
| Final Capitated Medical | \$ 303.87 |
| Administration | \$ 36.17 |
| Underwriting Gain | \$ 5.18 |
| Premium Tax | \$ 12.52 |
| Total Non-Medical | \$ 53.87 |
| Total Capitation | \$ 357.74 |

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
Check Up Under 1 – Northern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 323 |
| Projected Member Months: | 310 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|-----------|-------------------------------|-----------|--------------|-----------------|-----------|--------------|-------------------|------------------|-----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 2,746 | \$ 1,736.76 | \$ 397.43 | 1.00% | 1.00% | 2.01% | 0.00% | 0.00% | 0.00% | 2,801 | \$ 1,771.67 | \$ 413.56 |
| Inpatient BH | - | \$ 0.00 | \$ 0.00 | 1.00% | 1.00% | 2.01% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Long-Term Care | - | \$ 0.00 | \$ 0.00 | 1.50% | 1.00% | 2.52% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Emergency Room | 990 | \$ 87.80 | \$ 7.25 | 5.00% | 1.50% | 6.58% | 0.00% | 0.00% | 0.00% | 1,092 | \$ 90.46 | \$ 8.23 |
| Lab and Radiology - Facility | 1,914 | \$ 19.48 | \$ 3.11 | 5.00% | 1.50% | 6.58% | 0.00% | 0.00% | 0.00% | 2,110 | \$ 20.07 | \$ 3.53 |
| Other Outpatient Hospital | 11,647 | \$ 4.07 | \$ 3.95 | 5.00% | 1.50% | 6.58% | 0.00% | 0.00% | 0.00% | 12,841 | \$ 4.20 | \$ 4.49 |
| Professional | 33,036 | \$ 53.39 | \$ 146.98 | 1.00% | 1.00% | 2.01% | 0.11% | 4.91% | 5.03% | 33,737 | \$ 57.14 | \$ 160.64 |
| Specialty OAD | 156 | \$ 1,756.20 | \$ 22.79 | 1.30% | 7.30% | 8.69% | 0.00% | 0.00% | 0.00% | 160 | \$ 2,021.96 | \$ 26.92 |
| Specialty Pharmacy | - | \$ 0.00 | \$ 0.00 | 5.90% | 4.55% | 10.72% | 0.00% | 0.00% | -0.09% | - | \$ 0.00 | \$ 0.00 |
| Other Pharmacy | 2,007 | \$ 14.23 | \$ 2.38 | 2.75% | 1.75% | 4.55% | 1.51% | 0.09% | 1.60% | 2,150 | \$ 14.75 | \$ 2.64 |
| DME & Supplies | 348 | \$ 267.40 | \$ 7.75 | 1.50% | 1.00% | 2.52% | 0.00% | 0.05% | 0.05% | 358 | \$ 272.91 | \$ 8.14 |
| Community LTSS | - | \$ 0.00 | \$ 0.00 | 1.50% | 1.00% | 2.52% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 24.00% | 1.00% | 25.24% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 421 | \$ 74.20 | \$ 2.60 | 1.50% | 1.50% | 3.02% | 0.00% | 2.10% | 2.10% | 434 | \$ 78.05 | \$ 2.82 |
| Other Medical Services | 417 | \$ 67.73 | \$ 2.35 | 1.50% | 1.00% | 2.52% | 0.00% | 2.93% | 2.93% | 429 | \$ 71.11 | \$ 2.54 |
| All Categories of Service | | \$ 596.58 | | | | 2.41% | | | 1.26% | | \$ 633.53 | |

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 633.53 |
| Credibility Weighting | 9.5% |
| Manual PMPM | \$ 218.57 |
| Final Capitated Medical | \$ 257.87 |
| Administration | \$ 41.26 |
| Underwriting Gain | \$ 4.56 |
| Premium Tax | \$ 11.01 |
| Total Non-Medical | \$ 56.83 |
| Total Capitation | \$ 314.70 |

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
Check Up Child 1-2 – Northern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 1,618 |
| Projected Member Months: | 2,908 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|-----------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|--------------|-------------------|-----------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 142 | \$ 1,638.57 | \$ 19.45 | 1.00% | 1.00% | 2.01% | 5.81% | 0.00% | 5.81% | 154 | \$ 1,671.51 | \$ 21.41 |
| Inpatient BH | - | \$ 0.00 | \$ 0.00 | 1.00% | 1.00% | 2.01% | 4.51% | 0.00% | 4.51% | - | \$ 0.00 | \$ 0.00 |
| Long-Term Care | - | \$ 0.00 | \$ 0.00 | 1.50% | 1.00% | 2.52% | 4.51% | 0.00% | 4.51% | - | \$ 0.00 | \$ 0.00 |
| Emergency Room | 650 | \$ 66.94 | \$ 3.63 | 5.00% | 1.50% | 6.58% | 5.81% | 0.00% | 5.81% | 758 | \$ 68.97 | \$ 4.36 |
| Lab and Radiology - Facility | 925 | \$ 20.38 | \$ 1.57 | 5.00% | 1.50% | 6.58% | 5.81% | 0.00% | 5.81% | 1,079 | \$ 21.00 | \$ 1.89 |
| Other Outpatient Hospital | 2,204 | \$ 17.57 | \$ 3.23 | 5.00% | 1.50% | 6.58% | 5.81% | 0.00% | 5.81% | 2,571 | \$ 18.10 | \$ 3.88 |
| Professional | 9,888 | \$ 48.28 | \$ 39.79 | 1.00% | 1.00% | 2.01% | 7.26% | 4.90% | 12.52% | 10,820 | \$ 51.66 | \$ 46.58 |
| Specialty OAD | - | \$ 0.00 | \$ 0.00 | 1.30% | 7.30% | 8.69% | 4.51% | 0.00% | 4.51% | - | \$ 0.00 | \$ 0.00 |
| Specialty Pharmacy | - | \$ 0.00 | \$ 0.00 | 5.90% | 4.55% | 10.72% | 4.51% | 0.00% | 4.41% | - | \$ 0.00 | \$ 0.00 |
| Other Pharmacy | 1,386 | \$ 13.83 | \$ 1.60 | 2.75% | 1.75% | 4.55% | 8.49% | 1.61% | 10.24% | 1,588 | \$ 14.55 | \$ 1.93 |
| DME & Supplies | 38,977 | \$ 2.35 | \$ 7.63 | 1.50% | 1.00% | 2.52% | 5.81% | 0.01% | 5.82% | 42,490 | \$ 2.40 | \$ 8.49 |
| Community LTSS | - | \$ 0.00 | \$ 0.00 | 1.50% | 1.00% | 2.52% | 4.51% | 0.00% | 4.51% | - | \$ 0.00 | \$ 0.00 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 24.00% | 1.00% | 25.24% | 4.51% | 0.00% | 4.51% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 1,727 | \$ 60.97 | \$ 8.77 | 1.50% | 1.50% | 3.02% | 5.81% | 0.81% | 6.67% | 1,882 | \$ 63.32 | \$ 9.93 |
| Other Medical Services | 194 | \$ 27.84 | \$ 0.45 | 1.50% | 1.00% | 2.52% | 5.81% | 3.32% | 9.33% | 211 | \$ 29.34 | \$ 0.52 |
| All Categories of Service | | \$ 86.11 | | | | 2.66% | | | 9.06% | | \$ 98.98 | |

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 98.98 |
| Credibility Weighting | 21.2% |
| Manual PMPM | \$ 97.60 |
| Final Capitated Medical | \$ 97.90 |
| Administration | \$ 15.67 |
| Underwriting Gain | \$ 1.73 |
| Premium Tax | \$ 4.18 |
| Total Non-Medical | \$ 21.58 |
| Total Capitation | \$ 119.47 |

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
Check Up Child 3-14 – Northern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 28,003 |
| Projected Member Months: | 33,834 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|-----------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|---------------|-------------------|-----------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 14 | \$ 1,306.82 | \$ 1.49 | 1.00% | 1.00% | 2.01% | 7.12% | 0.00% | 7.12% | 15 | \$ 1,333.09 | \$ 1.66 |
| Inpatient BH | 73 | \$ 442.37 | \$ 2.68 | 1.00% | 1.00% | 2.01% | 7.12% | 0.00% | 7.12% | 79 | \$ 451.26 | \$ 2.99 |
| Long-Term Care | - | \$ 0.00 | \$ 0.00 | 1.50% | 1.00% | 2.52% | 6.26% | 0.00% | 6.26% | - | \$ 0.00 | \$ 0.00 |
| Emergency Room | 285 | \$ 80.91 | \$ 1.92 | 5.00% | 1.50% | 6.58% | 6.95% | 0.05% | 7.00% | 336 | \$ 83.39 | \$ 2.33 |
| Lab and Radiology - Facility | 741 | \$ 19.90 | \$ 1.23 | 5.00% | 1.50% | 6.58% | 6.49% | 0.40% | 6.92% | 870 | \$ 20.58 | \$ 1.49 |
| Other Outpatient Hospital | 2,639 | \$ 8.90 | \$ 1.96 | 5.00% | 1.50% | 6.58% | 7.05% | -0.64% | 6.36% | 3,115 | \$ 9.11 | \$ 2.37 |
| Professional | 6,962 | \$ 37.47 | \$ 21.74 | 1.00% | 1.00% | 2.01% | 7.58% | 4.77% | 12.71% | 7,640 | \$ 40.05 | \$ 25.50 |
| Specialty OAD | 216 | \$ 395.75 | \$ 7.13 | 1.30% | 7.30% | 8.69% | 7.12% | 0.00% | 7.12% | 238 | \$ 455.64 | \$ 9.03 |
| Specialty Pharmacy | 13 | \$ 1,695.18 | \$ 1.88 | 5.90% | 4.55% | 10.72% | 7.12% | -0.09% | 7.02% | 16 | \$ 1,851.24 | \$ 2.46 |
| Other Pharmacy | 1,731 | \$ 32.61 | \$ 4.70 | 2.75% | 1.75% | 4.55% | 15.35% | 4.92% | 21.03% | 2,108 | \$ 35.42 | \$ 6.22 |
| DME & Supplies | 586 | \$ 13.32 | \$ 0.65 | 1.50% | 1.00% | 2.52% | 7.12% | 0.65% | 7.82% | 646 | \$ 13.68 | \$ 0.74 |
| Community LTSS | - | \$ 0.00 | \$ 0.00 | 1.50% | 1.00% | 2.52% | 6.26% | 0.00% | 6.26% | - | \$ 0.00 | \$ 0.00 |
| Applied Behavioral Analysis | 609 | \$ 17.57 | \$ 0.89 | 24.00% | 1.00% | 25.24% | 7.12% | 0.02% | 7.14% | 1,003 | \$ 17.93 | \$ 1.50 |
| Outpatient Behavioral Health | 1,120 | \$ 70.84 | \$ 6.61 | 1.50% | 1.50% | 3.02% | 4.68% | 2.93% | 7.74% | 1,207 | \$ 75.12 | \$ 7.56 |
| Other Medical Services | 1,275 | \$ 22.45 | \$ 2.39 | 1.50% | 1.00% | 2.52% | 7.05% | 2.95% | 10.21% | 1,406 | \$ 23.58 | \$ 2.76 |
| All Categories of Service | | \$ 55.27 | | | | 4.40% | | | 10.58% | | \$ 66.60 | |

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|-----------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 66.60 |
| Credibility Weighting | 88.2% |
| Manual PMPM | \$ 79.25 |
| Final Capitated Medical | \$ 68.10 |
| Administration | \$ 10.90 |
| Underwriting Gain | \$ 1.20 |
| Premium Tax | \$ 2.91 |
| Total Non-Medical | \$ 15.01 |
| Total Capitation | \$ 83.11 |

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
Check Up Female 15-18 – Northern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 5,260 |
| Projected Member Months: | 5,410 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|--------------|-------------------|------------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 62 | \$ 1,209.44 | \$ 6.29 | 1.00% | 1.00% | 2.01% | 0.59% | 0.00% | 0.59% | 64 | \$ 1,233.75 | \$ 6.58 |
| Inpatient BH | 169 | \$ 704.21 | \$ 9.94 | 1.00% | 1.00% | 2.01% | -4.05% | 0.33% | -3.74% | 166 | \$ 720.70 | \$ 9.96 |
| Long-Term Care | - | \$ 0.00 | \$ 0.00 | 1.50% | 1.00% | 2.52% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Emergency Room | 376 | \$ 101.40 | \$ 3.18 | 5.00% | 1.50% | 6.58% | -0.03% | -0.35% | -0.39% | 414 | \$ 104.10 | \$ 3.59 |
| Lab and Radiology - Facility | 2,119 | \$ 20.85 | \$ 3.68 | 5.00% | 1.50% | 6.58% | 0.26% | -1.67% | -1.42% | 2,342 | \$ 21.12 | \$ 4.12 |
| Other Outpatient Hospital | 5,484 | \$ 8.17 | \$ 3.73 | 5.00% | 1.50% | 6.58% | 0.55% | -0.20% | 0.35% | 6,079 | \$ 8.40 | \$ 4.25 |
| Professional | 15,143 | \$ 25.44 | \$ 32.10 | 1.00% | 1.00% | 2.01% | 0.67% | 4.33% | 5.03% | 15,552 | \$ 27.07 | \$ 35.08 |
| Specialty OAD | 3,561 | \$ 33.08 | \$ 9.82 | 1.30% | 7.30% | 8.69% | 0.59% | 0.01% | 0.60% | 3,676 | \$ 38.09 | \$ 11.67 |
| Specialty Pharmacy | 18 | \$ 4,001.22 | \$ 6.09 | 5.90% | 4.55% | 10.72% | 0.59% | -0.09% | 0.50% | 21 | \$ 4,369.59 | \$ 7.50 |
| Other Pharmacy | 3,547 | \$ 31.98 | \$ 9.45 | 2.75% | 1.75% | 4.55% | 2.92% | 3.97% | 7.01% | 3,854 | \$ 34.43 | \$ 11.06 |
| DME & Supplies | 448 | \$ 16.08 | \$ 0.60 | 1.50% | 1.00% | 2.52% | 0.59% | 0.43% | 1.03% | 464 | \$ 16.48 | \$ 0.64 |
| Community LTSS | - | \$ 0.00 | \$ 0.00 | 1.50% | 1.00% | 2.52% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 24.00% | 1.00% | 25.24% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 1,976 | \$ 92.41 | \$ 15.22 | 1.50% | 1.50% | 3.02% | 5.59% | 4.64% | 10.49% | 2,150 | \$ 99.62 | \$ 17.85 |
| Other Medical Services | 1,559 | \$ 24.54 | \$ 3.19 | 1.50% | 1.00% | 2.52% | 0.59% | 1.45% | 2.06% | 1,616 | \$ 25.40 | \$ 3.42 |
| All Categories of Service | | \$ 103.28 | | | | 4.06% | | | 3.47% | | \$ 115.72 | |

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 115.72 |
| Credibility Weighting | 38.2% |
| Manual PMPM | \$ 117.89 |
| Final Capitated Medical | \$ 117.06 |
| Administration | \$ 18.73 |
| Underwriting Gain | \$ 2.07 |
| Premium Tax | \$ 5.00 |
| Total Non-Medical | \$ 25.80 |
| Total Capitation | \$ 142.87 |

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
Check Up Male 15-18 – Northern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 5,679 |
| Projected Member Months: | 5,954 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|-------------|----------|-------------------------------|-----------|--------|-----------------|-----------|--------|-------------------|-------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 5 | \$ 1,695.18 | \$ 0.64 | 1.00% | 1.00% | 2.01% | 0.35% | 0.00% | 0.35% | 5 | \$ 1,729.25 | \$ 0.67 |
| Inpatient BH | 17 | \$ 686.67 | \$ 0.98 | 1.00% | 1.00% | 2.01% | 0.35% | 0.00% | 0.35% | 18 | \$ 700.48 | \$ 1.02 |
| Long-Term Care | - | \$ 0.00 | \$ 0.00 | 1.50% | 1.00% | 2.52% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Emergency Room | 206 | \$ 105.19 | \$ 1.80 | 5.00% | 1.50% | 6.58% | 0.35% | 0.00% | 0.35% | 228 | \$ 108.37 | \$ 2.06 |
| Lab and Radiology - Facility | 551 | \$ 23.66 | \$ 1.09 | 5.00% | 1.50% | 6.58% | 0.35% | 0.00% | 0.35% | 610 | \$ 24.37 | \$ 1.24 |
| Other Outpatient Hospital | 2,771 | \$ 7.71 | \$ 1.78 | 5.00% | 1.50% | 6.58% | 0.35% | 0.00% | 0.35% | 3,066 | \$ 7.94 | \$ 2.03 |
| Professional | 7,213 | \$ 36.25 | \$ 21.79 | 1.00% | 1.00% | 2.01% | 0.75% | 4.22% | 5.00% | 7,414 | \$ 38.54 | \$ 23.81 |
| Specialty OAD | - | \$ 0.00 | \$ 0.00 | 1.30% | 7.30% | 8.69% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Specialty Pharmacy | - | \$ 0.00 | \$ 0.00 | 5.90% | 4.55% | 10.72% | 0.00% | 0.00% | -0.09% | - | \$ 0.00 | \$ 0.00 |
| Other Pharmacy | 2,020 | \$ 62.36 | \$ 10.50 | 2.75% | 1.75% | 4.55% | 7.28% | -0.93% | 6.29% | 2,288 | \$ 63.96 | \$ 12.19 |
| DME & Supplies | 108 | \$ 204.70 | \$ 1.85 | 1.50% | 1.00% | 2.52% | 0.35% | 0.65% | 1.01% | 112 | \$ 210.18 | \$ 1.96 |
| Community LTSS | - | \$ 0.00 | \$ 0.00 | 1.50% | 1.00% | 2.52% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 24.00% | 1.00% | 25.24% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 748 | \$ 80.82 | \$ 5.04 | 1.50% | 1.50% | 3.02% | 12.23% | 15.66% | 29.80% | 865 | \$ 96.30 | \$ 6.94 |
| Other Medical Services | 1,108 | \$ 24.89 | \$ 2.30 | 1.50% | 1.00% | 2.52% | 0.35% | 0.31% | 0.67% | 1,145 | \$ 25.47 | \$ 2.43 |
| All Categories of Service | | \$ 47.76 | | | | 3.18% | | | 6.90% | | \$ 54.35 | |

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|-----------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 54.35 |
| Credibility Weighting | 39.7% |
| Manual PMPM | \$ 92.89 |
| Final Capitated Medical | \$ 77.58 |
| Administration | \$ 12.41 |
| Underwriting Gain | \$ 1.37 |
| Premium Tax | \$ 3.31 |
| Total Non-Medical | \$ 17.10 |
| Total Capitation | \$ 94.68 |

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
Expansion Female 19-34 – Northern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 99,806 |
| Projected Member Months: | 80,531 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|---------------|-------------------|------------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 167 | \$ 1,405.01 | \$ 19.53 | 1.00% | 1.00% | 2.01% | 14.60% | -0.39% | 14.16% | 195 | \$ 1,427.66 | \$ 23.20 |
| Inpatient BH | 179 | \$ 727.67 | \$ 10.86 | 1.00% | 1.00% | 2.01% | 12.87% | 22.10% | 37.82% | 206 | \$ 906.38 | \$ 15.57 |
| Long-Term Care | 12 | \$ 425.46 | \$ 0.41 | 3.00% | 1.00% | 4.03% | 22.69% | 24.50% | 52.75% | 15 | \$ 540.34 | \$ 0.67 |
| Emergency Room | 733 | \$ 103.70 | \$ 6.34 | 0.50% | 1.00% | 1.51% | 9.59% | -0.14% | 9.43% | 812 | \$ 105.63 | \$ 7.14 |
| Lab and Radiology - Facility | 4,147 | \$ 21.05 | \$ 7.27 | 0.50% | 1.00% | 1.51% | 8.96% | -1.13% | 7.73% | 4,563 | \$ 21.23 | \$ 8.07 |
| Other Outpatient Hospital | 14,367 | \$ 6.69 | \$ 8.01 | 0.50% | 1.00% | 1.51% | 10.75% | -10.20% | -0.54% | 16,071 | \$ 6.13 | \$ 8.21 |
| Professional | 19,995 | \$ 28.25 | \$ 47.06 | 2.00% | 0.00% | 2.00% | 1.89% | 10.61% | 12.71% | 21,196 | \$ 31.24 | \$ 55.19 |
| Specialty OAD | 3,819 | \$ 30.07 | \$ 9.57 | 4.90% | 6.20% | 11.40% | 9.37% | 2.43% | 12.03% | 4,596 | \$ 34.73 | \$ 13.30 |
| Specialty Pharmacy | 67 | \$ 3,391.22 | \$ 18.99 | 4.80% | 4.40% | 9.41% | 18.97% | -4.40% | 13.74% | 88 | \$ 3,533.71 | \$ 25.85 |
| Other Pharmacy | 7,373 | \$ 45.87 | \$ 28.18 | 1.70% | 2.45% | 4.19% | 15.47% | 2.98% | 18.91% | 8,805 | \$ 49.58 | \$ 36.38 |
| DME & Supplies | 1,171 | \$ 28.35 | \$ 2.77 | 3.00% | 1.00% | 4.03% | 18.90% | -1.69% | 16.89% | 1,477 | \$ 28.43 | \$ 3.50 |
| Community LTSS | 324 | \$ 4.50 | \$ 0.12 | 3.00% | 1.00% | 4.03% | 22.10% | 36.69% | 66.90% | 420 | \$ 6.28 | \$ 0.22 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 1.00% | 2.00% | 3.02% | 6.88% | 0.00% | 6.88% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 8,400 | \$ 45.93 | \$ 32.16 | 1.00% | 2.00% | 3.02% | 12.28% | 9.52% | 22.96% | 9,621 | \$ 52.34 | \$ 41.96 |
| Other Medical Services | 867 | \$ 28.77 | \$ 2.08 | 3.00% | 1.00% | 4.03% | 4.96% | 0.36% | 5.34% | 965 | \$ 29.46 | \$ 2.37 |
| All Categories of Service | | \$ 193.33 | | | | 3.72% | | | 16.17% | | \$ 241.64 | |

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 241.64 |
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 241.64 |
| Administration | \$ 25.38 |
| Underwriting Gain | \$ 4.07 |
| Premium Tax | \$ 9.83 |
| Total Non-Medical | \$ 39.28 |
| Total Capitation | \$ 280.91 |

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
Expansion Male 19-34 – Northern

| | |
|--------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 85,674 |
| Projected Member Months: | 66,475 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|---------------|-------------------|------------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 210 | \$ 1,512.98 | \$ 26.45 | 1.00% | 1.00% | 2.01% | 13.07% | 0.36% | 13.47% | 242 | \$ 1,548.87 | \$ 31.23 |
| Inpatient BH | 338 | \$ 749.28 | \$ 21.08 | 1.00% | 1.00% | 2.01% | 10.82% | 16.60% | 29.21% | 382 | \$ 891.20 | \$ 28.34 |
| Long-Term Care | 14 | \$ 452.45 | \$ 0.52 | 3.00% | 1.00% | 4.03% | 14.08% | 16.69% | 33.13% | 17 | \$ 538.60 | \$ 0.76 |
| Emergency Room | 633 | \$ 104.68 | \$ 5.52 | 0.50% | 1.00% | 1.51% | 12.48% | 0.10% | 12.59% | 719 | \$ 106.89 | \$ 6.40 |
| Lab and Radiology - Facility | 2,078 | \$ 23.51 | \$ 4.07 | 0.50% | 1.00% | 1.51% | 11.93% | 0.75% | 12.77% | 2,349 | \$ 24.17 | \$ 4.73 |
| Other Outpatient Hospital | 14,323 | \$ 4.37 | \$ 5.22 | 0.50% | 1.00% | 1.51% | 12.94% | -1.45% | 11.30% | 16,339 | \$ 4.40 | \$ 5.98 |
| Professional | 16,730 | \$ 21.93 | \$ 30.58 | 2.00% | 0.00% | 2.00% | -9.84% | 31.00% | 18.11% | 15,692 | \$ 28.73 | \$ 37.57 |
| Specialty OAD | 15,459 | \$ 4.56 | \$ 5.87 | 4.90% | 6.20% | 11.40% | 14.08% | -0.01% | 14.07% | 19,405 | \$ 5.14 | \$ 8.31 |
| Specialty Pharmacy | 173 | \$ 2,726.56 | \$ 39.26 | 4.80% | 4.40% | 9.41% | 12.97% | -0.32% | 12.61% | 214 | \$ 2,962.32 | \$ 52.92 |
| Other Pharmacy | 4,694 | \$ 55.00 | \$ 21.51 | 1.70% | 2.45% | 4.19% | 17.73% | 0.04% | 17.78% | 5,715 | \$ 57.75 | \$ 27.51 |
| DME & Supplies | 2,489 | \$ 9.61 | \$ 1.99 | 3.00% | 1.00% | 4.03% | 13.40% | -1.27% | 11.96% | 2,994 | \$ 9.67 | \$ 2.41 |
| Community LTSS | 101 | \$ 8.79 | \$ 0.07 | 3.00% | 1.00% | 4.03% | 14.08% | 1.26% | 15.52% | 123 | \$ 9.08 | \$ 0.09 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 1.00% | 2.00% | 3.02% | 10.35% | 0.00% | 10.35% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 11,229 | \$ 32.76 | \$ 30.65 | 1.00% | 2.00% | 3.02% | 20.86% | 6.25% | 28.41% | 13,843 | \$ 36.21 | \$ 41.77 |
| Other Medical Services | 545 | \$ 29.06 | \$ 1.32 | 3.00% | 1.00% | 4.03% | 13.45% | 0.43% | 13.95% | 657 | \$ 29.77 | \$ 1.63 |
| All Categories of Service | | \$ 194.12 | | | | 4.24% | | | 18.37% | | \$ 249.66 | |

General Note:

- Totals may differ due to rounding.

Footnotes:

1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 249.66 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 249.66 |

| | |
|--------------------------|-----------------|
| Administration | \$ 26.22 |
| Underwriting Gain | \$ 4.20 |
| Premium Tax | \$ 10.16 |
| Total Non-Medical | \$ 40.58 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 290.24 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
Expansion Female 35 and Over – Northern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 117,559 |
| Projected Member Months: | 98,589 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|-----------|-------------------------------|-----------|--------------|-----------------|-----------|---------------|-------------------|------------------|-----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 651 | \$ 1,420.55 | \$ 77.04 | 1.00% | 1.00% | 2.01% | 9.75% | 0.17% | 9.93% | 729 | \$ 1,451.50 | \$ 88.13 |
| Inpatient BH | 196 | \$ 804.87 | \$ 13.15 | 1.00% | 1.00% | 2.01% | 6.88% | 13.73% | 21.55% | 214 | \$ 933.75 | \$ 16.63 |
| Long-Term Care | 249 | \$ 446.85 | \$ 9.27 | 3.00% | 1.00% | 4.03% | 10.12% | 17.51% | 29.40% | 291 | \$ 535.63 | \$ 12.98 |
| Emergency Room | 786 | \$ 108.21 | \$ 7.09 | 0.50% | 1.00% | 1.51% | 8.59% | 0.11% | 8.71% | 862 | \$ 110.50 | \$ 7.94 |
| Lab and Radiology - Facility | 5,448 | \$ 29.94 | \$ 13.59 | 0.50% | 1.00% | 1.51% | 8.45% | -0.17% | 8.26% | 5,967 | \$ 30.49 | \$ 15.16 |
| Other Outpatient Hospital | 28,918 | \$ 8.17 | \$ 19.68 | 0.50% | 1.00% | 1.51% | 9.19% | -0.49% | 8.65% | 31,892 | \$ 8.29 | \$ 22.03 |
| Professional | 40,496 | \$ 29.78 | \$ 100.49 | 2.00% | 0.00% | 2.00% | 8.42% | 5.06% | 13.91% | 45,680 | \$ 31.28 | \$ 119.09 |
| Specialty OAD | 12,355 | \$ 23.34 | \$ 24.03 | 4.90% | 6.20% | 11.40% | 9.86% | 0.30% | 10.20% | 14,936 | \$ 26.40 | \$ 32.86 |
| Specialty Pharmacy | 202 | \$ 3,458.06 | \$ 58.29 | 4.80% | 4.40% | 9.41% | 9.84% | -0.28% | 9.53% | 244 | \$ 3,758.35 | \$ 76.43 |
| Other Pharmacy | 20,351 | \$ 46.53 | \$ 78.91 | 1.70% | 2.45% | 4.19% | 10.12% | 0.55% | 10.72% | 23,179 | \$ 49.11 | \$ 94.85 |
| DME & Supplies | 2,985 | \$ 23.42 | \$ 5.83 | 3.00% | 1.00% | 4.03% | 9.99% | 0.16% | 10.17% | 3,483 | \$ 23.93 | \$ 6.95 |
| Community LTSS | 904 | \$ 6.62 | \$ 0.50 | 3.00% | 1.00% | 4.03% | 10.12% | 24.03% | 36.59% | 1,056 | \$ 8.38 | \$ 0.74 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 1.00% | 2.00% | 3.02% | 6.29% | 0.00% | 6.29% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 9,384 | \$ 39.16 | \$ 30.62 | 1.00% | 2.00% | 3.02% | 14.98% | 5.58% | 21.40% | 11,007 | \$ 43.02 | \$ 39.46 |
| Other Medical Services | 1,315 | \$ 33.22 | \$ 3.64 | 3.00% | 1.00% | 4.03% | 8.15% | 2.18% | 10.51% | 1,509 | \$ 34.62 | \$ 4.35 |
| All Categories of Service | | \$ 442.13 | | | | 4.04% | | | 12.34% | | \$ 537.60 | |

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 537.60 |
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 537.60 |
| Administration | \$ 56.46 |
| Underwriting Gain | \$ 9.05 |
| Premium Tax | \$ 21.87 |
| Total Non-Medical | \$ 87.38 |
| Total Capitation | \$ 624.99 |

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
Expansion Male 35 and Over – Northern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 121,866 |
| Projected Member Months: | 97,392 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|---------------|-------------------|------------------|-----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 853 | \$ 1,397.05 | \$ 99.34 | 1.00% | 1.00% | 2.01% | 11.79% | -0.09% | 11.70% | 973 | \$ 1,423.90 | \$ 115.46 |
| Inpatient BH | 378 | \$ 792.18 | \$ 24.92 | 1.00% | 1.00% | 2.01% | 6.41% | 11.56% | 18.72% | 410 | \$ 901.55 | \$ 30.79 |
| Long-Term Care | 440 | \$ 424.64 | \$ 15.58 | 3.00% | 1.00% | 4.03% | 11.48% | 19.92% | 33.68% | 521 | \$ 519.44 | \$ 22.53 |
| Emergency Room | 853 | \$ 109.60 | \$ 7.79 | 0.50% | 1.00% | 1.51% | 11.18% | -0.20% | 10.96% | 958 | \$ 111.58 | \$ 8.90 |
| Lab and Radiology - Facility | 4,276 | \$ 29.77 | \$ 10.61 | 0.50% | 1.00% | 1.51% | 11.83% | -0.02% | 11.80% | 4,830 | \$ 30.36 | \$ 12.22 |
| Other Outpatient Hospital | 39,464 | \$ 4.89 | \$ 16.07 | 0.50% | 1.00% | 1.51% | 12.06% | -0.02% | 12.04% | 44,668 | \$ 4.98 | \$ 18.55 |
| Professional | 33,825 | \$ 28.27 | \$ 79.70 | 2.00% | 0.00% | 2.00% | 12.25% | 4.41% | 17.20% | 39,503 | \$ 29.52 | \$ 97.18 |
| Specialty OAD | 7,836 | \$ 22.33 | \$ 14.58 | 4.90% | 6.20% | 11.40% | 12.56% | 0.43% | 13.05% | 9,706 | \$ 25.30 | \$ 20.46 |
| Specialty Pharmacy | 243 | \$ 3,076.32 | \$ 62.28 | 4.80% | 4.40% | 9.41% | 11.56% | 0.14% | 11.72% | 298 | \$ 3,357.77 | \$ 83.29 |
| Other Pharmacy | 13,766 | \$ 49.33 | \$ 56.60 | 1.70% | 2.45% | 4.19% | 13.50% | 0.49% | 14.05% | 16,160 | \$ 52.04 | \$ 70.08 |
| DME & Supplies | 5,344 | \$ 14.25 | \$ 6.35 | 3.00% | 1.00% | 4.03% | 12.20% | 0.10% | 12.31% | 6,361 | \$ 14.55 | \$ 7.71 |
| Community LTSS | 748 | \$ 6.91 | \$ 0.43 | 3.00% | 1.00% | 4.03% | 12.56% | 11.94% | 26.00% | 893 | \$ 7.89 | \$ 0.59 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 1.00% | 2.00% | 3.02% | 9.18% | 0.00% | 9.18% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 13,078 | \$ 31.53 | \$ 34.37 | 1.00% | 2.00% | 3.02% | 19.91% | 12.19% | 34.53% | 15,998 | \$ 36.81 | \$ 49.07 |
| Other Medical Services | 921 | \$ 39.68 | \$ 3.05 | 3.00% | 1.00% | 4.03% | 12.84% | 2.28% | 15.41% | 1,103 | \$ 41.40 | \$ 3.81 |
| All Categories of Service | | \$ 431.66 | | | | 3.88% | | | 16.07% | | \$ 540.64 | |

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 540.64 |
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 540.64 |
| Administration | \$ 56.78 |
| Underwriting Gain | \$ 9.10 |
| Premium Tax | \$ 22.00 |
| Total Non-Medical | \$ 87.88 |
| Total Capitation | \$ 628.52 |

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
TANF/CHAP Under 1 – Southern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 180,230 |
| Projected Member Months: | 180,835 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|-----------|-------------------------------|-----------|--------------|-----------------|-----------|--------------|-------------------|------------------|-----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 3,754 | \$ 1,153.85 | \$ 360.93 | 3.00% | 1.00% | 4.03% | 0.61% | 0.07% | 0.67% | 4,006 | \$ 1,177.83 | \$ 393.24 |
| Inpatient BH | 1 | \$ 1,255.73 | \$ 0.09 | 3.00% | 1.00% | 4.03% | 0.79% | 0.00% | 0.79% | 1 | \$ 1,280.97 | \$ 0.09 |
| Long-Term Care | 53 | \$ 655.62 | \$ 2.88 | 2.50% | 1.00% | 3.53% | 0.79% | 24.50% | 25.48% | 56 | \$ 832.65 | \$ 3.87 |
| Emergency Room | 957 | \$ 88.72 | \$ 7.07 | 6.00% | 3.00% | 9.18% | 0.48% | 0.05% | 0.53% | 1,080 | \$ 94.17 | \$ 8.47 |
| Lab and Radiology - Facility | 1,686 | \$ 20.30 | \$ 2.85 | 6.00% | 3.00% | 9.18% | 0.51% | 0.11% | 0.62% | 1,904 | \$ 21.56 | \$ 3.42 |
| Other Outpatient Hospital | 3,488 | \$ 31.82 | \$ 9.25 | 6.00% | 3.00% | 9.18% | 0.62% | -0.22% | 0.40% | 3,944 | \$ 33.69 | \$ 11.07 |
| Professional | 43,741 | \$ 51.21 | \$ 186.66 | 2.50% | 1.50% | 4.04% | 0.47% | 5.00% | 5.50% | 46,172 | \$ 55.40 | \$ 213.14 |
| Specialty OAD | 281 | \$ 84.41 | \$ 1.98 | 2.00% | 5.50% | 7.61% | 0.79% | 0.00% | 0.79% | 295 | \$ 93.95 | \$ 2.31 |
| Specialty Pharmacy | 26 | \$ 2,517.30 | \$ 5.50 | 4.05% | 4.15% | 8.37% | 0.79% | -0.09% | 0.70% | 29 | \$ 2,728.19 | \$ 6.51 |
| Other Pharmacy | 2,604 | \$ 19.57 | \$ 4.25 | 2.95% | 2.10% | 5.11% | 1.71% | -0.41% | 1.29% | 2,807 | \$ 20.31 | \$ 4.75 |
| DME & Supplies | 2,870 | \$ 37.70 | \$ 9.02 | 2.50% | 1.00% | 3.53% | 0.34% | 0.20% | 0.53% | 3,025 | \$ 38.54 | \$ 9.71 |
| Community LTSS | 521 | \$ 26.59 | \$ 1.16 | 2.50% | 1.00% | 3.53% | 0.74% | 14.22% | 15.06% | 552 | \$ 30.98 | \$ 1.42 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 27.00% | 1.00% | 28.27% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 286 | \$ 38.22 | \$ 0.91 | 2.50% | 2.50% | 5.06% | 0.74% | 3.12% | 3.88% | 303 | \$ 41.41 | \$ 1.05 |
| Other Medical Services | 597 | \$ 23.78 | \$ 1.18 | 2.50% | 1.00% | 3.53% | 0.55% | 2.96% | 3.53% | 631 | \$ 24.97 | \$ 1.31 |
| All Categories of Service | | \$ 593.72 | | | | 4.25% | | | 2.34% | | \$ 660.38 | |

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ (0.96) |
| VLBW Case Rate | \$ (109.25) |
| Capitated Medical Pre-Credibility | \$ 550.17 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 550.17 |

| | |
|--------------------------|------------------|
| Administration | \$ 83.59 |
| Underwriting Gain | \$ 9.65 |
| Premium Tax | \$ 23.34 |
| Total Non-Medical | \$ 116.57 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 666.74 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
TANF/CHAP Child 1-2 – Southern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 356,856 |
| Projected Member Months: | 325,301 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|-----------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|--------------|-------------------|------------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 99 | \$ 1,559.68 | \$ 12.91 | 3.00% | 1.00% | 4.03% | 5.32% | 0.04% | 5.36% | 111 | \$ 1,591.65 | \$ 14.73 |
| Inpatient BH | 0 | \$ 1,508.66 | \$ 0.00 | 3.00% | 1.00% | 4.03% | 5.47% | 0.00% | 5.47% | 0 | \$ 1,538.99 | \$ 0.00 |
| Long-Term Care | 13 | \$ 710.44 | \$ 0.77 | 2.50% | 1.00% | 3.53% | 5.47% | 24.50% | 31.31% | 15 | \$ 902.27 | \$ 1.09 |
| Emergency Room | 734 | \$ 90.90 | \$ 5.56 | 6.00% | 3.00% | 9.18% | 5.05% | 0.06% | 5.11% | 867 | \$ 96.49 | \$ 6.97 |
| Lab and Radiology - Facility | 955 | \$ 20.62 | \$ 1.64 | 6.00% | 3.00% | 9.18% | 4.93% | 0.07% | 5.00% | 1,126 | \$ 21.90 | \$ 2.05 |
| Other Outpatient Hospital | 2,662 | \$ 17.43 | \$ 3.87 | 6.00% | 3.00% | 9.18% | 4.93% | 0.11% | 5.05% | 3,138 | \$ 18.51 | \$ 4.84 |
| Professional | 15,496 | \$ 36.26 | \$ 46.82 | 2.50% | 1.50% | 4.04% | 5.59% | 4.55% | 10.40% | 17,191 | \$ 39.06 | \$ 55.95 |
| Specialty OAD | 73 | \$ 181.71 | \$ 1.11 | 2.00% | 5.50% | 7.61% | 4.53% | -0.11% | 4.41% | 80 | \$ 202.02 | \$ 1.34 |
| Specialty Pharmacy | 7 | \$ 2,665.67 | \$ 1.65 | 4.05% | 4.15% | 8.37% | 2.61% | -7.43% | -5.02% | 8 | \$ 2,676.60 | \$ 1.84 |
| Other Pharmacy | 2,670 | \$ 18.42 | \$ 4.10 | 2.95% | 2.10% | 5.11% | 6.43% | -0.46% | 5.94% | 3,012 | \$ 19.12 | \$ 4.80 |
| DME & Supplies | 1,933 | \$ 9.93 | \$ 1.60 | 2.50% | 1.00% | 3.53% | 4.17% | 1.14% | 5.36% | 2,115 | \$ 10.25 | \$ 1.81 |
| Community LTSS | 567 | \$ 16.41 | \$ 0.78 | 2.50% | 1.00% | 3.53% | 5.45% | 14.81% | 21.07% | 628 | \$ 19.23 | \$ 1.01 |
| Applied Behavioral Analysis | 1,851 | \$ 15.06 | \$ 2.32 | 27.00% | 1.00% | 28.27% | 5.47% | 1.73% | 7.30% | 3,149 | \$ 15.63 | \$ 4.10 |
| Outpatient Behavioral Health | 2,230 | \$ 35.50 | \$ 6.60 | 2.50% | 2.50% | 5.06% | 5.27% | 0.59% | 5.89% | 2,467 | \$ 37.52 | \$ 7.71 |
| Other Medical Services | 364 | \$ 47.26 | \$ 1.43 | 2.50% | 1.00% | 3.53% | 5.32% | 1.76% | 7.17% | 403 | \$ 49.06 | \$ 1.65 |
| All Categories of Service | | \$ 91.17 | | | | 5.58% | | | 8.13% | | \$ 109.89 | |

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 109.89 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 109.89 |

| | |
|--------------------------|-----------------|
| Administration | \$ 16.69 |
| Underwriting Gain | \$ 1.93 |
| Premium Tax | \$ 4.66 |
| Total Non-Medical | \$ 23.28 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 133.17 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
TANF/CHAP Child 3-14 – Southern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 1,999,214 |
| Projected Member Months: | 1,851,483 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|-----------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|--------------|-------------------|-----------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 41 | \$ 1,665.36 | \$ 5.76 | 3.00% | 1.00% | 4.03% | 2.35% | 0.04% | 2.39% | 45 | \$ 1,699.58 | \$ 6.38 |
| Inpatient BH | 45 | \$ 540.37 | \$ 2.02 | 3.00% | 1.00% | 4.03% | 1.19% | 0.13% | 1.32% | 48 | \$ 551.96 | \$ 2.21 |
| Long-Term Care | 2 | \$ 720.37 | \$ 0.12 | 2.50% | 1.00% | 3.53% | 2.63% | 24.50% | 27.77% | 2 | \$ 914.88 | \$ 0.16 |
| Emergency Room | 370 | \$ 89.55 | \$ 2.76 | 6.00% | 3.00% | 9.18% | 2.35% | -0.03% | 2.32% | 425 | \$ 94.97 | \$ 3.36 |
| Lab and Radiology - Facility | 598 | \$ 26.07 | \$ 1.30 | 6.00% | 3.00% | 9.18% | 2.38% | 0.01% | 2.38% | 688 | \$ 27.66 | \$ 1.59 |
| Other Outpatient Hospital | 2,179 | \$ 14.16 | \$ 2.57 | 6.00% | 3.00% | 9.18% | 2.31% | 0.16% | 2.47% | 2,505 | \$ 15.04 | \$ 3.14 |
| Professional | 9,699 | \$ 34.81 | \$ 28.13 | 2.50% | 1.50% | 4.04% | 2.60% | 4.82% | 7.55% | 10,455 | \$ 37.59 | \$ 32.75 |
| Specialty OAD | 1,122 | \$ 17.14 | \$ 1.60 | 2.00% | 5.50% | 7.61% | 2.63% | 0.34% | 2.98% | 1,198 | \$ 19.14 | \$ 1.91 |
| Specialty Pharmacy | 15 | \$ 5,236.40 | \$ 6.41 | 4.05% | 4.15% | 8.37% | 2.46% | -0.11% | 2.35% | 16 | \$ 5,673.65 | \$ 7.71 |
| Other Pharmacy | 2,638 | \$ 31.22 | \$ 6.86 | 2.95% | 2.10% | 5.11% | 5.55% | -2.11% | 3.33% | 2,951 | \$ 31.86 | \$ 7.83 |
| DME & Supplies | 1,326 | \$ 10.32 | \$ 1.14 | 2.50% | 1.00% | 3.53% | 2.61% | 1.49% | 4.14% | 1,430 | \$ 10.69 | \$ 1.27 |
| Community LTSS | 231 | \$ 5.61 | \$ 0.11 | 2.50% | 1.00% | 3.53% | 2.63% | 23.20% | 26.44% | 249 | \$ 7.05 | \$ 0.15 |
| Applied Behavioral Analysis | 2,938 | \$ 16.27 | \$ 3.98 | 27.00% | 1.00% | 28.27% | 2.63% | 1.32% | 3.99% | 4,863 | \$ 16.82 | \$ 6.81 |
| Outpatient Behavioral Health | 3,744 | \$ 34.54 | \$ 10.78 | 2.50% | 2.50% | 5.06% | 1.77% | -0.10% | 1.67% | 4,003 | \$ 36.25 | \$ 12.09 |
| Other Medical Services | 1,234 | \$ 29.63 | \$ 3.05 | 2.50% | 1.00% | 3.53% | 2.48% | 0.78% | 3.28% | 1,328 | \$ 30.46 | \$ 3.37 |
| All Categories of Service | | \$ 76.59 | | | | 6.53% | | | 4.41% | | \$ 90.75 | |

General Note:

- Totals may differ due to rounding.

Footnotes:

1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|-----------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 90.75 |

| | |
|--------------------------------|-----------------|
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 90.75 |

| | |
|--------------------------|-----------------|
| Administration | \$ 13.79 |
| Underwriting Gain | \$ 1.59 |
| Premium Tax | \$ 3.85 |
| Total Non-Medical | \$ 19.23 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 109.98 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
TANF/CHAP Female 15-18 – Southern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 277,873 |
| Projected Member Months: | 252,080 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|--------------|-------------------|------------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 60 | \$ 1,416.24 | \$ 7.11 | 3.00% | 1.00% | 4.03% | 2.71% | 0.06% | 2.77% | 66 | \$ 1,445.50 | \$ 7.91 |
| Inpatient BH | 178 | \$ 600.46 | \$ 8.89 | 3.00% | 1.00% | 4.03% | 2.60% | -0.06% | 2.54% | 193 | \$ 612.18 | \$ 9.87 |
| Long-Term Care | 3 | \$ 506.93 | \$ 0.13 | 2.50% | 1.00% | 3.53% | 2.63% | 0.00% | 2.63% | 3 | \$ 517.12 | \$ 0.14 |
| Emergency Room | 405 | \$ 104.66 | \$ 3.53 | 6.00% | 3.00% | 9.18% | 3.28% | 0.06% | 3.34% | 470 | \$ 111.10 | \$ 4.35 |
| Lab and Radiology - Facility | 1,574 | \$ 19.99 | \$ 2.62 | 6.00% | 3.00% | 9.18% | 3.84% | -0.10% | 3.73% | 1,837 | \$ 21.19 | \$ 3.24 |
| Other Outpatient Hospital | 4,476 | \$ 8.66 | \$ 3.23 | 6.00% | 3.00% | 9.18% | 3.29% | 0.26% | 3.56% | 5,194 | \$ 9.21 | \$ 3.99 |
| Professional | 13,116 | \$ 31.43 | \$ 34.35 | 2.50% | 1.50% | 4.04% | 4.10% | 4.24% | 8.51% | 14,344 | \$ 33.75 | \$ 40.35 |
| Specialty OAD | 3,981 | \$ 21.09 | \$ 7.00 | 2.00% | 5.50% | 7.61% | 2.73% | 1.51% | 4.28% | 4,255 | \$ 23.82 | \$ 8.45 |
| Specialty Pharmacy | 41 | \$ 3,729.22 | \$ 12.75 | 4.05% | 4.15% | 8.37% | 1.94% | -1.82% | 0.09% | 45 | \$ 3,971.70 | \$ 14.98 |
| Other Pharmacy | 4,109 | \$ 35.82 | \$ 12.27 | 2.95% | 2.10% | 5.11% | 4.85% | -1.86% | 2.90% | 4,567 | \$ 36.65 | \$ 13.95 |
| DME & Supplies | 1,279 | \$ 8.37 | \$ 0.89 | 2.50% | 1.00% | 3.53% | 2.65% | 1.66% | 4.36% | 1,380 | \$ 8.68 | \$ 1.00 |
| Community LTSS | 93 | \$ 39.30 | \$ 0.30 | 2.50% | 1.00% | 3.53% | 3.35% | 13.07% | 16.85% | 101 | \$ 45.33 | \$ 0.38 |
| Applied Behavioral Analysis | 78 | \$ 17.87 | \$ 0.12 | 27.00% | 1.00% | 28.27% | 2.63% | 12.55% | 15.51% | 130 | \$ 20.52 | \$ 0.22 |
| Outpatient Behavioral Health | 3,434 | \$ 52.93 | \$ 15.15 | 2.50% | 2.50% | 5.06% | 23.82% | -2.59% | 20.61% | 4,468 | \$ 54.17 | \$ 20.17 |
| Other Medical Services | 1,748 | \$ 22.44 | \$ 3.27 | 2.50% | 1.00% | 3.53% | 2.60% | 0.73% | 3.35% | 1,884 | \$ 23.05 | \$ 3.62 |
| All Categories of Service | | \$ 111.61 | | | | 5.47% | | | 6.82% | | \$ 132.61 | |

General Note:

- Totals may differ due to rounding.

Footnotes:

1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 132.61 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 132.61 |

| | |
|--------------------------|-----------------|
| Administration | \$ 20.15 |
| Underwriting Gain | \$ 2.33 |
| Premium Tax | \$ 5.62 |
| Total Non-Medical | \$ 28.10 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 160.71 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
TANF/CHAP Male 15-18 – Southern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 277,441 |
| Projected Member Months: | 250,923 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|-----------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|--------------|-------------------|------------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 59 | \$ 1,538.67 | \$ 7.54 | 3.00% | 1.00% | 4.03% | 2.77% | 0.00% | 2.77% | 64 | \$ 1,569.61 | \$ 8.39 |
| Inpatient BH | 114 | \$ 639.29 | \$ 6.07 | 3.00% | 1.00% | 4.03% | 3.25% | 0.03% | 3.28% | 125 | \$ 652.34 | \$ 6.78 |
| Long-Term Care | 13 | \$ 611.11 | \$ 0.67 | 2.50% | 1.00% | 3.53% | 2.85% | 24.50% | 28.05% | 14 | \$ 776.12 | \$ 0.92 |
| Emergency Room | 270 | \$ 103.15 | \$ 2.32 | 6.00% | 3.00% | 9.18% | 2.59% | -0.06% | 2.53% | 312 | \$ 109.37 | \$ 2.84 |
| Lab and Radiology - Facility | 658 | \$ 39.75 | \$ 2.18 | 6.00% | 3.00% | 9.18% | 2.52% | 0.03% | 2.56% | 758 | \$ 42.19 | \$ 2.67 |
| Other Outpatient Hospital | 2,551 | \$ 11.97 | \$ 2.55 | 6.00% | 3.00% | 9.18% | 2.15% | 0.50% | 2.66% | 2,928 | \$ 12.76 | \$ 3.11 |
| Professional | 9,367 | \$ 32.54 | \$ 25.40 | 2.50% | 1.50% | 4.04% | 2.81% | 4.72% | 7.66% | 10,118 | \$ 35.11 | \$ 29.60 |
| Specialty OAD | 1,818 | \$ 19.74 | \$ 2.99 | 2.00% | 5.50% | 7.61% | 2.85% | 0.64% | 3.51% | 1,945 | \$ 22.12 | \$ 3.58 |
| Specialty Pharmacy | 35 | \$ 5,680.22 | \$ 16.48 | 4.05% | 4.15% | 8.37% | 1.06% | -0.12% | 0.95% | 38 | \$ 6,154.25 | \$ 19.53 |
| Other Pharmacy | 2,723 | \$ 45.55 | \$ 10.34 | 2.95% | 2.10% | 5.11% | 5.77% | -2.53% | 3.10% | 3,053 | \$ 46.29 | \$ 11.77 |
| DME & Supplies | 1,499 | \$ 11.12 | \$ 1.39 | 2.50% | 1.00% | 3.53% | 2.46% | 1.47% | 3.97% | 1,614 | \$ 11.51 | \$ 1.55 |
| Community LTSS | 818 | \$ 7.59 | \$ 0.52 | 2.50% | 1.00% | 3.53% | 2.85% | 19.94% | 23.36% | 884 | \$ 9.29 | \$ 0.68 |
| Applied Behavioral Analysis | 210 | \$ 17.38 | \$ 0.30 | 27.00% | 1.00% | 28.27% | 2.85% | 2.66% | 5.59% | 348 | \$ 18.20 | \$ 0.53 |
| Outpatient Behavioral Health | 2,318 | \$ 50.24 | \$ 9.71 | 2.50% | 2.50% | 5.06% | 19.62% | -1.13% | 18.27% | 2,914 | \$ 52.18 | \$ 12.67 |
| Other Medical Services | 1,321 | \$ 23.20 | \$ 2.55 | 2.50% | 1.00% | 3.53% | 2.46% | 1.01% | 3.49% | 1,423 | \$ 23.90 | \$ 2.83 |
| All Categories of Service | | \$ 91.01 | | | | 5.65% | | | 5.80% | | \$ 107.47 | |

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 107.47 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 107.47 |

| | |
|--------------------------|-----------------|
| Administration | \$ 16.33 |
| Underwriting Gain | \$ 1.89 |
| Premium Tax | \$ 4.56 |
| Total Non-Medical | \$ 22.77 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 130.24 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
TANF/CHAP Female 19-34 – Southern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 379,250 |
| Projected Member Months: | 380,809 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|--------------|-------------------|------------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 170 | \$ 1,396.63 | \$ 19.73 | 1.00% | 0.50% | 1.51% | 1.67% | 4.46% | 6.21% | 176 | \$ 1,473.58 | \$ 21.59 |
| Inpatient BH | 60 | \$ 690.70 | \$ 3.43 | 1.00% | 0.50% | 1.51% | -9.20% | 26.95% | 15.27% | 55 | \$ 885.63 | \$ 4.07 |
| Long-Term Care | 24 | \$ 466.67 | \$ 0.92 | 1.50% | 1.00% | 2.52% | -23.10% | 37.36% | 5.63% | 19 | \$ 653.91 | \$ 1.02 |
| Emergency Room | 909 | \$ 114.49 | \$ 8.67 | 0.00% | 1.50% | 1.50% | 3.05% | -0.58% | 2.46% | 937 | \$ 117.27 | \$ 9.15 |
| Lab and Radiology - Facility | 4,884 | \$ 19.31 | \$ 7.86 | 0.00% | 1.50% | 1.50% | 4.23% | -1.01% | 3.18% | 5,091 | \$ 19.70 | \$ 8.36 |
| Other Outpatient Hospital | 13,734 | \$ 8.98 | \$ 10.28 | 0.00% | 1.50% | 1.50% | 3.39% | 4.12% | 7.65% | 14,199 | \$ 9.63 | \$ 11.40 |
| Professional | 34,936 | \$ 28.75 | \$ 83.70 | 0.50% | 1.00% | 1.51% | 5.94% | 4.32% | 10.51% | 37,381 | \$ 30.59 | \$ 95.30 |
| Specialty OAD | 3,727 | \$ 27.67 | \$ 8.59 | 5.25% | 5.40% | 10.93% | -7.31% | 21.08% | 12.23% | 3,827 | \$ 37.22 | \$ 11.87 |
| Specialty Pharmacy | 44 | \$ 3,919.59 | \$ 14.23 | 5.50% | 3.45% | 9.14% | 0.13% | -0.10% | 0.03% | 49 | \$ 4,190.57 | \$ 16.95 |
| Other Pharmacy | 7,087 | \$ 32.38 | \$ 19.12 | 1.70% | 2.25% | 3.99% | 7.12% | 0.20% | 7.33% | 7,852 | \$ 33.92 | \$ 22.20 |
| DME & Supplies | 748 | \$ 25.83 | \$ 1.61 | 1.50% | 1.00% | 2.52% | 6.03% | -3.90% | 1.89% | 817 | \$ 25.33 | \$ 1.72 |
| Community LTSS | 830 | \$ 17.23 | \$ 1.19 | 1.50% | 1.00% | 2.52% | -8.45% | 18.96% | 8.90% | 783 | \$ 20.90 | \$ 1.36 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 1.50% | 2.00% | 3.53% | 3.32% | 0.00% | 3.32% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 4,816 | \$ 43.42 | \$ 17.42 | 1.50% | 2.00% | 3.53% | 11.79% | 4.96% | 17.34% | 5,546 | \$ 47.41 | \$ 21.91 |
| Other Medical Services | 999 | \$ 32.08 | \$ 2.67 | 1.50% | 1.00% | 2.52% | 6.69% | -2.78% | 3.72% | 1,098 | \$ 31.82 | \$ 2.91 |
| All Categories of Service | | \$ 199.43 | | | | 2.94% | | | 8.76% | | \$ 229.82 | |

General Note:

- Totals may differ due to rounding.

Footnotes:

1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ (0.12) |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 229.71 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 229.71 |

| | |
|--------------------------|-----------------|
| Administration | \$ 27.34 |
| Underwriting Gain | \$ 3.91 |
| Premium Tax | \$ 9.47 |
| Total Non-Medical | \$ 40.72 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 270.43 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
TANF/CHAP Male 19-34 – Southern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 74,272 |
| Projected Member Months: | 58,601 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|---------------|-------------------|------------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 218 | \$ 1,343.08 | \$ 24.36 | 1.00% | 0.50% | 1.51% | 12.13% | 0.63% | 12.83% | 249 | \$ 1,365.06 | \$ 28.31 |
| Inpatient BH | 72 | \$ 704.76 | \$ 4.23 | 1.00% | 0.50% | 1.51% | 6.35% | 15.28% | 22.60% | 78 | \$ 820.60 | \$ 5.35 |
| Long-Term Care | 22 | \$ 528.85 | \$ 0.96 | 1.50% | 1.00% | 2.52% | 12.98% | 17.88% | 33.17% | 25 | \$ 635.93 | \$ 1.34 |
| Emergency Room | 514 | \$ 112.84 | \$ 4.83 | 0.00% | 1.50% | 1.50% | 12.22% | 0.19% | 12.43% | 577 | \$ 116.47 | \$ 5.60 |
| Lab and Radiology - Facility | 1,760 | \$ 24.49 | \$ 3.59 | 0.00% | 1.50% | 1.50% | 12.44% | -0.01% | 12.43% | 1,979 | \$ 25.23 | \$ 4.16 |
| Other Outpatient Hospital | 8,746 | \$ 6.88 | \$ 5.02 | 0.00% | 1.50% | 1.50% | 11.48% | 0.40% | 11.93% | 9,749 | \$ 7.12 | \$ 5.78 |
| Professional | 12,600 | \$ 30.09 | \$ 31.59 | 0.50% | 1.00% | 1.51% | 12.61% | 4.34% | 17.50% | 14,331 | \$ 32.03 | \$ 38.25 |
| Specialty OAD | 177 | \$ 52.78 | \$ 0.78 | 5.25% | 5.40% | 10.93% | 12.98% | 0.39% | 13.41% | 222 | \$ 58.86 | \$ 1.09 |
| Specialty Pharmacy | 54 | \$ 3,675.27 | \$ 16.42 | 5.50% | 3.45% | 9.14% | 12.98% | -0.08% | 12.88% | 67 | \$ 3,929.93 | \$ 22.08 |
| Other Pharmacy | 3,621 | \$ 35.71 | \$ 10.78 | 1.70% | 2.25% | 3.99% | 17.93% | 2.40% | 20.76% | 4,416 | \$ 38.24 | \$ 14.07 |
| DME & Supplies | 1,172 | \$ 11.21 | \$ 1.10 | 1.50% | 1.00% | 2.52% | 12.93% | 0.14% | 13.09% | 1,363 | \$ 11.46 | \$ 1.30 |
| Community LTSS | 626 | \$ 2.92 | \$ 0.15 | 1.50% | 1.00% | 2.52% | 12.98% | 34.34% | 51.78% | 729 | \$ 4.01 | \$ 0.24 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 1.50% | 2.00% | 3.53% | 9.97% | 0.00% | 9.97% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 3,754 | \$ 37.65 | \$ 11.78 | 1.50% | 2.00% | 3.53% | 20.27% | 2.60% | 23.40% | 4,652 | \$ 40.18 | \$ 15.58 |
| Other Medical Services | 728 | \$ 32.09 | \$ 1.95 | 1.50% | 1.00% | 2.52% | 11.53% | 1.44% | 13.13% | 836 | \$ 33.21 | \$ 2.31 |
| All Categories of Service | | \$ 117.53 | | | | 3.13% | | | 16.36% | | \$ 145.46 | |

General Note:

- Totals may differ due to rounding.

Footnotes:

1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 145.46 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 145.46 |

| | |
|--------------------------|-----------------|
| Administration | \$ 17.32 |
| Underwriting Gain | \$ 2.48 |
| Premium Tax | \$ 5.99 |
| Total Non-Medical | \$ 25.79 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 171.25 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
TANF/CHAP Female 35 and Over – Southern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 237,068 |
| Projected Member Months: | 186,499 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|-----------|-------------------------------|-----------|--------------|-----------------|-----------|--------------|-------------------|------------------|-----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 404 | \$ 1,398.89 | \$ 47.07 | 1.00% | 0.50% | 1.51% | 3.98% | 0.09% | 4.08% | 428 | \$ 1,414.20 | \$ 50.47 |
| Inpatient BH | 78 | \$ 697.38 | \$ 4.54 | 1.00% | 0.50% | 1.51% | -8.14% | 23.81% | 13.73% | 73 | \$ 872.11 | \$ 5.32 |
| Long-Term Care | 66 | \$ 501.13 | \$ 2.77 | 1.50% | 1.00% | 2.52% | 6.80% | 17.18% | 25.15% | 73 | \$ 599.04 | \$ 3.64 |
| Emergency Room | 786 | \$ 114.41 | \$ 7.50 | 0.00% | 1.50% | 1.50% | 8.02% | -0.36% | 7.62% | 849 | \$ 117.44 | \$ 8.31 |
| Lab and Radiology - Facility | 4,548 | \$ 22.08 | \$ 8.37 | 0.00% | 1.50% | 1.50% | 7.79% | -0.79% | 6.94% | 4,903 | \$ 22.56 | \$ 9.22 |
| Other Outpatient Hospital | 18,551 | \$ 10.38 | \$ 16.05 | 0.00% | 1.50% | 1.50% | 5.72% | 2.00% | 7.84% | 19,612 | \$ 10.91 | \$ 17.83 |
| Professional | 48,647 | \$ 27.18 | \$ 110.20 | 0.50% | 1.00% | 1.51% | 8.54% | 4.80% | 13.76% | 53,333 | \$ 29.06 | \$ 129.16 |
| Specialty OAD | 12,126 | \$ 18.67 | \$ 18.87 | 5.25% | 5.40% | 10.93% | 7.48% | 0.35% | 7.85% | 14,438 | \$ 20.81 | \$ 25.04 |
| Specialty Pharmacy | 114 | \$ 5,043.78 | \$ 47.79 | 5.50% | 3.45% | 9.14% | 6.41% | -2.27% | 3.99% | 135 | \$ 5,275.49 | \$ 59.20 |
| Other Pharmacy | 16,336 | \$ 43.29 | \$ 58.93 | 1.70% | 2.25% | 3.99% | 7.82% | -0.64% | 7.13% | 18,219 | \$ 44.97 | \$ 68.27 |
| DME & Supplies | 3,441 | \$ 10.57 | \$ 3.03 | 1.50% | 1.00% | 2.52% | 3.07% | 4.25% | 7.45% | 3,653 | \$ 11.24 | \$ 3.42 |
| Community LTSS | 6,359 | \$ 4.85 | \$ 2.57 | 1.50% | 1.00% | 2.52% | 3.07% | 42.31% | 46.69% | 6,752 | \$ 7.05 | \$ 3.97 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 1.50% | 2.00% | 3.53% | 8.11% | 0.00% | 8.11% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 6,417 | \$ 43.15 | \$ 23.08 | 1.50% | 2.00% | 3.53% | 15.91% | 3.73% | 20.23% | 7,662 | \$ 46.57 | \$ 29.74 |
| Other Medical Services | 1,337 | \$ 33.66 | \$ 3.75 | 1.50% | 1.00% | 2.52% | 7.82% | 0.89% | 8.78% | 1,485 | \$ 34.64 | \$ 4.29 |
| All Categories of Service | | \$ 354.51 | | | | 3.66% | | | 9.70% | | \$ 417.88 | |

General Note:

- Totals may differ due to rounding.

Footnotes:

1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 417.88 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 417.88 |

| | |
|--------------------------|-----------------|
| Administration | \$ 49.74 |
| Underwriting Gain | \$ 7.12 |
| Premium Tax | \$ 17.22 |
| Total Non-Medical | \$ 74.08 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 491.97 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
TANF/CHAP Male 35 and Over – Southern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 86,974 |
| Projected Member Months: | 74,012 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|---------------|-------------------|------------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 458 | \$ 1,548.11 | \$ 59.08 | 1.00% | 0.50% | 1.51% | 8.72% | 0.03% | 8.75% | 508 | \$ 1,564.05 | \$ 66.20 |
| Inpatient BH | 47 | \$ 727.83 | \$ 2.83 | 1.00% | 0.50% | 1.51% | -15.58% | 21.80% | 2.82% | 40 | \$ 895.39 | \$ 3.00 |
| Long-Term Care | 118 | \$ 524.06 | \$ 5.17 | 1.50% | 1.00% | 2.52% | 8.99% | 17.76% | 28.35% | 133 | \$ 629.54 | \$ 6.97 |
| Emergency Room | 510 | \$ 110.55 | \$ 4.70 | 0.00% | 1.50% | 1.50% | 8.12% | -0.02% | 8.09% | 552 | \$ 113.87 | \$ 5.24 |
| Lab and Radiology - Facility | 2,494 | \$ 22.54 | \$ 4.68 | 0.00% | 1.50% | 1.50% | 8.52% | 0.13% | 8.66% | 2,707 | \$ 23.25 | \$ 5.24 |
| Other Outpatient Hospital | 13,608 | \$ 13.82 | \$ 15.67 | 0.00% | 1.50% | 1.50% | 8.56% | 0.29% | 8.88% | 14,772 | \$ 14.27 | \$ 17.57 |
| Professional | 30,059 | \$ 28.69 | \$ 71.86 | 0.50% | 1.00% | 1.51% | 8.71% | 4.27% | 13.35% | 33,004 | \$ 30.51 | \$ 83.92 |
| Specialty OAD | 6,089 | \$ 34.26 | \$ 17.39 | 5.25% | 5.40% | 10.93% | 8.99% | 0.62% | 9.66% | 7,352 | \$ 38.30 | \$ 23.46 |
| Specialty Pharmacy | 114 | \$ 3,891.22 | \$ 37.03 | 5.50% | 3.45% | 9.14% | 8.86% | -0.31% | 8.52% | 138 | \$ 4,151.33 | \$ 47.87 |
| Other Pharmacy | 12,429 | \$ 50.10 | \$ 51.89 | 1.70% | 2.25% | 3.99% | 10.44% | 0.33% | 10.80% | 14,198 | \$ 52.55 | \$ 62.17 |
| DME & Supplies | 2,711 | \$ 15.92 | \$ 3.60 | 1.50% | 1.00% | 2.52% | 8.99% | 0.26% | 9.27% | 3,044 | \$ 16.28 | \$ 4.13 |
| Community LTSS | 3,773 | \$ 3.57 | \$ 1.12 | 1.50% | 1.00% | 2.52% | 8.99% | 35.32% | 47.48% | 4,236 | \$ 4.93 | \$ 1.74 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 1.50% | 2.00% | 3.53% | 7.07% | 0.00% | 7.07% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 4,451 | \$ 39.79 | \$ 14.76 | 1.50% | 2.00% | 3.53% | 15.52% | 1.55% | 17.31% | 5,298 | \$ 42.04 | \$ 18.56 |
| Other Medical Services | 1,046 | \$ 35.25 | \$ 3.07 | 1.50% | 1.00% | 2.52% | 6.25% | 2.10% | 8.48% | 1,145 | \$ 36.71 | \$ 3.50 |
| All Categories of Service | | \$ 292.86 | | | | 3.66% | | | 11.08% | | \$ 349.59 | |

General Note:

- Totals may differ due to rounding.

Footnotes:

1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ (0.27) |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 349.32 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 349.32 |

| | |
|--------------------------|-----------------|
| Administration | \$ 41.58 |
| Underwriting Gain | \$ 5.95 |
| Premium Tax | \$ 14.39 |
| Total Non-Medical | \$ 61.93 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 411.25 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
Check Up Under 1 – Southern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 1,392 |
| Projected Member Months: | 1,680 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|--------------|-------------------|------------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 235 | \$ 1,077.75 | \$ 21.09 | 1.00% | 1.00% | 2.01% | 0.07% | 0.00% | 0.07% | 240 | \$ 1,099.41 | \$ 21.96 |
| Inpatient BH | - | \$ 0.00 | \$ 0.00 | 1.00% | 1.00% | 2.01% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Long-Term Care | - | \$ 0.00 | \$ 0.00 | 1.50% | 1.00% | 2.52% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Emergency Room | 652 | \$ 97.55 | \$ 5.30 | 5.00% | 1.50% | 6.58% | 0.07% | 0.00% | 0.07% | 719 | \$ 100.50 | \$ 6.03 |
| Lab and Radiology - Facility | 1,105 | \$ 21.69 | \$ 2.00 | 5.00% | 1.50% | 6.58% | 0.07% | 0.00% | 0.07% | 1,219 | \$ 22.35 | \$ 2.27 |
| Other Outpatient Hospital | 1,459 | \$ 48.64 | \$ 5.91 | 5.00% | 1.50% | 6.58% | 0.07% | 0.00% | 0.07% | 1,610 | \$ 50.11 | \$ 6.72 |
| Professional | 29,867 | \$ 34.47 | \$ 85.79 | 1.00% | 1.00% | 2.01% | 0.19% | 5.30% | 5.50% | 30,526 | \$ 37.03 | \$ 94.19 |
| Specialty OAD | - | \$ 0.00 | \$ 0.00 | 1.30% | 7.30% | 8.69% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Specialty Pharmacy | - | \$ 0.00 | \$ 0.00 | 5.90% | 4.55% | 10.72% | 0.00% | 0.00% | -0.09% | - | \$ 0.00 | \$ 0.00 |
| Other Pharmacy | 2,595 | \$ 34.99 | \$ 7.56 | 2.75% | 1.75% | 4.55% | 1.24% | -0.72% | 0.51% | 2,773 | \$ 35.96 | \$ 8.31 |
| DME & Supplies | 288 | \$ 472.15 | \$ 11.33 | 1.50% | 1.00% | 2.52% | 0.07% | 0.00% | 0.08% | 297 | \$ 481.65 | \$ 11.92 |
| Community LTSS | - | \$ 0.00 | \$ 0.00 | 1.50% | 1.00% | 2.52% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 24.00% | 1.00% | 25.24% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 255 | \$ 33.19 | \$ 0.71 | 1.50% | 1.50% | 3.02% | 0.07% | 3.57% | 3.65% | 263 | \$ 35.42 | \$ 0.78 |
| Other Medical Services | 258 | \$ 20.19 | \$ 0.43 | 1.50% | 1.00% | 2.52% | 0.07% | 4.99% | 5.07% | 266 | \$ 21.62 | \$ 0.48 |
| All Categories of Service | | \$ 140.13 | | | | 2.63% | | | 3.42% | | \$ 152.65 | |

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 152.65 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 19.7% |
| Manual PMPM | \$ 234.80 |
| Final Capitated Medical | \$ 218.65 |

| | |
|--------------------------|-----------------|
| Administration | \$ 34.99 |
| Underwriting Gain | \$ 3.86 |
| Premium Tax | \$ 9.34 |
| Total Non-Medical | \$ 48.19 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 266.84 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
Check Up Child 1-2 – Southern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 7,937 |
| Projected Member Months: | 12,583 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|--------------|-------------------|------------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 93 | \$ 1,502.84 | \$ 11.69 | 1.00% | 1.00% | 2.01% | 5.44% | 0.00% | 5.44% | 100 | \$ 1,533.04 | \$ 12.83 |
| Inpatient BH | - | \$ 0.00 | \$ 0.00 | 1.00% | 1.00% | 2.01% | 3.79% | 0.00% | 3.79% | - | \$ 0.00 | \$ 0.00 |
| Long-Term Care | - | \$ 0.00 | \$ 0.00 | 1.50% | 1.00% | 2.52% | 3.79% | 0.00% | 3.79% | - | \$ 0.00 | \$ 0.00 |
| Emergency Room | 558 | \$ 84.44 | \$ 3.93 | 5.00% | 1.50% | 6.58% | 5.44% | 0.00% | 5.44% | 649 | \$ 86.99 | \$ 4.71 |
| Lab and Radiology - Facility | 741 | \$ 21.14 | \$ 1.31 | 5.00% | 1.50% | 6.58% | 5.44% | 0.00% | 5.44% | 861 | \$ 21.78 | \$ 1.56 |
| Other Outpatient Hospital | 3,755 | \$ 10.63 | \$ 3.33 | 5.00% | 1.50% | 6.58% | 5.44% | 0.00% | 5.44% | 4,365 | \$ 10.96 | \$ 3.99 |
| Professional | 15,485 | \$ 36.25 | \$ 46.78 | 1.00% | 1.00% | 2.01% | 6.17% | 5.80% | 12.32% | 16,771 | \$ 39.13 | \$ 54.68 |
| Specialty OAD | 59,944 | \$ 4.64 | \$ 23.17 | 1.30% | 7.30% | 8.69% | 5.44% | 0.00% | 5.44% | 64,858 | \$ 5.34 | \$ 28.86 |
| Specialty Pharmacy | - | \$ 0.00 | \$ 0.00 | 5.90% | 4.55% | 10.72% | 3.79% | 0.00% | 3.70% | - | \$ 0.00 | \$ 0.00 |
| Other Pharmacy | 2,505 | \$ 21.72 | \$ 4.53 | 2.75% | 1.75% | 4.55% | 6.91% | 0.01% | 6.92% | 2,827 | \$ 22.49 | \$ 5.30 |
| DME & Supplies | 6,860 | \$ 5.43 | \$ 3.10 | 1.50% | 1.00% | 2.52% | 5.44% | 0.31% | 5.76% | 7,452 | \$ 5.56 | \$ 3.45 |
| Community LTSS | - | \$ 0.00 | \$ 0.00 | 1.50% | 1.00% | 2.52% | 3.79% | 0.00% | 3.79% | - | \$ 0.00 | \$ 0.00 |
| Applied Behavioral Analysis | 3,279 | \$ 18.17 | \$ 4.97 | 24.00% | 1.00% | 25.24% | 5.44% | 2.27% | 7.83% | 5,316 | \$ 18.96 | \$ 8.40 |
| Outpatient Behavioral Health | 1,851 | \$ 48.42 | \$ 7.47 | 1.50% | 1.50% | 3.02% | 5.35% | 0.38% | 5.75% | 2,009 | \$ 50.08 | \$ 8.39 |
| Other Medical Services | 328 | \$ 38.34 | \$ 1.05 | 1.50% | 1.00% | 2.52% | 5.44% | 2.81% | 8.40% | 357 | \$ 40.21 | \$ 1.20 |
| All Categories of Service | | \$ 111.33 | | | | 5.10% | | | 8.43% | | \$ 133.35 | |

General Note:

- Totals may differ due to rounding.

Footnotes:

1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 133.35 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 47.0% |
| Manual PMPM | \$ 104.07 |
| Final Capitated Medical | \$ 117.82 |

| | |
|--------------------------|-----------------|
| Administration | \$ 18.85 |
| Underwriting Gain | \$ 2.08 |
| Premium Tax | \$ 5.03 |
| Total Non-Medical | \$ 25.97 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 143.79 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
Check Up Child 3-14 – Southern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 134,322 |
| Projected Member Months: | 158,817 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|-----------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|---------------|-------------------|-----------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 38 | \$ 1,421.58 | \$ 4.55 | 1.00% | 1.00% | 2.01% | 6.41% | 0.00% | 6.41% | 42 | \$ 1,450.15 | \$ 5.04 |
| Inpatient BH | 38 | \$ 555.09 | \$ 1.75 | 1.00% | 1.00% | 2.01% | 6.41% | 0.00% | 6.41% | 41 | \$ 566.24 | \$ 1.94 |
| Long-Term Care | 19 | \$ 785.87 | \$ 1.24 | 1.50% | 1.00% | 2.52% | 6.41% | 24.50% | 32.48% | 21 | \$ 998.08 | \$ 1.73 |
| Emergency Room | 258 | \$ 91.98 | \$ 1.98 | 5.00% | 1.50% | 6.58% | 6.29% | 0.02% | 6.31% | 302 | \$ 94.78 | \$ 2.39 |
| Lab and Radiology - Facility | 457 | \$ 23.00 | \$ 0.88 | 5.00% | 1.50% | 6.58% | 6.39% | 0.01% | 6.39% | 536 | \$ 23.70 | \$ 1.06 |
| Other Outpatient Hospital | 1,713 | \$ 15.57 | \$ 2.22 | 5.00% | 1.50% | 6.58% | 6.37% | -0.56% | 5.77% | 2,008 | \$ 15.95 | \$ 2.67 |
| Professional | 10,105 | \$ 34.81 | \$ 29.31 | 1.00% | 1.00% | 2.01% | 6.61% | 5.60% | 12.58% | 10,989 | \$ 37.50 | \$ 34.34 |
| Specialty OAD | 6,674 | \$ 7.37 | \$ 4.10 | 1.30% | 7.30% | 8.69% | 6.41% | 0.00% | 6.41% | 7,287 | \$ 8.48 | \$ 5.15 |
| Specialty Pharmacy | 16 | \$ 3,792.59 | \$ 5.14 | 5.90% | 4.55% | 10.72% | 6.41% | -0.09% | 6.31% | 19 | \$ 4,141.76 | \$ 6.70 |
| Other Pharmacy | 2,790 | \$ 33.09 | \$ 7.69 | 2.75% | 1.75% | 4.55% | 11.40% | 2.97% | 14.71% | 3,281 | \$ 35.28 | \$ 9.65 |
| DME & Supplies | 2,705 | \$ 6.45 | \$ 1.45 | 1.50% | 1.00% | 2.52% | 6.41% | 1.31% | 7.80% | 2,966 | \$ 6.66 | \$ 1.65 |
| Community LTSS | 351 | \$ 53.92 | \$ 1.58 | 1.50% | 1.00% | 2.52% | 6.41% | 14.92% | 22.28% | 385 | \$ 63.20 | \$ 2.03 |
| Applied Behavioral Analysis | 1,983 | \$ 17.86 | \$ 2.95 | 24.00% | 1.00% | 25.24% | 6.41% | 1.71% | 8.22% | 3,245 | \$ 18.53 | \$ 5.01 |
| Outpatient Behavioral Health | 2,922 | \$ 40.80 | \$ 9.93 | 1.50% | 1.50% | 3.02% | 7.02% | 0.76% | 7.83% | 3,221 | \$ 42.35 | \$ 11.37 |
| Other Medical Services | 1,384 | \$ 27.06 | \$ 3.12 | 1.50% | 1.00% | 2.52% | 6.18% | 1.22% | 7.48% | 1,514 | \$ 27.95 | \$ 3.53 |
| All Categories of Service | | \$ 77.90 | | | | 4.65% | | | 10.45% | | \$ 94.24 | |

General Note:

- Totals may differ due to rounding.

Footnotes:

1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|-----------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 94.24 |

| | |
|--------------------------------|-----------------|
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 94.24 |

| | |
|--------------------------|-----------------|
| Administration | \$ 15.08 |
| Underwriting Gain | \$ 1.66 |
| Premium Tax | \$ 4.03 |
| Total Non-Medical | \$ 20.77 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 115.00 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
Check Up Female 15-18 – Southern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 26,485 |
| Projected Member Months: | 28,533 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|-----------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|--------------|-------------------|-----------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 18 | \$ 1,211.88 | \$ 1.86 | 1.00% | 1.00% | 2.01% | 0.35% | 0.00% | 0.35% | 19 | \$ 1,236.24 | \$ 1.94 |
| Inpatient BH | 105 | \$ 599.77 | \$ 5.23 | 1.00% | 1.00% | 2.01% | 0.35% | 0.00% | 0.35% | 107 | \$ 611.83 | \$ 5.46 |
| Long-Term Care | - | \$ 0.00 | \$ 0.00 | 1.50% | 1.00% | 2.52% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Emergency Room | 283 | \$ 100.44 | \$ 2.37 | 5.00% | 1.50% | 6.58% | 0.19% | 0.07% | 0.26% | 313 | \$ 103.55 | \$ 2.70 |
| Lab and Radiology - Facility | 1,154 | \$ 19.54 | \$ 1.88 | 5.00% | 1.50% | 6.58% | 0.31% | -0.08% | 0.23% | 1,276 | \$ 20.11 | \$ 2.14 |
| Other Outpatient Hospital | 3,350 | \$ 11.65 | \$ 3.25 | 5.00% | 1.50% | 6.58% | 0.35% | 0.00% | 0.35% | 3,706 | \$ 12.01 | \$ 3.71 |
| Professional | 14,286 | \$ 27.23 | \$ 32.42 | 1.00% | 1.00% | 2.01% | 0.50% | 5.48% | 6.00% | 14,645 | \$ 29.30 | \$ 35.76 |
| Specialty OAD | 485 | \$ 79.60 | \$ 3.22 | 1.30% | 7.30% | 8.69% | 0.35% | 2.23% | 2.59% | 499 | \$ 93.69 | \$ 3.90 |
| Specialty Pharmacy | 30 | \$ 1,782.86 | \$ 4.51 | 5.90% | 4.55% | 10.72% | 0.35% | -0.09% | 0.26% | 34 | \$ 1,947.00 | \$ 5.54 |
| Other Pharmacy | 4,375 | \$ 35.25 | \$ 12.85 | 2.75% | 1.75% | 4.55% | 3.47% | 1.85% | 5.38% | 4,779 | \$ 37.17 | \$ 14.80 |
| DME & Supplies | 1,000 | \$ 4.48 | \$ 0.37 | 1.50% | 1.00% | 2.52% | 0.35% | 1.95% | 2.31% | 1,034 | \$ 4.66 | \$ 0.40 |
| Community LTSS | 19 | \$ 22.23 | \$ 0.03 | 1.50% | 1.00% | 2.52% | 0.35% | 0.00% | 0.35% | 19 | \$ 22.67 | \$ 0.04 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 24.00% | 1.00% | 25.24% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 3,174 | \$ 55.85 | \$ 14.77 | 1.50% | 1.50% | 3.02% | 9.47% | 1.09% | 10.66% | 3,580 | \$ 58.16 | \$ 17.35 |
| Other Medical Services | 1,827 | \$ 23.77 | \$ 3.62 | 1.50% | 1.00% | 2.52% | 0.35% | 0.96% | 1.32% | 1,889 | \$ 24.48 | \$ 3.85 |
| All Categories of Service | | \$ 86.40 | | | | 3.71% | | | 5.03% | | \$ 97.60 | |

General Note:

- Totals may differ due to rounding.

Footnotes:

1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|-----------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 97.60 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 85.8% |
| Manual PMPM | \$ 129.78 |
| Final Capitated Medical | \$ 102.18 |

| | |
|--------------------------|-----------------|
| Administration | \$ 16.35 |
| Underwriting Gain | \$ 1.81 |
| Premium Tax | \$ 4.36 |
| Total Non-Medical | \$ 22.52 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 124.70 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
Check Up Male 15-18 – Southern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 26,397 |
| Projected Member Months: | 28,074 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|-----------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|--------------|-------------------|-----------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 32 | \$ 1,204.04 | \$ 3.16 | 1.00% | 1.00% | 2.01% | 0.84% | 0.00% | 0.84% | 32 | \$ 1,228.24 | \$ 3.32 |
| Inpatient BH | 22 | \$ 569.27 | \$ 1.03 | 1.00% | 1.00% | 2.01% | 0.84% | 0.00% | 0.84% | 22 | \$ 580.71 | \$ 1.08 |
| Long-Term Care | - | \$ 0.00 | \$ 0.00 | 1.50% | 1.00% | 2.52% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Emergency Room | 187 | \$ 100.66 | \$ 1.57 | 5.00% | 1.50% | 6.58% | 0.08% | 0.19% | 0.27% | 206 | \$ 103.90 | \$ 1.79 |
| Lab and Radiology - Facility | 539 | \$ 24.39 | \$ 1.10 | 5.00% | 1.50% | 6.58% | 0.66% | -0.01% | 0.65% | 598 | \$ 25.12 | \$ 1.25 |
| Other Outpatient Hospital | 2,447 | \$ 16.00 | \$ 3.26 | 5.00% | 1.50% | 6.58% | 0.70% | 0.04% | 0.75% | 2,716 | \$ 16.49 | \$ 3.73 |
| Professional | 9,894 | \$ 34.06 | \$ 28.08 | 1.00% | 1.00% | 2.01% | 0.94% | 5.07% | 6.06% | 10,188 | \$ 36.51 | \$ 30.99 |
| Specialty OAD | 556 | \$ 76.48 | \$ 3.54 | 1.30% | 7.30% | 8.69% | 0.84% | 3.15% | 4.01% | 575 | \$ 90.82 | \$ 4.35 |
| Specialty Pharmacy | 52 | \$ 3,282.99 | \$ 14.30 | 5.90% | 4.55% | 10.72% | 0.84% | -0.09% | 0.74% | 59 | \$ 3,585.24 | \$ 17.66 |
| Other Pharmacy | 2,939 | \$ 49.02 | \$ 12.01 | 2.75% | 1.75% | 4.55% | 5.08% | 0.44% | 5.54% | 3,261 | \$ 50.97 | \$ 13.85 |
| DME & Supplies | 695 | \$ 18.21 | \$ 1.05 | 1.50% | 1.00% | 2.52% | 0.84% | 1.94% | 2.79% | 722 | \$ 18.93 | \$ 1.14 |
| Community LTSS | - | \$ 0.00 | \$ 0.00 | 1.50% | 1.00% | 2.52% | 0.00% | 0.00% | 0.00% | - | \$ 0.00 | \$ 0.00 |
| Applied Behavioral Analysis | 212 | \$ 1.58 | \$ 0.03 | 24.00% | 1.00% | 25.24% | 0.84% | 12.82% | 13.76% | 328 | \$ 1.82 | \$ 0.05 |
| Outpatient Behavioral Health | 2,252 | \$ 47.26 | \$ 8.87 | 1.50% | 1.50% | 3.02% | 6.53% | 2.05% | 8.71% | 2,472 | \$ 49.69 | \$ 10.23 |
| Other Medical Services | 1,523 | \$ 24.11 | \$ 3.06 | 1.50% | 1.00% | 2.52% | 0.40% | 1.04% | 1.45% | 1,575 | \$ 24.85 | \$ 3.26 |
| All Categories of Service | | \$ 81.06 | | | | 4.74% | | | 4.25% | | \$ 92.71 | |

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|-----------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 92.71 |

| | |
|--------------------------------|-----------------|
| Credibility Weighting | 85.6% |
| Manual PMPM | \$ 100.36 |
| Final Capitated Medical | \$ 93.81 |

| | |
|--------------------------|-----------------|
| Administration | \$ 15.01 |
| Underwriting Gain | \$ 1.66 |
| Premium Tax | \$ 4.01 |
| Total Non-Medical | \$ 20.68 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 114.48 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
Expansion Female 19-34 – Southern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 767,220 |
| Projected Member Months: | 603,658 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|---------------|-------------------|------------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 149 | \$ 1,348.83 | \$ 16.75 | 1.00% | 1.00% | 2.01% | 11.82% | -2.96% | 8.51% | 170 | \$ 1,335.17 | \$ 18.91 |
| Inpatient BH | 119 | \$ 734.19 | \$ 7.28 | 1.00% | 1.00% | 2.01% | 16.39% | 20.37% | 40.10% | 141 | \$ 901.51 | \$ 10.61 |
| Long-Term Care | 14 | \$ 515.71 | \$ 0.58 | 3.00% | 1.00% | 4.03% | 0.58% | 20.43% | 21.14% | 14 | \$ 633.58 | \$ 0.76 |
| Emergency Room | 726 | \$ 110.49 | \$ 6.68 | 0.50% | 1.00% | 1.51% | 9.94% | 0.00% | 9.95% | 806 | \$ 112.71 | \$ 7.57 |
| Lab and Radiology - Facility | 3,517 | \$ 20.02 | \$ 5.87 | 0.50% | 1.00% | 1.51% | 9.09% | 0.12% | 9.23% | 3,875 | \$ 20.45 | \$ 6.60 |
| Other Outpatient Hospital | 11,171 | \$ 8.56 | \$ 7.97 | 0.50% | 1.00% | 1.51% | 9.13% | -2.65% | 6.24% | 12,313 | \$ 8.50 | \$ 8.72 |
| Professional | 24,148 | \$ 29.48 | \$ 59.32 | 2.00% | 0.00% | 2.00% | 9.34% | 4.27% | 14.00% | 27,469 | \$ 30.74 | \$ 70.36 |
| Specialty OAD | 3,415 | \$ 38.85 | \$ 11.06 | 4.90% | 6.20% | 11.40% | 18.75% | -6.72% | 10.76% | 4,463 | \$ 40.87 | \$ 15.20 |
| Specialty Pharmacy | 68 | \$ 3,795.33 | \$ 21.51 | 4.80% | 4.40% | 9.41% | 16.47% | -0.85% | 15.48% | 87 | \$ 4,101.71 | \$ 29.74 |
| Other Pharmacy | 7,390 | \$ 37.58 | \$ 23.14 | 1.70% | 2.45% | 4.19% | 14.97% | 2.99% | 18.41% | 8,787 | \$ 40.62 | \$ 29.75 |
| DME & Supplies | 1,258 | \$ 9.97 | \$ 1.05 | 3.00% | 1.00% | 4.03% | 16.03% | -1.81% | 13.93% | 1,549 | \$ 9.98 | \$ 1.29 |
| Community LTSS | 1,430 | \$ 5.24 | \$ 0.62 | 3.00% | 1.00% | 4.03% | 21.87% | 34.69% | 64.14% | 1,849 | \$ 7.19 | \$ 1.11 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 1.00% | 2.00% | 3.02% | 7.57% | 0.00% | 7.57% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 5,224 | \$ 49.76 | \$ 21.67 | 1.00% | 2.00% | 3.02% | 18.26% | 1.91% | 20.53% | 6,302 | \$ 52.77 | \$ 27.71 |
| Other Medical Services | 1,027 | \$ 29.35 | \$ 2.51 | 3.00% | 1.00% | 4.03% | 10.20% | 2.09% | 12.51% | 1,201 | \$ 30.56 | \$ 3.06 |
| All Categories of Service | | \$ 186.01 | | | | 3.85% | | | 15.35% | | \$ 231.40 | |

General Note:

- Totals may differ due to rounding.

Footnotes:

1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ (0.00) |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 231.39 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 231.39 |

| | |
|--------------------------|-----------------|
| Administration | \$ 24.30 |
| Underwriting Gain | \$ 3.89 |
| Premium Tax | \$ 9.42 |
| Total Non-Medical | \$ 37.61 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 269.01 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
Expansion Male 19-34 – Southern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 697,548 |
| Projected Member Months: | 575,840 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|----------|-------------------------------|-----------|--------------|-----------------|-----------|---------------|-------------------|------------------|----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 232 | \$ 1,550.67 | \$ 30.04 | 1.00% | 1.00% | 2.01% | 9.39% | 0.84% | 10.31% | 259 | \$ 1,595.12 | \$ 34.48 |
| Inpatient BH | 252 | \$ 731.92 | \$ 15.39 | 1.00% | 1.00% | 2.01% | 7.61% | 18.94% | 27.99% | 277 | \$ 888.02 | \$ 20.49 |
| Long-Term Care | 41 | \$ 524.58 | \$ 1.78 | 3.00% | 1.00% | 4.03% | 1.12% | 20.62% | 21.97% | 44 | \$ 645.47 | \$ 2.35 |
| Emergency Room | 589 | \$ 111.93 | \$ 5.49 | 0.50% | 1.00% | 1.51% | 9.80% | -0.05% | 9.74% | 653 | \$ 114.12 | \$ 6.21 |
| Lab and Radiology - Facility | 1,842 | \$ 23.20 | \$ 3.56 | 0.50% | 1.00% | 1.51% | 9.71% | -0.22% | 9.46% | 2,041 | \$ 23.61 | \$ 4.02 |
| Other Outpatient Hospital | 9,450 | \$ 8.22 | \$ 6.48 | 0.50% | 1.00% | 1.51% | 9.51% | 0.89% | 10.48% | 10,452 | \$ 8.46 | \$ 7.37 |
| Professional | 13,588 | \$ 31.05 | \$ 35.16 | 2.00% | 0.00% | 2.00% | 10.61% | 4.16% | 15.22% | 15,637 | \$ 32.34 | \$ 42.15 |
| Specialty OAD | 3,654 | \$ 13.95 | \$ 4.25 | 4.90% | 6.20% | 11.40% | 11.44% | 0.40% | 11.89% | 4,480 | \$ 15.80 | \$ 5.90 |
| Specialty Pharmacy | 187 | \$ 3,123.40 | \$ 48.64 | 4.80% | 4.40% | 9.41% | 9.77% | -0.19% | 9.57% | 225 | \$ 3,397.86 | \$ 63.79 |
| Other Pharmacy | 4,234 | \$ 42.59 | \$ 15.03 | 1.70% | 2.45% | 4.19% | 15.28% | 0.98% | 16.42% | 5,048 | \$ 45.15 | \$ 18.99 |
| DME & Supplies | 1,662 | \$ 9.32 | \$ 1.29 | 3.00% | 1.00% | 4.03% | 11.31% | 0.10% | 11.42% | 1,963 | \$ 9.52 | \$ 1.56 |
| Community LTSS | 942 | \$ 10.96 | \$ 0.86 | 3.00% | 1.00% | 4.03% | 10.75% | 23.80% | 37.10% | 1,107 | \$ 13.84 | \$ 1.28 |
| Applied Behavioral Analysis | 4 | \$ 18.66 | \$ 0.01 | 1.00% | 2.00% | 3.02% | 11.44% | 6.09% | 18.22% | 5 | \$ 20.59 | \$ 0.01 |
| Outpatient Behavioral Health | 6,241 | \$ 44.40 | \$ 23.09 | 1.00% | 2.00% | 3.02% | 16.67% | 2.05% | 19.06% | 7,428 | \$ 47.14 | \$ 29.18 |
| Other Medical Services | 665 | \$ 31.22 | \$ 1.73 | 3.00% | 1.00% | 4.03% | 10.71% | 1.43% | 12.29% | 781 | \$ 32.31 | \$ 2.10 |
| All Categories of Service | | \$ 192.79 | | | | 4.44% | | | 14.06% | | \$ 239.87 | |

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ (2.34) |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 237.53 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 237.53 |

| | |
|--------------------------|-----------------|
| Administration | \$ 24.95 |
| Underwriting Gain | \$ 4.00 |
| Premium Tax | \$ 9.66 |
| Total Non-Medical | \$ 38.61 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 276.13 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
Expansion Female 35 and Over – Southern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 899,232 |
| Projected Member Months: | 747,990 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|-----------|-------------------------------|-----------|--------------|-----------------|-----------|---------------|-------------------|------------------|-----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 544 | \$ 1,360.66 | \$ 61.64 | 1.00% | 1.00% | 2.01% | 9.50% | 0.32% | 9.85% | 607 | \$ 1,392.40 | \$ 70.46 |
| Inpatient BH | 113 | \$ 756.13 | \$ 7.11 | 1.00% | 1.00% | 2.01% | 5.57% | 19.75% | 26.43% | 121 | \$ 923.66 | \$ 9.35 |
| Long-Term Care | 194 | \$ 486.70 | \$ 7.85 | 3.00% | 1.00% | 4.03% | 9.84% | 18.40% | 30.05% | 226 | \$ 587.83 | \$ 11.05 |
| Emergency Room | 674 | \$ 114.37 | \$ 6.43 | 0.50% | 1.00% | 1.51% | 8.15% | 0.13% | 8.29% | 737 | \$ 116.82 | \$ 7.17 |
| Lab and Radiology - Facility | 3,969 | \$ 22.40 | \$ 7.41 | 0.50% | 1.00% | 1.51% | 8.46% | 0.14% | 8.62% | 4,348 | \$ 22.88 | \$ 8.29 |
| Other Outpatient Hospital | 18,618 | \$ 13.33 | \$ 20.68 | 0.50% | 1.00% | 1.51% | 9.18% | 0.06% | 9.25% | 20,531 | \$ 13.60 | \$ 23.27 |
| Professional | 57,734 | \$ 26.02 | \$ 125.21 | 2.00% | 0.00% | 2.00% | 9.12% | 4.06% | 13.55% | 65,546 | \$ 27.08 | \$ 147.92 |
| Specialty OAD | 18,097 | \$ 19.05 | \$ 28.73 | 4.90% | 6.20% | 11.40% | 9.05% | 1.02% | 10.16% | 21,717 | \$ 21.71 | \$ 39.28 |
| Specialty Pharmacy | 171 | \$ 3,947.56 | \$ 56.34 | 4.80% | 4.40% | 9.41% | 9.63% | 0.08% | 9.72% | 206 | \$ 4,306.17 | \$ 74.00 |
| Other Pharmacy | 21,391 | \$ 44.37 | \$ 79.09 | 1.70% | 2.45% | 4.19% | 10.46% | 0.41% | 10.91% | 24,438 | \$ 46.76 | \$ 95.23 |
| DME & Supplies | 5,133 | \$ 10.91 | \$ 4.67 | 3.00% | 1.00% | 4.03% | 10.10% | -0.01% | 10.09% | 5,996 | \$ 11.13 | \$ 5.56 |
| Community LTSS | 11,609 | \$ 4.69 | \$ 4.54 | 3.00% | 1.00% | 4.03% | 10.44% | 39.59% | 54.16% | 13,602 | \$ 6.68 | \$ 7.57 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 1.00% | 2.00% | 3.02% | 6.60% | 0.00% | 6.60% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 6,057 | \$ 45.61 | \$ 23.02 | 1.00% | 2.00% | 3.02% | 14.65% | 1.90% | 16.83% | 7,084 | \$ 48.36 | \$ 28.55 |
| Other Medical Services | 1,543 | \$ 37.46 | \$ 4.82 | 3.00% | 1.00% | 4.03% | 9.10% | 2.33% | 11.64% | 1,786 | \$ 39.10 | \$ 5.82 |
| All Categories of Service | | \$ 437.53 | | | | 4.13% | | | 12.45% | | \$ 533.53 | |

General Note:

- Totals may differ due to rounding.

Footnotes:

1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ - |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 533.53 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 533.53 |

| | |
|--------------------------|-----------------|
| Administration | \$ 56.03 |
| Underwriting Gain | \$ 8.98 |
| Premium Tax | \$ 21.71 |
| Total Non-Medical | \$ 86.72 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 620.25 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
Expansion Male 35 and Over – Southern

| | |
|---------------------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |
| Base Member Months: | 858,336 |
| Projected Member Months: | 713,428 |

| Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|----------------------------------|---------------------------------|------------------|-----------|-------------------------------|-----------|--------------|-----------------|-----------|---------------|-------------------|------------------|-----------|
| | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM | Util/1000 | Unit Cost | PMPM |
| Inpatient Non-BH | 934 | \$ 1,377.99 | \$ 107.30 | 1.00% | 1.00% | 2.01% | 9.22% | 0.60% | 9.88% | 1,041 | \$ 1,414.18 | \$ 122.68 |
| Inpatient BH | 281 | \$ 769.07 | \$ 18.00 | 1.00% | 1.00% | 2.01% | 2.69% | 17.36% | 20.51% | 294 | \$ 920.69 | \$ 22.58 |
| Long-Term Care | 390 | \$ 501.43 | \$ 16.29 | 3.00% | 1.00% | 4.03% | 8.17% | 22.23% | 32.22% | 447 | \$ 625.24 | \$ 23.30 |
| Emergency Room | 766 | \$ 116.04 | \$ 7.41 | 0.50% | 1.00% | 1.51% | 9.60% | 0.03% | 9.63% | 848 | \$ 118.41 | \$ 8.36 |
| Lab and Radiology - Facility | 3,656 | \$ 22.04 | \$ 6.71 | 0.50% | 1.00% | 1.51% | 9.74% | 0.05% | 9.80% | 4,052 | \$ 22.49 | \$ 7.60 |
| Other Outpatient Hospital | 20,744 | \$ 12.63 | \$ 21.83 | 0.50% | 1.00% | 1.51% | 9.71% | 0.36% | 10.10% | 22,986 | \$ 12.93 | \$ 24.76 |
| Professional | 53,159 | \$ 22.78 | \$ 100.93 | 2.00% | 0.00% | 2.00% | 10.10% | 4.12% | 14.64% | 60,895 | \$ 23.72 | \$ 120.38 |
| Specialty OAD | 10,600 | \$ 22.32 | \$ 19.72 | 4.90% | 6.20% | 11.40% | 10.57% | 0.51% | 11.13% | 12,898 | \$ 25.30 | \$ 27.19 |
| Specialty Pharmacy | 290 | \$ 3,335.29 | \$ 80.70 | 4.80% | 4.40% | 9.41% | 9.85% | 0.09% | 9.95% | 350 | \$ 3,638.70 | \$ 106.21 |
| Other Pharmacy | 14,829 | \$ 49.75 | \$ 61.48 | 1.70% | 2.45% | 4.19% | 11.68% | 0.23% | 11.94% | 17,129 | \$ 52.34 | \$ 74.71 |
| DME & Supplies | 5,639 | \$ 10.77 | \$ 5.06 | 3.00% | 1.00% | 4.03% | 10.47% | 0.13% | 10.61% | 6,609 | \$ 11.00 | \$ 6.06 |
| Community LTSS | 7,871 | \$ 4.35 | \$ 2.86 | 3.00% | 1.00% | 4.03% | 10.57% | 39.41% | 54.15% | 9,233 | \$ 6.19 | \$ 4.77 |
| Applied Behavioral Analysis | - | \$ 0.00 | \$ 0.00 | 1.00% | 2.00% | 3.02% | 7.50% | 0.00% | 7.50% | - | \$ 0.00 | \$ 0.00 |
| Outpatient Behavioral Health | 9,444 | \$ 37.15 | \$ 29.24 | 1.00% | 2.00% | 3.02% | 17.61% | 3.38% | 21.59% | 11,330 | \$ 39.96 | \$ 37.73 |
| Other Medical Services | 1,185 | \$ 37.22 | \$ 3.68 | 3.00% | 1.00% | 4.03% | 10.18% | 2.13% | 12.53% | 1,386 | \$ 38.78 | \$ 4.48 |
| All Categories of Service | | \$ 481.19 | | | | 4.10% | | | 13.30% | | \$ 590.81 | |

General Note:

- Totals may differ due to rounding.

Footnotes:

1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, provider incentive payments, recoveries of provider overpayments, and out-of-system payments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| | |
|--|------------------|
| Inpatient Stop-Loss | \$ (0.03) |
| VLBW Case Rate | \$ - |
| Capitated Medical Pre-Credibility | \$ 590.79 |

| | |
|--------------------------------|------------------|
| Credibility Weighting | 100.0% |
| Manual PMPM | N/A |
| Final Capitated Medical | \$ 590.79 |

| | |
|--------------------------|-----------------|
| Administration | \$ 62.05 |
| Underwriting Gain | \$ 9.94 |
| Premium Tax | \$ 24.04 |
| Total Non-Medical | \$ 96.03 |

| | |
|-------------------------|------------------|
| Total Capitation | \$ 686.81 |
|-------------------------|------------------|

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix H: DCR Rate Calculation Sheet
Delivery Case Rate

| | |
|-----------------------|-------------------------------------|
| Base Period: | January 1, 2022 - December 31, 2022 |
| Rating Period: | January 1, 2024 - December 31, 2024 |

| | Cesarean | Vaginal | Combined |
|----------------------------------|----------|---------|----------|
| Base Delivery Count: | 4,088 | 8,065 | 12,153 |
| Projected Delivery Count: | 4,888 | 9,862 | 14,750 |

| Type of Birth | Category of Service | Adjusted Base Data ¹ | | | Annualized Trend ² | | | Program Changes | | | Projected Medical | | |
|-----------------|----------------------|---------------------------------|-------------|--------------------|-------------------------------|-----------|-------------------|-----------------|-----------|-------------------|-------------------|-------------|--------------------|
| | | Util/1000 | Unit Cost | Cost per Delivery | Util/1000 | Unit Cost | Cost per Delivery | Util/1000 | Unit Cost | Cost per Delivery | Util/1000 | Unit Cost | Cost per Delivery |
| Cesarean | Delivery Inpatient | 2,968 | \$ 1,117.80 | \$ 3,317.51 | 1.00% | 1.00% | 2.01% | 0.00% | 0.00% | 0.00% | 3,028 | \$ 1,140.26 | \$ 3,452.22 |
| Cesarean | Delivery Other | 213,351 | \$ 12.24 | \$ 2,612.26 | 2.00% | 0.25% | 2.26% | 0.00% | 5.09% | 5.09% | 221,970 | \$ 12.93 | \$ 2,870.56 |
| Cesarean | Total Medical | | | \$ 5,929.78 | | | 2.12% | | | 2.25% | | | \$ 6,322.78 |
| Vaginal | Delivery Inpatient | 1,986 | \$ 1,136.53 | \$ 2,256.92 | 0.75% | 0.75% | 1.51% | 0.00% | 0.00% | 0.00% | 2,016 | \$ 1,153.64 | \$ 2,325.39 |
| Vaginal | Delivery Other | 280,671 | \$ 7.86 | \$ 2,207.33 | 2.00% | 0.25% | 2.26% | 0.00% | 5.33% | 5.33% | 292,011 | \$ 8.32 | \$ 2,430.96 |
| Vaginal | Total Medical | | | \$ 4,464.25 | | | 1.88% | | | 2.65% | | | \$ 4,756.36 |

General Note:

- Totals may differ due to rounding.

Footnotes:

1. Base data reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for completion, underreporting, and recoveries of provider overpayments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

| Type of Birth | Projected Delivery Mix | Cost per Delivery |
|-----------------|------------------------|--------------------|
| Cesarean | 33.1% | \$ 6,322.78 |
| Vaginal | 66.9% | \$ 4,756.36 |
| Combined | 100.0% | \$ 5,275.45 |

| | |
|--------------------------|------------------|
| Administration | \$ 674.95 |
| Underwriting Gain | \$ 90.62 |
| Premium Tax | \$ 219.10 |
| Total Non-Medical | \$ 984.67 |

Final Delivery Case Rate | \$ 6,260.13

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix I: State Directed Payments
Separate Payment Term

| | Services in a Teaching Environment | Services Provided by Public Hospitals | Nursing Facility | Services Provided by Private Hospitals | CCBHC QIP |
|---|------------------------------------|---------------------------------------|------------------|--|--------------|
| CY 2024 Estimated Directed Payment Dollars | \$ 30,887,177 | \$ 232,008,942 | \$ 13,200,000 | \$ 748,780,840 | \$ 1,522,848 |
| Premium Tax 3.50% | \$ 1,081,057 | \$ 8,120,313 | \$ 462,000 | \$ 26,206,040 | \$ 53,345 |
| CY 2024 Estimated Directed Payment Dollars in Separate Term | \$ 31,968,228 | \$ 240,129,255 | \$ 13,678,756 | \$ 775,938,694 | \$ 1,578,081 |

| Region | COA | Rating Group | CY 2024 Projected MMs | Services in a Teaching Environment | | Services Provided by Public Hospitals | | Nursing Facility | | Services Provided by Private Hospitals | | CCBHC QIP | |
|-------------|-----------------|--------------------|-----------------------|------------------------------------|-------------------------|---------------------------------------|-------------------------|---------------------------|-------------------------|--|-------------------------|---------------------------|-------------------------|
| | | | | CY 2024 Estimated Dollars | CY 2024 Estimated PMPMs | CY 2024 Estimated Dollars | CY 2024 Estimated PMPMs | CY 2024 Estimated Dollars | CY 2024 Estimated PMPMs | CY 2024 Estimated Dollars | CY 2024 Estimated PMPMs | CY 2024 Estimated Dollars | CY 2024 Estimated PMPMs |
| Northern | TANF/CHAP Child | Under 1 | 24,867 | \$ 943,861 | \$ 37.96 | \$ - | \$ - | \$ 41,733 | \$ 1.68 | \$ 18,435,617 | \$ 741.38 | \$ - | \$ - |
| Northern | TANF/CHAP Child | Child 1-2 | 46,533 | \$ 240,688 | \$ 5.17 | \$ - | \$ - | \$ 15,124 | \$ 0.33 | \$ 2,502,209 | \$ 53.77 | \$ - | \$ - |
| Northern | TANF/CHAP Child | Child 3-14 | 247,630 | \$ 521,506 | \$ 2.11 | \$ - | \$ - | \$ 2,734 | \$ 0.01 | \$ 7,074,623 | \$ 28.57 | \$ 37,061 | \$ 0.15 |
| Northern | TANF/CHAP Child | Female 15-18 | 30,188 | \$ 156,865 | \$ 5.20 | \$ - | \$ - | \$ - | \$ - | \$ 2,388,437 | \$ 79.12 | \$ 31,580 | \$ 1.05 |
| Northern | TANF/CHAP Child | Male 15-18 | 31,317 | \$ 60,497 | \$ 1.93 | \$ - | \$ - | \$ - | \$ - | \$ 1,450,588 | \$ 46.32 | \$ 36,489 | \$ 1.17 |
| Northern | TANF/CHAP Adult | Female 19-34 | 49,108 | \$ 1,656,093 | \$ 33.72 | \$ - | \$ - | \$ - | \$ - | \$ 11,012,397 | \$ 224.25 | \$ 60,904 | \$ 1.24 |
| Northern | TANF/CHAP Adult | Male 19-34 | 8,232 | \$ 24,535 | \$ 2.98 | \$ - | \$ - | \$ - | \$ - | \$ 476,186 | \$ 57.84 | \$ 2,405 | \$ 0.29 |
| Northern | TANF/CHAP Adult | Female 35 and Over | 24,027 | \$ 394,299 | \$ 16.41 | \$ - | \$ - | \$ 35,601 | \$ 1.48 | \$ 4,757,111 | \$ 197.99 | \$ 29,308 | \$ 1.22 |
| Northern | TANF/CHAP Adult | Male 35 and Over | 9,345 | \$ 54,730 | \$ 5.86 | \$ - | \$ - | \$ 20,349 | \$ 2.18 | \$ 1,047,477 | \$ 112.09 | \$ 3,065 | \$ 0.33 |
| Northern | Check Up | Under 1 | - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Northern | Check Up | Child 1-2 | - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Northern | Check Up | Child 3-14 | - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Northern | Check Up | Female 15-18 | - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Northern | Check Up | Male 15-18 | - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Northern | Expansion | Female 19-34 | 80,531 | \$ 695,827 | \$ 8.64 | \$ - | \$ - | \$ 19,556 | \$ 0.24 | \$ 9,318,554 | \$ 115.71 | \$ 94,249 | \$ 1.17 |
| Northern | Expansion | Male 19-34 | 66,475 | \$ 291,175 | \$ 4.38 | \$ - | \$ - | \$ 14,144 | \$ 0.21 | \$ 7,446,635 | \$ 112.02 | \$ 67,328 | \$ 1.01 |
| Northern | Expansion | Female 35 and Over | 98,589 | \$ 1,258,376 | \$ 12.76 | \$ - | \$ - | \$ 388,774 | \$ 3.94 | \$ 25,413,600 | \$ 257.77 | \$ 72,633 | \$ 0.74 |
| Northern | Expansion | Male 35 and Over | 97,392 | \$ 1,245,807 | \$ 12.79 | \$ - | \$ - | \$ 740,666 | \$ 7.60 | \$ 29,615,630 | \$ 304.09 | \$ 102,276 | \$ 1.05 |
| Southern | TANF/CHAP Child | Under 1 | 180,835 | \$ 3,320,034 | \$ 18.36 | \$ 37,998,697 | \$ 210.13 | \$ 309,619 | \$ 1.71 | \$ 114,182,980 | \$ 631.42 | \$ - | \$ - |
| Southern | TANF/CHAP Child | Child 1-2 | 325,301 | \$ 1,160,400 | \$ 3.57 | \$ 7,017,753 | \$ 21.57 | \$ 150,085 | \$ 0.46 | \$ 10,782,469 | \$ 33.15 | \$ - | \$ - |
| Southern | TANF/CHAP Child | Child 3-14 | 1,851,483 | \$ 3,852,362 | \$ 2.08 | \$ 19,769,114 | \$ 10.68 | \$ 132,717 | \$ 0.07 | \$ 32,950,704 | \$ 17.80 | \$ 64,845 | \$ 0.04 |
| Southern | TANF/CHAP Child | Female 15-18 | 252,080 | \$ 824,545 | \$ 3.27 | \$ 4,015,806 | \$ 15.93 | \$ - | \$ - | \$ 11,340,209 | \$ 44.99 | \$ 27,806 | \$ 0.11 |
| Southern | TANF/CHAP Child | Male 15-18 | 250,923 | \$ 492,703 | \$ 1.96 | \$ 4,664,715 | \$ 18.59 | \$ 100,473 | \$ 0.40 | \$ 6,643,552 | \$ 26.48 | \$ 25,853 | \$ 0.10 |
| Southern | TANF/CHAP Adult | Female 19-34 | 380,809 | \$ 3,488,581 | \$ 9.16 | \$ 15,530,544 | \$ 40.78 | \$ 188,420 | \$ 0.49 | \$ 67,026,330 | \$ 176.01 | \$ 113,828 | \$ 0.30 |
| Southern | TANF/CHAP Adult | Male 19-34 | 58,601 | \$ 106,331 | \$ 1.81 | \$ 1,667,203 | \$ 28.45 | \$ 49,937 | \$ 0.85 | \$ 3,827,535 | \$ 65.32 | \$ 20,871 | \$ 0.36 |
| Southern | TANF/CHAP Adult | Female 35 and Over | 186,499 | \$ 945,837 | \$ 5.07 | \$ 6,443,177 | \$ 34.55 | \$ 309,133 | \$ 1.66 | \$ 28,584,704 | \$ 153.27 | \$ 54,619 | \$ 0.29 |
| Southern | TANF/CHAP Adult | Male 35 and Over | 74,012 | \$ 167,523 | \$ 2.26 | \$ 2,648,790 | \$ 35.79 | \$ 165,168 | \$ 2.23 | \$ 9,258,027 | \$ 125.09 | \$ 16,377 | \$ 0.22 |
| Southern | Check Up | Under 1 | - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Southern | Check Up | Child 1-2 | - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Southern | Check Up | Child 3-14 | - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Southern | Check Up | Female 15-18 | - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Southern | Check Up | Male 15-18 | - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Southern | Expansion | Female 19-34 | 603,658 | \$ 2,191,934 | \$ 3.63 | \$ 13,501,930 | \$ 22.37 | \$ 297,638 | \$ 0.49 | \$ 47,182,683 | \$ 78.16 | \$ 147,715 | \$ 0.24 |
| Southern | Expansion | Male 19-34 | 575,840 | \$ 1,559,714 | \$ 2.71 | \$ 21,660,830 | \$ 37.62 | \$ 685,853 | \$ 1.19 | \$ 49,481,468 | \$ 85.93 | \$ 196,732 | \$ 0.34 |
| Southern | Expansion | Female 35 and Over | 747,990 | \$ 3,314,891 | \$ 4.43 | \$ 33,007,927 | \$ 44.13 | \$ 2,912,047 | \$ 3.89 | \$ 116,398,437 | \$ 155.61 | \$ 146,645 | \$ 0.20 |
| Southern | Expansion | Male 35 and Over | 713,428 | \$ 2,999,117 | \$ 4.20 | \$ 72,202,770 | \$ 101.21 | \$ 7,098,988 | \$ 9.95 | \$ 157,340,533 | \$ 220.54 | \$ 225,488 | \$ 0.32 |
| All Regions | TANF/CHAP Child | All | 3,241,157 | \$ 11,573,461 | \$ 3.57 | \$ 73,466,085 | \$ 22.67 | \$ 752,485 | \$ 0.23 | \$ 207,751,388 | \$ 64.10 | \$ 223,634 | \$ 0.07 |
| All Regions | TANF/CHAP Adult | All | 790,633 | \$ 6,837,928 | \$ 8.65 | \$ 26,289,713 | \$ 33.25 | \$ 768,607 | \$ 0.97 | \$ 125,989,766 | \$ 159.35 | \$ 301,380 | \$ 0.38 |
| All Regions | All TANF/CHAP | All | 4,031,790 | \$ 18,411,388 | \$ 4.57 | \$ 99,755,798 | \$ 24.74 | \$ 1,521,092 | \$ 0.38 | \$ 333,741,154 | \$ 82.78 | \$ 525,014 | \$ 0.13 |
| All Regions | Check Up | All | - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| All Regions | Expansion | All | 2,983,902 | \$ 13,556,840 | \$ 4.54 | \$ 140,373,457 | \$ 47.04 | \$ 12,157,665 | \$ 4.07 | \$ 442,197,540 | \$ 148.19 | \$ 1,053,067 | \$ 0.35 |
| All Regions | All COAs | All | 7,015,692 | \$ 31,968,228 | \$ 4.56 | \$ 240,129,255 | \$ 34.23 | \$ 13,678,756 | \$ 1.95 | \$ 775,938,694 | \$ 110.60 | \$ 1,578,081 | \$ 0.22 |

General Notes:
- Totals may differ due to rounding.
- All composites are weighted on CY 2024 projected member months.
- The State directed payments are not applicable to Title XXI (Check Up).

CY 2024 NEVADA MCO RATE CERTIFICATION APPENDICES

Appendix I: State Directed Payments

Rate Adjustments

| | | | A | B | | C = A + B |
|----------|-----------------|--------------------|--------------------------------|---|----------------------------------|----------------------|
| | | | CCBHC Bundled Rate | | | |
| | | | CY 2024 Program Change Impacts | | | |
| Region | COA | Rating Group | CCBHC Services Base | | State Directed Payment Repricing | Total Program Change |
| Northern | TANF/CHAP Child | Under 1 | 0.0% | | 0.0% | 0.0% |
| Northern | TANF/CHAP Child | Child 1-2 | 0.0% | | 0.0% | 0.0% |
| Northern | TANF/CHAP Child | Child 3-14 | 0.8% | | 0.4% | 1.2% |
| Northern | TANF/CHAP Child | Female 15-18 | 2.8% | | 0.9% | 3.7% |
| Northern | TANF/CHAP Child | Male 15-18 | 5.3% | | 1.8% | 7.1% |
| Northern | TANF/CHAP Adult | Female 19-34 | 2.3% | | 0.6% | 3.0% |
| Northern | TANF/CHAP Adult | Male 19-34 | 1.2% | | 0.1% | 1.3% |
| Northern | TANF/CHAP Adult | Female 35 and Over | 1.4% | | 0.6% | 2.0% |
| Northern | TANF/CHAP Adult | Male 35 and Over | 0.5% | | 0.1% | 0.6% |
| Northern | Check Up | Under 1 | 0.0% | | 0.0% | 0.0% |
| Northern | Check Up | Child 1-2 | 0.0% | | 0.0% | 0.0% |
| Northern | Check Up | Child 3-14 | 0.9% | | 0.4% | 1.3% |
| Northern | Check Up | Female 15-18 | 1.8% | | 0.8% | 2.6% |
| Northern | Check Up | Male 15-18 | 3.5% | | 1.5% | 5.0% |
| Northern | Expansion | Female 19-34 | 2.2% | | 0.8% | 3.0% |
| Northern | Expansion | Male 19-34 | 1.9% | | 0.4% | 2.4% |
| Northern | Expansion | Female 35 and Over | 0.6% | | 0.2% | 0.8% |
| Northern | Expansion | Male 35 and Over | 0.9% | | 0.2% | 1.1% |
| Southern | TANF/CHAP Child | Under 1 | 0.0% | | 0.0% | 0.0% |
| Southern | TANF/CHAP Child | Child 1-2 | 0.0% | | 0.0% | 0.0% |
| Southern | TANF/CHAP Child | Child 3-14 | 0.2% | | 0.0% | 0.2% |
| Southern | TANF/CHAP Child | Female 15-18 | 0.4% | | 0.1% | 0.4% |
| Southern | TANF/CHAP Child | Male 15-18 | 0.4% | | 0.1% | 0.5% |
| Southern | TANF/CHAP Adult | Female 19-34 | 0.6% | | 0.1% | 0.6% |
| Southern | TANF/CHAP Adult | Male 19-34 | 1.1% | | 0.1% | 1.3% |
| Southern | TANF/CHAP Adult | Female 35 and Over | 0.3% | | 0.0% | 0.3% |
| Southern | TANF/CHAP Adult | Male 35 and Over | 0.3% | | 0.0% | 0.3% |
| Southern | Check Up | Under 1 | 0.0% | | 0.0% | 0.0% |
| Southern | Check Up | Child 1-2 | 0.0% | | 0.0% | 0.0% |
| Southern | Check Up | Child 3-14 | 0.2% | | 0.0% | 0.2% |
| Southern | Check Up | Female 15-18 | 0.4% | | 0.1% | 0.4% |
| Southern | Check Up | Male 15-18 | 0.3% | | 0.0% | 0.3% |
| Southern | Expansion | Female 19-34 | 0.5% | | 0.1% | 0.5% |
| Southern | Expansion | Male 19-34 | 0.7% | | 0.1% | 0.7% |
| Southern | Expansion | Female 35 and Over | 0.2% | | 0.0% | 0.2% |
| Southern | Expansion | Male 35 and Over | 0.2% | | 0.0% | 0.3% |

General Note:

- Totals may differ due to rounding.



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