

Capitation Rate Development and Certification

Calendar Year 2025 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 2025 (CY 2025), January 1, 2025, through December 31, 2025.

Per Section 4.2 of Actuarial Standard of Practice (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 2025 rates for the purposes of satisfying the requirements of the CMS rate review process. This report follows the general outline for the CMS 2024-2025 Medicaid Managed Care Rate Development Guide, which is applicable to contract periods beginning between July 1, 2024, and June 30, 2025. A copy of the Rate Development Guide, with documentation references, is included with this report.

Multiple exhibits are also included as part of this rate certification package (please see the attached file: *CY 2025 Nevada MCO Rate Certification_Appendices_2024.12.17.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 Katharina Katterman, ASA, MAAA, and Roger Figueroa, FSA, MAAA, who are members of the American Academy of

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.

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 2025 rates on a per member per month (PMPM) basis by major category of aid (COA), with a comparison to the CY 2024 rates certified on December 22, 2023. 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, 2025, through December 31, 2025, 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
CY 2024	\$151.24	\$344.82	\$115.01	\$490.75	\$6,260.13	\$136,464.93
CY 2025	\$165.20	\$343.65	\$126.90	\$514.36	\$6,234.91	\$137,129.37
Percent Change	9.23%	-0.34%	10.33%	4.81%	-0.40%	0.49%

TANF = Temporary Assistance for Needy Families

CHAP = Child Health Assurance Program

Appendix A includes the final certified rates effective January 1, 2025, for each rate cell, as well as a comparison to the certified rates effective January 1, 2024. The total projected composite change in certified rates is an increase of 4.92%.

As shown in Appendix A, there are some rate cells with large or negative changes in rates from the previous rating period of CY 2024. The primary driver of these rate changes is the base data change from CY 2022 to CY 2023, 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. Additional considerations were made for the Coronavirus Disease 2019 public health emergency (COVID-19 PHE) in the trend development, and adjustments were applied for projected changes to the population acuity, as 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 2025: 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 Affordable Care Act Adult Expansion (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 no changes to the covered populations from the prior rating period.

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 2025:

- 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 no changes to the covered services from the prior rating period. 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 2025 FMAP by COA is as follows:²

- TANF/CHAP:
 - CHIP-to-Medicaid: 72.1% (Enhanced)
 - All other TANF/CHAP: 60.1% (Standard)
- Check Up: 72.1% (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% and adult preventive services, which earns an additional 1.0% pursuant to Section 4106(b) of the Affordable Care Act. 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 2025 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 2024 certification dated December 22, 2023. No capitation rate ranges were developed.

For CY 2025 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 Supportive Services (DWSS) eligibility and DHCFP enrollment information, and other ad-hoc

² Estimated FMAP based on a blend of percentages for federal fiscal year (FFY) 2025 (<https://www.federalregister.gov/documents/2023/11/21/2023-25636/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for>) and FFY 2026 (<https://www.federalregister.gov/documents/2024/11/29/2024-27910/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for>).

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, 2023, through December 31, 2023, (CY 2023), was selected as the base period for CY 2025 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 2023 to match the covered population risk and the State-approved benefit package for CY 2025. 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 the 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 2025 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, 2025, through December 31, 2025, for the program by rate cell. In developing these projections, Mercer reviewed detailed monthly enrollment by rate cell through March 2024, as well as actual enrollment snapshots by rate cell from June 2024 and September 2024. 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 streamlined the process and significantly reduced 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 was confirmed, the next redetermination date was pushed out 12 months. If the member responds and was ineligible, or if there was no response to the notice, the member's next redetermination date was pushed out six months. Based on guidance from the State and the Unwinding Plan for Operations, Mercer assumed redeterminations spanned 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) were 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) initially commenced disenrollments in June 2023; however, disenrollments were paused and affected members were reenrolled into managed care in mid-September 2023. Disenrollments for procedural reasons resumed in January 2024 and, per CMS guidance, members who were impacted during the period of paused procedural disenrollments were pushed forward and reassessed with disenrollments occurring between April 2024 through September 2024.

Table 2 illustrates the changes in enrollment from the CY 2023 base period to the CY 2025 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 2023	3,410,025	887,075	265,986	3,743,391	8,306,477
CY 2025	2,963,016	809,244	347,808	2,907,072	7,027,140
Percent Change	-13.11%	-8.77%	30.76%	-22.34%	-15.40%

Section 2

Data

Data Sources

The primary data sources used for CY 2025 rate development include the following:

- DWSS eligibility and DHCFP enrollment information effective January 1, 2021, through March 31, 2024
- MCO-reported encounter data from MMIS (including encounters for subcapitated services) for dates of service ranging from January 1, 2021, through March 31, 2024, processed through MMIS as of April 5, 2024

The encounter, eligibility, and enrollment information were 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, 2022, through March 31, 2024
- MCO-reported financial reports submitted to DHCFP through June 2024
- FFS claims data from MMIS for CY 2023 dates of service, processed through MMIS as of April 5, 2024

Data Validations

Encounter data for the enrolled population was evaluated for dates of service from January 1, 2021, through March 31, 2024. 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 adjusted 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 few 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 2023 time period was selected as the base data period for CY 2025 rate development, as it is the most recent and complete year of experience available at the time the prospective CY 2025 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 2025 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 DHCFFP 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 2023 is the most appropriate base period to use for CY 2025 rate development, the CY 2023 base period is significantly affected by the COVID-19 PHE and MOE requirements. Consequently, Mercer considered these effects in the trend development and 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 2025. These considerations are described in the “Trend” and “Population Acuity” subsections of Section 3.

The MCOs became 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 2023 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 2025:

- **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 institutions for mental disease (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 opioid use disorder (OUD) or substance use disorder (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 2023 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 SUD 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

Anticipated to be effective by CY 2025, 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 2023 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 2023 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 2025 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 projected ILOS cost percentage specific to the housing support and services ILOS, which Mercer considers to be immaterial for CY 2025.

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>.

Table 3: Housing Support and Services ILOS Cost Percentage

Numerator	Denominator	Projected ILOS Cost Percentage
\$2,759,184	\$3,856,202,069	0.07%

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 2025, 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 2025 rate development included dates processed through MMIS as of April 5, 2024, and were inclusive of subcapitated shadow encounters. Mercer analyzed monthly data from January 2021 through March 2024 using claim lag triangles, as well as encounters with paid dates of April 5, 2024. 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 2023 base data for the IBNR adjustment is an increase of 1.37%.

Aggregate completion factors for CY 2025 by major service category are provided in Table 4.

Table 4: Annual Completion Factors

Service Category	CY 2023 Estimated Completion Factor
Inpatient – Child	0.9590
Inpatient – Adult	0.9687
Outpatient Facility	0.9906
Pharmacy	1.0001
Other	0.9896

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 2023. 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 2023 base data was an increase of 0.26%.

Provider Overpayment Recoveries

The base data used in development of the CY 2025 capitation rates is net of all known overpayments, including those overpayments due to third party liability. Most 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, 2024, each MCO reported any additional provider overpayment recoveries for CY 2023 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 2025. Adjustments were made to the base data to add or remove these non-claims costs as appropriate. These include an addition of approximately \$16.8 million for provider incentive arrangements and net reduction of \$144,000 for out-of-system payments/recoveries. In addition, there was a net increase of \$1.4 million for covered services that were incorrectly submitted as non-covered services or vice versa, and covered services submitted incorrectly to FFS. The combined aggregate impact to the CY 2023 base data was an increase of 0.92%.

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, 2023) to the midpoint of the rating period (July 1, 2025).

Annualized trends by rate cell and COS are provided in Appendix G (36 exhibits). A comparison of annualized trends between the CY 2024 and CY 2025 rate development assumptions by COA is provided in Appendix F.

COVID-19 Public Health Emergency and Related Unwinding Trend Considerations

Maintenance of Effort Impacts

The impact on service utilization and cost due to changes in the acuity of the enrolled population pursuant to the COVID-19 PHE MOE requirements and related unwinding are separately accounted for through an explicit adjustment, "Population Acuity", described later in this section. Mercer normalized the underlying data used for trend development to account for changes in the acuity of the enrolled population over time caused by the MOE requirements and redeterminations timeline. This approach avoids duplicating the effects of the COVID-19 PHE and related unwinding through both trend and the subsequent population acuity adjustment.

Direct COVID-19 Services

The CY 2023 base period includes direct impacts of the COVID-19 PHE in the form of COVID-19 testing and treatment experience. 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 prospective 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

Through a review of managed care encounters through March 2024 and MCO-reported financials through June 2024, Mercer observed a continued recovery of utilization throughout CY 2023 and into CY 2024 to varying extents by COA and COS. Mercer expects utilization levels to continue to increase and largely return to historical levels observed in the periods prior to the COVID-19 PHE.

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 2023 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 2021 through February 2024), including utilization, unit cost, and PMPM metrics, and 18 months of MCO-reported PMPMs in the financial reports (January 2023 through June 2024).

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 medical trends for CY 2025.

Unit cost trends ranged from 0.00% to 4.00%, 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.

ABA services exhibited particularly high historic trends, and Mercer developed trends specific to this COS. 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; additionally, the State expanded access to ABA services to adults. Therefore, Mercer projected a continued increase in utilization through CY 2025, applying a 28.00% annualized utilization trend across all COAs for ABA services.

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 2025 is 3.17%.

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.

Unit cost trends for the pharmacy COS' ranged from -3.80% to 31.55%, with the utilization cost trends from 0.90% to 10.30%, depending on the COA and COS. Negative unit cost trends were selected for CY 2025 for the Specialty Pharmacy and Other Pharmacy COS' for child COAs. The negative unit cost trend selections were driven by the observed decreases in insulin drug pricing and increasing market share of lower-costing biosimilars for rheumatoid arthritis/inflammation treatments.

The aggregate annualized PMPM trend for pharmacy COS' for CY 2025 is 9.24%.

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 are 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 DHCFF. 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 DHCFF.

The next few subsections outline the program change adjustments that were explicitly accounted for within the CY 2025 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 2023 base experience for the mental health stays at the State plan rate.

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 and claims for the affected services in the CY 2023 base data were repriced to the anticipated State plan bundled rates for each CCBHC effective for CY 2025.

Neurotherapy and Biofeedback Services Elimination

Effective April 1, 2024, neurotherapy and biofeedback services were eliminated as covered services from the State plan. Mercer applied an adjustment to remove these dollars from the CY 2023 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.

Housing Support In Lieu of Services

Anticipated to be effective by CY 2025, 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 2023 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 were carved into managed care. The MCOs are 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 are 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.

Special Disease Clinics for Children

Effective during CY 2024, DHCFP implemented a new bundled per diem for qualifying special disease clinics that treat children. There is one qualified special disease clinic anticipated to participate in the Nevada Medicaid managed care program for CY 2025. Encounters for the affected services in the CY 2023 base data were repriced to the new bundled per diem to develop an adjustment.

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 2025 pharmacy rebate payments from the projected pharmacy costs using MCO-submitted supplemental data, encounters, and industry-wide experience.

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. Due to the timing of the release of the updated fee schedule, this increase had not yet been effectuated within the base encounter data. Encounters for the affected services in the CY 2023 base data were repriced upward accordingly to develop an adjustment.

Personal Care Services Fee Changes

Effective January 1, 2024, DHCFP implemented a fee schedule increase to \$25 per hour for personal care services. Encounters for the affected services in the CY 2023 base data were repriced upward accordingly to develop an adjustment.

Skilled Nursing Facilities Fee Changes

Effective January 1, 2024, DHCFP implemented a fee schedule increase of 24.5% for skilled nursing facilities. Encounters for the affected services in the CY 2023 base data were repriced upward accordingly to develop an adjustment.

Home Health Providers and Private Duty Nurses Fee Changes

Effective January 1, 2024, DHCFP implemented a fee schedule increase of 15% for home health providers, including private duty nurses. Encounters for the affected services in the CY 2023 base data were repriced upward accordingly to develop an adjustment.

Professional Fee Changes

Effective January 1, 2024, DHCFP implemented a fee schedule increase of 5% for physician services. Additionally, the fee schedule for advanced practice registered nurses and certified nurse midwives was 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 2023 base data were repriced upward accordingly to develop an adjustment.

Eligibility Coverage Changes

Effective January 1, 2024, DHCFP implemented several eligibility coverage changes:

- Continuous eligibility coverage for children for 12 months
- Pregnant women coverage from 165% of the federal poverty level (FPL) to 185% FPL
- Pregnant women coverage from two months to 12 months of postpartum coverage

The DHCFP provided projected counts for affected populations that Mercer evaluated to determine the additional member months in developing an adjustment. For the coverage expansion for children, Mercer assumed that the additional member months will have a similar cost profile as equivalent members represented in the CY 2023 base period; therefore, no rate adjustment was made for this provision.

For the coverage expansions for pregnant women (i.e., from 165% FPL to 185% FPL; postpartum coverage change), Mercer anticipated a similar cost profile to historical pregnant and postpartum members and applied an adjustment to the TANF/CHAP Adult rate cells to account for the increased volume of these members. 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 continued through September 2024 as previously described in the “Membership Projections” subsection in Section 1. Due to the growth in

enrollment during the CY 2023 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 2023 base period and CY 2025 rating period. Mercer relied on information provided by DHCFP related to the State's redetermination process and timeline to develop the adjustment.

DHCFP and Mercer worked with DWSS to obtain member-level detail regarding redetermination dates and redetermination status during the COVID-19 PHE unwinding through April 2024. The data identified Medicaid recipients as eligible, disenrolled due to ineligibility, or procedurally disenrolled. Mercer also obtained additional member-level detail that reflected a snapshot of Medicaid managed care enrolled members from June 2024, during the redetermination process, and September 2024, the month following the last unwinding-related disenrollments. Mercer utilized the member-level detail from DWSS, member-level enrollment information from January 2023 through March 2024, and the aforementioned member-level enrollment snapshots to estimate the mix and acuity of members enrolled in the base period and rating period.

Mercer also considered Nevada's temporary pause and subsequent reenrollment of certain individuals who had been disenrolled between June 2023 and September 2023, but per CMS guidance to the affected states, needed to be reprocessed prior to disenrollment. Procedural disenrollments resumed in January 2024, and disenrollments for the cohort of members impacted by the pause occurred from April 2024 to September 2024.

Mercer modeled the volume and relative acuity of the members from the CY 2023 base data bucketed into various eligibility cohorts, including joiners, stayers, and leavers. Mercer leveraged this information to determine an appropriate volume and acuity relativity for these respective eligibility cohorts in the CY 2025 rating period. Review of the leavers' eligibility cohort indicated that these individuals have significantly lower costs and acuity levels as compared to the stayers and joiners. Although there will continue to be "leavers" enrolled after the conclusion of the unwinding (i.e., typical member churn), the relative volume of this cohort is projected to be significantly smaller in the CY 2025 rating period (post unwinding) as compared to the CY 2023 base period (pre- and mid-unwinding).

Mercer also considered the return of gap months, which returned due to the end of the MOE requirements and mainly 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 reduced the eligibility gaps for members. Mercer considered the volume and cost profile impact of these gap months in developing appropriate acuity factors.

Mercer applied the mix and acuity assumptions projected in the rating period and compared them to the mix and acuity observed in the base period to determine appropriate population acuity adjustments by rate cell. Impacts by COA can be found in Appendix C, and adjustments by rate cell can be found in Appendix G (36 exhibits).

Other Medical Rating Adjustments

To finalize the CY 2025 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 2025. 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 2023 base data and the 30-day period prior to the base period. The encounters were individually adjusted for trend to project forward to CY 2025. 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 2025. As the base data for rate development is reported gross of any stop-loss reimbursement, the projected CY 2025 reimbursement is netted out of the gross CY 2025 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 2025 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 2025. 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 2023–CY 2023 experience data. Mercer then selected a conservative prevalence rate for the CY 2025 prospective rating period as a percentage of expected CY 2025 under age one year member months by COA to ensure adequate funding for the risk pool. The projected prevalence rate for CY 2025 is 1.025 per 1,000 member months for TANF/CHAP Under 1 rate cells and 0.000 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 2025, DHCFFP 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 2025 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 2025 is 33.6% Cesarean births and 66.4% vaginal births, approximately a 0.5 percentage point reduction in Cesarean birth rate as compared to the CY 2023 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 2021 through December 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 two MCO incentive arrangements effective for CY 2025:

- Value-based purchasing (VBP) strategy design
- Population health improvement program

There is no impact on the CY 2025 capitation rates for the provision of the incentive arrangements. The CY 2025 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 2025, 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.

Value-Based Purchasing Strategy Design

For CY 2025, DHCFP will implement an incentive arrangement for VBP strategy design, under which an MCO may receive up to a maximum 0.5% over and above the capitation rate for meeting targets specified in the MCO contract, effective for the entirety of the CY 2025 contract period (January 1, 2025, through December 31, 2025). The incentive arrangement provision for VBP strategy design is intended as a bonus payment to meaningfully participate in the State's Hospital Quality Collaborative and applies to all the MCOs.

Population Health Improvement Program

For CY 2025, DHCFP will implement an incentive arrangement for a population health improvement program, under which an MCO may receive up to a maximum 1.5% over and above the capitation rate for meeting targets specified in the MCO contract, effective for the entirety of the CY 2025 contract period (January 1, 2025, through December 31, 2025). MCO performance will be evaluated on a two-tiered basis. The incentive arrangement provision for the population health improvement program is intended as a bonus payment to partner with at least three in-network hospitals to establish new population health improvement programs focused on the priority areas (maternal and infant health and transitions of care to the community from the inpatient or emergency department settings) and applies to all the MCOs.

Withhold Arrangements

For CY 2025, 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 2025 contract period (January 1, 2025, through December 31, 2025). 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 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 2025 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 2023 measurement year baseline. Through discussions with DHCFP and the State's external quality review vendor, the CY 2025 quality withhold targets were deemed to be reasonably achievable. The incremental improvements needed to achieve the CY 2025 targets relative to the baseline period were consistent with rate-development assumptions for the CY 2025 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 2025. 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 2025 projected benefit or administrative cost for the provision of a withhold arrangement. The CY 2025 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 2025 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 2025:

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

Inpatient Hospital Stop-Loss

For CY 2025, 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 2025. 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 2025. 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 2025, 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 \$137,129.37.

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

Remittance on Minimum MLR

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 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 minimum MLR remittance applies to all the MCOs and does not directly impact the development of the capitation rates.

For CY 2025, 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. Although the Nevada Medicaid managed care program's aggregate MLR has been below 85% in recent years, Mercer's evaluation of emerging experience and expectations for increasing utilization/member acuity indicates that the MCOs have a reasonable likelihood of achieving an MLR of at least 85% for CY 2025. As noted in the "Risk Corridor" section below, the target MLR consistent with rate development assumptions for CY 2025 is 90.00%.

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.

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

Risk Corridor

For CY 2025, 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 2025 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 2025, 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 2025 risk corridor are as follows:

- The target MLR for CY 2025 is 90.00%. 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 2025 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 90.00% 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 2025 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 2025 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 86.00%	25%	75%
MLR of 86.00% to less than 88.00%	50%	50%
MLR of 88.00% to 92.00%	100%	0%
MLR of 92.00% to less than 94.00%	50%	50%
MLR greater than or equal to 94.00%	25%	75%

DHCFP will provide MCOs with a reporting tool, along with an instructional guide, for the CY 2025 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 reflection of any other adjustments applicable to CY 2025 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 2025 capitation rates for the provision of a risk corridor. The CY 2025 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.

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

State Directed Payments

There are six State directed payments under 42 C.F.R. § 438.6(c) proposed for the program in CY 2025. Preprints for the proposed payment arrangements were all submitted to CMS by December 31, 2024 as required. The payments are accounted for in this rate certification in a manner that is consistent with the preprints 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_20250101-20251231	Uniform percentage increase	Uniform percentage increase for services provided by designated practitioners through an eligible public teaching entity set as the difference between average commercial rates and Medicaid base reimbursement	Separate payment term
NV_Fee_IPH_OPH_Renewal_20250101-20251231	Uniform percentage increase	Uniform percentage increase for inpatient and outpatient services provided by eligible public hospitals set as a fixed pool, estimated as an increase of 266% for inpatient and 754% for outpatient services above the 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_VBP_Oth_Renewal_20250101-20251231	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_Renewal_20250101-20251231	Uniform dollar increase	Uniform dollar increase for inpatient and outpatient services provided by eligible private hospitals set as difference between average commercial rate and actual Medicaid managed care base reimbursement	Separate payment term
NV_VBP.Fee_NF_Renewal_20250101-20251231	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_20250101-20251231	\$59.9 million	\$62.1 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 November 7, 2024. 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_Fee_I PH_OPH_ Renewal_ 20250101 - 20251231	\$209.7 million	\$217.3 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 November 7, 2024. The preprint is under CMS review.	DHCFP will submit documentation to incorporate the total amount of the State directed payment
NV_VBP_ Oth_Rene wal_2025 0101- 20251231	\$1.6 million	\$1.7 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 November 6, 2024. 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 _Renewal _2025010 1- 20251231	\$1,039.1 million	\$1,076.8 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 16,	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
					2024. The preprint is under CMS review.	
NV_VBP.Fee_NF_Renewal_20250101 - 20251231	\$85.5 million	\$88.6 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 December 4, 2024. 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 2025 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 2025 utilization mix by rate cell, estimated using utilization for applicable services by rate cell identified in the CY 2023 base data, re-weighted on CY 2025 projected enrollment.

Final payments made will vary from these estimates based on actual utilization or performance measures for applicable services in CY 2025. 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 2025 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_20250101-20251231) 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, inclusive of MCO premium tax, is \$62,055,029. Payments will be based on actual service utilization for applicable services for the year under the directed payment. Payments will be issued quarterly after six months of claims run-out. The fourth and final payment reimbursement will include any reconciliation for further run-out on the first three quarters.

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_20250101-20251231) 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. The directed payment will increase payments by 266% for inpatient services in this provider class and 754% 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, inclusive of the MCO premium tax, is \$217,344,806. 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_Oth_Renewal_20250101-20251231) is for quality incentive payments for CCBHCs achieving established performance metrics. CCBHCs providing services under the State Plan Amendment 19-010 within the State for CY 2025 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, inclusive of the MCO premium tax, is \$1,659,896.

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_Renewal_20250101-20251231) 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, ranging from \$502.37 to \$2,262.89 per day by provider class, and increase payments for outpatient services, ranging from \$56.93 to \$5,606.20 per encounter by provider class. For all provider classes, total payments 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, inclusive of the MCO premium tax, is \$1,076,779,838. DHCFP will make interim 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 NV_VBP.Fee_NF_Renewal_20250101-20251231) is for eligible freestanding nursing facilities as detailed in State Plan Attachment 4.19-D, pages 10a–10g. The directed payment has four components, including 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 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, inclusive of the MCO premium tax, is \$88,569,670. 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 2025.

Section 5

Projected Non-Benefit Costs

Administrative Expense

The CY 2025 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 2022 Q1 to CY 2024 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 reported administrative expenses to reflect increased staffing burden to meet the administration requirements of the State directed payments.

The adjusted administrative expenses for CY 2022 and CY 2023 were projected forward to CY 2025 using cost trends, which were based on a review of the Consumer Price Index and Employment Cost Index; CY 2022 was projected forward at an annualized rate of 3.83%, and CY 2023 was projected forward at an annualized rate of 3.40%. 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 2025 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 2023 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 2025 was estimated at 1.70% 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 2025 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 2025. 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 2025. 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 will be a final retrospective application of risk adjustment applied to CY 2025 capitation rates, performed once annually following the end of the rating period. Rate cells for members who are aged under one year 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 2025 dates of service for all members who were enrolled with an MCO within CY 2025. 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 2024 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.

There is an interim prospective risk adjustment applied to the CY 2025 rates. The interim prospective risk adjustment will be fully overwritten by the final retrospective risk adjustment described above. The implementation of the interim prospective risk adjustment is to minimize the magnitude of transfer payments in the settlement of the final retrospective risk adjustment process. The interim prospective risk adjustment leverages the risk scores derived for the CY 2023 retrospective risk adjustment process, applied to an enrollment snapshot of September 1, 2024.

Section 7

Acuity Adjustments

A prospective acuity adjustment was applied to the CY 2025 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 plan to apply a retrospective acuity adjustment to the CY 2025 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 2025 for the Nevada Medicaid managed care program, Mercer 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 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 actuaries are members of the American Academy of Actuaries and meet 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 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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Principal

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CY 2025 Nevada MCO Rate Certification Appendices
Appendix A: CY 2025 Final Certified Rates and Comparison

Region	COA	Rating Group	Projected MMs/Counts	CY 2025	CY 2024 ¹	% Change CY 2024 to CY 2025
Capitation Rates						
Northern	TANF/CHAP Child	Under 1	23,064	\$ 768.85	\$ 607.37	26.6%
Northern	TANF/CHAP Child	Child 1-2	42,540	\$ 148.38	\$ 128.32	15.6%
Northern	TANF/CHAP Child	Child 3-14	223,524	\$ 116.75	\$ 95.87	21.8%
Northern	TANF/CHAP Child	Female 15-18	32,328	\$ 207.71	\$ 198.25	4.8%
Northern	TANF/CHAP Child	Male 15-18	31,500	\$ 156.80	\$ 117.50	33.4%
Northern	TANF/CHAP Adult	Female 19-34	49,560	\$ 252.32	\$ 272.57	-7.4%
Northern	TANF/CHAP Adult	Male 19-34	8,472	\$ 165.19	\$ 146.34	12.9%
Northern	TANF/CHAP Adult	Female 35 and Over	27,780	\$ 424.65	\$ 434.52	-2.3%
Northern	TANF/CHAP Adult	Male 35 and Over	10,248	\$ 349.19	\$ 357.74	-2.4%
Northern	Check Up	Under 1	288	\$ 300.59	\$ 314.70	-4.5%
Northern	Check Up	Child 1-2	2,376	\$ 143.07	\$ 119.47	19.8%
Northern	Check Up	Child 3-14	32,868	\$ 109.41	\$ 83.11	31.6%
Northern	Check Up	Female 15-18	5,952	\$ 155.65	\$ 142.87	8.9%
Northern	Check Up	Male 15-18	6,876	\$ 131.13	\$ 94.68	38.5%
Northern	Expansion	Female 19-34	75,624	\$ 290.04	\$ 280.91	3.3%
Northern	Expansion	Male 19-34	68,700	\$ 327.12	\$ 290.24	12.7%
Northern	Expansion	Female 35 and Over	97,608	\$ 648.21	\$ 624.99	3.7%
Northern	Expansion	Male 35 and Over	107,592	\$ 638.53	\$ 628.52	1.6%
Southern	TANF/CHAP Child	Under 1	153,780	\$ 651.42	\$ 666.74	-2.3%
Southern	TANF/CHAP Child	Child 1-2	290,472	\$ 133.40	\$ 133.17	0.2%
Southern	TANF/CHAP Child	Child 3-14	1,666,464	\$ 124.22	\$ 109.98	12.9%
Southern	TANF/CHAP Child	Female 15-18	249,480	\$ 172.50	\$ 160.71	7.3%
Southern	TANF/CHAP Child	Male 15-18	249,864	\$ 155.01	\$ 130.24	19.0%
Southern	TANF/CHAP Adult	Female 19-34	349,284	\$ 275.66	\$ 270.43	1.9%
Southern	TANF/CHAP Adult	Male 19-34	58,860	\$ 166.41	\$ 171.25	-2.8%
Southern	TANF/CHAP Adult	Female 35 and Over	230,076	\$ 489.20	\$ 491.97	-0.6%
Southern	TANF/CHAP Adult	Male 35 and Over	74,964	\$ 402.61	\$ 411.25	-2.1%
Southern	Check Up	Under 1	1,176	\$ 387.66	\$ 266.84	45.3%
Southern	Check Up	Child 1-2	14,412	\$ 127.50	\$ 143.79	-11.3%
Southern	Check Up	Child 3-14	202,176	\$ 118.96	\$ 115.00	3.4%
Southern	Check Up	Female 15-18	39,876	\$ 179.27	\$ 124.70	43.8%
Southern	Check Up	Male 15-18	41,808	\$ 114.62	\$ 114.48	0.1%
Southern	Expansion	Female 19-34	548,052	\$ 283.75	\$ 269.01	5.5%
Southern	Expansion	Male 19-34	540,948	\$ 298.14	\$ 276.13	8.0%
Southern	Expansion	Female 35 and Over	730,008	\$ 658.68	\$ 620.25	6.2%
Southern	Expansion	Male 35 and Over	738,540	\$ 705.81	\$ 686.81	2.8%
Delivery Case Rate						
All Regions	TANF/CHAP Child	All	438	\$ 6,234.91	\$ 6,260.13	-0.4%
All Regions	TANF/CHAP Adult	All	10,584	\$ 6,234.91	\$ 6,260.13	-0.4%
All Regions	Check Up	All	16	\$ 6,234.91	\$ 6,260.13	-0.4%
All Regions	Expansion	All	1,462	\$ 6,234.91	\$ 6,260.13	-0.4%
VLBW Case Rate						
All Regions	TANF/CHAP Child	All	181	\$ 137,129.37	\$ 136,464.93	0.5%
All Regions	TANF/CHAP Adult	All	-	\$ -	\$ -	0.0%
All Regions	Check Up	All	-	\$ 137,129.37	\$ 136,464.93	0.5%
All Regions	Expansion	All	-	\$ -	\$ -	0.0%
Composite PMPM						
All Regions	TANF/CHAP Child	All	2,963,016	\$ 174.51	\$ 160.52	8.7%
All Regions	TANF/CHAP Adult	All	809,244	\$ 425.19	\$ 426.69	-0.4%
All Regions	All TANF/CHAP	All	3,772,260	\$ 228.29	\$ 217.62	4.9%
All Regions	Check Up	All	347,808	\$ 127.18	\$ 115.30	10.3%
All Regions	Expansion	All	2,907,072	\$ 517.49	\$ 493.90	4.8%
All Regions	All COAs	All	7,027,140	\$ 342.93	\$ 326.85	4.9%

General Notes:

- Totals may differ due to rounding.
- All composites are weighted on CY 2025 projected member months.

Footnote:

1. CY 2024 reflect the rates certified on December 22, 2023.

CY 2025 Nevada MCO Rate Certification Appendices
Appendix B: Base Data Comparison

Region	COA	Rating Group	Projected MMs	CY 2025 Base		CY 2024 Base		% Change	
				Base MMs	Adjusted PMPM	Base MMs	Adjusted PMPM	Base MMs	Adjusted PMPM
Northern	TANF/CHAP Child	Under 1	23,064	25,391	\$ 786.48	24,956	\$ 550.17	1.7%	43.0%
Northern	TANF/CHAP Child	Child 1-2	42,540	46,391	\$ 102.07	50,230	\$ 88.34	-7.6%	15.5%
Northern	TANF/CHAP Child	Child 3-14	223,524	253,897	\$ 82.48	258,441	\$ 67.21	-1.8%	22.7%
Northern	TANF/CHAP Child	Female 15-18	32,328	35,734	\$ 141.07	34,469	\$ 138.26	3.7%	2.0%
Northern	TANF/CHAP Child	Male 15-18	31,500	35,457	\$ 103.28	34,402	\$ 81.44	3.1%	26.8%
Northern	TANF/CHAP Adult	Female 19-34	49,560	50,432	\$ 187.55	50,549	\$ 197.14	-0.2%	-4.9%
Northern	TANF/CHAP Adult	Male 19-34	8,472	9,931	\$ 133.81	10,140	\$ 92.83	-2.1%	44.1%
Northern	TANF/CHAP Adult	Female 35 and Over	27,780	29,052	\$ 314.59	27,751	\$ 324.12	4.7%	-2.9%
Northern	TANF/CHAP Adult	Male 35 and Over	10,248	11,692	\$ 256.09	11,334	\$ 237.23	3.2%	8.0%
Northern	Check Up	Under 1	288	280	\$ 125.34	323	\$ 596.58	-13.3%	-79.0%
Northern	Check Up	Child 1-2	2,376	1,778	\$ 143.50	1,618	\$ 86.11	9.9%	66.7%
Northern	Check Up	Child 3-14	32,868	28,114	\$ 70.63	28,003	\$ 55.27	0.4%	27.8%
Northern	Check Up	Female 15-18	5,952	5,367	\$ 98.12	5,260	\$ 103.28	2.0%	-5.0%
Northern	Check Up	Male 15-18	6,876	6,052	\$ 82.77	5,679	\$ 47.76	6.6%	73.3%
Northern	Expansion	Female 19-34	75,624	100,359	\$ 199.53	99,806	\$ 193.33	0.6%	3.2%
Northern	Expansion	Male 19-34	68,700	88,458	\$ 217.74	85,674	\$ 194.12	3.2%	12.2%
Northern	Expansion	Female 35 and Over	97,608	119,322	\$ 466.20	117,559	\$ 442.13	1.5%	5.4%
Northern	Expansion	Male 35 and Over	107,592	127,389	\$ 469.98	121,866	\$ 431.66	4.5%	8.9%
Southern	TANF/CHAP Child	Under 1	153,780	174,720	\$ 616.11	180,230	\$ 593.72	-3.1%	3.8%
Southern	TANF/CHAP Child	Child 1-2	290,472	331,289	\$ 93.31	356,856	\$ 91.17	-7.2%	2.3%
Southern	TANF/CHAP Child	Child 3-14	1,666,464	1,941,960	\$ 84.24	1,999,214	\$ 76.59	-2.9%	10.0%
Southern	TANF/CHAP Child	Female 15-18	249,480	281,822	\$ 115.72	277,873	\$ 111.61	1.4%	3.7%
Southern	TANF/CHAP Child	Male 15-18	249,864	283,364	\$ 99.02	277,441	\$ 91.01	2.1%	8.8%
Southern	TANF/CHAP Adult	Female 19-34	349,284	376,274	\$ 210.23	379,250	\$ 199.43	-0.8%	5.4%
Southern	TANF/CHAP Adult	Male 19-34	58,860	75,495	\$ 114.11	74,272	\$ 117.53	1.6%	-2.9%
Southern	TANF/CHAP Adult	Female 35 and Over	230,076	244,935	\$ 366.45	237,068	\$ 354.51	3.3%	3.4%
Southern	TANF/CHAP Adult	Male 35 and Over	74,964	89,264	\$ 304.39	86,974	\$ 292.86	2.6%	3.9%
Southern	Check Up	Under 1	1,176	1,641	\$ 709.49	1,392	\$ 140.13	17.9%	406.3%
Southern	Check Up	Child 1-2	14,412	9,745	\$ 89.14	7,937	\$ 111.33	22.8%	-19.9%
Southern	Check Up	Child 3-14	202,176	150,670	\$ 83.17	134,322	\$ 77.90	12.2%	6.8%
Southern	Check Up	Female 15-18	39,876	31,242	\$ 130.12	26,485	\$ 86.40	18.0%	50.6%
Southern	Check Up	Male 15-18	41,808	31,097	\$ 75.23	26,397	\$ 81.06	17.8%	-7.2%
Southern	Expansion	Female 19-34	548,052	760,402	\$ 200.46	767,220	\$ 186.01	-0.9%	7.8%
Southern	Expansion	Male 19-34	540,948	718,323	\$ 206.56	697,548	\$ 192.79	3.0%	7.1%
Southern	Expansion	Female 35 and Over	730,008	927,621	\$ 471.66	899,232	\$ 437.53	3.2%	7.8%
Southern	Expansion	Male 35 and Over	738,540	901,517	\$ 512.83	858,336	\$ 481.19	5.0%	6.6%

Base MMs Weighted Composites

All Regions	TANF/CHAP Child	All		3,410,025	\$ 122.34	3,494,110	\$ 112.20	-2.4%	9.0%
All Regions	TANF/CHAP Adult	All		887,075	\$ 256.53	877,339	\$ 246.73	1.1%	4.0%
All Regions	Check Up	All		265,986	\$ 91.25	237,416	\$ 78.61	12.0%	16.1%
All Regions	Expansion	All		3,743,391	\$ 362.09	3,647,240	\$ 335.64	2.6%	7.9%
All Regions	All COAs	All		8,306,477	\$ 243.72	8,256,105	\$ 224.24	0.6%	8.7%

CY 2025 Projected MMs Weighted Composites

All Regions	TANF/CHAP Child	All	2,963,016		\$ 123.04		\$ 112.89		9.0%
All Regions	TANF/CHAP Adult	All	809,244		\$ 258.35		\$ 249.72		3.5%
All Regions	Check Up	All	347,808		\$ 89.47		\$ 79.03		13.2%
All Regions	Expansion	All	2,907,072		\$ 368.34		\$ 343.49		7.2%
All Regions	All COAs	All	7,027,140		\$ 238.44		\$ 222.37		7.2%

General Notes:

- Totals may differ due to rounding.
- The CY 2025 base reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for IBNR, underreporting, recoveries of provider overpayments, and non-claims adjustments.
- The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR, underreporting, recoveries of provider overpayments, 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 2025 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 2023 Base MMs	3,410,025	887,075	265,986	3,743,391	8,306,477
CY 2025 Projected MMs	2,963,016	809,244	347,808	2,907,072	7,027,140
Unadjusted Base Data¹	\$ 119.97	\$ 253.05	\$ 86.90	\$ 358.84	\$ 232.48
Base Data Adjustments					
IBNR	\$ 2.25	\$ 2.78	\$ 1.27	\$ 4.49	\$ 3.19
Underreporting/(Overreporting)	\$ (0.74)	\$ (0.70)	\$ 0.00	\$ 2.42	\$ 0.61
Non-Claims Adjustments ²	\$ 1.57	\$ 3.21	\$ 1.30	\$ 2.59	\$ 2.17
Adjusted Base Data	\$ 123.04	\$ 258.35	\$ 89.47	\$ 368.34	\$ 238.44
Medical Rating Adjustments					
Trend	\$ 14.15	\$ 21.91	\$ 9.66	\$ 37.04	\$ 24.29
Program Adjustments					
Short-Term IMD Repricing	\$ -	\$ 0.80	\$ -	\$ 2.78	\$ 1.24
CCBHC Directed Payment	\$ 0.04	\$ 0.15	\$ 0.04	\$ 0.17	\$ 0.11
Neurotherapy and Biofeedback Services Elimination	\$ (0.26)	\$ (0.68)	\$ (0.04)	\$ (0.65)	\$ (0.46)
Housing Support ILOS	\$ 0.09	\$ 1.17	\$ 0.04	\$ 0.52	\$ 0.39
COVID-19 Non-Risk Services Carve-In	\$ 0.02	\$ 1.54	\$ 0.24	\$ 1.57	\$ 0.85
Special Disease Clinics for Children	\$ 0.51	\$ 0.01	\$ 0.40	\$ 0.04	\$ 0.25
SB 378 Rebates Pass-Through	\$ (0.01)	\$ (0.05)	\$ (0.01)	\$ (0.05)	\$ (0.03)
ABA Services Fee Changes	\$ 0.12	\$ 0.00	\$ 0.08	\$ 0.00	\$ 0.05
Personal Care Services Fee Changes	\$ 0.01	\$ 0.53	\$ -	\$ 1.14	\$ 0.54
Skilled Nursing Facilities Fee Changes	\$ 0.16	\$ 0.51	\$ 0.10	\$ 3.08	\$ 1.40
Home Health Providers/Private Duty Nurses Fee Changes	\$ 0.06	\$ 0.02	\$ 0.01	\$ 0.05	\$ 0.05
Professional Fee Changes	\$ 2.38	\$ 4.84	\$ 1.77	\$ 4.91	\$ 3.68
Eligibility Coverage Changes	\$ 0.01	\$ (1.51)	\$ -	\$ 0.71	\$ 0.12
Population Acuity	\$ 4.42	\$ 3.92	\$ 3.72	\$ 22.36	\$ 11.75
CY 2025 Projected Medical	\$ 144.75	\$ 291.50	\$ 105.47	\$ 442.00	\$ 282.68
Inpatient Stop-Loss	\$ (1.99)	\$ (0.10)	\$ (0.60)	\$ (0.90)	\$ (1.25)
VLBW Case Rate	\$ (7.04)	\$ -	\$ -	\$ -	\$ (2.97)
CY 2025 Capitated Medical (Pre-Credibility)	\$ 135.73	\$ 291.40	\$ 104.87	\$ 441.10	\$ 278.46
Credibility Adjustment	\$ (0.10)	\$ (0.01)	\$ (0.51)	\$ -	\$ (0.07)
CY 2025 Final Capitated Medical	\$ 135.63	\$ 291.39	\$ 104.36	\$ 441.10	\$ 278.39

Rate-Development Component	TANF/CHAP Child	TANF/CHAP Adult	Check Up	Expansion	All COAs
Base Data Adjustments					
IBNR	1.87%	1.10%	1.47%	1.25%	1.37%
Underreporting/(Overreporting)	-0.61%	-0.27%	0.00%	0.66%	0.26%
Non-Claims Adjustments	1.29%	1.26%	1.47%	0.71%	0.92%
Medical Rating Adjustments					
Trend	11.50%	8.48%	10.80%	10.06%	10.19%
Program Adjustments					
Short-Term IMD Repricing	0.00%	0.28%	0.00%	0.69%	0.47%
CCBHC Directed Payment	0.03%	0.05%	0.05%	0.04%	0.04%
Neurotherapy and Biofeedback Services Elimination	-0.19%	-0.24%	-0.04%	-0.16%	-0.17%
Housing Support ILOS	0.07%	0.42%	0.04%	0.13%	0.15%
COVID-19 Non-Risk Services Carve-In	0.02%	0.55%	0.24%	0.38%	0.32%
Special Disease Clinics for Children	0.37%	0.00%	0.40%	0.01%	0.10%
SB 378 Rebates Pass-Through	-0.01%	-0.02%	-0.01%	-0.01%	-0.01%
ABA Services Fee Changes	0.09%	0.00%	0.08%	0.00%	0.02%
Personal Care Services Fee Changes	0.01%	0.19%	0.00%	0.28%	0.20%
Skilled Nursing Facilities Fee Changes	0.12%	0.18%	0.10%	0.75%	0.53%
Home Health Providers/Private Duty Nurses Fee Changes	0.04%	0.01%	0.01%	0.01%	0.02%
Professional Fee Changes	1.73%	1.70%	1.77%	1.19%	1.38%
Eligibility Coverage Changes	0.01%	-0.52%	0.00%	0.17%	0.05%
Population Acuity	3.15%	1.36%	3.66%	5.33%	4.34%
Risk Mitigation					
Inpatient Stop-Loss	-1.38%	-0.03%	-0.57%	-0.20%	-0.44%
VLBW Case Rate	-4.93%	0.00%	0.00%	0.00%	-1.05%
Credibility Adjustments					
Credibility	-0.07%	0.00%	-0.49%	0.00%	-0.02%

General Notes:

- Totals may differ due to rounding.
- PMPMs represent an average of underlying rate cells weighted together using CY 2025 projected member months.
- PMPM Changes and Percentage Impacts are the incremental impact of each adjustment.

Footnotes:

1. Unadjusted Base Data reflects January 1, 2023 through December 31, 2023 dates of services for covered populations and services.
2. Non-claims adjustments include provider incentive payments, recoveries of provider overpayments, out-of-system payments, and CCBHC claims paid by FFS.

CY 2025 Nevada MCO Rate Certification Appendices
Appendix D: Below-the-Line Medical Adjustments

Region	COA	Rating Group	Projected MMs	Credibility		CY 2025 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	23,064	25,391	84.0%	\$ 844.52	\$ (82.65)	\$ (117.88)	\$ 643.99	\$ 564.13	\$ 631.20
Northern	TANF/CHAP Child	Child 1-2	42,540	46,391	100.0%	\$ 122.69	\$ (0.88)	\$ -	\$ 121.81	NA	\$ 121.81
Northern	TANF/CHAP Child	Child 3-14	223,524	253,897	100.0%	\$ 99.99	\$ (4.13)	\$ -	\$ 95.85	NA	\$ 95.85
Northern	TANF/CHAP Child	Female 15-18	32,328	35,734	99.6%	\$ 170.60	\$ -	\$ -	\$ 170.60	\$ 149.38	\$ 170.53
Northern	TANF/CHAP Child	Male 15-18	31,500	35,457	99.2%	\$ 128.68	\$ -	\$ -	\$ 128.68	\$ 134.24	\$ 128.73
Northern	TANF/CHAP Adult	Female 19-34	49,560	50,432	100.0%	\$ 213.95	\$ -	\$ -	\$ 213.95	NA	\$ 213.95
Northern	TANF/CHAP Adult	Male 19-34	8,472	9,931	52.5%	\$ 152.75	\$ -	\$ -	\$ 152.75	\$ 126.04	\$ 140.07
Northern	TANF/CHAP Adult	Female 35 and Over	27,780	29,052	89.8%	\$ 358.90	\$ -	\$ -	\$ 358.90	\$ 370.53	\$ 360.08
Northern	TANF/CHAP Adult	Male 35 and Over	10,248	11,692	57.0%	\$ 289.42	\$ -	\$ -	\$ 289.42	\$ 304.94	\$ 296.09
Northern	Check Up	Under 1	288	280	8.8%	\$ 140.83	\$ -	\$ -	\$ 140.83	\$ 257.49	\$ 247.20
Northern	Check Up	Child 1-2	2,376	1,778	22.2%	\$ 166.58	\$ -	\$ -	\$ 166.58	\$ 103.68	\$ 117.66
Northern	Check Up	Child 3-14	32,868	28,114	88.4%	\$ 89.40	\$ -	\$ -	\$ 89.40	\$ 94.41	\$ 89.98
Northern	Check Up	Female 15-18	5,952	5,367	38.6%	\$ 115.98	\$ -	\$ -	\$ 115.98	\$ 135.56	\$ 128.00
Northern	Check Up	Male 15-18	6,876	6,052	41.0%	\$ 95.89	\$ -	\$ -	\$ 95.89	\$ 116.14	\$ 107.84
Northern	Expansion	Female 19-34	75,624	100,359	100.0%	\$ 248.73	\$ -	\$ -	\$ 248.73	NA	\$ 248.73
Northern	Expansion	Male 19-34	68,700	88,458	100.0%	\$ 280.53	\$ -	\$ -	\$ 280.53	NA	\$ 280.53
Northern	Expansion	Female 35 and Over	97,608	119,322	100.0%	\$ 555.89	\$ -	\$ -	\$ 555.89	NA	\$ 555.89
Northern	Expansion	Male 35 and Over	107,592	127,389	100.0%	\$ 550.02	\$ (2.43)	\$ -	\$ 547.59	NA	\$ 547.59
Southern	TANF/CHAP Child	Under 1	153,780	174,720	100.0%	\$ 668.45	\$ (15.79)	\$ (117.88)	\$ 534.79	NA	\$ 534.79
Southern	TANF/CHAP Child	Child 1-2	290,472	331,289	100.0%	\$ 109.52	\$ -	\$ -	\$ 109.52	NA	\$ 109.52
Southern	TANF/CHAP Child	Child 3-14	1,666,464	1,941,960	100.0%	\$ 102.35	\$ (0.37)	\$ -	\$ 101.98	NA	\$ 101.98
Southern	TANF/CHAP Child	Female 15-18	249,480	281,822	100.0%	\$ 141.61	\$ -	\$ -	\$ 141.61	NA	\$ 141.61
Southern	TANF/CHAP Child	Male 15-18	249,864	283,364	100.0%	\$ 127.26	\$ -	\$ -	\$ 127.26	NA	\$ 127.26
Southern	TANF/CHAP Adult	Female 19-34	349,284	376,274	100.0%	\$ 233.74	\$ -	\$ -	\$ 233.74	NA	\$ 233.74
Southern	TANF/CHAP Adult	Male 19-34	58,860	75,495	100.0%	\$ 141.11	\$ -	\$ -	\$ 141.11	NA	\$ 141.11
Southern	TANF/CHAP Adult	Female 35 and Over	230,076	244,935	100.0%	\$ 415.16	\$ (0.34)	\$ -	\$ 414.82	NA	\$ 414.82
Southern	TANF/CHAP Adult	Male 35 and Over	74,964	89,264	100.0%	\$ 341.39	\$ -	\$ -	\$ 341.39	NA	\$ 341.39
Southern	Check Up	Under 1	1,176	1,641	21.3%	\$ 737.89	\$ (177.76)	\$ -	\$ 560.13	\$ 253.30	\$ 318.80
Southern	Check Up	Child 1-2	14,412	9,745	52.0%	\$ 106.19	\$ -	\$ -	\$ 106.19	\$ 103.41	\$ 104.86
Southern	Check Up	Child 3-14	202,176	150,670	100.0%	\$ 97.83	\$ -	\$ -	\$ 97.83	NA	\$ 97.83
Southern	Check Up	Female 15-18	39,876	31,242	93.2%	\$ 148.39	\$ -	\$ -	\$ 148.39	\$ 134.32	\$ 147.43
Southern	Check Up	Male 15-18	41,808	31,097	92.9%	\$ 92.46	\$ -	\$ -	\$ 92.46	\$ 118.02	\$ 94.27
Southern	Expansion	Female 19-34	548,052	760,402	100.0%	\$ 243.33	\$ -	\$ -	\$ 243.33	NA	\$ 243.33
Southern	Expansion	Male 19-34	540,948	718,323	100.0%	\$ 256.06	\$ (0.38)	\$ -	\$ 255.68	NA	\$ 255.68
Southern	Expansion	Female 35 and Over	730,008	927,621	100.0%	\$ 565.43	\$ (0.57)	\$ -	\$ 564.87	NA	\$ 564.87
Southern	Expansion	Male 35 and Over	738,540	901,517	100.0%	\$ 607.64	\$ (2.36)	\$ -	\$ 605.29	NA	\$ 605.29
All Regions	TANF/CHAP Child	All	2,963,016	3,410,025		\$ 144.75	\$ (1.99)	\$ (7.04)	\$ 135.73		\$ 135.63
All Regions	TANF/CHAP Adult	All	809,244	887,075		\$ 291.50	\$ (0.10)	\$ -	\$ 291.40		\$ 291.39
All Regions	Check Up	All	347,808	265,986		\$ 105.47	\$ (0.60)	\$ -	\$ 104.87		\$ 104.36
All Regions	Expansion	All	2,907,072	3,743,391		\$ 442.00	\$ (0.90)	\$ -	\$ 441.10		\$ 441.10
All Regions	All COAs	All	7,027,140	8,306,477		\$ 282.68	\$ (1.25)	\$ (2.97)	\$ 278.46		\$ 278.39

General Notes:

- Totals may differ due to rounding.
- All composites are weighted on CY 2025 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 2025 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		
Northern	TANF/CHAP Child	Under 1	23,064	\$ 631.20	13.6%	\$ 99.61	1.5%	\$ 11.13	3.5%	\$ 26.91	\$ 768.85	
Northern	TANF/CHAP Child	Child 1-2	42,540	\$ 121.81	13.6%	\$ 19.22	1.5%	\$ 2.15	3.5%	\$ 5.19	\$ 148.38	
Northern	TANF/CHAP Child	Child 3-14	223,524	\$ 95.85	13.6%	\$ 15.13	1.5%	\$ 1.69	3.5%	\$ 4.09	\$ 116.75	
Northern	TANF/CHAP Child	Female 15-18	32,328	\$ 170.53	13.6%	\$ 26.91	1.5%	\$ 3.01	3.5%	\$ 7.27	\$ 207.71	
Northern	TANF/CHAP Child	Male 15-18	31,500	\$ 128.73	13.6%	\$ 20.31	1.5%	\$ 2.27	3.5%	\$ 5.49	\$ 156.80	
Northern	TANF/CHAP Adult	Female 19-34	49,560	\$ 213.95	10.8%	\$ 25.88	1.5%	\$ 3.65	3.5%	\$ 8.83	\$ 252.32	
Northern	TANF/CHAP Adult	Male 19-34	8,472	\$ 140.07	10.8%	\$ 16.95	1.5%	\$ 2.39	3.5%	\$ 5.78	\$ 165.19	
Northern	TANF/CHAP Adult	Female 35 and Over	27,780	\$ 360.08	10.8%	\$ 43.56	1.5%	\$ 6.15	3.5%	\$ 14.86	\$ 424.65	
Northern	TANF/CHAP Adult	Male 35 and Over	10,248	\$ 296.09	10.8%	\$ 35.82	1.5%	\$ 5.05	3.5%	\$ 12.22	\$ 349.19	
Northern	Check Up	Under 1	288	\$ 247.20	13.5%	\$ 38.52	1.5%	\$ 4.35	3.5%	\$ 10.52	\$ 300.59	
Northern	Check Up	Child 1-2	2,376	\$ 117.66	13.5%	\$ 18.33	1.5%	\$ 2.07	3.5%	\$ 5.01	\$ 143.07	
Northern	Check Up	Child 3-14	32,868	\$ 89.98	13.5%	\$ 14.02	1.5%	\$ 1.58	3.5%	\$ 3.83	\$ 109.41	
Northern	Check Up	Female 15-18	5,952	\$ 128.00	13.5%	\$ 19.95	1.5%	\$ 2.25	3.5%	\$ 5.45	\$ 155.65	
Northern	Check Up	Male 15-18	6,876	\$ 107.84	13.5%	\$ 16.80	1.5%	\$ 1.90	3.5%	\$ 4.59	\$ 131.13	
Northern	Expansion	Female 19-34	75,624	\$ 248.73	9.8%	\$ 26.96	1.5%	\$ 4.20	3.5%	\$ 10.15	\$ 290.04	
Northern	Expansion	Male 19-34	68,700	\$ 280.53	9.8%	\$ 30.41	1.5%	\$ 4.74	3.5%	\$ 11.45	\$ 327.12	
Northern	Expansion	Female 35 and Over	97,608	\$ 555.89	9.8%	\$ 60.25	1.5%	\$ 9.38	3.5%	\$ 22.69	\$ 648.21	
Northern	Expansion	Male 35 and Over	107,592	\$ 547.59	9.8%	\$ 59.35	1.5%	\$ 9.24	3.5%	\$ 22.35	\$ 638.53	
Southern	TANF/CHAP Child	Under 1	153,780	\$ 534.79	13.6%	\$ 84.40	1.5%	\$ 9.43	3.5%	\$ 22.80	\$ 651.42	
Southern	TANF/CHAP Child	Child 1-2	290,472	\$ 109.52	13.6%	\$ 17.28	1.5%	\$ 1.93	3.5%	\$ 4.67	\$ 133.40	
Southern	TANF/CHAP Child	Child 3-14	1,666,464	\$ 101.98	13.6%	\$ 16.09	1.5%	\$ 1.80	3.5%	\$ 4.35	\$ 124.22	
Southern	TANF/CHAP Child	Female 15-18	249,480	\$ 141.61	13.6%	\$ 22.35	1.5%	\$ 2.50	3.5%	\$ 6.04	\$ 172.50	
Southern	TANF/CHAP Child	Male 15-18	249,864	\$ 127.26	13.6%	\$ 20.08	1.5%	\$ 2.24	3.5%	\$ 5.43	\$ 155.01	
Southern	TANF/CHAP Adult	Female 19-34	349,284	\$ 233.74	10.8%	\$ 28.28	1.5%	\$ 3.99	3.5%	\$ 9.65	\$ 275.66	
Southern	TANF/CHAP Adult	Male 19-34	58,860	\$ 141.11	10.8%	\$ 17.07	1.5%	\$ 2.41	3.5%	\$ 5.82	\$ 166.41	
Southern	TANF/CHAP Adult	Female 35 and Over	230,076	\$ 414.82	10.8%	\$ 50.18	1.5%	\$ 7.08	3.5%	\$ 17.12	\$ 489.20	
Southern	TANF/CHAP Adult	Male 35 and Over	74,964	\$ 341.39	10.8%	\$ 41.30	1.5%	\$ 5.83	3.5%	\$ 14.09	\$ 402.61	
Southern	Check Up	Under 1	1,176	\$ 318.80	13.5%	\$ 49.68	1.5%	\$ 5.61	3.5%	\$ 13.57	\$ 387.66	
Southern	Check Up	Child 1-2	14,412	\$ 104.86	13.5%	\$ 16.34	1.5%	\$ 1.85	3.5%	\$ 4.46	\$ 127.50	
Southern	Check Up	Child 3-14	202,176	\$ 97.83	13.5%	\$ 15.24	1.5%	\$ 1.72	3.5%	\$ 4.16	\$ 118.96	
Southern	Check Up	Female 15-18	39,876	\$ 147.43	13.5%	\$ 22.97	1.5%	\$ 2.59	3.5%	\$ 6.27	\$ 179.27	
Southern	Check Up	Male 15-18	41,808	\$ 94.27	13.5%	\$ 14.69	1.5%	\$ 1.66	3.5%	\$ 4.01	\$ 114.62	
Southern	Expansion	Female 19-34	548,052	\$ 243.33	9.8%	\$ 26.37	1.5%	\$ 4.11	3.5%	\$ 9.93	\$ 283.75	
Southern	Expansion	Male 19-34	540,948	\$ 255.68	9.8%	\$ 27.71	1.5%	\$ 4.32	3.5%	\$ 10.43	\$ 298.14	
Southern	Expansion	Female 35 and Over	730,008	\$ 564.87	9.8%	\$ 61.22	1.5%	\$ 9.53	3.5%	\$ 23.05	\$ 658.68	
Southern	Expansion	Male 35 and Over	738,540	\$ 605.29	9.8%	\$ 65.60	1.5%	\$ 10.22	3.5%	\$ 24.70	\$ 705.81	
All Regions	TANF/CHAP Child	All Capitation	2,963,016	\$ 135.63	13.6%	\$ 21.40	1.5%	\$ 2.39	3.5%	\$ 5.78	\$ 165.20	
All Regions	TANF/CHAP Adult	All Capitation	809,244	\$ 291.39	10.8%	\$ 35.25	1.5%	\$ 4.97	3.5%	\$ 12.03	\$ 343.65	
All Regions	Check Up	All Capitation	347,808	\$ 104.36	13.5%	\$ 16.26	1.5%	\$ 1.84	3.5%	\$ 4.44	\$ 126.90	
All Regions	Expansion	All Capitation	2,907,072	\$ 441.10	9.8%	\$ 47.81	1.5%	\$ 7.45	3.5%	\$ 18.00	\$ 514.36	
All Regions	All COAs	DCR	12,500	\$ 5,228.75	11.8%	\$ 697.69	1.5%	\$ 90.25	3.5%	\$ 218.22	\$ 6,234.91	
All Regions	All COAs	VLBW	181	\$ 115,000.00	11.8%	\$ 15,344.90	1.5%	\$ 1,984.95	3.5%	\$ 4,799.53	\$ 137,129.37	
All Regions	All COAs	All	7,027,140	\$ 290.66	10.8%	\$ 35.30	1.5%	\$ 4.96	3.5%	\$ 12.00	\$ 342.93	

General Notes:
- Totals may differ due to rounding.
- All composites are weighted on CY 2025 projected member months.

CY 2025 Nevada MCO Rate Certification Appendices
Appendix F: Capitation Annualized Trend Comparison

Region	COA	CY 2025 Annualized Trend Assumptions			CY 2024 Annualized Trend Assumptions			Change		
		Rx	Non-Rx	Total	Rx	Non-Rx	Total	Rx	Non-Rx	Total
All Regions	TANF/CHAP Child	9.63%	4.94%	5.59%	6.85%	5.33%	5.55%	2.78%	-0.39%	0.04%
All Regions	TANF/CHAP Adult	9.17%	1.97%	4.15%	7.01%	1.78%	3.32%	2.16%	0.20%	0.83%
All Regions	Check Up	5.95%	5.01%	5.26%	7.47%	3.53%	4.49%	-1.52%	1.48%	0.77%
All Regions	Expansion	9.27%	2.56%	4.91%	7.60%	2.21%	4.10%	1.67%	0.35%	0.80%
All Regions	All COAs	9.24%	3.17%	4.97%	7.44%	3.00%	4.32%	1.79%	0.17%	0.65%

General Notes:

- Totals may differ due to rounding.
- Composites represent an average of underlying rate cells weighted together using CY 2025 projected member months.
- Trend assumptions represent aggregated annualized trends. The CY 2025 trend factors are applied for 24 months from the midpoint of the CY 2023 base period to the midpoint of CY 2025. The CY 2024 trend factors were applied for 24 months from the midpoint of the CY 2022 base period to the midpoint of CY 2024.

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	25,391
Projected Member Months:	23,064

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	4,116	\$ 1,707.00	\$ 585.53	1.50%	1.00%	2.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4,241	\$ 1,741.31	\$ 615.35
Inpatient BH	2	\$ 196.31	\$ 0.04	3.00%	3.00%	6.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3	\$ 208.26	\$ 0.04
Long-Term Care	4	\$ 426.74	\$ 0.15	2.50%	1.00%	3.53%	0.00%	24.50%	24.50%	0.00%	0.00%	0.00%	4	\$ 541.96	\$ 0.20
Emergency Room	1,094	\$ 62.25	\$ 5.67	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1,138	\$ 64.76	\$ 6.14
Lab and Radiology - Facility	1,778	\$ 21.11	\$ 3.13	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1,850	\$ 21.96	\$ 3.39
Other Outpatient Hospital	3,420	\$ 18.68	\$ 5.32	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3,558	\$ 19.43	\$ 5.76
Professional	39,460	\$ 51.88	\$ 170.61	3.00%	1.00%	4.03%	0.02%	4.78%	4.80%	0.00%	0.00%	0.00%	41,873	\$ 55.45	\$ 193.50
Specialty OAD	449	\$ 71.35	\$ 2.67	10.25%	31.55%	45.03%	0.00%	0.16%	0.16%	0.00%	0.00%	0.00%	545	\$ 123.68	\$ 5.62
Specialty Pharmacy	14	\$ 1,489.66	\$ 1.76	10.30%	-3.80%	6.11%	0.00%	-0.05%	-0.05%	0.00%	0.00%	0.00%	17	\$ 1,377.91	\$ 1.98
Other Pharmacy	1,673	\$ 15.11	\$ 2.11	0.90%	-0.30%	0.60%	0.01%	-0.06%	-0.04%	0.00%	0.00%	0.00%	1,704	\$ 15.01	\$ 2.13
DME & Supplies	3,609	\$ 14.15	\$ 4.26	2.50%	1.00%	3.53%	0.00%	0.04%	0.04%	0.00%	0.00%	0.00%	3,792	\$ 14.44	\$ 4.56
Community LTSS	291	\$ 46.62	\$ 1.13	2.50%	1.00%	3.53%	0.00%	15.00%	15.00%	0.00%	0.00%	0.00%	306	\$ 54.69	\$ 1.40
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	276	\$ 42.03	\$ 0.97	3.00%	1.00%	4.03%	0.00%	1.80%	1.80%	0.00%	0.00%	0.00%	293	\$ 43.65	\$ 1.07
Other Medical Services	1,725	\$ 21.82	\$ 3.14	2.50%	1.00%	3.53%	0.00%	0.41%	0.41%	0.00%	0.00%	0.00%	1,812	\$ 22.35	\$ 3.37
All Categories of Service		\$ 786.48	\$ 3.06%			3.06%			1.09%			0.00%		\$ 844.52	\$ 3.06%

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ (82.65)
VLBW Case Rate	\$ (117.88)
Capitated Medical Pre-Credibility	\$ 643.99
Credibility Weighting	84.0%
Manual PMPM	\$ 564.13
Final Capitated Medical	\$ 631.20
Administration	\$ 99.61
Underwriting Gain	\$ 11.13
Premium Tax	\$ 26.91
Total Non-Medical	\$ 137.65
Total Capitation	\$ 768.85

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	46,391
Projected Member Months:	42,540

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	134	\$ 2,440.04	\$ 27.17	1.50%	1.00%	2.52%	0.00%	0.00%	0.00%	6.84%	0.00%	6.84%	147	\$ 2,489.08	\$ 30.50
Inpatient BH	-	\$ 0.00	\$ 0.00	3.00%	3.00%	6.09%	0.00%	0.00%	0.00%	6.84%	0.00%	6.84%	-	\$ 0.00	\$ 0.00
Long-Term Care	5	\$ 778.40	\$ 0.35	2.50%	1.00%	3.53%	0.00%	24.50%	24.50%	6.84%	0.00%	6.84%	6	\$ 988.59	\$ 0.50
Emergency Room	709	\$ 68.07	\$ 4.02	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	6.84%	0.00%	6.84%	789	\$ 70.82	\$ 4.65
Lab and Radiology - Facility	1,027	\$ 18.01	\$ 1.54	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	6.84%	0.00%	6.84%	1,141	\$ 18.74	\$ 1.78
Other Outpatient Hospital	2,837	\$ 13.40	\$ 3.17	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	6.84%	0.00%	6.84%	3,154	\$ 13.95	\$ 3.67
Professional	12,983	\$ 40.07	\$ 43.35	3.00%	1.00%	4.03%	0.15%	4.47%	4.63%	6.84%	0.00%	6.84%	14,739	\$ 42.70	\$ 52.45
Specialty OAD	82	\$ 35.58	\$ 0.24	10.25%	31.55%	45.03%	0.00%	0.00%	0.00%	6.84%	0.00%	6.84%	106	\$ 61.57	\$ 0.55
Specialty Pharmacy	17	\$ 3,629.70	\$ 5.16	10.30%	-3.80%	6.11%	0.00%	-0.05%	-0.05%	6.84%	0.00%	6.84%	22	\$ 3,357.41	\$ 6.21
Other Pharmacy	1,604	\$ 16.57	\$ 2.21	0.90%	-0.30%	0.60%	0.09%	-0.08%	0.01%	6.84%	0.00%	6.84%	1,746	\$ 16.45	\$ 2.39
DME & Supplies	5,480	\$ 5.55	\$ 2.53	2.50%	1.00%	3.53%	0.00%	0.05%	0.05%	6.84%	0.00%	6.84%	6,151	\$ 5.66	\$ 2.90
Community LTSS	597	\$ 50.31	\$ 2.50	2.50%	1.00%	3.53%	0.00%	15.00%	15.00%	6.84%	0.00%	6.84%	670	\$ 59.02	\$ 3.29
Applied Behavioral Analysis	2,755	\$ 16.87	\$ 3.87	28.00%	0.50%	28.64%	0.00%	0.81%	0.81%	6.84%	0.00%	6.84%	4,823	\$ 17.18	\$ 6.90
Outpatient Behavioral Health	1,182	\$ 52.16	\$ 5.14	3.00%	1.00%	4.03%	0.00%	0.36%	0.36%	6.84%	0.00%	6.84%	1,339	\$ 53.40	\$ 5.96
Other Medical Services	322	\$ 29.78	\$ 0.80	2.50%	1.00%	3.53%	0.00%	1.10%	1.10%	6.84%	0.00%	6.84%	362	\$ 30.71	\$ 0.93
All Categories of Service		\$ 102.07				4.79%			2.45%			6.84%		\$ 122.69	

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ (0.88)
VLBW Case Rate	\$ -
Capitated Medical Pre-Credibility	\$ 121.81
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 121.81
Administration	\$ 19.22
Underwriting Gain	\$ 2.15
Premium Tax	\$ 5.19
Total Non-Medical	\$ 26.56
Total Capitation	\$ 148.38

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	253,897
Projected Member Months:	223,524

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	47	\$ 3,481.41	\$ 13.66	1.50%	1.00%	2.52%	0.00%	0.00%	0.00%	5.47%	0.00%	5.47%	51	\$ 3,551.39	\$ 15.14
Inpatient BH	100	\$ 737.05	\$ 6.11	3.00%	3.00%	6.09%	0.00%	0.00%	0.00%	5.47%	0.00%	5.47%	111	\$ 781.93	\$ 7.26
Long-Term Care	6	\$ 705.32	\$ 0.35	2.50%	1.00%	3.53%	0.00%	24.50%	24.50%	5.47%	0.00%	5.47%	7	\$ 895.78	\$ 0.49
Emergency Room	373	\$ 79.40	\$ 2.47	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	5.47%	0.00%	5.47%	410	\$ 82.60	\$ 2.82
Lab and Radiology - Facility	853	\$ 21.95	\$ 1.56	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	5.47%	0.00%	5.47%	936	\$ 22.84	\$ 1.78
Other Outpatient Hospital	2,676	\$ 10.81	\$ 2.41	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	5.47%	0.00%	5.47%	2,937	\$ 11.24	\$ 2.75
Professional	8,060	\$ 36.26	\$ 24.36	3.00%	1.00%	4.03%	0.15%	4.42%	4.58%	5.47%	0.00%	5.47%	9,032	\$ 38.63	\$ 29.07
Specialty OAD	505	\$ 24.19	\$ 1.02	10.25%	31.55%	45.03%	0.00%	0.00%	0.00%	5.47%	0.00%	5.47%	647	\$ 41.87	\$ 2.26
Specialty Pharmacy	53	\$ 1,125.47	\$ 5.01	10.30%	-3.80%	6.11%	0.00%	-0.05%	-0.05%	5.47%	0.00%	5.47%	69	\$ 1,041.04	\$ 5.95
Other Pharmacy	1,835	\$ 35.08	\$ 5.37	0.90%	-0.30%	0.60%	0.52%	-0.44%	0.08%	5.47%	0.00%	5.47%	1,981	\$ 34.71	\$ 5.73
DME & Supplies	1,585	\$ 8.40	\$ 1.11	2.50%	1.00%	3.53%	0.00%	0.53%	0.53%	5.47%	0.00%	5.47%	1,757	\$ 8.61	\$ 1.26
Community LTSS	11	\$ 60.66	\$ 0.05	2.50%	1.00%	3.53%	0.00%	15.00%	15.00%	5.47%	0.00%	5.47%	12	\$ 71.16	\$ 0.07
Applied Behavioral Analysis	3,987	\$ 16.31	\$ 5.42	28.00%	0.50%	28.64%	0.00%	0.98%	0.98%	5.47%	0.00%	5.47%	6,889	\$ 16.63	\$ 9.55
Outpatient Behavioral Health	2,319	\$ 59.98	\$ 11.59	3.00%	1.00%	4.03%	-0.01%	2.68%	2.67%	5.47%	0.00%	5.47%	2,595	\$ 62.82	\$ 13.58
Other Medical Services	1,154	\$ 20.68	\$ 1.99	2.50%	1.00%	3.53%	0.00%	0.86%	0.86%	5.47%	0.00%	5.47%	1,279	\$ 21.28	\$ 2.27
All Categories of Service		\$ 82.48				6.21%			1.89%			5.47%			\$ 99.99

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ (4.13)
VLBW Case Rate	\$ -
Capitated Medical Pre-Credibility	\$ 95.85
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 95.85
Administration	\$ 15.13
Underwriting Gain	\$ 1.69
Premium Tax	\$ 4.09
Total Non-Medical	\$ 20.90
Total Capitation	\$ 116.75

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	35,734
Projected Member Months:	32,328

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	70	\$ 1,458.06	\$ 8.53	1.50%	1.00%	2.52%	0.15%	-0.03%	0.12%	6.93%	0.00%	6.93%	77	\$ 1,486.85	\$ 9.60
Inpatient BH	426	\$ 768.95	\$ 27.30	3.00%	3.00%	6.09%	-0.15%	0.00%	-0.15%	6.93%	0.00%	6.93%	483	\$ 815.78	\$ 32.81
Long-Term Care	26	\$ 521.15	\$ 1.15	2.50%	1.00%	3.53%	-0.16%	24.50%	24.29%	6.93%	0.00%	6.93%	30	\$ 661.87	\$ 1.63
Emergency Room	516	\$ 101.36	\$ 4.35	2.00%	2.00%	4.04%	0.29%	0.12%	0.42%	6.93%	0.00%	6.93%	575	\$ 105.58	\$ 5.06
Lab and Radiology - Facility	2,516	\$ 20.75	\$ 4.35	2.00%	2.00%	4.04%	0.41%	-0.08%	0.33%	6.93%	0.00%	6.93%	2,810	\$ 21.57	\$ 5.05
Other Outpatient Hospital	6,494	\$ 8.22	\$ 4.45	2.00%	2.00%	4.04%	0.32%	0.00%	0.31%	6.93%	0.00%	6.93%	7,247	\$ 8.55	\$ 5.16
Professional	17,350	\$ 24.09	\$ 34.83	3.00%	1.00%	4.03%	0.55%	4.40%	4.97%	6.93%	0.00%	6.93%	19,790	\$ 25.66	\$ 42.31
Specialty OAD	475	\$ 58.86	\$ 2.33	10.25%	31.55%	45.03%	-0.08%	0.59%	0.52%	6.93%	0.00%	6.93%	617	\$ 102.46	\$ 5.27
Specialty Pharmacy	122	\$ 849.93	\$ 8.61	10.30%	-3.80%	6.11%	-0.05%	-0.10%	-0.16%	6.93%	0.00%	6.93%	158	\$ 785.74	\$ 10.35
Other Pharmacy	4,276	\$ 32.50	\$ 11.58	0.90%	-0.30%	0.60%	0.51%	-0.45%	0.06%	6.93%	0.00%	6.93%	4,678	\$ 32.16	\$ 12.54
DME & Supplies	1,238	\$ 12.73	\$ 1.31	2.50%	1.00%	3.53%	-0.10%	0.91%	0.81%	6.93%	0.00%	6.93%	1,390	\$ 13.11	\$ 1.52
Community LTSS	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	6.93%	0.00%	6.93%	-	\$ 0.00	\$ 0.00
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	6.93%	0.00%	6.93%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	3,559	\$ 99.35	\$ 29.46	3.00%	1.00%	4.03%	0.08%	3.72%	3.80%	6.93%	0.00%	6.93%	4,040	\$ 105.12	\$ 35.39
Other Medical Services	1,544	\$ 21.78	\$ 2.80	2.50%	1.00%	3.53%	7.30%	13.38%	21.66%	6.93%	0.00%	6.93%	1,861	\$ 25.19	\$ 3.91
All Categories of Service		\$ 141.07				4.98%			2.62%			6.93%			\$ 170.60

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 170.60
Credibility Weighting	99.6%
Manual PMPM	\$ 149.38
Final Capitated Medical	\$ 170.53
Administration	\$ 26.91
Underwriting Gain	\$ 3.01
Premium Tax	\$ 7.27
Total Non-Medical	\$ 37.19
Total Capitation	\$ 207.71

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	35,457
Projected Member Months:	31,500

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	122	\$ 2,786.20	\$ 28.34	1.50%	1.00%	2.52%	0.00%	0.00%	0.00%	13.26%	0.00%	13.26%	142	\$ 2,842.20	\$ 33.73
Inpatient BH	130	\$ 774.01	\$ 8.39	3.00%	3.00%	6.09%	0.00%	0.00%	0.00%	13.26%	0.00%	13.26%	156	\$ 821.14	\$ 10.70
Long-Term Care	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	13.26%	0.00%	13.26%	-	\$ 0.00	\$ 0.00
Emergency Room	311	\$ 95.64	\$ 2.48	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	13.26%	0.00%	13.26%	367	\$ 99.50	\$ 3.04
Lab and Radiology - Facility	1,106	\$ 25.11	\$ 2.32	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	13.26%	0.00%	13.26%	1,304	\$ 26.13	\$ 2.84
Other Outpatient Hospital	4,435	\$ 11.18	\$ 4.13	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	13.26%	0.00%	13.26%	5,226	\$ 11.63	\$ 5.07
Professional	9,801	\$ 32.56	\$ 26.60	3.00%	1.00%	4.03%	0.07%	4.16%	4.23%	13.26%	0.00%	13.26%	11,786	\$ 34.60	\$ 33.98
Specialty OAD	76	\$ 33.72	\$ 0.21	10.25%	31.55%	45.03%	0.00%	0.00%	0.00%	13.26%	0.00%	13.26%	105	\$ 58.36	\$ 0.51
Specialty Pharmacy	99	\$ 744.00	\$ 6.13	10.30%	-3.80%	6.11%	0.00%	-0.05%	-0.05%	13.26%	0.00%	13.26%	136	\$ 688.19	\$ 7.81
Other Pharmacy	2,376	\$ 38.04	\$ 7.53	0.90%	-0.30%	0.60%	0.60%	-0.52%	0.08%	13.26%	0.00%	13.26%	2,756	\$ 37.62	\$ 8.64
DME & Supplies	1,218	\$ 20.16	\$ 2.05	2.50%	1.00%	3.53%	0.00%	0.53%	0.53%	13.26%	0.00%	13.26%	1,450	\$ 20.67	\$ 2.50
Community LTSS	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	13.26%	0.00%	13.26%	-	\$ 0.00	\$ 0.00
Applied Behavioral Analysis	64	\$ 4.56	\$ 0.02	28.00%	0.50%	28.64%	0.00%	5.52%	5.52%	13.26%	0.00%	13.26%	119	\$ 4.86	\$ 0.05
Outpatient Behavioral Health	1,953	\$ 76.81	\$ 12.50	3.00%	1.00%	4.03%	0.00%	6.22%	6.22%	13.26%	0.00%	13.26%	2,346	\$ 83.23	\$ 16.27
Other Medical Services	1,287	\$ 24.17	\$ 2.59	2.50%	1.00%	3.53%	3.51%	9.16%	12.99%	13.26%	0.00%	13.26%	1,585	\$ 26.91	\$ 3.55
All Categories of Service		\$ 103.28	\$ 3.75%			3.75%			2.19%			13.26%		\$ 128.68	

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 128.68
Credibility Weighting	99.2%
Manual PMPM	\$ 134.24
Final Capitated Medical	\$ 128.73
Administration	\$ 20.31
Underwriting Gain	\$ 2.27
Premium Tax	\$ 5.49
Total Non-Medical	\$ 28.07
Total Capitation	\$ 156.80

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	50,432
Projected Member Months:	49,560

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	151	\$ 1,317.17	\$ 16.54	0.50%	0.50%	1.00%	0.21%	0.84%	1.05%	2.16%	0.00%	2.16%	156	\$ 1,341.53	\$ 17.42
Inpatient BH	80	\$ 856.78	\$ 5.71	5.00%	2.00%	7.10%	4.71%	5.88%	10.87%	2.16%	0.00%	2.16%	94	\$ 943.84	\$ 7.42
Long-Term Care	6	\$ 707.39	\$ 0.36	3.00%	1.00%	4.03%	-7.88%	24.25%	14.45%	2.16%	0.00%	2.16%	6	\$ 896.57	\$ 0.46
Emergency Room	1,001	\$ 103.55	\$ 8.63	0.50%	0.50%	1.00%	-0.73%	0.82%	0.09%	2.16%	0.00%	2.16%	1,025	\$ 105.45	\$ 9.01
Lab and Radiology - Facility	6,872	\$ 18.96	\$ 10.86	0.50%	0.50%	1.00%	-1.94%	0.22%	-1.72%	2.16%	0.00%	2.16%	6,954	\$ 19.19	\$ 11.12
Other Outpatient Hospital	14,631	\$ 8.75	\$ 10.67	0.50%	0.50%	1.00%	-2.22%	3.16%	0.88%	2.16%	0.00%	2.16%	14,763	\$ 9.12	\$ 11.22
Professional	30,769	\$ 26.32	\$ 67.50	1.00%	0.50%	1.51%	4.46%	1.92%	6.46%	2.16%	0.00%	2.16%	33,496	\$ 27.10	\$ 75.64
Specialty OAD	2,662	\$ 40.45	\$ 8.98	4.10%	6.90%	11.28%	-0.25%	5.40%	5.13%	2.16%	0.00%	2.16%	2,940	\$ 48.73	\$ 11.94
Specialty Pharmacy	123	\$ 763.78	\$ 7.86	5.40%	3.20%	8.77%	-0.07%	-2.44%	-2.50%	2.16%	0.00%	2.16%	140	\$ 793.62	\$ 9.26
Other Pharmacy	6,695	\$ 35.43	\$ 19.77	2.50%	6.15%	8.80%	1.57%	0.23%	1.80%	2.16%	0.00%	2.16%	7,300	\$ 40.01	\$ 24.34
DME & Supplies	884	\$ 23.41	\$ 1.72	3.00%	1.00%	4.03%	-0.59%	1.62%	1.03%	2.16%	0.00%	2.16%	952	\$ 24.27	\$ 1.93
Community LTSS	2	\$ 144.40	\$ 0.03	3.00%	1.00%	4.03%	227.58%	-29.30%	131.60%	2.16%	0.00%	2.16%	8	\$ 104.15	\$ 0.07
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	2.16%	0.00%	2.16%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	6,074	\$ 52.89	\$ 26.77	2.00%	2.00%	4.04%	-2.35%	4.40%	1.95%	2.16%	0.00%	2.16%	6,304	\$ 57.45	\$ 30.18
Other Medical Services	1,170	\$ 21.91	\$ 2.14	3.00%	1.00%	4.03%	29.38%	28.83%	66.68%	2.16%	0.00%	2.16%	1,641	\$ 28.79	\$ 3.94
All Categories of Service		\$ 187.55				3.56%			4.12%			2.16%			\$ 213.95

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 213.95
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 213.95
Administration	\$ 25.88
Underwriting Gain	\$ 3.65
Premium Tax	\$ 8.83
Total Non-Medical	\$ 38.37
Total Capitation	\$ 252.32

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	9,931
Projected Member Months:	8,472

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	406	\$ 1,305.23	\$ 44.12	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	3.97%	0.00%	3.97%	426	\$ 1,318.32	\$ 46.80
Inpatient BH	78	\$ 846.93	\$ 5.48	5.00%	2.00%	7.10%	0.00%	9.14%	9.14%	3.97%	0.00%	3.97%	89	\$ 961.72	\$ 7.14
Long-Term Care	26	\$ 450.72	\$ 0.98	3.00%	1.00%	4.03%	0.00%	24.50%	24.50%	3.97%	0.00%	3.97%	29	\$ 572.43	\$ 1.37
Emergency Room	481	\$ 104.40	\$ 4.19	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	3.97%	0.00%	3.97%	506	\$ 105.44	\$ 4.44
Lab and Radiology - Facility	2,282	\$ 24.41	\$ 4.64	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	3.97%	0.00%	3.97%	2,396	\$ 24.65	\$ 4.92
Other Outpatient Hospital	6,849	\$ 6.25	\$ 3.57	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	3.97%	0.00%	3.97%	7,193	\$ 6.31	\$ 3.78
Professional	10,789	\$ 36.09	\$ 32.45	1.00%	0.50%	1.51%	0.36%	4.91%	5.29%	3.97%	0.00%	3.97%	11,484	\$ 38.24	\$ 36.60
Specialty OAD	44,356	\$ 0.07	\$ 0.27	4.10%	6.90%	11.28%	0.00%	0.00%	0.00%	3.97%	0.00%	3.97%	49,978	\$ 0.08	\$ 0.34
Specialty Pharmacy	132	\$ 746.90	\$ 8.20	5.40%	3.20%	8.77%	0.00%	-0.07%	-0.07%	3.97%	0.00%	3.97%	152	\$ 794.92	\$ 10.08
Other Pharmacy	3,400	\$ 46.89	\$ 13.28	2.50%	6.15%	8.80%	4.66%	1.64%	6.38%	3.97%	0.00%	3.97%	3,887	\$ 53.70	\$ 17.39
DME & Supplies	422	\$ 30.47	\$ 1.07	3.00%	1.00%	4.03%	0.00%	0.54%	0.54%	3.97%	0.00%	3.97%	465	\$ 31.25	\$ 1.21
Community LTSS	-	\$ 0.00	\$ 0.00	3.00%	1.00%	4.03%	0.00%	0.00%	0.00%	3.97%	0.00%	3.97%	-	\$ 0.00	\$ 0.00
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	3.97%	0.00%	3.97%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	6,874	\$ 24.85	\$ 14.23	2.00%	2.00%	4.04%	0.00%	2.42%	2.42%	3.97%	0.00%	3.97%	7,436	\$ 26.48	\$ 16.41
Other Medical Services	557	\$ 28.51	\$ 1.32	3.00%	1.00%	4.03%	63.62%	-7.11%	51.99%	3.97%	0.00%	3.97%	1,006	\$ 27.01	\$ 2.26
All Categories of Service		\$ 133.81	\$ 3.09%			3.32%				3.97%		3.97%		\$ 152.75	

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 152.75
Credibility Weighting	52.5%
Manual PMPM	\$ 126.04
Final Capitated Medical	\$ 140.07
Administration	\$ 16.95
Underwriting Gain	\$ 2.39
Premium Tax	\$ 5.78
Total Non-Medical	\$ 25.12
Total Capitation	\$ 165.19

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	29,052
Projected Member Months:	27,780

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	274	\$ 1,384.39	\$ 31.59	0.50%	0.50%	1.00%	-1.73%	-0.68%	-2.39%	2.68%	0.00%	2.68%	279	\$ 1,388.80	\$ 32.30
Inpatient BH	166	\$ 904.83	\$ 12.51	5.00%	2.00%	7.10%	-2.06%	5.96%	3.78%	2.68%	0.00%	2.68%	184	\$ 997.50	\$ 15.28
Long-Term Care	11	\$ 490.32	\$ 0.45	3.00%	1.00%	4.03%	-1.71%	24.47%	22.34%	2.68%	0.00%	2.68%	12	\$ 622.58	\$ 0.61
Emergency Room	912	\$ 113.32	\$ 8.61	0.50%	0.50%	1.00%	-0.44%	0.02%	-0.43%	2.68%	0.00%	2.68%	941	\$ 114.47	\$ 8.98
Lab and Radiology - Facility	6,286	\$ 28.38	\$ 14.87	0.50%	0.50%	1.00%	-0.84%	-0.56%	-1.40%	2.68%	0.00%	2.68%	6,464	\$ 28.51	\$ 15.36
Other Outpatient Hospital	18,932	\$ 11.38	\$ 17.95	0.50%	0.50%	1.00%	-1.07%	0.45%	-0.62%	2.68%	0.00%	2.68%	19,424	\$ 11.55	\$ 18.69
Professional	33,058	\$ 31.34	\$ 86.33	1.00%	0.50%	1.51%	0.10%	4.56%	4.67%	2.68%	0.00%	2.68%	34,661	\$ 33.09	\$ 95.59
Specialty OAD	15,226	\$ 8.55	\$ 10.85	4.10%	6.90%	11.28%	-2.43%	3.28%	0.77%	2.68%	0.00%	2.68%	16,530	\$ 10.09	\$ 13.91
Specialty Pharmacy	304	\$ 1,181.77	\$ 29.90	5.40%	3.20%	8.77%	-0.77%	-0.76%	-1.52%	2.68%	0.00%	2.68%	344	\$ 1,249.00	\$ 35.77
Other Pharmacy	14,869	\$ 45.74	\$ 56.68	2.50%	6.15%	8.80%	0.15%	0.15%	0.30%	2.68%	0.00%	2.68%	16,064	\$ 51.62	\$ 69.11
DME & Supplies	1,979	\$ 21.81	\$ 3.60	3.00%	1.00%	4.03%	-2.43%	3.54%	1.02%	2.68%	0.00%	2.68%	2,103	\$ 23.04	\$ 4.04
Community LTSS	657	\$ 4.48	\$ 0.25	3.00%	1.00%	4.03%	-0.47%	48.81%	48.11%	2.68%	0.00%	2.68%	712	\$ 6.80	\$ 0.40
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	2.68%	0.00%	2.68%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	9,670	\$ 47.06	\$ 37.92	2.00%	2.00%	4.04%	-1.14%	4.13%	2.95%	2.68%	0.00%	2.68%	10,212	\$ 50.99	\$ 43.39
Other Medical Services	1,065	\$ 34.77	\$ 3.09	3.00%	1.00%	4.03%	52.57%	4.53%	59.48%	2.68%	0.00%	2.68%	1,770	\$ 37.07	\$ 5.47
All Categories of Service		\$ 314.59	\$ 4.38%			1.98%			2.68%			2.68%		\$ 358.90	

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 358.90
Credibility Weighting	89.8%
Manual PMPM	\$ 370.53
Final Capitated Medical	\$ 360.08
Administration	\$ 43.56
Underwriting Gain	\$ 6.15
Premium Tax	\$ 14.86
Total Non-Medical	\$ 64.57
Total Capitation	\$ 424.65

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	11,692
Projected Member Months:	10,248

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	291	\$ 1,456.06	\$ 35.25	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	293	\$ 1,470.66	\$ 35.96
Inpatient BH	145	\$ 846.43	\$ 10.21	5.00%	2.00%	7.10%	0.00%	14.20%	14.20%	0.00%	0.00%	0.00%	160	\$ 1,005.65	\$ 13.37
Long-Term Care	127	\$ 383.85	\$ 4.08	3.00%	1.00%	4.03%	0.00%	20.46%	20.46%	0.00%	0.00%	0.00%	135	\$ 471.67	\$ 5.31
Emergency Room	651	\$ 109.08	\$ 5.92	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	658	\$ 110.17	\$ 6.04
Lab and Radiology - Facility	3,427	\$ 25.62	\$ 7.32	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3,462	\$ 25.88	\$ 7.47
Other Outpatient Hospital	12,728	\$ 15.96	\$ 16.93	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12,856	\$ 16.12	\$ 17.27
Professional	19,817	\$ 37.47	\$ 61.89	1.00%	0.50%	1.51%	0.12%	4.69%	4.82%	0.00%	0.00%	0.00%	20,239	\$ 39.63	\$ 66.83
Specialty OAD	24,303	\$ 7.98	\$ 16.17	4.10%	6.90%	11.28%	0.00%	1.00%	1.00%	0.00%	0.00%	0.00%	26,336	\$ 9.21	\$ 20.22
Specialty Pharmacy	185	\$ 1,426.03	\$ 21.95	5.40%	3.20%	8.77%	0.00%	-0.07%	-0.07%	0.00%	0.00%	0.00%	205	\$ 1,517.70	\$ 25.96
Other Pharmacy	10,596	\$ 50.29	\$ 44.41	2.50%	6.15%	8.80%	2.25%	0.47%	2.74%	0.00%	0.00%	0.00%	11,384	\$ 56.93	\$ 54.01
DME & Supplies	3,420	\$ 10.83	\$ 3.09	3.00%	1.00%	4.03%	0.00%	0.23%	0.23%	0.00%	0.00%	0.00%	3,628	\$ 11.07	\$ 3.35
Community LTSS	102	\$ 15.19	\$ 0.13	3.00%	1.00%	4.03%	0.00%	11.86%	11.86%	0.00%	0.00%	0.00%	108	\$ 17.33	\$ 0.16
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	9,359	\$ 33.68	\$ 26.27	2.00%	2.00%	4.04%	0.00%	2.09%	2.09%	0.00%	0.00%	0.00%	9,737	\$ 35.77	\$ 29.02
Other Medical Services	819	\$ 36.70	\$ 2.50	3.00%	1.00%	4.03%	82.94%	-10.18%	64.32%	0.00%	0.00%	0.00%	1,589	\$ 33.62	\$ 4.45
All Categories of Service		\$ 256.09	\$ 4.53%			3.44%			0.00%					\$ 289.42	

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 289.42
Credibility Weighting	57.0%
Manual PMPM	\$ 304.94
Final Capitated Medical	\$ 296.09
Administration	\$ 35.82
Underwriting Gain	\$ 5.05
Premium Tax	\$ 12.22
Total Non-Medical	\$ 53.10
Total Capitation	\$ 349.19

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	280
Projected Member Months:	288

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	-	\$ 0.00	\$ 0.00	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ 0.00	\$ 0.00
Inpatient BH	-	\$ 0.00	\$ 0.00	3.00%	4.00%	7.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ 0.00	\$ 0.00
Long-Term Care	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ 0.00	\$ 0.00
Emergency Room	791	\$ 69.35	\$ 4.57	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	823	\$ 72.15	\$ 4.95
Lab and Radiology - Facility	1,220	\$ 13.42	\$ 1.36	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1,269	\$ 13.96	\$ 1.48
Other Outpatient Hospital	1,805	\$ 8.22	\$ 1.24	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1,878	\$ 8.56	\$ 1.34
Professional	22,330	\$ 37.09	\$ 69.01	2.50%	0.00%	2.50%	0.09%	4.74%	4.83%	0.00%	0.00%	0.00%	23,481	\$ 38.85	\$ 76.01
Specialty OAD	259	\$ 1,756.20	\$ 37.91	5.20%	3.75%	9.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	287	\$ 1,890.38	\$ 45.17
Specialty Pharmacy	-	\$ 0.00	\$ 0.00	4.80%	3.25%	8.21%	0.00%	0.00%	-0.06%	0.00%	0.00%	0.00%	-	\$ 0.00	\$ 0.00
Other Pharmacy	1,544	\$ 20.81	\$ 2.68	0.95%	-0.65%	0.29%	0.03%	0.00%	0.02%	0.00%	0.00%	0.00%	1,574	\$ 20.54	\$ 2.69
DME & Supplies	474	\$ 207.43	\$ 8.20	2.50%	1.00%	3.53%	0.00%	0.09%	0.09%	0.00%	0.00%	0.00%	498	\$ 211.79	\$ 8.80
Community LTSS	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ 0.00	\$ 0.00
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	87	\$ 50.41	\$ 0.37	1.00%	2.00%	3.02%	0.00%	2.13%	2.13%	0.00%	0.00%	0.00%	89	\$ 53.56	\$ 0.40
Other Medical Services	129	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	136	\$ 0.00	\$ 0.00
All Categories of Service		\$ 125.34	\$ 4.66%			2.57%			0.00%			0.00%		\$ 140.83	\$ 140.83

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 140.83
Credibility Weighting	8.8%
Manual PMPM	\$ 257.49
Final Capitated Medical	\$ 247.20
Administration	\$ 38.52
Underwriting Gain	\$ 4.35
Premium Tax	\$ 10.52
Total Non-Medical	\$ 53.39
Total Capitation	\$ 300.59

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	1,778
Projected Member Months:	2,376

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	180	\$ 1,332.40	\$ 20.02	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	182	\$ 1,345.75	\$ 20.42
Inpatient BH	-	\$ 0.00	\$ 0.00	3.00%	4.00%	7.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ 0.00	\$ 0.00
Long-Term Care	597	\$ 769.55	\$ 38.31	2.50%	1.00%	3.53%	0.00%	24.50%	24.50%	0.00%	0.00%	0.00%	628	\$ 977.34	\$ 51.12
Emergency Room	687	\$ 70.52	\$ 4.04	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	715	\$ 73.37	\$ 4.37
Lab and Radiology - Facility	1,730	\$ 12.93	\$ 1.86	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1,800	\$ 13.45	\$ 2.02
Other Outpatient Hospital Professional	4,041	\$ 16.64	\$ 5.60	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4,204	\$ 17.32	\$ 6.07
Specialty OAD	16,571	\$ 38.16	\$ 52.69	2.50%	0.00%	2.50%	0.24%	5.08%	5.33%	0.00%	0.00%	0.00%	17,452	\$ 40.10	\$ 58.31
Specialty Pharmacy	14	\$ 0.00	\$ 0.00	5.20%	3.75%	9.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15	\$ 0.00	\$ 0.00
Other Pharmacy	20	\$ 994.97	\$ 1.68	4.80%	3.25%	8.21%	0.00%	-0.06%	-0.06%	0.00%	0.00%	0.00%	22	\$ 1,060.03	\$ 1.96
DME & Supplies	2,139	\$ 15.34	\$ 2.73	0.95%	-0.65%	0.29%	0.04%	0.07%	0.10%	0.00%	0.00%	0.00%	2,181	\$ 15.15	\$ 2.75
Community LTSS	16,252	\$ 5.17	\$ 7.00	2.50%	1.00%	3.53%	0.00%	0.03%	0.03%	0.00%	0.00%	0.00%	17,075	\$ 5.27	\$ 7.50
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	2,103	\$ 16.27	\$ 2.85	28.00%	0.50%	28.64%	0.00%	3.70%	3.70%	0.00%	0.00%	0.00%	3,446	\$ 17.04	\$ 4.89
Other Medical Services	1,395	\$ 52.69	\$ 6.13	1.00%	2.00%	3.02%	0.00%	0.32%	0.32%	0.00%	0.00%	0.00%	1,423	\$ 54.99	\$ 6.52
Other Medical Services	253	\$ 27.49	\$ 0.58	2.50%	1.00%	3.53%	0.00%	0.91%	0.91%	0.00%	0.00%	0.00%	266	\$ 28.30	\$ 0.63
All Categories of Service		\$ 143.50	\$ 3.38%			3.38%			8.62%			0.00%			\$ 166.58

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 166.58
Credibility Weighting	22.2%
Manual PMPM	\$ 103.68
Final Capitated Medical	\$ 117.66
Administration	\$ 18.33
Underwriting Gain	\$ 2.07
Premium Tax	\$ 5.01
Total Non-Medical	\$ 25.41
Total Capitation	\$ 143.07

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	28,114
Projected Member Months:	32,868

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	40	\$ 1,534.26	\$ 5.08	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	9.75%	0.00%	9.75%	44	\$ 1,549.64	\$ 5.69
Inpatient BH	20	\$ 613.88	\$ 1.02	3.00%	4.00%	7.12%	0.00%	0.00%	0.00%	9.75%	0.00%	9.75%	23	\$ 663.97	\$ 1.28
Long-Term Care	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	9.75%	0.00%	9.75%	-	\$ 0.00	\$ 0.00
Emergency Room	258	\$ 86.14	\$ 1.86	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	9.75%	0.00%	9.75%	295	\$ 89.61	\$ 2.20
Lab and Radiology - Facility	694	\$ 20.67	\$ 1.20	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	9.75%	0.00%	9.75%	793	\$ 21.51	\$ 1.42
Other Outpatient Hospital Professional	1,950	\$ 13.07	\$ 2.12	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	9.75%	0.00%	9.75%	2,227	\$ 13.60	\$ 2.52
Specialty OAD	8,531	\$ 34.17	\$ 24.30	2.50%	0.00%	2.50%	0.28%	4.76%	5.06%	9.75%	0.00%	9.75%	9,865	\$ 35.80	\$ 29.43
Specialty Pharmacy	514	\$ 178.88	\$ 7.67	5.20%	3.75%	9.15%	0.00%	0.00%	0.00%	9.75%	0.00%	9.75%	625	\$ 192.55	\$ 10.02
Specialty Pharmacy	52	\$ 962.70	\$ 4.21	4.80%	3.25%	8.21%	0.00%	-0.06%	-0.06%	9.75%	0.00%	9.75%	63	\$ 1,025.65	\$ 5.41
Other Pharmacy	1,661	\$ 37.19	\$ 5.15	0.95%	-0.65%	0.29%	0.96%	0.73%	1.70%	9.75%	0.00%	9.75%	1,876	\$ 36.97	\$ 5.78
DME & Supplies	988	\$ 10.96	\$ 0.90	2.50%	1.00%	3.53%	0.00%	0.69%	0.69%	9.75%	0.00%	9.75%	1,140	\$ 11.26	\$ 1.07
Community LTSS	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	9.75%	0.00%	9.75%	-	\$ 0.00	\$ 0.00
Applied Behavioral Analysis	5,028	\$ 15.38	\$ 6.45	28.00%	0.50%	28.64%	0.00%	0.75%	0.75%	9.75%	0.00%	9.75%	9,042	\$ 15.66	\$ 11.80
Outpatient Behavioral Health	1,399	\$ 72.37	\$ 8.44	1.00%	2.00%	3.02%	0.00%	2.76%	2.76%	9.75%	0.00%	9.75%	1,566	\$ 77.37	\$ 10.10
Other Medical Services	1,223	\$ 22.03	\$ 2.25	2.50%	1.00%	3.53%	0.00%	0.95%	0.95%	9.75%	0.00%	9.75%	1,411	\$ 22.68	\$ 2.67
All Categories of Service		\$ 70.63				6.24%			2.17%			9.75%		\$ 89.40	

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 89.40
Credibility Weighting	88.4%
Manual PMPM	\$ 94.41
Final Capitated Medical	\$ 89.98
Administration	\$ 14.02
Underwriting Gain	\$ 1.58
Premium Tax	\$ 3.83
Total Non-Medical	\$ 19.43
Total Capitation	\$ 109.41

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	5,367
Projected Member Months:	5,952

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	29	\$ 1,456.46	\$ 3.49	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	7.45%	0.00%	7.45%	31	\$ 1,471.06	\$ 3.83
Inpatient BH	100	\$ 528.21	\$ 4.42	3.00%	4.00%	7.12%	0.00%	0.00%	0.00%	7.45%	0.00%	7.45%	114	\$ 571.31	\$ 5.45
Long-Term Care	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	7.45%	0.00%	7.45%	-	\$ 0.00	\$ 0.00
Emergency Room	446	\$ 109.45	\$ 4.07	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	7.45%	0.00%	7.45%	499	\$ 113.88	\$ 4.73
Lab and Radiology - Facility	2,251	\$ 17.05	\$ 3.20	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	7.45%	0.00%	7.45%	2,516	\$ 17.73	\$ 3.72
Other Outpatient Hospital	4,972	\$ 10.72	\$ 4.44	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	7.45%	0.00%	7.45%	5,558	\$ 11.15	\$ 5.17
Professional	14,929	\$ 25.58	\$ 31.83	2.50%	0.00%	2.50%	0.09%	4.60%	4.70%	7.45%	0.00%	7.45%	16,870	\$ 26.76	\$ 37.62
Specialty OAD	4,698	\$ 28.65	\$ 11.22	5.20%	3.75%	9.15%	0.00%	0.00%	0.00%	7.45%	0.00%	7.45%	5,587	\$ 30.84	\$ 14.36
Specialty Pharmacy	78	\$ 370.11	\$ 2.41	4.80%	3.25%	8.21%	0.00%	-0.06%	-0.06%	7.45%	0.00%	7.45%	92	\$ 394.31	\$ 3.03
Other Pharmacy	3,378	\$ 38.48	\$ 10.83	0.95%	-0.65%	0.29%	1.03%	0.35%	1.38%	7.45%	0.00%	7.45%	3,738	\$ 38.12	\$ 11.87
DME & Supplies	523	\$ 38.17	\$ 1.66	2.50%	1.00%	3.53%	0.00%	0.27%	0.27%	7.45%	0.00%	7.45%	591	\$ 39.04	\$ 1.92
Community LTSS	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	7.45%	0.00%	7.45%	-	\$ 0.00	\$ 0.00
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	7.45%	0.00%	7.45%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	2,281	\$ 90.24	\$ 17.16	1.00%	2.00%	3.02%	0.00%	2.86%	2.86%	7.45%	0.00%	7.45%	2,501	\$ 96.56	\$ 20.12
Other Medical Services	1,566	\$ 25.92	\$ 3.38	2.50%	1.00%	3.53%	1.58%	5.03%	6.69%	7.45%	0.00%	7.45%	1,796	\$ 27.78	\$ 4.16
All Categories of Service		\$ 98.12	\$ 3.67%			2.36%			7.45%			7.45%		\$ 115.98	

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 115.98
Credibility Weighting	38.6%
Manual PMPM	\$ 135.56
Final Capitated Medical	\$ 128.00
Administration	\$ 19.95
Underwriting Gain	\$ 2.25
Premium Tax	\$ 5.45
Total Non-Medical	\$ 27.65
Total Capitation	\$ 155.65

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	6,052
Projected Member Months:	6,876

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	32	\$ 1,514.51	\$ 4.08	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	4.89%	0.00%	4.89%	34	\$ 1,529.69	\$ 4.36
Inpatient BH	420	\$ 655.42	\$ 22.95	3.00%	4.00%	7.12%	0.00%	0.00%	0.00%	4.89%	0.00%	4.89%	468	\$ 708.90	\$ 27.62
Long-Term Care	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	4.89%	0.00%	4.89%	-	\$ 0.00	\$ 0.00
Emergency Room	234	\$ 116.40	\$ 2.27	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	4.89%	0.00%	4.89%	255	\$ 121.10	\$ 2.57
Lab and Radiology - Facility	727	\$ 25.24	\$ 1.53	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	4.89%	0.00%	4.89%	793	\$ 26.25	\$ 1.74
Other Outpatient Hospital Professional	3,039	\$ 16.61	\$ 4.21	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	4.89%	0.00%	4.89%	3,316	\$ 17.28	\$ 4.78
Specialty OAD	10,052	\$ 29.05	\$ 24.33	2.50%	0.00%	2.50%	0.14%	4.77%	4.91%	4.89%	0.00%	4.89%	11,093	\$ 30.43	\$ 28.13
Specialty Pharmacy	-	\$ 0.00	\$ 0.00	5.20%	3.75%	9.15%	0.00%	0.00%	0.00%	4.89%	0.00%	4.89%	-	\$ 0.00	\$ 0.00
Specialty Pharmacy	48	\$ 209.89	\$ 0.83	4.80%	3.25%	8.21%	0.00%	-0.06%	-0.06%	4.89%	0.00%	4.89%	55	\$ 223.61	\$ 1.02
Other Pharmacy	2,341	\$ 30.43	\$ 5.94	0.95%	-0.65%	0.29%	1.11%	1.29%	2.41%	4.89%	0.00%	4.89%	2,531	\$ 30.42	\$ 6.42
DME & Supplies	139	\$ 94.55	\$ 1.09	2.50%	1.00%	3.53%	0.00%	1.36%	1.36%	4.89%	0.00%	4.89%	153	\$ 97.77	\$ 1.24
Community LTSS	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	4.89%	0.00%	4.89%	-	\$ 0.00	\$ 0.00
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	4.89%	0.00%	4.89%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	1,891	\$ 77.34	\$ 12.19	1.00%	2.00%	3.02%	0.00%	3.19%	3.19%	4.89%	0.00%	4.89%	2,024	\$ 83.03	\$ 14.00
Other Medical Services	1,254	\$ 32.18	\$ 3.36	2.50%	1.00%	3.53%	4.45%	1.51%	6.02%	4.89%	0.00%	4.89%	1,443	\$ 33.32	\$ 4.01
All Categories of Service		\$ 82.77				3.91%			2.29%			4.89%			\$ 95.89

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 95.89
Credibility Weighting	41.0%
Manual PMPM	\$ 116.14
Final Capitated Medical	\$ 107.84
Administration	\$ 16.80
Underwriting Gain	\$ 1.90
Premium Tax	\$ 4.59
Total Non-Medical	\$ 23.29
Total Capitation	\$ 131.13

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	100,359
Projected Member Months:	75,624

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	147	\$ 1,374.89	\$ 16.86	0.50%	0.50%	1.00%	0.19%	-0.02%	0.18%	9.25%	0.00%	9.25%	163	\$ 1,388.43	\$ 18.82
Inpatient BH	157	\$ 760.28	\$ 9.95	6.00%	2.00%	8.12%	0.62%	10.10%	10.79%	9.25%	0.00%	9.25%	194	\$ 870.92	\$ 14.08
Long-Term Care	4	\$ 355.97	\$ 0.12	4.50%	1.00%	5.55%	3.87%	24.50%	29.32%	9.25%	0.00%	9.25%	5	\$ 452.09	\$ 0.19
Emergency Room	756	\$ 106.68	\$ 6.72	0.50%	0.50%	1.00%	-0.60%	0.04%	-0.56%	9.25%	0.00%	9.25%	829	\$ 107.80	\$ 7.45
Lab and Radiology - Facility	4,299	\$ 20.69	\$ 7.41	0.50%	0.50%	1.00%	-0.75%	0.02%	-0.72%	9.25%	0.00%	9.25%	4,709	\$ 20.91	\$ 8.20
Other Outpatient Hospital	11,830	\$ 7.63	\$ 7.52	0.50%	0.50%	1.00%	0.38%	-2.41%	-2.04%	9.25%	0.00%	9.25%	13,103	\$ 7.52	\$ 8.21
Professional	20,637	\$ 27.57	\$ 47.41	1.50%	0.00%	1.50%	-3.37%	7.90%	4.26%	9.25%	0.00%	9.25%	22,444	\$ 29.74	\$ 55.63
Specialty OAD	3,935	\$ 16.56	\$ 5.43	4.50%	6.55%	11.34%	1.21%	-8.52%	-7.41%	9.25%	0.00%	9.25%	4,751	\$ 17.19	\$ 6.81
Specialty Pharmacy	179	\$ 2,453.37	\$ 36.62	4.05%	4.55%	8.78%	2.00%	1.29%	3.31%	9.25%	0.00%	9.25%	216	\$ 2,716.24	\$ 48.91
Other Pharmacy	7,288	\$ 43.93	\$ 26.68	2.50%	6.40%	9.06%	3.53%	2.25%	5.85%	9.25%	0.00%	9.25%	8,660	\$ 50.85	\$ 36.70
DME & Supplies	1,067	\$ 16.46	\$ 1.46	4.50%	1.00%	5.55%	1.35%	-0.84%	0.50%	9.25%	0.00%	9.25%	1,290	\$ 16.65	\$ 1.79
Community LTSS	249	\$ 5.59	\$ 0.12	4.50%	1.00%	5.55%	3.87%	35.96%	41.22%	9.25%	0.00%	9.25%	309	\$ 7.75	\$ 0.20
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	9.25%	0.00%	9.25%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	7,078	\$ 52.92	\$ 31.22	1.50%	3.00%	4.55%	1.46%	2.68%	4.18%	9.25%	0.00%	9.25%	8,082	\$ 57.65	\$ 38.83
Other Medical Services	847	\$ 28.46	\$ 2.01	4.50%	1.00%	5.55%	8.34%	9.96%	19.13%	9.25%	0.00%	9.25%	1,095	\$ 31.93	\$ 2.91
All Categories of Service		\$ 199.53	\$ 4.96%			4.96%			3.58%			9.25%		\$ 248.73	\$ 248.73

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 248.73
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 248.73
Administration	\$ 26.96
Underwriting Gain	\$ 4.20
Premium Tax	\$ 10.15
Total Non-Medical	\$ 41.31
Total Capitation	\$ 290.04

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	88,458
Projected Member Months:	68,700

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	234	\$ 1,332.59	\$ 25.95	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	11.65%	0.00%	11.65%	264	\$ 1,345.95	\$ 29.56
Inpatient BH	414	\$ 809.34	\$ 27.89	6.00%	2.00%	8.12%	0.00%	9.41%	9.41%	11.65%	0.00%	11.65%	519	\$ 921.24	\$ 39.83
Long-Term Care	17	\$ 417.63	\$ 0.60	4.50%	1.00%	5.55%	0.00%	24.14%	24.14%	11.65%	0.00%	11.65%	21	\$ 528.87	\$ 0.92
Emergency Room	664	\$ 104.88	\$ 5.80	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	11.65%	0.00%	11.65%	749	\$ 105.93	\$ 6.61
Lab and Radiology - Facility	1,995	\$ 23.75	\$ 3.95	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	11.65%	0.00%	11.65%	2,249	\$ 23.99	\$ 4.50
Other Outpatient Hospital	7,857	\$ 7.96	\$ 5.21	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	11.65%	0.00%	11.65%	8,860	\$ 8.04	\$ 5.94
Professional	10,401	\$ 36.39	\$ 31.54	1.50%	0.00%	1.50%	0.41%	5.05%	5.48%	11.65%	0.00%	11.65%	12,012	\$ 38.23	\$ 38.27
Specialty OAD	48,541	\$ 3.99	\$ 16.14	4.50%	6.55%	11.34%	0.00%	0.00%	0.00%	11.65%	0.00%	11.65%	59,183	\$ 4.53	\$ 22.34
Specialty Pharmacy	228	\$ 2,173.09	\$ 41.29	4.05%	4.55%	8.78%	0.00%	-0.04%	-0.04%	11.65%	0.00%	11.65%	276	\$ 2,374.37	\$ 54.54
Other Pharmacy	4,508	\$ 55.07	\$ 20.69	2.50%	6.40%	9.06%	3.94%	0.67%	4.64%	11.65%	0.00%	11.65%	5,497	\$ 62.76	\$ 28.75
DME & Supplies	1,635	\$ 11.57	\$ 1.58	4.50%	1.00%	5.55%	0.00%	0.29%	0.29%	11.65%	0.00%	11.65%	1,993	\$ 11.83	\$ 1.97
Community LTSS	892	\$ 6.33	\$ 0.47	4.50%	1.00%	5.55%	0.00%	14.92%	14.92%	11.65%	0.00%	11.65%	1,088	\$ 7.42	\$ 0.67
Applied Behavioral Analysis	12	\$ 4.37	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	11.65%	0.00%	11.65%	21	\$ 4.42	\$ 0.01
Outpatient Behavioral Health	10,856	\$ 38.55	\$ 34.87	1.50%	3.00%	4.55%	0.00%	3.16%	3.16%	11.65%	0.00%	11.65%	12,487	\$ 42.19	\$ 43.90
Other Medical Services	634	\$ 33.12	\$ 1.75	4.50%	1.00%	5.55%	16.80%	7.80%	25.91%	11.65%	0.00%	11.65%	903	\$ 36.42	\$ 2.74
All Categories of Service		\$ 217.74				5.72%			3.26%			11.65%			\$ 280.53

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 280.53
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 280.53
Administration	\$ 30.41
Underwriting Gain	\$ 4.74
Premium Tax	\$ 11.45
Total Non-Medical	\$ 46.59
Total Capitation	\$ 327.12

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	119,322
Projected Member Months:	97,608

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	591	\$ 1,361.76	\$ 67.08	0.50%	0.50%	1.00%	0.52%	0.12%	0.64%	4.95%	0.00%	4.95%	630	\$ 1,377.09	\$ 72.28
Inpatient BH	193	\$ 873.00	\$ 14.01	6.00%	2.00%	8.12%	0.45%	6.57%	7.05%	4.95%	0.00%	4.95%	228	\$ 967.93	\$ 18.40
Long-Term Care	328	\$ 409.44	\$ 11.18	4.50%	1.00%	5.55%	0.61%	21.91%	22.66%	4.95%	0.00%	4.95%	378	\$ 509.19	\$ 16.04
Emergency Room	822	\$ 113.62	\$ 7.78	0.50%	0.50%	1.00%	0.04%	0.03%	0.07%	4.95%	0.00%	4.95%	871	\$ 114.79	\$ 8.33
Lab and Radiology - Facility	5,601	\$ 31.09	\$ 14.51	0.50%	0.50%	1.00%	0.12%	0.13%	0.26%	4.95%	0.00%	4.95%	5,945	\$ 31.45	\$ 15.58
Other Outpatient Hospital	20,728	\$ 11.57	\$ 19.99	0.50%	0.50%	1.00%	0.23%	-0.07%	0.16%	4.95%	0.00%	4.95%	22,023	\$ 11.68	\$ 21.44
Professional	35,460	\$ 34.68	\$ 102.48	1.50%	0.00%	1.50%	0.28%	4.70%	4.99%	4.95%	0.00%	4.95%	38,450	\$ 36.31	\$ 116.34
Specialty OAD	20,000	\$ 15.07	\$ 25.12	4.50%	6.55%	11.34%	0.54%	0.13%	0.67%	4.95%	0.00%	4.95%	23,045	\$ 17.13	\$ 32.90
Specialty Pharmacy	456	\$ 2,015.58	\$ 76.58	4.05%	4.55%	8.78%	0.43%	0.01%	0.45%	4.95%	0.00%	4.95%	520	\$ 2,203.49	\$ 95.54
Other Pharmacy	20,034	\$ 49.65	\$ 82.89	2.50%	6.40%	9.06%	1.53%	0.37%	1.91%	4.95%	0.00%	4.95%	22,428	\$ 56.42	\$ 105.45
DME & Supplies	3,542	\$ 18.74	\$ 5.53	4.50%	1.00%	5.55%	0.57%	-0.10%	0.47%	4.95%	0.00%	4.95%	4,082	\$ 19.09	\$ 6.50
Community LTSS	1,766	\$ 6.26	\$ 0.92	4.50%	1.00%	5.55%	0.49%	30.12%	30.75%	4.95%	0.00%	4.95%	2,034	\$ 8.32	\$ 1.41
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	4.95%	0.00%	4.95%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	9,084	\$ 45.33	\$ 34.32	1.50%	3.00%	4.55%	0.23%	2.98%	3.21%	4.95%	0.00%	4.95%	9,845	\$ 49.52	\$ 40.63
Other Medical Services	1,481	\$ 30.90	\$ 3.81	4.50%	1.00%	5.55%	7.02%	6.22%	13.67%	4.95%	0.00%	4.95%	1,816	\$ 33.48	\$ 5.07
All Categories of Service		\$ 466.20				5.13%			2.79%			4.95%			\$ 555.89

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 555.89
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 555.89
Administration	\$ 60.25
Underwriting Gain	\$ 9.38
Premium Tax	\$ 22.69
Total Non-Medical	\$ 92.32
Total Capitation	\$ 648.21

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	127,389
Projected Member Months:	107,592

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	878	\$ 1,513.83	\$ 110.81	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	3.74%	0.00%	3.74%	920	\$ 1,529.01	\$ 117.28
Inpatient BH	453	\$ 884.75	\$ 33.37	6.00%	2.00%	8.12%	0.00%	5.53%	5.53%	3.74%	0.00%	3.74%	528	\$ 971.44	\$ 42.71
Long-Term Care	634	\$ 432.54	\$ 22.85	4.50%	1.00%	5.55%	0.00%	21.25%	21.25%	3.74%	0.00%	3.74%	718	\$ 534.98	\$ 32.01
Emergency Room	873	\$ 112.00	\$ 8.15	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	3.74%	0.00%	3.74%	915	\$ 113.12	\$ 8.62
Lab and Radiology - Facility	4,324	\$ 30.51	\$ 10.99	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	3.74%	0.00%	3.74%	4,531	\$ 30.82	\$ 11.64
Other Outpatient Hospital	19,770	\$ 9.61	\$ 15.83	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	3.74%	0.00%	3.74%	20,715	\$ 9.70	\$ 16.75
Professional	27,932	\$ 35.74	\$ 83.18	1.50%	0.00%	1.50%	0.09%	4.92%	5.01%	3.74%	0.00%	3.74%	29,879	\$ 37.49	\$ 93.35
Specialty OAD	26,752	\$ 7.86	\$ 17.53	4.50%	6.55%	11.34%	0.00%	0.31%	0.31%	3.74%	0.00%	3.74%	30,307	\$ 8.95	\$ 22.61
Specialty Pharmacy	424	\$ 1,693.46	\$ 59.90	4.05%	4.55%	8.78%	0.00%	-0.04%	-0.04%	3.74%	0.00%	3.74%	477	\$ 1,850.32	\$ 73.50
Other Pharmacy	13,375	\$ 50.55	\$ 56.34	2.50%	6.40%	9.06%	1.66%	0.48%	2.15%	3.74%	0.00%	3.74%	14,820	\$ 57.50	\$ 71.02
DME & Supplies	5,035	\$ 17.52	\$ 7.35	4.50%	1.00%	5.55%	0.00%	0.29%	0.29%	3.74%	0.00%	3.74%	5,704	\$ 17.92	\$ 8.52
Community LTSS	1,202	\$ 6.65	\$ 0.67	4.50%	1.00%	5.55%	0.00%	25.79%	25.79%	3.74%	0.00%	3.74%	1,362	\$ 8.54	\$ 0.97
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	3.74%	0.00%	3.74%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	13,419	\$ 35.67	\$ 39.89	1.50%	3.00%	4.55%	0.00%	2.73%	2.73%	3.74%	0.00%	3.74%	14,342	\$ 38.88	\$ 46.47
Other Medical Services	1,231	\$ 30.44	\$ 3.12	4.50%	1.00%	5.55%	15.39%	9.53%	26.38%	3.74%	0.00%	3.74%	1,609	\$ 34.01	\$ 4.56
All Categories of Service		\$ 469.98	\$ 4.63%			3.04%			3.74%			3.74%		\$ 550.02	

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ (2.43)
VLBW Case Rate	\$ -
Capitated Medical Pre-Credibility	\$ 547.59
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 547.59
Administration	\$ 59.35
Underwriting Gain	\$ 9.24
Premium Tax	\$ 22.35
Total Non-Medical	\$ 90.94
Total Capitation	\$ 638.53

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	174,720
Projected Member Months:	153,780

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	3,619	\$ 1,233.03	\$ 371.85	1.50%	1.00%	2.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3,728	\$ 1,257.82	\$ 390.79
Inpatient BH	1	\$ 1,492.08	\$ 0.11	3.00%	3.00%	6.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1	\$ 1,582.95	\$ 0.13
Long-Term Care	32	\$ 650.88	\$ 1.75	2.50%	1.00%	3.53%	0.00%	24.50%	24.50%	0.00%	0.00%	0.00%	34	\$ 826.63	\$ 2.33
Emergency Room	842	\$ 103.74	\$ 7.28	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	876	\$ 107.93	\$ 7.88
Lab and Radiology - Facility	1,198	\$ 19.48	\$ 1.94	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1,246	\$ 20.27	\$ 2.10
Other Outpatient Hospital	2,851	\$ 40.40	\$ 9.60	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2,966	\$ 42.03	\$ 10.39
Professional	46,808	\$ 50.92	\$ 198.62	3.00%	1.00%	4.03%	-0.11%	5.25%	5.13%	0.00%	0.00%	0.00%	49,602	\$ 54.67	\$ 225.98
Specialty OAD	58	\$ 362.90	\$ 1.74	10.25%	31.55%	45.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	70	\$ 628.02	\$ 3.66
Specialty Pharmacy	37	\$ 1,717.82	\$ 5.25	10.30%	-3.80%	6.11%	0.00%	-0.05%	-0.05%	0.00%	0.00%	0.00%	45	\$ 1,588.95	\$ 5.91
Other Pharmacy	2,570	\$ 19.09	\$ 4.09	0.90%	-0.30%	0.60%	0.04%	-0.06%	-0.02%	0.00%	0.00%	0.00%	2,617	\$ 18.96	\$ 4.14
DME & Supplies	2,859	\$ 42.00	\$ 10.00	2.50%	1.00%	3.53%	0.00%	0.26%	0.26%	0.00%	0.00%	0.00%	3,003	\$ 42.95	\$ 10.75
Community LTSS	230	\$ 54.82	\$ 1.05	2.50%	1.00%	3.53%	0.00%	15.00%	15.00%	0.00%	0.00%	0.00%	242	\$ 64.31	\$ 1.30
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	271	\$ 40.90	\$ 0.92	3.00%	1.00%	4.03%	0.00%	3.26%	3.26%	0.00%	0.00%	0.00%	288	\$ 43.08	\$ 1.03
Other Medical Services	859	\$ 26.53	\$ 1.90	2.50%	1.00%	3.53%	0.00%	1.64%	1.64%	0.00%	0.00%	0.00%	902	\$ 27.50	\$ 2.07
All Categories of Service		\$ 616.11	\$ 616.11			3.24%			1.79%			0.00%			\$ 668.45

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ (15.79)
VLBW Case Rate	\$ (117.88)
Capitated Medical Pre-Credibility	\$ 534.79
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 534.79
Administration	\$ 84.40
Underwriting Gain	\$ 9.43
Premium Tax	\$ 22.80
Total Non-Medical	\$ 116.62
Total Capitation	\$ 651.42

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	331,289
Projected Member Months:	290,472

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	82	\$ 1,500.12	\$ 10.20	1.50%	1.00%	2.52%	0.00%	0.00%	0.00%	1.58%	0.00%	1.58%	85	\$ 1,530.27	\$ 10.89
Inpatient BH	-	\$ 0.00	\$ 0.00	3.00%	3.00%	6.09%	0.00%	0.00%	0.00%	1.58%	0.00%	1.58%	-	\$ 0.00	\$ 0.00
Long-Term Care	36	\$ 790.63	\$ 2.37	2.50%	1.00%	3.53%	0.00%	24.50%	24.50%	1.58%	0.00%	1.58%	38	\$ 1,004.12	\$ 3.21
Emergency Room	617	\$ 102.35	\$ 5.26	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	1.58%	0.00%	1.58%	652	\$ 106.48	\$ 5.78
Lab and Radiology - Facility	642	\$ 22.04	\$ 1.18	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	1.58%	0.00%	1.58%	678	\$ 22.93	\$ 1.30
Other Outpatient Hospital	2,272	\$ 21.82	\$ 4.13	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	1.58%	0.00%	1.58%	2,402	\$ 22.70	\$ 4.54
Professional	16,134	\$ 35.45	\$ 47.66	3.00%	1.00%	4.03%	-0.96%	7.10%	6.08%	1.58%	0.00%	1.58%	17,221	\$ 38.73	\$ 55.59
Specialty OAD	331	\$ 43.01	\$ 1.18	10.25%	31.55%	45.03%	0.00%	0.00%	0.00%	1.58%	0.00%	1.58%	408	\$ 74.44	\$ 2.53
Specialty Pharmacy	30	\$ 832.94	\$ 2.07	10.30%	-3.80%	6.11%	0.00%	-0.05%	-0.05%	1.58%	0.00%	1.58%	37	\$ 770.45	\$ 2.37
Other Pharmacy	2,468	\$ 19.82	\$ 4.08	0.90%	-0.30%	0.60%	0.17%	-0.11%	0.06%	1.58%	0.00%	1.58%	2,557	\$ 19.68	\$ 4.19
DME & Supplies	2,279	\$ 10.17	\$ 1.93	2.50%	1.00%	3.53%	0.00%	1.44%	1.44%	1.58%	0.00%	1.58%	2,432	\$ 10.53	\$ 2.13
Community LTSS	114	\$ 60.99	\$ 0.58	2.50%	1.00%	3.53%	0.00%	14.94%	14.94%	1.58%	0.00%	1.58%	122	\$ 71.52	\$ 0.73
Applied Behavioral Analysis	2,831	\$ 15.80	\$ 3.73	28.00%	0.50%	28.64%	0.00%	1.75%	1.75%	1.58%	0.00%	1.58%	4,713	\$ 16.23	\$ 6.38
Outpatient Behavioral Health	2,503	\$ 35.48	\$ 7.40	3.00%	1.00%	4.03%	0.00%	0.53%	0.53%	1.58%	0.00%	1.58%	2,698	\$ 36.39	\$ 8.18
Other Medical Services	375	\$ 48.90	\$ 1.53	2.50%	1.00%	3.53%	0.00%	1.97%	1.97%	1.58%	0.00%	1.58%	401	\$ 50.86	\$ 1.70
All Categories of Service		\$ 93.31				5.44%			3.92%			1.58%			\$ 109.52

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 109.52
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 109.52
Administration	\$ 17.28
Underwriting Gain	\$ 1.93
Premium Tax	\$ 4.67
Total Non-Medical	\$ 23.88
Total Capitation	\$ 133.40

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	1,941,960
Projected Member Months:	1,666,464

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	42	\$ 1,751.22	\$ 6.08	1.50%	1.00%	2.52%	0.00%	0.00%	0.00%	3.22%	0.00%	3.22%	44	\$ 1,786.42	\$ 6.60
Inpatient BH	51	\$ 664.73	\$ 2.81	3.00%	3.00%	6.09%	0.00%	0.00%	0.00%	3.22%	0.00%	3.22%	56	\$ 705.21	\$ 3.26
Long-Term Care	4	\$ 701.46	\$ 0.24	2.50%	1.00%	3.53%	0.00%	24.50%	24.50%	3.22%	0.00%	3.22%	4	\$ 890.88	\$ 0.33
Emergency Room	335	\$ 103.78	\$ 2.90	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	3.22%	0.00%	3.22%	360	\$ 107.98	\$ 3.24
Lab and Radiology - Facility	501	\$ 27.91	\$ 1.16	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	3.22%	0.00%	3.22%	538	\$ 29.04	\$ 1.30
Other Outpatient Hospital	1,727	\$ 18.91	\$ 2.72	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	3.22%	0.00%	3.22%	1,855	\$ 19.68	\$ 3.04
Professional	10,236	\$ 33.90	\$ 28.92	3.00%	1.00%	4.03%	-1.28%	8.05%	6.67%	3.22%	0.00%	3.22%	11,066	\$ 37.37	\$ 34.46
Specialty OAD	1,963	\$ 9.97	\$ 1.63	10.25%	31.55%	45.03%	0.00%	0.14%	0.14%	3.22%	0.00%	3.22%	2,463	\$ 17.27	\$ 3.55
Specialty Pharmacy	77	\$ 1,174.77	\$ 7.54	10.30%	-3.80%	6.11%	0.00%	-0.05%	-0.05%	3.22%	0.00%	3.22%	97	\$ 1,086.64	\$ 8.75
Other Pharmacy	2,597	\$ 29.50	\$ 6.38	0.90%	-0.30%	0.60%	0.61%	-0.44%	0.17%	3.22%	0.00%	3.22%	2,746	\$ 29.19	\$ 6.68
DME & Supplies	2,042	\$ 7.79	\$ 1.33	2.50%	1.00%	3.53%	0.00%	1.40%	1.40%	3.22%	0.00%	3.22%	2,215	\$ 8.06	\$ 1.49
Community LTSS	129	\$ 24.04	\$ 0.26	2.50%	1.00%	3.53%	0.00%	17.94%	17.94%	3.22%	0.00%	3.22%	140	\$ 28.92	\$ 0.34
Applied Behavioral Analysis	5,675	\$ 15.71	\$ 7.43	28.00%	0.50%	28.64%	0.00%	1.43%	1.43%	3.22%	0.00%	3.22%	9,598	\$ 16.10	\$ 12.87
Outpatient Behavioral Health	4,135	\$ 33.19	\$ 11.44	3.00%	1.00%	4.03%	-1.13%	0.06%	-1.07%	3.22%	0.00%	3.22%	4,477	\$ 33.88	\$ 12.64
Other Medical Services	1,345	\$ 30.40	\$ 3.41	2.50%	1.00%	3.53%	0.00%	0.78%	0.78%	3.22%	0.00%	3.22%	1,459	\$ 31.25	\$ 3.80
All Categories of Service		\$ 84.24				7.22%			2.38%			3.22%			\$ 102.35

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ (0.37)
VLBW Case Rate	\$ -
Capitated Medical Pre-Credibility	\$ 101.98
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 101.98
Administration	\$ 16.09
Underwriting Gain	\$ 1.80
Premium Tax	\$ 4.35
Total Non-Medical	\$ 22.24
Total Capitation	\$ 124.22

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	281,822
Projected Member Months:	249,480

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	65	\$ 1,483.98	\$ 8.04	1.50%	1.00%	2.52%	0.11%	-0.02%	0.09%	6.58%	0.00%	6.58%	71	\$ 1,513.45	\$ 9.02
Inpatient BH	221	\$ 681.76	\$ 12.58	3.00%	3.00%	6.09%	-0.08%	0.00%	-0.08%	6.58%	0.00%	6.58%	250	\$ 723.28	\$ 15.08
Long-Term Care	4	\$ 657.43	\$ 0.23	2.50%	1.00%	3.53%	-0.10%	24.50%	24.38%	6.58%	0.00%	6.58%	5	\$ 834.95	\$ 0.32
Emergency Room	364	\$ 119.46	\$ 3.62	2.00%	2.00%	4.04%	0.29%	0.03%	0.32%	6.58%	0.00%	6.58%	405	\$ 124.32	\$ 4.20
Lab and Radiology - Facility	1,399	\$ 19.20	\$ 2.24	2.00%	2.00%	4.04%	0.53%	-0.04%	0.49%	6.58%	0.00%	6.58%	1,559	\$ 19.96	\$ 2.59
Other Outpatient Hospital	3,466	\$ 10.53	\$ 3.04	2.00%	2.00%	4.04%	0.45%	-0.10%	0.35%	6.58%	0.00%	6.58%	3,861	\$ 10.95	\$ 3.52
Professional	14,111	\$ 29.66	\$ 34.88	3.00%	1.00%	4.03%	-1.07%	7.45%	6.30%	6.58%	0.00%	6.58%	15,785	\$ 32.51	\$ 42.76
Specialty OAD	1,791	\$ 25.80	\$ 3.85	10.25%	31.55%	45.03%	-0.09%	0.98%	0.89%	6.58%	0.00%	6.58%	2,319	\$ 45.09	\$ 8.71
Specialty Pharmacy	119	\$ 1,531.97	\$ 15.17	10.30%	-3.80%	6.11%	-0.03%	-0.10%	-0.13%	6.58%	0.00%	6.58%	154	\$ 1,416.34	\$ 18.18
Other Pharmacy	4,032	\$ 30.08	\$ 10.11	0.90%	-0.30%	0.60%	0.91%	-0.64%	0.27%	6.58%	0.00%	6.58%	4,415	\$ 29.71	\$ 10.93
DME & Supplies	1,342	\$ 11.28	\$ 1.26	2.50%	1.00%	3.53%	-0.06%	1.26%	1.19%	6.58%	0.00%	6.58%	1,502	\$ 11.65	\$ 1.46
Community LTSS	388	\$ 21.55	\$ 0.70	2.50%	1.00%	3.53%	-0.05%	17.81%	17.75%	6.58%	0.00%	6.58%	435	\$ 25.90	\$ 0.94
Applied Behavioral Analysis	10	\$ 9.35	\$ 0.01	28.00%	0.50%	28.64%	-0.10%	20.43%	20.31%	6.58%	0.00%	6.58%	18	\$ 11.37	\$ 0.02
Outpatient Behavioral Health	3,834	\$ 50.60	\$ 16.17	3.00%	1.00%	4.03%	-1.31%	2.23%	0.88%	6.58%	0.00%	6.58%	4,279	\$ 52.76	\$ 18.81
Other Medical Services	1,914	\$ 23.96	\$ 3.82	2.50%	1.00%	3.53%	10.02%	5.56%	16.14%	6.58%	0.00%	6.58%	2,358	\$ 25.81	\$ 5.07
All Categories of Service		\$ 115.72				5.73%			2.72%			6.58%			\$ 141.61

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 141.61
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 141.61
Administration	\$ 22.35
Underwriting Gain	\$ 2.50
Premium Tax	\$ 6.04
Total Non-Medical	\$ 30.88
Total Capitation	\$ 172.50

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	283,364
Projected Member Months:	249,864

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	74	\$ 1,550.66	\$ 9.57	1.50%	1.00%	2.52%	0.00%	0.00%	0.00%	9.54%	0.00%	9.54%	84	\$ 1,581.83	\$ 11.01
Inpatient BH	129	\$ 571.62	\$ 6.13	3.00%	3.00%	6.09%	0.00%	0.00%	0.00%	9.54%	0.00%	9.54%	150	\$ 606.43	\$ 7.56
Long-Term Care	17	\$ 680.79	\$ 0.98	2.50%	1.00%	3.53%	0.00%	24.50%	24.50%	9.54%	0.00%	9.54%	20	\$ 864.62	\$ 1.44
Emergency Room	259	\$ 114.11	\$ 2.46	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	9.54%	0.00%	9.54%	295	\$ 118.72	\$ 2.92
Lab and Radiology - Facility	625	\$ 25.60	\$ 1.33	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	9.54%	0.00%	9.54%	712	\$ 26.64	\$ 1.58
Other Outpatient Hospital	2,306	\$ 13.72	\$ 2.64	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	9.54%	0.00%	9.54%	2,628	\$ 14.27	\$ 3.13
Professional	9,754	\$ 32.64	\$ 26.53	3.00%	1.00%	4.03%	-1.65%	8.95%	7.15%	9.54%	0.00%	9.54%	11,148	\$ 36.27	\$ 33.70
Specialty OAD	5,414	\$ 12.74	\$ 5.75	10.25%	31.55%	45.03%	0.00%	0.29%	0.29%	9.54%	0.00%	9.54%	7,209	\$ 22.10	\$ 13.28
Specialty Pharmacy	108	\$ 2,213.50	\$ 19.98	10.30%	-3.80%	6.11%	0.00%	-0.05%	-0.05%	9.54%	0.00%	9.54%	144	\$ 2,047.45	\$ 24.63
Other Pharmacy	2,573	\$ 41.97	\$ 9.00	0.90%	-0.30%	0.60%	1.19%	-0.92%	0.25%	9.54%	0.00%	9.54%	2,903	\$ 41.33	\$ 10.00
DME & Supplies	1,372	\$ 12.62	\$ 1.44	2.50%	1.00%	3.53%	0.00%	1.72%	1.72%	9.54%	0.00%	9.54%	1,579	\$ 13.10	\$ 1.72
Community LTSS	298	\$ 14.23	\$ 0.35	2.50%	1.00%	3.53%	0.00%	21.20%	21.20%	9.54%	0.00%	9.54%	343	\$ 17.59	\$ 0.50
Applied Behavioral Analysis	346	\$ 17.20	\$ 0.50	28.00%	0.50%	28.64%	0.00%	2.67%	2.67%	9.54%	0.00%	9.54%	621	\$ 17.84	\$ 0.92
Outpatient Behavioral Health	2,698	\$ 42.50	\$ 9.56	3.00%	1.00%	4.03%	-2.26%	0.76%	-1.51%	9.54%	0.00%	9.54%	3,065	\$ 43.68	\$ 11.16
Other Medical Services	1,453	\$ 23.20	\$ 2.81	2.50%	1.00%	3.53%	7.80%	4.60%	12.75%	9.54%	0.00%	9.54%	1,803	\$ 24.75	\$ 3.72
All Categories of Service		\$ 99.02				7.04%			2.39%			9.54%		\$ 127.26	

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 127.26
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 127.26
Administration	\$ 20.08
Underwriting Gain	\$ 2.24
Premium Tax	\$ 5.43
Total Non-Medical	\$ 27.75
Total Capitation	\$ 155.01

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	376,274
Projected Member Months:	349,284

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	179	\$ 1,270.74	\$ 18.97	0.50%	0.50%	1.00%	0.79%	0.10%	0.90%	0.33%	0.00%	0.33%	183	\$ 1,284.77	\$ 19.58
Inpatient BH	77	\$ 749.83	\$ 4.78	5.00%	2.00%	7.10%	6.88%	15.57%	23.52%	0.33%	0.00%	0.33%	90	\$ 901.56	\$ 6.80
Long-Term Care	12	\$ 520.27	\$ 0.50	3.00%	1.00%	4.03%	0.79%	22.04%	23.00%	0.33%	0.00%	0.33%	12	\$ 647.67	\$ 0.67
Emergency Room	868	\$ 131.18	\$ 9.49	0.50%	0.50%	1.00%	-0.28%	0.04%	-0.24%	0.33%	0.00%	0.33%	877	\$ 132.54	\$ 9.69
Lab and Radiology - Facility	4,350	\$ 19.84	\$ 7.19	0.50%	0.50%	1.00%	0.10%	-0.54%	-0.45%	0.33%	0.00%	0.33%	4,412	\$ 19.93	\$ 7.33
Other Outpatient Hospital	10,880	\$ 10.44	\$ 9.46	0.50%	0.50%	1.00%	-0.27%	1.24%	0.96%	0.33%	0.00%	0.33%	10,995	\$ 10.67	\$ 9.78
Professional	39,836	\$ 26.72	\$ 88.69	1.00%	0.50%	1.51%	-0.31%	5.12%	4.80%	0.33%	0.00%	0.33%	40,645	\$ 28.37	\$ 96.08
Specialty OAD	3,495	\$ 31.83	\$ 9.27	4.10%	6.90%	11.28%	-3.51%	2.44%	-1.15%	0.33%	0.00%	0.33%	3,666	\$ 37.27	\$ 11.39
Specialty Pharmacy	157	\$ 1,365.50	\$ 17.85	5.40%	3.20%	8.77%	-0.90%	-3.80%	-4.67%	0.33%	0.00%	0.33%	173	\$ 1,398.99	\$ 20.20
Other Pharmacy	7,168	\$ 32.23	\$ 19.25	2.50%	6.15%	8.80%	2.55%	0.77%	3.34%	0.33%	0.00%	0.33%	7,748	\$ 36.60	\$ 23.63
DME & Supplies	827	\$ 24.10	\$ 1.66	3.00%	1.00%	4.03%	0.00%	-0.69%	-0.70%	0.33%	0.00%	0.33%	881	\$ 24.42	\$ 1.79
Community LTSS	665	\$ 17.60	\$ 0.98	3.00%	1.00%	4.03%	-7.20%	13.12%	4.98%	0.33%	0.00%	0.33%	657	\$ 20.31	\$ 1.11
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	0.33%	0.00%	0.33%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	4,958	\$ 46.74	\$ 19.31	2.00%	2.00%	4.04%	-0.62%	3.19%	2.56%	0.33%	0.00%	0.33%	5,143	\$ 50.18	\$ 21.50
Other Medical Services	1,104	\$ 30.69	\$ 2.82	3.00%	1.00%	4.03%	22.99%	11.29%	36.88%	0.33%	0.00%	0.33%	1,445	\$ 34.84	\$ 4.20
All Categories of Service		\$ 210.23				3.60%			3.26%			0.33%			\$ 233.74

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 233.74
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 233.74
Administration	\$ 28.28
Underwriting Gain	\$ 3.99
Premium Tax	\$ 9.65
Total Non-Medical	\$ 41.92
Total Capitation	\$ 275.66

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	75,495
Projected Member Months:	58,860

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	139	\$ 1,313.73	\$ 15.27	0.50%	0.50%	1.00%	0.00%	0.12%	0.12%	9.68%	0.00%	9.68%	155	\$ 1,328.52	\$ 17.11
Inpatient BH	153	\$ 762.90	\$ 9.72	5.00%	2.00%	7.10%	0.00%	9.21%	9.21%	9.68%	0.00%	9.68%	185	\$ 866.85	\$ 13.36
Long-Term Care	31	\$ 442.32	\$ 1.15	3.00%	1.00%	4.03%	0.00%	24.50%	24.50%	9.68%	0.00%	9.68%	36	\$ 561.75	\$ 1.70
Emergency Room	470	\$ 124.87	\$ 4.89	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	9.68%	0.00%	9.68%	521	\$ 126.12	\$ 5.47
Lab and Radiology - Facility	1,601	\$ 24.41	\$ 3.26	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	9.68%	0.00%	9.68%	1,774	\$ 24.65	\$ 3.64
Other Outpatient Hospital	6,583	\$ 8.81	\$ 4.83	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	9.68%	0.00%	9.68%	7,293	\$ 8.90	\$ 5.41
Professional	9,727	\$ 37.35	\$ 30.27	1.00%	0.50%	1.51%	0.29%	5.10%	5.41%	9.68%	0.00%	9.68%	10,914	\$ 39.65	\$ 36.06
Specialty OAD	9,386	\$ 5.91	\$ 4.62	4.10%	6.90%	11.28%	0.00%	0.21%	0.21%	9.68%	0.00%	9.68%	11,156	\$ 6.77	\$ 6.29
Specialty Pharmacy	106	\$ 1,422.67	\$ 12.59	5.40%	3.20%	8.77%	0.00%	-0.07%	-0.07%	9.68%	0.00%	9.68%	129	\$ 1,514.13	\$ 16.32
Other Pharmacy	3,500	\$ 33.44	\$ 9.75	2.50%	6.15%	8.80%	4.89%	3.84%	8.92%	9.68%	0.00%	9.68%	4,231	\$ 39.12	\$ 13.79
DME & Supplies	1,096	\$ 24.37	\$ 2.22	3.00%	1.00%	4.03%	0.00%	0.09%	0.09%	9.68%	0.00%	9.68%	1,275	\$ 24.88	\$ 2.64
Community LTSS	1,248	\$ 6.12	\$ 0.64	3.00%	1.00%	4.03%	0.00%	33.32%	33.32%	9.68%	0.00%	9.68%	1,452	\$ 8.32	\$ 1.01
Applied Behavioral Analysis	75	\$ 17.86	\$ 0.11	28.00%	0.50%	28.64%	0.00%	4.66%	4.66%	9.68%	0.00%	9.68%	135	\$ 18.88	\$ 0.21
Outpatient Behavioral Health	4,097	\$ 38.23	\$ 13.05	2.00%	2.00%	4.04%	-2.38%	0.61%	-1.78%	9.68%	0.00%	9.68%	4,564	\$ 40.01	\$ 15.22
Other Medical Services	647	\$ 31.88	\$ 1.72	3.00%	1.00%	4.03%	30.67%	7.60%	40.59%	9.68%	0.00%	9.68%	984	\$ 34.99	\$ 2.87
All Categories of Service		\$ 114.11				4.18%			3.89%			9.68%			\$ 141.11

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 141.11
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 141.11
Administration	\$ 17.07
Underwriting Gain	\$ 2.41
Premium Tax	\$ 5.82
Total Non-Medical	\$ 25.30
Total Capitation	\$ 166.41

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	244,935
Projected Member Months:	230,076

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	396	\$ 1,379.90	\$ 45.54	0.50%	0.50%	1.00%	-1.79%	0.16%	-1.64%	1.74%	0.00%	1.74%	400	\$ 1,395.90	\$ 46.49
Inpatient BH	93	\$ 785.92	\$ 6.06	5.00%	2.00%	7.10%	-1.52%	11.77%	10.07%	1.74%	0.00%	1.74%	102	\$ 913.90	\$ 7.79
Long-Term Care	102	\$ 511.01	\$ 4.34	3.00%	1.00%	4.03%	-0.79%	21.12%	20.16%	1.74%	0.00%	1.74%	109	\$ 631.38	\$ 5.74
Emergency Room	736	\$ 127.44	\$ 7.82	0.50%	0.50%	1.00%	-0.50%	0.00%	-0.50%	1.74%	0.00%	1.74%	753	\$ 128.72	\$ 8.07
Lab and Radiology - Facility	4,033	\$ 21.78	\$ 7.32	0.50%	0.50%	1.00%	-0.71%	0.00%	-0.71%	1.74%	0.00%	1.74%	4,115	\$ 21.99	\$ 7.54
Other Outpatient Hospital	14,022	\$ 14.78	\$ 17.27	0.50%	0.50%	1.00%	-0.99%	-0.14%	-1.12%	1.74%	0.00%	1.74%	14,267	\$ 14.91	\$ 17.72
Professional	46,671	\$ 28.98	\$ 112.70	1.00%	0.50%	1.51%	-0.28%	4.54%	4.25%	1.74%	0.00%	1.74%	48,303	\$ 30.60	\$ 123.16
Specialty OAD	18,563	\$ 11.68	\$ 18.06	4.10%	6.90%	11.28%	-1.87%	0.61%	-1.27%	1.74%	0.00%	1.74%	20,084	\$ 13.43	\$ 22.47
Specialty Pharmacy	345	\$ 1,878.97	\$ 54.04	5.40%	3.20%	8.77%	-0.27%	-1.62%	-1.88%	1.74%	0.00%	1.74%	389	\$ 1,968.65	\$ 63.83
Other Pharmacy	15,731	\$ 43.70	\$ 57.29	2.50%	6.15%	8.80%	0.86%	-0.25%	0.61%	1.74%	0.00%	1.74%	16,960	\$ 49.12	\$ 69.43
DME & Supplies	2,697	\$ 13.88	\$ 3.12	3.00%	1.00%	4.03%	-2.12%	1.36%	-0.79%	1.74%	0.00%	1.74%	2,849	\$ 14.35	\$ 3.41
Community LTSS	8,333	\$ 5.01	\$ 3.48	3.00%	1.00%	4.03%	-2.74%	38.14%	34.36%	1.74%	0.00%	1.74%	8,749	\$ 7.07	\$ 5.15
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	1.74%	0.00%	1.74%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	7,116	\$ 42.38	\$ 25.13	2.00%	2.00%	4.04%	-2.17%	3.94%	1.69%	1.74%	0.00%	1.74%	7,369	\$ 45.82	\$ 28.14
Other Medical Services	1,593	\$ 32.13	\$ 4.27	3.00%	1.00%	4.03%	20.31%	9.73%	32.02%	1.74%	0.00%	1.74%	2,069	\$ 35.97	\$ 6.20
All Categories of Service		\$ 366.45				4.53%			1.91%			1.74%			\$ 415.16

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ (0.34)
VLBW Case Rate	\$ -
Capitated Medical Pre-Credibility	\$ 414.82
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 414.82
Administration	\$ 50.18
Underwriting Gain	\$ 7.08
Premium Tax	\$ 17.12
Total Non-Medical	\$ 74.39
Total Capitation	\$ 489.20

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	89,264
Projected Member Months:	74,964

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	460	\$ 1,373.00	\$ 52.63	0.50%	0.50%	1.00%	0.00%	0.14%	0.14%	0.00%	0.00%	0.00%	465	\$ 1,388.71	\$ 53.77
Inpatient BH	106	\$ 902.25	\$ 7.97	5.00%	2.00%	7.10%	0.00%	6.65%	6.65%	0.00%	0.00%	0.00%	117	\$ 1,001.15	\$ 9.75
Long-Term Care	89	\$ 502.20	\$ 3.71	3.00%	1.00%	4.03%	0.00%	24.06%	24.06%	0.00%	0.00%	0.00%	94	\$ 635.57	\$ 4.98
Emergency Room	507	\$ 124.42	\$ 5.26	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	512	\$ 125.66	\$ 5.37
Lab and Radiology - Facility	2,396	\$ 25.15	\$ 5.02	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2,420	\$ 25.40	\$ 5.12
Other Outpatient Hospital	11,988	\$ 15.87	\$ 15.85	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12,108	\$ 16.02	\$ 16.17
Professional	25,802	\$ 33.18	\$ 71.34	1.00%	0.50%	1.51%	0.09%	4.45%	4.54%	0.00%	0.00%	0.00%	26,345	\$ 35.00	\$ 76.84
Specialty OAD	34,985	\$ 3.74	\$ 10.89	4.10%	6.90%	11.28%	0.00%	0.38%	0.38%	0.00%	0.00%	0.00%	37,913	\$ 4.29	\$ 13.54
Specialty Pharmacy	410	\$ 1,537.24	\$ 52.54	5.40%	3.20%	8.77%	0.00%	-0.07%	-0.07%	0.00%	0.00%	0.00%	456	\$ 1,636.06	\$ 62.12
Other Pharmacy	11,768	\$ 53.48	\$ 52.45	2.50%	6.15%	8.80%	2.13%	0.20%	2.33%	0.00%	0.00%	0.00%	12,628	\$ 60.38	\$ 63.54
DME & Supplies	6,079	\$ 10.00	\$ 5.07	3.00%	1.00%	4.03%	0.00%	0.27%	0.27%	0.00%	0.00%	0.00%	6,449	\$ 10.23	\$ 5.50
Community LTSS	4,934	\$ 6.16	\$ 2.53	3.00%	1.00%	4.03%	0.00%	31.67%	31.67%	0.00%	0.00%	0.00%	5,234	\$ 8.28	\$ 3.61
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	4,420	\$ 43.82	\$ 16.14	2.00%	2.00%	4.04%	-3.97%	0.85%	-3.16%	0.00%	0.00%	0.00%	4,415	\$ 45.97	\$ 16.92
Other Medical Services	1,011	\$ 35.33	\$ 2.98	3.00%	1.00%	4.03%	20.39%	7.12%	28.97%	0.00%	0.00%	0.00%	1,292	\$ 38.61	\$ 4.16
All Categories of Service		\$ 304.39	\$ 4.70%			2.31%			0.00%						\$ 341.39

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 341.39
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 341.39
Administration	\$ 41.30
Underwriting Gain	\$ 5.83
Premium Tax	\$ 14.09
Total Non-Medical	\$ 61.22
Total Capitation	\$ 402.61

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	1,641
Projected Member Months:	1,176

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	631	\$ 10,164.60	\$ 534.20	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	637	\$10,266.50	\$ 544.96
Inpatient BH	-	\$ 0.00	\$ 0.00	3.00%	4.00%	7.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ 0.00	\$ 0.00
Long-Term Care	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ 0.00	\$ 0.00
Emergency Room	480	\$ 85.08	\$ 3.40	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	499	\$ 88.51	\$ 3.68
Lab and Radiology - Facility	526	\$ 28.69	\$ 1.26	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	547	\$ 29.85	\$ 1.36
Other Outpatient Hospital Professional	794	\$ 131.35	\$ 8.69	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	826	\$ 136.65	\$ 9.40
Specialty OAD	52,142	\$ 30.36	\$ 131.94	2.50%	0.00%	2.50%	-0.15%	6.05%	5.89%	0.00%	0.00%	0.00%	54,700	\$ 32.20	\$ 146.79
Specialty Pharmacy	-	\$ 0.00	\$ 0.00	5.20%	3.75%	9.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ 0.00	\$ 0.00
Specialty Pharmacy	29	\$ 128.90	\$ 0.31	4.80%	3.25%	8.21%	0.00%	-0.06%	-0.06%	0.00%	0.00%	0.00%	32	\$ 137.32	\$ 0.37
Other Pharmacy	2,596	\$ 41.34	\$ 8.94	0.95%	-0.65%	0.29%	0.02%	-0.05%	-0.04%	0.00%	0.00%	0.00%	2,646	\$ 40.78	\$ 8.99
DME & Supplies	603	\$ 264.02	\$ 13.27	2.50%	1.00%	3.53%	0.00%	0.31%	0.31%	0.00%	0.00%	0.00%	634	\$ 270.15	\$ 14.27
Community LTSS	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ 0.00	\$ 0.00
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	127	\$ 43.06	\$ 0.46	1.00%	2.00%	3.02%	0.00%	3.97%	3.97%	0.00%	0.00%	0.00%	130	\$ 46.58	\$ 0.50
Other Medical Services	2,598	\$ 32.47	\$ 7.03	2.50%	1.00%	3.53%	0.00%	0.36%	0.36%	0.00%	0.00%	0.00%	2,729	\$ 33.24	\$ 7.56
All Categories of Service		\$ 709.49	\$ 1.41%			1.13%			0.00%						\$ 737.89

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ (177.76)
VLBW Case Rate	\$ -
Capitated Medical Pre-Credibility	\$ 560.13
Credibility Weighting	21.3%
Manual PMPM	\$ 253.30
Final Capitated Medical	\$ 318.80
Administration	\$ 49.68
Underwriting Gain	\$ 5.61
Premium Tax	\$ 13.57
Total Non-Medical	\$ 68.86
Total Capitation	\$ 387.66

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	9,745
Projected Member Months:	14,412

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	33	\$ 1,291.23	\$ 3.50	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	4.14%	0.00%	4.14%	34	\$ 1,304.17	\$ 3.72
Inpatient BH	-	\$ 0.00	\$ 0.00	3.00%	4.00%	7.12%	0.00%	0.00%	0.00%	4.14%	0.00%	4.14%	-	\$ 0.00	\$ 0.00
Long-Term Care	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	4.14%	0.00%	4.14%	-	\$ 0.00	\$ 0.00
Emergency Room	480	\$ 98.46	\$ 3.94	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	4.14%	0.00%	4.14%	520	\$ 102.44	\$ 4.44
Lab and Radiology - Facility	521	\$ 18.94	\$ 0.82	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	4.14%	0.00%	4.14%	564	\$ 19.70	\$ 0.93
Other Outpatient Hospital Professional	1,981	\$ 35.40	\$ 5.85	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	4.14%	0.00%	4.14%	2,147	\$ 36.83	\$ 6.59
Specialty OAD	16,206	\$ 34.46	\$ 46.54	2.50%	0.00%	2.50%	-0.63%	7.18%	6.50%	4.14%	0.00%	4.14%	17,620	\$ 36.93	\$ 54.23
Specialty Pharmacy	2,807	\$ 39.32	\$ 9.20	5.20%	3.75%	9.15%	0.00%	0.00%	0.00%	4.14%	0.00%	4.14%	3,235	\$ 42.32	\$ 11.41
Specialty Pharmacy	36	\$ 31.82	\$ 0.09	4.80%	3.25%	8.21%	0.00%	-0.06%	-0.06%	4.14%	0.00%	4.14%	41	\$ 33.90	\$ 0.12
Other Pharmacy	2,465	\$ 17.76	\$ 3.65	0.95%	-0.65%	0.29%	0.23%	-0.02%	0.21%	4.14%	0.00%	4.14%	2,622	\$ 17.53	\$ 3.83
DME & Supplies	456	\$ 24.36	\$ 0.93	2.50%	1.00%	3.53%	0.00%	0.49%	0.49%	4.14%	0.00%	4.14%	499	\$ 24.97	\$ 1.04
Community LTSS	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	4.14%	0.00%	4.14%	-	\$ 0.00	\$ 0.00
Applied Behavioral Analysis	4,367	\$ 15.96	\$ 5.81	28.00%	0.50%	28.64%	0.00%	0.51%	0.51%	4.14%	0.00%	4.14%	7,451	\$ 16.20	\$ 10.06
Outpatient Behavioral Health	2,621	\$ 35.13	\$ 7.67	1.00%	2.00%	3.02%	0.00%	0.46%	0.46%	4.14%	0.00%	4.14%	2,785	\$ 36.72	\$ 8.52
Other Medical Services	318	\$ 43.28	\$ 1.15	2.50%	1.00%	3.53%	0.00%	2.00%	2.00%	4.14%	0.00%	4.14%	348	\$ 45.03	\$ 1.30
All Categories of Service		\$ 89.14				5.20%			3.35%			4.14%			\$ 106.19

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 106.19
Credibility Weighting	52.0%
Manual PMPM	\$ 103.41
Final Capitated Medical	\$ 104.86
Administration	\$ 16.34
Underwriting Gain	\$ 1.85
Premium Tax	\$ 4.46
Total Non-Medical	\$ 22.65
Total Capitation	\$ 127.50

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	150,670
Projected Member Months:	202,176

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	37	\$ 1,175.77	\$ 3.60	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	2.16%	0.00%	2.16%	38	\$ 1,187.56	\$ 3.75
Inpatient BH	47	\$ 710.74	\$ 2.77	3.00%	4.00%	7.12%	0.00%	0.00%	0.00%	2.16%	0.00%	2.16%	51	\$ 768.73	\$ 3.24
Long-Term Care	4	\$ 553.83	\$ 0.20	2.50%	1.00%	3.53%	0.00%	24.50%	24.50%	2.16%	0.00%	2.16%	5	\$ 703.37	\$ 0.27
Emergency Room	261	\$ 102.95	\$ 2.24	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	2.16%	0.00%	2.16%	277	\$ 107.11	\$ 2.47
Lab and Radiology - Facility	388	\$ 21.59	\$ 0.70	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	2.16%	0.00%	2.16%	412	\$ 22.46	\$ 0.77
Other Outpatient Hospital Professional	1,351	\$ 19.25	\$ 2.17	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	2.16%	0.00%	2.16%	1,436	\$ 20.03	\$ 2.40
Specialty OAD	10,468	\$ 33.82	\$ 29.50	2.50%	0.00%	2.50%	-0.84%	7.64%	6.74%	2.16%	0.00%	2.16%	11,142	\$ 36.40	\$ 33.80
Specialty Pharmacy	3,279	\$ 4.74	\$ 1.30	5.20%	3.75%	9.15%	0.00%	0.19%	0.19%	2.16%	0.00%	2.16%	3,707	\$ 5.11	\$ 1.58
Other Pharmacy	98	\$ 1,520.19	\$ 12.43	4.80%	3.25%	8.21%	0.00%	-0.06%	-0.06%	2.16%	0.00%	2.16%	110	\$ 1,619.60	\$ 14.86
DME & Supplies	2,719	\$ 30.46	\$ 6.90	0.95%	-0.65%	0.29%	0.76%	0.56%	1.32%	2.16%	0.00%	2.16%	2,852	\$ 30.24	\$ 7.19
Community LTSS	3,737	\$ 5.60	\$ 1.74	2.50%	1.00%	3.53%	0.00%	1.53%	1.53%	2.16%	0.00%	2.16%	4,011	\$ 5.80	\$ 1.94
Applied Behavioral Analysis	23	\$ 62.85	\$ 0.12	2.50%	1.00%	3.53%	0.00%	14.83%	14.83%	2.16%	0.00%	2.16%	24	\$ 73.62	\$ 0.15
Outpatient Behavioral Health	4,780	\$ 16.24	\$ 6.47	28.00%	0.50%	28.64%	0.00%	1.02%	1.02%	2.16%	0.00%	2.16%	8,001	\$ 16.57	\$ 11.05
Other Medical Services	2,856	\$ 40.96	\$ 9.75	1.00%	2.00%	3.02%	-0.12%	1.58%	1.46%	2.16%	0.00%	2.16%	2,973	\$ 43.29	\$ 10.72
Other Medical Services	1,377	\$ 28.70	\$ 3.29	2.50%	1.00%	3.53%	0.00%	0.93%	0.93%	2.16%	0.00%	2.16%	1,478	\$ 29.55	\$ 3.64
All Categories of Service		\$ 83.17				5.86%			2.75%			2.16%			\$ 97.83

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 97.83
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 97.83
Administration	\$ 15.24
Underwriting Gain	\$ 1.72
Premium Tax	\$ 4.16
Total Non-Medical	\$ 21.13
Total Capitation	\$ 118.96

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	31,242
Projected Member Months:	39,876

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	78	\$ 1,111.50	\$ 7.21	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	2.36%	0.00%	2.36%	80	\$ 1,122.64	\$ 7.52
Inpatient BH	139	\$ 685.66	\$ 7.93	3.00%	4.00%	7.12%	0.00%	0.00%	0.00%	2.36%	0.00%	2.36%	151	\$ 741.61	\$ 9.32
Long-Term Care	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	2.36%	0.00%	2.36%	-	\$ 0.00	\$ 0.00
Emergency Room	273	\$ 121.44	\$ 2.76	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	2.36%	0.00%	2.36%	291	\$ 126.35	\$ 3.06
Lab and Radiology - Facility	1,023	\$ 20.50	\$ 1.75	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	2.36%	0.00%	2.36%	1,089	\$ 21.33	\$ 1.94
Other Outpatient Hospital	2,651	\$ 14.34	\$ 3.17	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	2.36%	0.00%	2.36%	2,823	\$ 14.92	\$ 3.51
Professional	13,823	\$ 31.15	\$ 35.88	2.50%	0.00%	2.50%	-1.12%	7.10%	5.91%	2.36%	0.00%	2.36%	14,700	\$ 33.36	\$ 40.87
Specialty OAD	514	\$ 77.70	\$ 3.33	5.20%	3.75%	9.15%	0.00%	0.00%	0.00%	2.36%	0.00%	2.36%	583	\$ 83.64	\$ 4.06
Specialty Pharmacy	96	\$ 4,459.86	\$ 35.83	4.80%	3.25%	8.21%	0.00%	-0.06%	-0.06%	2.36%	0.00%	2.36%	108	\$ 4,751.51	\$ 42.92
Other Pharmacy	4,343	\$ 30.97	\$ 11.21	0.95%	-0.65%	0.29%	0.70%	0.59%	1.29%	2.36%	0.00%	2.36%	4,563	\$ 30.74	\$ 11.69
DME & Supplies	1,176	\$ 8.70	\$ 0.85	2.50%	1.00%	3.53%	0.00%	1.15%	1.15%	2.36%	0.00%	2.36%	1,265	\$ 8.98	\$ 0.95
Community LTSS	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	2.36%	0.00%	2.36%	-	\$ 0.00	\$ 0.00
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	2.36%	0.00%	2.36%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	3,188	\$ 62.68	\$ 16.65	1.00%	2.00%	3.02%	-0.54%	2.55%	2.00%	2.36%	0.00%	2.36%	3,311	\$ 66.87	\$ 18.45
Other Medical Services	1,709	\$ 24.94	\$ 3.55	2.50%	1.00%	3.53%	2.53%	2.87%	5.48%	2.36%	0.00%	2.36%	1,885	\$ 26.17	\$ 4.11
All Categories of Service		\$ 130.12				4.48%			2.05%			2.36%			\$ 148.39

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 148.39
Credibility Weighting	93.2%
Manual PMPM	\$ 134.32
Final Capitated Medical	\$ 147.43
Administration	\$ 22.97
Underwriting Gain	\$ 2.59
Premium Tax	\$ 6.27
Total Non-Medical	\$ 31.84
Total Capitation	\$ 179.27

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	31,097
Projected Member Months:	41,808

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	16	\$ 1,476.33	\$ 1.98	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	9.63%	0.00%	9.63%	18	\$ 1,491.13	\$ 2.21
Inpatient BH	54	\$ 666.36	\$ 2.99	3.00%	4.00%	7.12%	0.00%	0.00%	0.00%	9.63%	0.00%	9.63%	63	\$ 720.74	\$ 3.77
Long-Term Care	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	9.63%	0.00%	9.63%	-	\$ 0.00	\$ 0.00
Emergency Room	195	\$ 116.98	\$ 1.90	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	9.63%	0.00%	9.63%	223	\$ 121.70	\$ 2.26
Lab and Radiology - Facility	508	\$ 25.66	\$ 1.09	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	9.63%	0.00%	9.63%	580	\$ 26.70	\$ 1.29
Other Outpatient Hospital Professional	2,132	\$ 15.53	\$ 2.76	2.00%	2.00%	4.04%	0.00%	0.00%	0.00%	9.63%	0.00%	9.63%	2,431	\$ 16.16	\$ 3.27
Specialty OAD	9,679	\$ 33.04	\$ 26.65	2.50%	0.00%	2.50%	-1.46%	8.45%	6.87%	9.63%	0.00%	9.63%	10,986	\$ 35.83	\$ 32.80
Specialty Pharmacy	4,547	\$ 7.79	\$ 2.95	5.20%	3.75%	9.15%	0.00%	2.03%	2.03%	9.63%	0.00%	9.63%	5,516	\$ 8.55	\$ 3.93
Specialty Pharmacy	92	\$ 1,904.20	\$ 14.57	4.80%	3.25%	8.21%	0.00%	-0.06%	-0.06%	9.63%	0.00%	9.63%	111	\$ 2,028.73	\$ 18.70
Other Pharmacy	2,709	\$ 36.55	\$ 8.25	0.95%	-0.65%	0.29%	1.12%	0.65%	1.78%	9.63%	0.00%	9.63%	3,060	\$ 36.31	\$ 9.26
DME & Supplies	2,590	\$ 5.79	\$ 1.25	2.50%	1.00%	3.53%	0.00%	1.62%	1.62%	9.63%	0.00%	9.63%	2,983	\$ 6.00	\$ 1.49
Community LTSS	-	\$ 0.00	\$ 0.00	2.50%	1.00%	3.53%	0.00%	0.00%	0.00%	9.63%	0.00%	9.63%	-	\$ 0.00	\$ 0.00
Applied Behavioral Analysis	531	\$ 20.47	\$ 0.91	28.00%	0.50%	28.64%	0.00%	2.28%	2.28%	9.63%	0.00%	9.63%	953	\$ 21.15	\$ 1.68
Outpatient Behavioral Health	1,586	\$ 52.86	\$ 6.98	1.00%	2.00%	3.02%	-0.88%	2.06%	1.17%	9.63%	0.00%	9.63%	1,758	\$ 56.13	\$ 8.22
Other Medical Services	1,426	\$ 24.82	\$ 2.95	2.50%	1.00%	3.53%	0.92%	2.42%	3.37%	9.63%	0.00%	9.63%	1,658	\$ 25.94	\$ 3.58
All Categories of Service		\$ 75.23	\$ 4.38%			2.90%			9.63%			9.63%		\$ 92.46	

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 92.46
Credibility Weighting	92.9%
Manual PMPM	\$ 118.02
Final Capitated Medical	\$ 94.27
Administration	\$ 14.69
Underwriting Gain	\$ 1.66
Premium Tax	\$ 4.01
Total Non-Medical	\$ 20.36
Total Capitation	\$ 114.62

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	760,402
Projected Member Months:	548,052

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	166	\$ 1,404.39	\$ 19.47	0.50%	0.50%	1.00%	-0.52%	0.42%	-0.10%	6.75%	0.00%	6.75%	178	\$ 1,424.49	\$ 21.18
Inpatient BH	166	\$ 757.00	\$ 10.45	6.00%	2.00%	8.12%	0.05%	15.05%	15.11%	6.75%	0.00%	6.75%	199	\$ 906.14	\$ 15.01
Long-Term Care	36	\$ 579.70	\$ 1.73	4.50%	1.00%	5.55%	1.78%	22.90%	25.09%	6.75%	0.00%	6.75%	42	\$ 726.77	\$ 2.57
Emergency Room	669	\$ 123.36	\$ 6.88	0.50%	0.50%	1.00%	-0.38%	-0.20%	-0.58%	6.75%	0.00%	6.75%	719	\$ 124.35	\$ 7.45
Lab and Radiology - Facility	3,140	\$ 20.57	\$ 5.38	0.50%	0.50%	1.00%	-0.58%	0.17%	-0.41%	6.75%	0.00%	6.75%	3,366	\$ 20.81	\$ 5.84
Other Outpatient Hospital	9,096	\$ 10.84	\$ 8.22	0.50%	0.50%	1.00%	-0.32%	-0.39%	-0.71%	6.75%	0.00%	6.75%	9,776	\$ 10.91	\$ 8.89
Professional	25,173	\$ 29.28	\$ 61.42	1.50%	0.00%	1.50%	-0.27%	4.93%	4.65%	6.75%	0.00%	6.75%	27,608	\$ 30.72	\$ 70.68
Specialty OAD	8,756	\$ 15.81	\$ 11.54	4.50%	6.55%	11.34%	2.58%	-1.02%	1.53%	6.75%	0.00%	6.75%	10,470	\$ 17.76	\$ 15.50
Specialty Pharmacy	155	\$ 1,795.55	\$ 23.23	4.05%	4.55%	8.78%	1.14%	1.02%	2.17%	6.75%	0.00%	6.75%	181	\$ 1,982.64	\$ 29.98
Other Pharmacy	7,469	\$ 36.81	\$ 22.91	2.50%	6.40%	9.06%	3.10%	2.50%	5.67%	6.75%	0.00%	6.75%	8,636	\$ 42.71	\$ 30.74
DME & Supplies	1,242	\$ 12.22	\$ 1.27	4.50%	1.00%	5.55%	1.57%	0.13%	1.70%	6.75%	0.00%	6.75%	1,471	\$ 12.48	\$ 1.53
Community LTSS	1,540	\$ 5.88	\$ 0.75	4.50%	1.00%	5.55%	3.28%	33.82%	38.22%	6.75%	0.00%	6.75%	1,854	\$ 8.03	\$ 1.24
Applied Behavioral Analysis	27	\$ 26.57	\$ 0.06	28.00%	0.50%	28.64%	3.29%	0.03%	3.32%	6.75%	0.00%	6.75%	49	\$ 26.84	\$ 0.11
Outpatient Behavioral Health	5,358	\$ 54.08	\$ 24.15	1.50%	3.00%	4.55%	-1.79%	3.68%	1.82%	6.75%	0.00%	6.75%	5,787	\$ 59.48	\$ 28.69
Other Medical Services	1,167	\$ 31.04	\$ 3.02	4.50%	1.00%	5.55%	4.66%	4.84%	9.73%	6.75%	0.00%	6.75%	1,424	\$ 33.19	\$ 3.94
All Categories of Service		\$ 200.46	\$ 4.60%			3.94%			6.75%			6.75%		\$ 243.33	

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ 243.33
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 243.33
Administration	\$ 26.37
Underwriting Gain	\$ 4.11
Premium Tax	\$ 9.93
Total Non-Medical	\$ 40.41
Total Capitation	\$ 283.75

CY 2025 Nevada MCO Rate Certification Appendices
Appendix G: Capitation Rate Calculation Sheet
Expansion Male 19-34 – Southern

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	718,323
Projected Member Months:	540,948

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	237	\$ 1,482.14	\$ 29.22	0.50%	0.50%	1.00%	0.00%	0.23%	0.23%	7.75%	0.00%	7.75%	257	\$ 1,500.38	\$ 32.19
Inpatient BH	346	\$ 733.13	\$ 21.16	6.00%	2.00%	8.12%	0.00%	15.70%	15.70%	7.75%	0.00%	7.75%	419	\$ 882.49	\$ 30.84
Long-Term Care	44	\$ 523.87	\$ 1.93	4.50%	1.00%	5.55%	0.00%	21.31%	21.31%	7.75%	0.00%	7.75%	52	\$ 648.26	\$ 2.82
Emergency Room	546	\$ 124.89	\$ 5.68	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	7.75%	0.00%	7.75%	594	\$ 126.14	\$ 6.24
Lab and Radiology - Facility	1,643	\$ 23.29	\$ 3.19	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	7.75%	0.00%	7.75%	1,788	\$ 23.53	\$ 3.51
Other Outpatient Hospital	6,896	\$ 10.73	\$ 6.17	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	7.75%	0.00%	7.75%	7,506	\$ 10.84	\$ 6.78
Professional	13,219	\$ 32.62	\$ 35.93	1.50%	0.00%	1.50%	0.18%	5.07%	5.26%	7.75%	0.00%	7.75%	14,702	\$ 34.27	\$ 41.99
Specialty OAD	16,361	\$ 4.90	\$ 6.68	4.50%	6.55%	11.34%	0.00%	0.21%	0.21%	7.75%	0.00%	7.75%	19,252	\$ 5.58	\$ 8.95
Specialty Pharmacy	251	\$ 2,457.07	\$ 51.34	4.05%	4.55%	8.78%	0.00%	-0.04%	-0.04%	7.75%	0.00%	7.75%	293	\$ 2,684.65	\$ 65.44
Other Pharmacy	4,252	\$ 39.70	\$ 14.07	2.50%	6.40%	9.06%	4.43%	2.38%	6.91%	7.75%	0.00%	7.75%	5,026	\$ 46.01	\$ 19.27
DME & Supplies	2,026	\$ 8.07	\$ 1.36	4.50%	1.00%	5.55%	0.00%	0.30%	0.30%	7.75%	0.00%	7.75%	2,384	\$ 8.25	\$ 1.64
Community LTSS	1,830	\$ 8.20	\$ 1.25	4.50%	1.00%	5.55%	0.00%	27.72%	27.72%	7.75%	0.00%	7.75%	2,154	\$ 10.68	\$ 1.92
Applied Behavioral Analysis	17	\$ 19.44	\$ 0.03	28.00%	0.50%	28.64%	0.00%	2.18%	2.18%	7.75%	0.00%	7.75%	30	\$ 20.06	\$ 0.05
Outpatient Behavioral Health	6,678	\$ 47.81	\$ 26.60	1.50%	3.00%	4.55%	-1.56%	2.27%	0.67%	7.75%	0.00%	7.75%	7,297	\$ 51.87	\$ 31.54
Other Medical Services	725	\$ 32.24	\$ 1.95	4.50%	1.00%	5.55%	12.82%	9.37%	23.39%	7.75%	0.00%	7.75%	962	\$ 35.97	\$ 2.88
All Categories of Service		\$ 206.56	\$ 5.30%			3.75%			7.75%			7.75%		\$ 256.06	

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ (0.38)
VLBW Case Rate	\$ -
Capitated Medical Pre-Credibility	\$ 255.68
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 255.68
Administration	\$ 27.71
Underwriting Gain	\$ 4.32
Premium Tax	\$ 10.43
Total Non-Medical	\$ 42.46
Total Capitation	\$ 298.14

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	927,621
Projected Member Months:	730,008

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	567	\$ 1,347.24	\$ 63.65	0.50%	0.50%	1.00%	0.47%	0.40%	0.87%	5.08%	0.00%	5.08%	605	\$ 1,366.20	\$ 68.82
Inpatient BH	160	\$ 789.52	\$ 10.51	6.00%	2.00%	8.12%	0.46%	13.82%	14.34%	5.08%	0.00%	5.08%	189	\$ 934.92	\$ 14.76
Long-Term Care	321	\$ 515.73	\$ 13.80	4.50%	1.00%	5.55%	0.42%	21.74%	22.26%	5.08%	0.00%	5.08%	370	\$ 640.48	\$ 19.75
Emergency Room	646	\$ 126.71	\$ 6.82	0.50%	0.50%	1.00%	0.10%	0.01%	0.11%	5.08%	0.00%	5.08%	687	\$ 127.99	\$ 7.32
Lab and Radiology - Facility	3,568	\$ 22.71	\$ 6.75	0.50%	0.50%	1.00%	0.19%	-0.04%	0.15%	5.08%	0.00%	5.08%	3,794	\$ 22.93	\$ 7.25
Other Outpatient Hospital	13,942	\$ 17.93	\$ 20.83	0.50%	0.50%	1.00%	0.22%	0.10%	0.32%	5.08%	0.00%	5.08%	14,828	\$ 18.13	\$ 22.40
Professional	49,550	\$ 31.03	\$ 128.14	1.50%	0.00%	1.50%	0.26%	4.28%	4.56%	5.08%	0.00%	5.08%	53,780	\$ 32.36	\$ 145.04
Specialty OAD	36,295	\$ 10.19	\$ 30.82	4.50%	6.55%	11.34%	0.48%	0.56%	1.05%	5.08%	0.00%	5.08%	41,846	\$ 11.63	\$ 40.57
Specialty Pharmacy	462	\$ 1,737.80	\$ 66.97	4.05%	4.55%	8.78%	0.30%	0.07%	0.37%	5.08%	0.00%	5.08%	528	\$ 1,900.77	\$ 83.58
Other Pharmacy	20,611	\$ 47.06	\$ 80.83	2.50%	6.40%	9.06%	1.82%	0.20%	2.02%	5.08%	0.00%	5.08%	23,168	\$ 53.38	\$ 103.07
DME & Supplies	5,736	\$ 10.06	\$ 4.81	4.50%	1.00%	5.55%	0.53%	0.36%	0.89%	5.08%	0.00%	5.08%	6,616	\$ 10.30	\$ 5.68
Community LTSS	14,716	\$ 4.81	\$ 5.89	4.50%	1.00%	5.55%	0.59%	39.51%	40.33%	5.08%	0.00%	5.08%	16,984	\$ 6.84	\$ 9.68
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	5.08%	0.00%	5.08%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	6,604	\$ 48.22	\$ 26.54	1.50%	3.00%	4.55%	-1.64%	2.95%	1.26%	5.08%	0.00%	5.08%	7,032	\$ 52.67	\$ 30.86
Other Medical Services	1,694	\$ 37.44	\$ 5.28	4.50%	1.00%	5.55%	4.42%	2.92%	7.47%	5.08%	0.00%	5.08%	2,030	\$ 39.31	\$ 6.65
All Categories of Service		\$ 471.66	\$ 5.01%			5.01%			3.46%			5.08%		\$ 565.43	

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ (0.57)
VLBW Case Rate	\$ -
Capitated Medical Pre-Credibility	\$ 564.87
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 564.87
Administration	\$ 61.22
Underwriting Gain	\$ 9.53
Premium Tax	\$ 23.05
Total Non-Medical	\$ 93.81
Total Capitation	\$ 658.68

CY 2025 Nevada MCO Rate Certification Appendices

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

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025
Base Member Months:	901,517
Projected Member Months:	738,540

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Population Acuity			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Inpatient Non-BH	941	\$ 1,412.15	\$ 110.70	0.50%	0.50%	1.00%	0.00%	0.67%	0.67%	4.27%	0.00%	4.27%	991	\$ 1,435.81	\$ 118.53
Inpatient BH	417	\$ 768.40	\$ 26.71	6.00%	2.00%	8.12%	0.00%	13.38%	13.38%	4.27%	0.00%	4.27%	489	\$ 906.39	\$ 36.92
Long-Term Care	544	\$ 521.47	\$ 23.62	4.50%	1.00%	5.55%	0.00%	22.37%	22.37%	4.27%	0.00%	4.27%	619	\$ 650.95	\$ 33.57
Emergency Room	725	\$ 128.27	\$ 7.75	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	4.27%	0.00%	4.27%	764	\$ 129.56	\$ 8.25
Lab and Radiology - Facility	5,958	\$ 12.51	\$ 6.21	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	4.27%	0.00%	4.27%	6,274	\$ 12.63	\$ 6.61
Other Outpatient Hospital	20,730	\$ 12.58	\$ 21.73	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	4.27%	0.00%	4.27%	21,831	\$ 12.71	\$ 23.12
Professional	34,773	\$ 35.20	\$ 102.01	1.50%	0.00%	1.50%	0.07%	4.40%	4.47%	4.27%	0.00%	4.27%	37,379	\$ 36.75	\$ 114.48
Specialty OAD	37,580	\$ 6.54	\$ 20.48	4.50%	6.55%	11.34%	0.00%	0.42%	0.42%	4.27%	0.00%	4.27%	42,789	\$ 7.45	\$ 26.58
Specialty Pharmacy	541	\$ 1,926.62	\$ 86.93	4.05%	4.55%	8.78%	0.00%	-0.04%	-0.04%	4.27%	0.00%	4.27%	611	\$ 2,105.07	\$ 107.22
Other Pharmacy	13,806	\$ 51.83	\$ 59.62	2.50%	6.40%	9.06%	1.91%	0.19%	2.10%	4.27%	0.00%	4.27%	15,413	\$ 58.78	\$ 75.50
DME & Supplies	5,982	\$ 10.48	\$ 5.23	4.50%	1.00%	5.55%	0.00%	0.34%	0.34%	4.27%	0.00%	4.27%	6,812	\$ 10.73	\$ 6.09
Community LTSS	8,552	\$ 4.94	\$ 3.52	4.50%	1.00%	5.55%	0.00%	38.59%	38.59%	4.27%	0.00%	4.27%	9,737	\$ 6.99	\$ 5.67
Applied Behavioral Analysis	-	\$ 0.00	\$ 0.00	28.00%	0.50%	28.64%	0.00%	0.00%	0.00%	4.27%	0.00%	4.27%	-	\$ 0.00	\$ 0.00
Outpatient Behavioral Health	9,019	\$ 45.53	\$ 34.22	1.50%	3.00%	4.55%	-1.25%	2.05%	0.77%	4.27%	0.00%	4.27%	9,567	\$ 49.29	\$ 39.29
Other Medical Services	1,259	\$ 39.04	\$ 4.10	4.50%	1.00%	5.55%	13.13%	8.14%	22.35%	4.27%	0.00%	4.27%	1,622	\$ 43.07	\$ 5.82
All Categories of Service		\$ 512.83	\$ 4.76%			4.76%			3.54%			4.27%			\$ 607.64

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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	\$ (2.36)
VLBW Case Rate	\$ -
Capitated Medical Pre-Credibility	\$ 605.29
Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 605.29
Administration	\$ 65.60
Underwriting Gain	\$ 10.22
Premium Tax	\$ 24.70
Total Non-Medical	\$ 100.52
Total Capitation	\$ 705.81

CY 2025 Nevada MCO Rate Certification Appendices
Appendix H: DCR Rate Calculation Sheet
Delivery Case Rate

Base Period:	January 1, 2023 - December 31, 2023
Rating Period:	January 1, 2025 - December 31, 2025

	Cesarean	Vaginal	Combined
Base Delivery Count:	4,046	7,803	11,849
Projected Delivery Count:	4,206	8,294	12,500

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	3,043	\$ 1,089.20	\$ 3,314.16	1.00%	1.00%	2.01%	0.00%	0.00%	0.00%	3,104	\$ 1,111.09	\$ 3,448.73
Cesarean	Delivery Other	218,508	\$ 12.26	\$ 2,677.85	1.00%	0.50%	1.51%	0.00%	4.84%	4.84%	222,900	\$ 12.98	\$ 2,892.52
Cesarean	Total Medical			\$ 5,992.01			1.78%			2.15%			\$ 6,341.25
Vaginal	Delivery Inpatient	1,968	\$ 1,098.02	\$ 2,161.16	0.75%	0.75%	1.51%	0.00%	0.00%	0.00%	1,998	\$ 1,114.56	\$ 2,226.72
Vaginal	Delivery Other	269,816	\$ 8.35	\$ 2,252.68	1.00%	0.50%	1.50%	0.00%	5.03%	5.03%	275,239	\$ 8.86	\$ 2,437.86
Vaginal	Total Medical			\$ 4,413.84			1.51%			2.57%			\$ 4,664.58

General Note:
- Totals may differ due to rounding.

Footnotes:
1. Base data reflects January 1, 2023 through December 31, 2023 dates of service, adjusted for completion, underreporting, recoveries of provider overpayments, provider incentive payments, 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.

Type of Birth	Projected Delivery Mix	Cost per Delivery
Cesarean	33.6%	\$ 6,341.25
Vaginal	66.4%	\$ 4,664.58
Combined	100.0%	\$ 5,228.75

Administration	\$ 697.69
Underwriting Gain	\$ 90.25
Premium Tax	\$ 218.22
Total Non-Medical	\$ 1,006.16

Final Delivery Case Rate	\$ 6,234.91
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CY 2025 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 2025 Estimated Directed Payment Dollars	\$ 59,883,103	\$ 209,737,738	\$ 85,469,732	\$ 1,039,092,544	\$ 1,601,800
Premium Tax 3.50%					3.50%
CY 2025 Estimated Directed Payment Dollars in Separate Term	\$ 62,055,029	\$ 217,344,806	\$ 88,569,670	\$ 1,076,779,838	\$ 1,659,896

Region	COA	Rating Group	CY 2025 Projected MMs	Services in a Teaching Environment		Services Provided by Public Hospitals		Nursing Facility		Services Provided by Private Hospitals		CCBHC QIP	
				CY 2025 Estimated Dollars	CY 2025 Estimated PMPMs	CY 2025 Estimated Dollars	CY 2025 Estimated PMPMs	CY 2025 Estimated Dollars	CY 2025 Estimated PMPMs	CY 2025 Estimated Dollars	CY 2025 Estimated PMPMs	CY 2025 Estimated Dollars	CY 2025 Estimated PMPMs
Northern	TANF/CHAP Child	Under 1	23,064	\$ 2,347,485	\$ 101.78	\$ -	\$ -	\$ 9,361	\$ 0.41	\$ 30,520,337	\$ 1,323.29	\$ -	\$ -
Northern	TANF/CHAP Child	Child 1-2	42,540	\$ 1,521,570	\$ 35.77	\$ -	\$ -	\$ 40,048	\$ 0.94	\$ 3,259,635	\$ 76.63	\$ -	\$ -
Northern	TANF/CHAP Child	Child 3-14	223,524	\$ 3,809,253	\$ 17.04	\$ -	\$ -	\$ 208,627	\$ 0.93	\$ 12,352,229	\$ 55.26	\$ 75,775	\$ 0.34
Northern	TANF/CHAP Child	Female 15-18	32,328	\$ 740,471	\$ 22.90	\$ -	\$ -	\$ 99,348	\$ 3.07	\$ 5,457,164	\$ 168.81	\$ 37,990	\$ 1.18
Northern	TANF/CHAP Child	Male 15-18	31,500	\$ 449,694	\$ 14.28	\$ -	\$ -	\$ -	\$ -	\$ 2,983,308	\$ 94.71	\$ 33,689	\$ 1.07
Northern	TANF/CHAP Adult	Female 19-34	49,560	\$ 3,300,310	\$ 66.59	\$ -	\$ -	\$ 48,475	\$ 0.98	\$ 18,105,826	\$ 365.33	\$ 56,436	\$ 1.14
Northern	TANF/CHAP Adult	Male 19-34	8,472	\$ 164,885	\$ 19.46	\$ -	\$ -	\$ 22,229	\$ 2.62	\$ 1,717,366	\$ 202.71	\$ 2,439	\$ 0.29
Northern	TANF/CHAP Adult	Female 35 and Over	27,780	\$ 1,116,550	\$ 40.19	\$ -	\$ -	\$ 33,436	\$ 1.20	\$ 9,450,058	\$ 340.17	\$ 45,457	\$ 1.64
Northern	TANF/CHAP Adult	Male 35 and Over	10,248	\$ 291,902	\$ 28.48	\$ -	\$ -	\$ 93,508	\$ 9.12	\$ 2,383,388	\$ 232.57	\$ 3,034	\$ 0.30
Northern	Check Up	Under 1	288	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Northern	Check Up	Child 1-2	2,376	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Northern	Check Up	Child 3-14	32,868	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Northern	Check Up	Female 15-18	5,952	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Northern	Check Up	Male 15-18	6,876	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Northern	Expansion	Female 19-34	75,624	\$ 2,000,726	\$ 26.46	\$ -	\$ -	\$ 24,932	\$ 0.33	\$ 13,995,253	\$ 185.06	\$ 75,254	\$ 1.00
Northern	Expansion	Male 19-34	68,700	\$ 1,393,441	\$ 20.28	\$ -	\$ -	\$ 108,649	\$ 1.58	\$ 15,963,772	\$ 232.37	\$ 97,562	\$ 1.42
Northern	Expansion	Female 35 and Over	97,608	\$ 3,921,951	\$ 40.18	\$ -	\$ -	\$ 2,616,356	\$ 26.80	\$ 42,927,637	\$ 439.80	\$ 86,958	\$ 0.89
Northern	Expansion	Male 35 and Over	107,592	\$ 4,945,377	\$ 45.96	\$ -	\$ -	\$ 5,713,926	\$ 53.11	\$ 60,723,665	\$ 564.39	\$ 137,244	\$ 1.28
Southern	TANF/CHAP Child	Under 1	153,780	\$ 4,539,677	\$ 29.52	\$ 27,034,245	\$ 175.80	\$ 721,246	\$ 4.69	\$ 90,354,828	\$ 587.56	\$ -	\$ -
Southern	TANF/CHAP Child	Child 1-2	290,472	\$ 1,272,417	\$ 4.38	\$ 4,281,869	\$ 14.74	\$ 1,845,593	\$ 6.35	\$ 7,317,121	\$ 25.19	\$ -	\$ -
Southern	TANF/CHAP Child	Child 3-14	1,666,464	\$ 5,055,253	\$ 3.03	\$ 14,945,014	\$ 8.97	\$ 1,071,479	\$ 0.64	\$ 36,442,627	\$ 21.87	\$ 51,729	\$ 0.03
Southern	TANF/CHAP Child	Female 15-18	249,480	\$ 1,122,070	\$ 4.50	\$ 3,481,229	\$ 13.95	\$ 151,973	\$ 0.61	\$ 16,158,722	\$ 64.77	\$ 26,536	\$ 0.11
Southern	TANF/CHAP Child	Male 15-18	249,864	\$ 890,226	\$ 3.56	\$ 4,077,587	\$ 16.32	\$ 657,759	\$ 2.63	\$ 9,765,698	\$ 39.08	\$ 15,950	\$ 0.06
Southern	TANF/CHAP Adult	Female 19-34	349,284	\$ 4,387,519	\$ 12.56	\$ 14,223,683	\$ 40.72	\$ 424,930	\$ 1.22	\$ 84,252,455	\$ 241.21	\$ 79,931	\$ 0.23
Southern	TANF/CHAP Adult	Male 19-34	58,860	\$ 218,858	\$ 3.72	\$ 1,176,300	\$ 19.98	\$ 180,996	\$ 3.08	\$ 4,644,782	\$ 78.91	\$ 13,301	\$ 0.23
Southern	TANF/CHAP Adult	Female 35 and Over	230,076	\$ 1,895,784	\$ 8.24	\$ 7,790,270	\$ 33.86	\$ 2,320,635	\$ 10.09	\$ 49,159,038	\$ 213.66	\$ 52,896	\$ 0.23
Southern	TANF/CHAP Adult	Male 35 and Over	74,964	\$ 378,479	\$ 5.05	\$ 3,841,435	\$ 51.24	\$ 732,628	\$ 9.77	\$ 12,852,014	\$ 171.44	\$ 17,216	\$ 0.23
Southern	Check Up	Under 1	1,176	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Southern	Check Up	Child 1-2	14,412	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Southern	Check Up	Child 3-14	202,176	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Southern	Check Up	Female 15-18	39,876	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Southern	Check Up	Male 15-18	41,808	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Southern	Expansion	Female 19-34	548,052	\$ 2,944,989	\$ 5.37	\$ 13,533,368	\$ 24.69	\$ 2,354,399	\$ 4.30	\$ 65,536,388	\$ 119.58	\$ 145,556	\$ 0.27
Southern	Expansion	Male 19-34	540,948	\$ 2,653,943	\$ 4.91	\$ 20,368,431	\$ 37.65	\$ 2,439,671	\$ 4.51	\$ 69,137,243	\$ 127.81	\$ 181,490	\$ 0.34
Southern	Expansion	Female 35 and Over	730,008	\$ 5,413,525	\$ 7.42	\$ 33,132,591	\$ 45.39	\$ 23,959,346	\$ 32.82	\$ 166,546,699	\$ 228.14	\$ 180,491	\$ 0.25
Southern	Expansion	Male 35 and Over	738,540	\$ 5,278,677	\$ 7.15	\$ 69,458,783	\$ 94.05	\$ 42,690,121	\$ 57.80	\$ 244,772,585	\$ 331.43	\$ 242,962	\$ 0.33
All Regions	TANF/CHAP Child	All	2,963,016	\$ 21,748,115	\$ 7.34	\$ 53,819,944	\$ 18.16	\$ 4,805,433	\$ 1.62	\$ 214,611,670	\$ 72.43	\$ 241,669	\$ 0.08
All Regions	TANF/CHAP Adult	All	809,244	\$ 11,754,286	\$ 14.53	\$ 27,031,688	\$ 33.40	\$ 3,856,838	\$ 4.77	\$ 182,564,926	\$ 225.60	\$ 270,710	\$ 0.33
All Regions	All TANF/CHAP	All	3,772,260	\$ 33,502,400	\$ 8.88	\$ 80,851,632	\$ 21.43	\$ 8,662,271	\$ 2.30	\$ 397,176,596	\$ 105.29	\$ 512,379	\$ 0.14
All Regions	Check Up	All	347,808	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
All Regions	Expansion	All	2,907,072	\$ 28,552,629	\$ 9.82	\$ 136,493,174	\$ 46.95	\$ 79,907,399	\$ 27.49	\$ 679,603,242	\$ 233.78	\$ 1,147,517	\$ 0.39
All Regions	All COAs	All	7,027,140	\$ 62,055,029	\$ 8.83	\$ 217,344,806	\$ 30.93	\$ 88,569,670	\$ 12.60	\$ 1,076,779,838	\$ 153.23	\$ 1,659,896	\$ 0.24

General Notes:
- Totals may differ due to rounding.
- All composites are weighted on CY 2025 projected member months.
- The State directed payments are not applicable to Title XXI (Check Up).

CY 2025 Nevada MCO Rate Certification Appendices

Appendix I: State Directed Payments

Rate Adjustments

Region	COA	Rating Group	CCBHC Minimum Fee Schedule
Northern	TANF/CHAP Child	Under 1	0.0%
Northern	TANF/CHAP Child	Child 1-2	0.0%
Northern	TANF/CHAP Child	Child 3-14	0.2%
Northern	TANF/CHAP Child	Female 15-18	0.4%
Northern	TANF/CHAP Child	Male 15-18	0.5%
Northern	TANF/CHAP Adult	Female 19-34	0.2%
Northern	TANF/CHAP Adult	Male 19-34	0.1%
Northern	TANF/CHAP Adult	Female 35 and Over	0.2%
Northern	TANF/CHAP Adult	Male 35 and Over	0.0%
Northern	Check Up	Under 1	0.0%
Northern	Check Up	Child 1-2	0.0%
Northern	Check Up	Child 3-14	0.1%
Northern	Check Up	Female 15-18	0.3%
Northern	Check Up	Male 15-18	0.3%
Northern	Expansion	Female 19-34	0.3%
Northern	Expansion	Male 19-34	0.3%
Northern	Expansion	Female 35 and Over	0.1%
Northern	Expansion	Male 35 and Over	0.1%
Southern	TANF/CHAP Child	Under 1	0.0%
Southern	TANF/CHAP Child	Child 1-2	0.0%
Southern	TANF/CHAP Child	Child 3-14	0.0%
Southern	TANF/CHAP Child	Female 15-18	0.0%
Southern	TANF/CHAP Child	Male 15-18	0.0%
Southern	TANF/CHAP Adult	Female 19-34	0.1%
Southern	TANF/CHAP Adult	Male 19-34	0.1%
Southern	TANF/CHAP Adult	Female 35 and Over	0.0%
Southern	TANF/CHAP Adult	Male 35 and Over	0.0%
Southern	Check Up	Under 1	0.0%
Southern	Check Up	Child 1-2	0.0%
Southern	Check Up	Child 3-14	0.0%
Southern	Check Up	Female 15-18	0.0%
Southern	Check Up	Male 15-18	0.0%
Southern	Expansion	Female 19-34	0.0%
Southern	Expansion	Male 19-34	0.1%
Southern	Expansion	Female 35 and Over	0.0%
Southern	Expansion	Male 35 and Over	0.0%