

Capitation Rate Development and Certification

Calendar Year 2024 Nevada
Medicaid Managed Care Dental 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 dental program applicable to the dental benefits administrator (DBA). The capitation rates are effective for calendar year 2024 (CY 2024), January 1, 2024, through December 31, 2024.

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

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

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

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

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

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

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

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

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

Certified Rate Change

Table 1 illustrates the composite CY 2024 rates on a per member per month (PMPM) basis by major category of aid (COA), with a comparison to the CY 2023 rates certified on December 16, 2022. Composite values were calculated using projected member months for the January 1, 2024, through December 31, 2024, rating period.

Table 1: COA Rate Change Summary

Rate Effective Date	TANF/CHAP Child	TANF/CHAP Adult	Check Up	Expansion	Composite
CY 2023	\$17.43	\$5.18	\$23.32	\$5.70	\$11.53
CY 2024	\$19.20	\$5.42	\$23.73	\$5.70	\$12.36
Percent Change	10.16%	4.71%	1.79%	0.06%	7.21%

Appendix A includes the final certified rates effective January 1, 2024, for each rate cell as well as a comparison to the certified rates effective January 1, 2023. The total projected composite change in certified rates is an increase of 7.21%.

As shown in Appendix A, there are some rate cells with large or negative changes in rates from the previous rating period of CY 2023. The primary driver of these rate changes is the base data change from CY 2021 to CY 2022, which is shown in Appendix B. All rate cells were positively impacted due to emphasis in projected trends absent of the effects of the Coronavirus Disease 2019 public health emergency (COVID-19 PHE). Additionally, all rate cells were positively impacted due to the application of the fee schedule reimbursement increases for services provided by dentists. These are discussed further in the “Trend” and “Program Changes” 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, urban Washoe County and urban Clark County, covered by mandatory managed care.

Effective July 1, 2017, dental services were carved out of the managed care organization contract and were provided through fee-for-service (FFS) for six months. Effective January 1, 2018, dental services for managed care enrollees are provided by a prepaid ambulatory health plan (PAHP).

DBA Participation

As of the date of this report, there is one DBA anticipated to operate in the Nevada Medicaid managed care dental program in CY 2024: Liberty Dental Plan (Liberty). The PAHP has provided dental services to the Nevada Medicaid managed care dental program since January 1, 2018.

Covered Populations

The populations served by the DBA applicable to this certification include the Temporary Assistance for Needy Families/Child Health Assurance Program (TANF/CHAP), Nevada Check Up (Check Up), and Affordable Care Act Adult Expansion (Expansion) populations.

The Nevada Medicaid managed care dental 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 DBA 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 (i.e., more than 180 calendar days), recipients admitted to a swing bed stay in acute hospitals over 45 days, residents of intermediate care facilities for individuals with intellectual and developmental disabilities, recipients receiving hospice services, recipients enrolled in a 1915(c) home- and community-based services waiver program, children receiving supplemental security income, and those in child welfare and foster care. Managed care enrollment is voluntary for American Indians/Alaskan Natives, along with children with severe emotional disturbance or recipients determined to be a child with special health care needs.

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

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

For the changes to the covered populations, Mercer assumed that the additional member months will have a similar cost profile as equivalent members represented in the CY 2022 base period; therefore, no explicit rate adjustment was made for these provisions. Mercer considered these changes as discussed further in the “Membership Projections” subsection below.

Covered Services

Services covered by the DBA contract include pediatric dental services for children under age 21 years, in accordance with early and periodic screening, diagnostic, and treatment federal regulations. The DBA provides services for adults aged 21 years and older, limited to medically necessary emergency extractions and palliative care, with additional services for Medicaid-eligible pregnant women. Orthodontia services are covered under FFS and are not covered under the DBA contract.

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

- Effective by January 1, 2024, the State implemented a Section 1115 Demonstration waiver, Nevada’s Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project, to expand access to comprehensive behavioral health services at institutions for mental disease (IMDs). Services at an IMD facility defined as OUD or SUD service day(s) previously excluded will be covered through the waiver.
- Assumed to be effective by January 1, 2024, the State will implement a Section 1115 Demonstration waiver, Expansion of Dental Services for Adults with Diabetes, to expand access to a limited dental waiver benefit for members diagnosed as Type 1 or Type 2 diabetics that receive services through participating federally qualified health centers (FQHCs).

These changes are discussed further in the “Member Exclusions” subsection of Section 2 and the “Expansion of Dental Services for Diabetic Adults” subsection of Section 3, respectively.

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

Rate Structure

The covered populations are segmented into 18 rate cells for capitation rate development. The populations are 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

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 dental program. Recognizing this, CMS expects the signing actuary to indicate the proportions or amounts of the costs that are subject to a different FMAP and show this information.

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

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

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

Rate Development

The CY 2024 capitation rates were developed in accordance with rate development guidelines established by CMS and reflect all known benefit changes since those described in the CY 2023 certification dated December 16, 2022. No capitation rate ranges were developed.

For CY 2024 rate development, Mercer used data from the DBA, including DBA-reported encounter data from the State's Medicaid management information systems (MMIS), supplemental data requests (SDRs) submitted by the DBA, the Division of Welfare and Supportive Services (DWSS) eligibility and DHCFP enrollment information, and other ad hoc data provided by DHCFP and the DBA. The most recently available financial reports 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 the DBA at the level of detail needed for rate development purposes, which includes membership, utilization, and cost

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

data, along with various payment arrangements (e.g., incentive payments, subcapitation), and value-added services by COA and by category of service (COS). The most recent and complete year of data, January 1, 2022, through January 31, 2022, (CY 2022), was selected as the base period for CY 2024 rate development. The base data period, therefore, reflects Nevada-specific experience data for the DBA.

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

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

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” subsection of Section 3.

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

- Appendix A: CY 2024 Final Certified Rates and Comparison
- Appendix B: Base Data Comparison
- Appendix C: Capitated Medical PMPM Build-up
- Appendix D: Medical Credibility Adjustment
- Appendix E: Non-Medical
- Appendix F: Annualized Trend Comparison
- Appendix G: Capitation Rate Calculation Sheet (CRCS) (18 exhibits)

Membership Projections

Mercer developed enrollment projections for the period from January 1, 2024, through December 31, 2024, for the program by rate cell. In developing these projections, Mercer reviewed detailed monthly enrollment by rate cell through March 2023, as well as

summarized monthly enrollment information by broad COA through July 2023. Mercer observed significant enrollment increases from March 2020 through May 2023 driven by the PHE and subsequent maintenance of effort (MOE) requirements. Disenrollments resulting from the redetermination process commenced two months after the end of the continuous coverage requirement, which ended March 31, 2023, as part of the Consolidated Appropriations Act, 2023.

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

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

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

In addition, the State will expand eligibility coverage to several populations anticipated to be effective by or on January 1, 2024, as discussed in the "Covered Populations" subsection of Section 2. Mercer considered the impact on the enrollment projections of the requirement to expand the definition of lawfully residing to include DACA recipients, the expansion of pregnant women from 165% FPL to 200% FPL, and the expansion of postpartum coverage from two months to 12 months, and these reviews are reflected in the CY 2024 enrollment projections below.

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

Table 2: COA Member Months Change Summary

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

Anticipated Rate Amendments

The DHCFP shares information about new and revised program changes applicable to the Nevada Medicaid managed care dental program on an ongoing basis. Through this process, Mercer becomes aware of additional, possible material, program changes there were not explicitly included in its original rate development. Mercer will evaluate these program changes as they arise and may submit an amendment to the CY 2024 rates if the impacts are found to be material and not otherwise accounted for through other rate development adjustments.

Currently, DHCFP and Mercer anticipate evaluating one provision for a future rate amendment:

- Senate Bill 385, passed because of the 82nd (2023) Session of the Nevada Legislature, requires the expansion of adult coverage to include filling of cavities, temporary and permanent crowns, and removable dentures. At the time of rate development, the implementation effective date of Senate Bill 385 and the scope of services were unknown.

Section 2

Data

Data Sources

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

- DWSS eligibility and DHCFP enrollment information effective January 1, 2020, through March 31, 2023
- DBA-reported encounter data from MMIS for dates of service ranging from January 1, 2020, through March 31, 2023, processed through MMIS as of April 1, 2023

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

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

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

Data Validations

Encounter data for the enrolled population was evaluated for dates of service from January 1, 2020, through March 31, 2023. Mercer evaluated the encounter data for field validity, and the encounter data was determined to be valid. Mercer also compared payment levels to the amounts in the DBA-reported SDRs for completeness by broad COS.

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

Mercer also completed other reviews and analyses when determining the reasonableness and appropriateness of the data used for rate development purposes. These included data

validation for overall monthly encounter volume, consistency in reported enrollment over time, consistency in reported encounters by eligible population and service category, referential integrity between the eligibility and encounter data, and review of the eligibility and encounter data for valid values. In general, Mercer determined the encounter, eligibility, and enrollment data to be reasonable and appropriate to use for rate development purposes.

Base Data

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

The data used was managed care data that did not include any disproportionate share hospital payments, nor did it include any adjustments for FQHCs or rural health clinic reimbursements. FQHC costs considered in rate development are the costs incurred by the DBA, 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 DBA contract.

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

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

Mercer recognizes that although CY 2022 is the most appropriate base period to use for CY 2024 rate development, the CY 2022 base period is significantly affected by the COVID-19 PHE and MOE requirements. Consequently, Mercer considered these effects through a potential population acuity adjustment to account for utilization and cost patterns inherent in the base data that are not expected to continue in CY 2024. However, no material differences were identified in the acuity of the population from the base period to the rating period; therefore, no explicit adjustment was made as a result of the COVID-19 PHE and MOE requirements.

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 requirements; accordingly, there were no adjustments required.

Member Exclusions

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

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

Excluded and Carved-Out Services

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

In Lieu of Services

The DBA contract does not currently include provisions for any in lieu of State plan services.

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 DBA contract for CY 2024, additional adjustments to the base data were applied as described below.

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

Incurred but Not Reported

Mercer developed monthly completion factors to account for expenditures that are incurred but not reported (IBNR) in the encounter and claims data. The base data used for CY 2024 rate development included dates processed through MMIS as of April 1, 2023, and were inclusive of subcapitated shadow encounters. Mercer analyzed monthly data from January 2020 through March 2023 using claim lag triangles, as well as encounters with paid dates of April 1, 2023. Completion factors were developed by month for the program, separated for dental prostheses and all other dental services. The aggregate impact to the CY 2022 base data for the IBNR adjustment is an increase of 0.72%.

Aggregate completion factors for CY 2022 are provided in Table 3.

Table 3: Annual Completion Factors

Service Category	CY 2022 Estimated Completion Factor
Dental Prostheses	0.9499
All Other Dental Services	0.9952

Financial Adjustments

The DBA-submitted SDR includes schedules for the DBA to describe financial adjustments, in addition to providing the amounts for each adjustment by COA. Through a review of this information, it was determined that some of these adjustments reflected appropriate benefit expense adjustments and are indicative of expected future cost levels during CY 2024. Adjustments were made to the base data to add or remove these non-claims costs as appropriate. These include removal of an overall \$96,714 for value-added services and value-based program services. The combined aggregate impact to the CY 2022 base data was a decrease of 0.85%.

Provider Overpayment Recoveries

The base data used in development of the CY 2024 capitation rates is net of all known overpayments, including those overpayments due to third party liability. The majority of overpayment recoveries are netted out of the paid amounts in the encounters submitted to the State’s MMIS by the DBA. In the DBA-reported SDR collected through March 31, 2023, the DBA reported any additional provider overpayment recoveries for CY 2022 dates of service that were not already captured in the encounter data. Based on this reporting, Mercer applied a reduction of approximately \$521,264 for recoveries of provider overpayments not captured in the encounter data. The adjusted base data is, therefore, net of all known provider overpayments.

Section 3

Projected Benefit Costs and Trends

Trend

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

Annualized trends by rate cell and COS are provided in Appendix G (18 exhibits). A comparison of annualized trends between the CY 2023 and CY 2024 rate development assumptions by COA is provided in Appendix F.

COVID-19 Public Health Emergency and Related Unwinding Trend Considerations

Mercer normalized the data for trend analysis to account for changes in the demographic mix of the enrolled population caused by the MOE requirements and redeterminations timeline. The impact of the COVID-19 PHE and MOE requirements were incorporated in the CY 2024 membership projections as described earlier; accordingly, there were no additional adjustments required.

The DBA is not at risk for any direct COVID-19 costs, as the program scope is limited to dental services; therefore, there were no considerations for direct or indirect COVID-19 costs in the rate development. Mercer considered the impact of service delivery changes over time, such as expansion and utilization of telehealth services, as additional drivers of trend changes during the CY 2022 base period. However, Mercer considered the impact of these services on trend to be immaterial and did not make any explicit adjustments to the trend assumptions to account for possible changes in these services during the rating period.

Medical Trends

The primary data source for trend development was managed care experience data. Mercer reviewed 38 months of encounter data (January 2020 through February 2023), including utilization, unit cost, and PMPM metrics, and 21 months of DBA-reported PMPMs in the financial reports (January 2022 through September 2023). In developing trend factors, Mercer considered quantitative methods such as regression analysis and monthly moving averages, as well as qualitative information, in finalizing the ultimate trend projections. Longitudinal reviews of three-month, six-month, and 12-month moving average trends ensure that the projected estimates do not result in outlier or unreasonable results compared

to historical data. Additionally, Mercer consulted with the State to understand other factors that could influence trends and considered the impact of program changes, adjusted for separately, to avoid double-counting of the impacts. Mercer adjusted and reviewed the underlying trend data for the COVID-19 considerations as described above.

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

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

Unit cost trends ranged from 0.00% to 3.00%, 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. Utilization trends ranged from 0.00% to 4.00%, depending on the COA and COS.

The aggregate annualized PMPM trend for CY 2024 is 3.23%.

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

The next few subsections outline the program change adjustments that were explicitly accounted for within the CY 2024 capitation rates. Total program change adjustments by rate cell and COS are provided in Appendix G (18 exhibits). The aggregate PMPM impact of each individual program change adjustment described in this section is shown by COA in Appendix C.

Out-of-State Eligibility

During 2022, the State underwent an out-of-state eligibility review based on results from a PARIS report that identified members who were potentially receiving services in Nevada and another state. The State pursued redetermination efforts for the identified members as part of this eligibility review, and disenrolled ineligible members in November 2022. DHCFP

provided Mercer with a list of members disenrolled in November 2022 as a result of the eligibility review, along with dates of any members that had been since reenrolled as of July 2023. Mercer applied an adjustment to reflect the disenrollments due to the Medicaid eligibility review. This adjustment reflects the impact of removing member months and associated spend for these members from the CY 2022 base.

Dental Services Fee Changes

Effective January 1, 2024, DHCFP will implement a fee schedule increase of 5.0% for services provided by dentists. Encounters for the affected services in the CY 2022 base data were repriced upward accordingly to develop an adjustment.

Expansion of Dental Services for Adults with Diabetes

Assumed to be effective by January 1, 2024, the State will implement a Section 1115 Demonstration waiver, Expansion of Dental Services for Adults with Diabetes, to expand access to a limited dental waiver benefit for members diagnosed as Type 1 or Type 2 diabetics that receive services through participating FQHCs. There are two FQHCs anticipated to participate under the waiver for CY 2024. Members will be eligible to receive a limited number of services annually, including diagnostic, restorative, along with some preventive services. DHCFP provided Mercer with a list of members diagnosed as Type 1 or Type 2 diabetics eligible to receive the services, along with the cost and utilization assumptions to develop an adjustment.

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.

There were four rate cells with partial credibility, all within the Check Up COA. Manual rates were developed based on the projected medical cost of the respective age/gender cell in TANF/CHAP Child. A COA differential factor was applied when leveraging the TANF/CHAP Child rate cells based on the relative composite projected medical cost for TANF/CHAP Child and Check Up, with composites based on the Check Up projected member months.

The aggregate impact to the CY 2024 rates for the credibility adjustments is 0.00%. The credibility weighting, manual rate PMPMs, and blended final medical PMPMs are provided in Appendix D.

Section 4

Special Contract Provisions Related to Payment

Incentive Arrangements

There continues to be no incentive arrangements applicable to the program during CY 2024.

Withhold Arrangements

There are no withhold arrangements applicable to the program during CY 2024.

Risk-Sharing Mechanisms

Remittance on Minimum MLR

For CY 2024, DHCFP will continue the DBA contract provision for remittance to the State if the DBA's medical loss ratio (MLR) falls below 85.0%. The MLR remittance has been in place since CY 2019 and has been approved by CMS for prior rating periods.

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

The DBA provides 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 the DBA falls below the State's minimum MLR of 85.0%, the State will collect a remittance from the DBA. The MLR remittance will be calculated separately for TANF/CHAP and Expansion within Title XIX of the Social Security Act; the MLR remittance will continue to be calculated separately for Title XXI of the Social Security Act.

Although capitation rates are not directly affected by the minimum MLR requirement, the rates have been developed in such a way that the DBA is reasonably expected to achieve an MLR of at least 85.0% for CY 2024.

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

State Directed Payments

There continues to be no State directed payments applicable to the program for CY 2024. There are no requirements regarding the reimbursement rates the DBA must pay to any providers, unless specified in the certification as a directed payment or authorized under applicable law, regulation, or waiver.

Pass-Through Payments

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

Section 5

Projected Non-Benefit Costs

Administrative Expense

The CY 2024 rates include provisions for DBA administrative expense. Administrative expenses were developed leveraging multiple data sources, including DBA-reported non-benefit expenses in the SDR, ad hoc information from DHCFP and the DBA, along with regional and national administrative expense benchmarks for similar Medicaid dental populations.

Mercer set the administrative expense percentage load for CY 2024 to 13.00%, the same as for CY 2023. Mercer considers 13.00% to be reasonable, appropriate, and attainable.

No changes were made to the application of the percentage loads as compared to prior rating periods. The percentage loads are applied to the final projected benefit costs on a fixed basis and are loaded equally on each rate cell.

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

Underwriting Gain

The CY 2024 rates include provisions for underwriting gain, which implicitly and broadly considers the cost of capital and level of risk in the program, including the risk-mitigation strategy employed in CY 2024. The analysis used DBA-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

The DBA is subject to Nevada State premium tax of 3.50% for CY 2024. Each rate cell includes an additional 3.50% load for premium tax.

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

Section 6

Risk Adjustment

There is no prospective or retrospective risk adjustment applied to the CY 2024 rates.

Section 7

Acuity Adjustments

There is no prospective or retrospective acuity adjustments applied to the CY 2024 rates.

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 DBA contract, have been or will be approved by CMS.

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

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

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

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

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

Sincerely,

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Roger Figueroa, FSA, MAAA
Principal

CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

Appendix A: CY 2024 Final Certified Rates and Comparison

Region	COA	Rating Group	Projected MMs	CY 2024	CY 2023 ¹	% Change
			Capitation Rates			
All Regions	TANF/CHAP Child	Under 1	205,702	\$ 0.56	\$ 0.42	33.3%
All Regions	TANF/CHAP Child	Child 1-2	371,834	\$ 7.77	\$ 6.77	14.8%
All Regions	TANF/CHAP Child	Child 3-14	2,099,113	\$ 23.05	\$ 20.82	10.7%
All Regions	TANF/CHAP Child	Female 15-18	282,268	\$ 19.89	\$ 19.08	4.2%
All Regions	TANF/CHAP Child	Male 15-18	282,240	\$ 18.57	\$ 17.04	9.0%
All Regions	TANF/CHAP Adult	Female 19-34	429,917	\$ 5.41	\$ 5.11	5.9%
All Regions	TANF/CHAP Adult	Male 19-34	66,833	\$ 4.42	\$ 3.87	14.2%
All Regions	TANF/CHAP Adult	Female 35 and Over	210,525	\$ 5.83	\$ 5.76	1.2%
All Regions	TANF/CHAP Adult	Male 35 and Over	83,357	\$ 5.27	\$ 5.12	2.9%
All Regions	Check Up	Under 1	1,990	\$ 0.66	\$ 0.45	46.7%
All Regions	Check Up	Child 1-2	15,492	\$ 8.41	\$ 8.28	1.6%
All Regions	Check Up	Child 3-14	192,652	\$ 25.92	\$ 25.28	2.5%
All Regions	Check Up	Female 15-18	33,944	\$ 22.60	\$ 22.63	-0.1%
All Regions	Check Up	Male 15-18	34,028	\$ 20.81	\$ 21.07	-1.2%
All Regions	Expansion	Female 19-34	684,188	\$ 5.41	\$ 5.43	-0.4%
All Regions	Expansion	Male 19-34	642,315	\$ 4.20	\$ 4.18	0.5%
All Regions	Expansion	Female 35 and Over	846,579	\$ 6.81	\$ 6.75	0.9%
All Regions	Expansion	Male 35 and Over	810,820	\$ 5.98	\$ 6.03	-0.8%
			Composite PMPM			
All Regions	TANF/CHAP Child	All RGs	3,241,157	\$ 19.20	\$ 17.43	10.2%
All Regions	TANF/CHAP Adult	All RGs	790,633	\$ 5.42	\$ 5.18	4.7%
All Regions	TANF/CHAP	All RGs	4,031,790	\$ 16.50	\$ 15.03	9.8%
All Regions	Check Up	All RGs	278,105	\$ 23.73	\$ 23.32	1.8%
All Regions	Expansion	All RGs	2,983,902	\$ 5.70	\$ 5.70	0.1%
All Regions	All Populations	All RGs	7,293,797	\$ 12.36	\$ 11.53	7.2%

General Notes:

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

Footnote:

1. CY 2023 rates reflect the rates certified on December 16, 2022.

CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

Appendix B: Base Data Comparison

Region	COA	Rating Group	Projected MMs	CY 2024 Base		CY 2023 Base		% Change	
				Base MMs	Adjusted PMPM	Base MMs	Adjusted PMPM	Base MMs	Adjusted PMPM
All Regions	TANF/CHAP Child	Under 1	205,702	205,185	\$ 0.41	207,606	\$ 0.33	-1.2%	22.5%
All Regions	TANF/CHAP Child	Child 1-2	371,834	407,085	\$ 5.66	406,475	\$ 5.33	0.2%	6.2%
All Regions	TANF/CHAP Child	Child 3-14	2,099,113	2,257,655	\$ 16.80	2,143,666	\$ 16.34	5.3%	2.8%
All Regions	TANF/CHAP Child	Female 15-18	282,268	312,342	\$ 14.56	279,737	\$ 14.93	11.7%	-2.4%
All Regions	TANF/CHAP Child	Male 15-18	282,240	311,843	\$ 13.60	279,618	\$ 13.34	11.5%	1.9%
All Regions	TANF/CHAP Adult	Female 19-34	429,917	429,799	\$ 3.85	412,701	\$ 3.88	4.1%	-0.9%
All Regions	TANF/CHAP Adult	Male 19-34	66,833	84,413	\$ 3.14	75,703	\$ 2.95	11.5%	6.4%
All Regions	TANF/CHAP Adult	Female 35 and Over	210,525	264,819	\$ 4.16	241,238	\$ 4.37	9.8%	-4.8%
All Regions	TANF/CHAP Adult	Male 35 and Over	83,357	98,308	\$ 3.78	88,743	\$ 3.88	10.8%	-2.6%
All Regions	Check Up	Under 1	1,990	1,715	\$ 0.60	1,626	\$ 0.16	5.5%	283.7%
All Regions	Check Up	Child 1-2	15,492	9,555	\$ 6.03	12,212	\$ 6.56	-21.8%	-8.0%
All Regions	Check Up	Child 3-14	192,652	162,326	\$ 19.34	186,865	\$ 19.87	-13.1%	-2.7%
All Regions	Check Up	Female 15-18	33,944	31,745	\$ 16.91	32,692	\$ 17.70	-2.9%	-4.4%
All Regions	Check Up	Male 15-18	34,028	32,076	\$ 15.54	32,943	\$ 16.50	-2.6%	-5.8%
All Regions	Expansion	Female 19-34	684,188	867,026	\$ 3.84	777,521	\$ 4.19	11.5%	-8.3%
All Regions	Expansion	Male 19-34	642,315	783,222	\$ 2.98	679,582	\$ 3.23	15.3%	-7.6%
All Regions	Expansion	Female 35 and Over	846,579	1,016,791	\$ 4.82	907,664	\$ 5.21	12.0%	-7.6%
All Regions	Expansion	Male 35 and Over	810,820	980,202	\$ 4.18	856,453	\$ 4.64	14.4%	-9.9%

Base MMs Weighted Composites

All Regions	TANF/CHAP Child	All		3,494,110	\$ 14.06	3,317,102	\$ 13.62	5.3%	3.2%
All Regions	TANF/CHAP Adult	All		877,339	\$ 3.87	818,385	\$ 3.94	7.2%	-1.9%
All Regions	Check Up	All		237,416	\$ 17.83	266,337	\$ 18.46	-10.9%	-3.4%
All Regions	Expansion	All		3,647,240	\$ 4.02	3,221,220	\$ 4.40	13.2%	-8.5%
All Regions	All COAs	All		8,256,105	\$ 8.65	7,623,044	\$ 8.85	8.3%	-2.3%

CY 2024 Projected MMs Weighted Composites

All Regions	TANF/CHAP Child	All	3,241,157		\$ 14.01		\$ 13.68		2.4%
All Regions	TANF/CHAP Adult	All	790,633		\$ 3.86		\$ 3.93		-1.8%
All Regions	Check Up	All	278,105		\$ 17.70		\$ 18.31		-3.3%
All Regions	Expansion	All	2,983,902		\$ 4.03		\$ 4.40		-8.4%
All Regions	All COAs	All	7,293,797		\$ 8.97		\$ 9.00		-0.4%

General Notes:

- Totals may differ due to rounding.
- The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR and financial adjustments.
- The CY 2023 base reflects January 1, 2021 through December 31, 2021 dates of service, adjusted for IBNR, underreporting, and financial adjustments.

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Appendix C: Capitated Medical PMPM Buildup

Rate Development Component	PMPM Changes				
	TANF/CHAP Child	TANF/CHAP Adult	Check Up	Expansion	All COAs
CY 2022 Base MMs	3,494,110	877,339	237,416	3,647,240	8,256,105
CY 2024 Projected MMs	3,241,157	790,633	278,105	2,983,902	7,293,797
Unadjusted Base Data	\$ 14.05	\$ 3.86	\$ 17.74	\$ 4.01	\$ 8.98
Base Data Adjustments					
IBNR	\$ 0.07	\$ 0.05	\$ 0.08	\$ 0.06	\$ 0.06
Financial Adjustments	\$ (0.11)	\$ (0.04)	\$ (0.13)	\$ (0.05)	\$ (0.08)
Adjusted Base Data	\$ 14.01	\$ 3.86	\$ 17.70	\$ 4.03	\$ 8.97
Medical Rating Adjustments					
Trend	\$ 0.94	\$ 0.27	\$ 0.88	\$ 0.27	\$ 0.59
Program Changes					
Out-of-State Eligibility Review	\$ 0.18	\$ 0.08	\$ 0.11	\$ 0.10	\$ 0.13
Dental Services Fee Changes	\$ 0.75	\$ 0.21	\$ 0.93	\$ 0.22	\$ 0.48
Expansion of Dental Services for Adults with Diabetes	\$ -	\$ 0.07	\$ -	\$ 0.11	\$ 0.05
CY 2024 Projected Medical	\$ 15.88	\$ 4.49	\$ 19.61	\$ 4.72	\$ 10.22
CY 2024 Capitated Medical (Pre Credibility)	\$ 15.88	\$ 4.49	\$ 19.61	\$ 4.72	\$ 10.22
Credibility Adjustment	\$ -	\$ -	\$ 0.01	\$ -	\$ 0.00
CY 2024 Final Capitated Medical	\$ 15.88	\$ 4.49	\$ 19.63	\$ 4.72	\$ 10.22

Rate Development Component	Percentage Impacts				
	TANF/CHAP Child	TANF/CHAP Adult	Check Up	Expansion	All COAs
Base Data Adjustments					
IBNR	0.5%	1.2%	0.5%	1.6%	0.7%
Financial Adjustments	-0.8%	-1.1%	-0.7%	-1.1%	-0.8%
Medical Rating Adjustments					
Trend	6.7%	6.9%	5.0%	6.6%	6.6%
Program Changes					
Out-of-State Eligibility Review	1.2%	1.9%	0.6%	2.2%	1.4%
Dental Services Fee Changes	5.0%	5.0%	5.0%	5.0%	5.0%
Expansion of Dental Services for Adults with Diabetes	0.0%	1.6%	0.0%	2.3%	0.5%

General Notes:

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

CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

Appendix D: Medical Credibility Adjustment

Region	COA	Rating Group	Projected MMs	Credibility		CY 2024 Capitated Medical PMPM		
				Base MMs	Credibility Weighting	Pre Credibility	Manual Rate	Final
All Regions	TANF/CHAP Child	Under 1	205,702	205,185	100.0%	\$ 0.46	N/A	\$ 0.46
All Regions	TANF/CHAP Child	Child 1-2	371,834	407,085	100.0%	\$ 6.42	N/A	\$ 6.42
All Regions	TANF/CHAP Child	Child 3-14	2,099,113	2,257,655	100.0%	\$ 19.06	N/A	\$ 19.06
All Regions	TANF/CHAP Child	Female 15-18	282,268	312,342	100.0%	\$ 16.45	N/A	\$ 16.45
All Regions	TANF/CHAP Child	Male 15-18	282,240	311,843	100.0%	\$ 15.36	N/A	\$ 15.36
All Regions	TANF/CHAP Adult	Female 19-34	429,917	429,799	100.0%	\$ 4.48	N/A	\$ 4.48
All Regions	TANF/CHAP Adult	Male 19-34	66,833	84,413	100.0%	\$ 3.66	N/A	\$ 3.66
All Regions	TANF/CHAP Adult	Female 35 and Over	210,525	264,819	100.0%	\$ 4.83	N/A	\$ 4.83
All Regions	TANF/CHAP Adult	Male 35 and Over	83,357	98,308	100.0%	\$ 4.36	N/A	\$ 4.36
All Regions	Check Up	Under 1	1,990	1,715	21.8%	\$ 0.66	\$ 0.52	\$ 0.55
All Regions	Check Up	Child 1-2	15,492	9,555	51.5%	\$ 6.70	\$ 7.22	\$ 6.95
All Regions	Check Up	Child 3-14	192,652	162,326	100.0%	\$ 21.43	N/A	\$ 21.43
All Regions	Check Up	Female 15-18	33,944	31,745	93.9%	\$ 18.70	\$ 18.49	\$ 18.69
All Regions	Check Up	Male 15-18	34,028	32,076	94.4%	\$ 17.21	\$ 17.27	\$ 17.21
All Regions	Expansion	Female 19-34	684,188	867,026	100.0%	\$ 4.47	N/A	\$ 4.47
All Regions	Expansion	Male 19-34	642,315	783,222	100.0%	\$ 3.47	N/A	\$ 3.47
All Regions	Expansion	Female 35 and Over	846,579	1,016,791	100.0%	\$ 5.63	N/A	\$ 5.63
All Regions	Expansion	Male 35 and Over	810,820	980,202	100.0%	\$ 4.95	N/A	\$ 4.95
All Regions	TANF/CHAP Child	All RGs	3,241,157	3,494,110		\$ 15.88		\$ 15.88
All Regions	TANF/CHAP Adult	All RGs	790,633	877,339		\$ 4.49		\$ 4.49
All Regions	Check Up	All RGs	278,105	237,416		\$ 19.61		\$ 19.63
All Regions	Expansion	All RGs	2,983,902	3,647,240		\$ 4.72		\$ 4.72
All Regions	All COAs	All RGs	7,293,797	8,256,105		\$ 10.22		\$ 10.22

General Notes:

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

CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

Appendix E: Non-Medical

Region	COA	Rating Group	Projected MMs	Medical	Administration		Underwriting Gain		Premium Tax		Total
				PMPM	Percentage Load	PMPM	Percentage Load	PMPM	Percentage Load	PMPM	PMPM
All Regions	TANF/CHAP Child	Under 1	205,702	\$ 0.46	13.00%	\$ 0.07	1.50%	\$ 0.01	3.50%	\$ 0.02	\$ 0.56
All Regions	TANF/CHAP Child	Child 1-2	371,834	\$ 6.42	13.00%	\$ 0.96	1.50%	\$ 0.11	3.50%	\$ 0.27	\$ 7.77
All Regions	TANF/CHAP Child	Child 3-14	2,099,113	\$ 19.06	13.00%	\$ 2.85	1.50%	\$ 0.33	3.50%	\$ 0.81	\$ 23.05
All Regions	TANF/CHAP Child	Female 15-18	282,268	\$ 16.45	13.00%	\$ 2.46	1.50%	\$ 0.29	3.50%	\$ 0.70	\$ 19.89
All Regions	TANF/CHAP Child	Male 15-18	282,240	\$ 15.36	13.00%	\$ 2.30	1.50%	\$ 0.27	3.50%	\$ 0.65	\$ 18.57
All Regions	TANF/CHAP Adult	Female 19-34	429,917	\$ 4.48	13.00%	\$ 0.67	1.50%	\$ 0.08	3.50%	\$ 0.19	\$ 5.41
All Regions	TANF/CHAP Adult	Male 19-34	66,833	\$ 3.66	13.00%	\$ 0.55	1.50%	\$ 0.06	3.50%	\$ 0.15	\$ 4.42
All Regions	TANF/CHAP Adult	Female 35 and Over	210,525	\$ 4.83	13.00%	\$ 0.72	1.50%	\$ 0.08	3.50%	\$ 0.20	\$ 5.83
All Regions	TANF/CHAP Adult	Male 35 and Over	83,357	\$ 4.36	13.00%	\$ 0.65	1.50%	\$ 0.08	3.50%	\$ 0.18	\$ 5.27
All Regions	Check Up	Under 1	1,990	\$ 0.55	13.00%	\$ 0.08	1.50%	\$ 0.01	3.50%	\$ 0.02	\$ 0.66
All Regions	Check Up	Child 1-2	15,492	\$ 6.95	13.00%	\$ 1.04	1.50%	\$ 0.12	3.50%	\$ 0.29	\$ 8.41
All Regions	Check Up	Child 3-14	192,652	\$ 21.43	13.00%	\$ 3.20	1.50%	\$ 0.38	3.50%	\$ 0.91	\$ 25.92
All Regions	Check Up	Female 15-18	33,944	\$ 18.69	13.00%	\$ 2.79	1.50%	\$ 0.33	3.50%	\$ 0.79	\$ 22.60
All Regions	Check Up	Male 15-18	34,028	\$ 17.21	13.00%	\$ 2.57	1.50%	\$ 0.30	3.50%	\$ 0.73	\$ 20.81
All Regions	Expansion	Female 19-34	684,188	\$ 4.47	13.00%	\$ 0.67	1.50%	\$ 0.08	3.50%	\$ 0.19	\$ 5.41
All Regions	Expansion	Male 19-34	642,315	\$ 3.47	13.00%	\$ 0.52	1.50%	\$ 0.06	3.50%	\$ 0.15	\$ 4.20
All Regions	Expansion	Female 35 and Over	846,579	\$ 5.63	13.00%	\$ 0.84	1.50%	\$ 0.10	3.50%	\$ 0.24	\$ 6.81
All Regions	Expansion	Male 35 and Over	810,820	\$ 4.95	13.00%	\$ 0.74	1.50%	\$ 0.09	3.50%	\$ 0.21	\$ 5.98
All Regions	TANF/CHAP Child	All RGs	3,241,157	\$ 15.88	13.00%	\$ 2.37	1.50%	\$ 0.28	3.50%	\$ 0.67	\$ 19.20
All Regions	TANF/CHAP Adult	All RGs	790,633	\$ 4.49	13.00%	\$ 0.67	1.50%	\$ 0.08	3.50%	\$ 0.19	\$ 5.42
All Regions	Check Up	All RGs	278,105	\$ 19.63	13.00%	\$ 2.93	1.50%	\$ 0.34	3.50%	\$ 0.83	\$ 23.73
All Regions	Expansion	All RGs	2,983,902	\$ 4.72	13.00%	\$ 0.70	1.50%	\$ 0.08	3.50%	\$ 0.20	\$ 5.70
All Regions	All COAs	All RGs	7,293,797	\$ 10.22	13.00%	\$ 1.53	1.50%	\$ 0.18	3.50%	\$ 0.43	\$ 12.36

General Notes:

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

CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

Appendix F: Annualized Trend Comparison

Region	COA	CY 2024 Annualized Trend Assumptions	CY 2023 Annualized Trend Assumptions	Change
All Regions	TANF/CHAP Child	3.31%	2.43%	0.87%
All Regions	TANF/CHAP Adult	3.40%	4.08%	-0.68%
All Regions	Check Up	2.45%	2.52%	-0.07%
All Regions	Expansion	3.25%	3.26%	-0.02%
All Regions	All COAs	3.23%	2.70%	0.53%

General Notes:

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

CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

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

Base Period:	January 1, 2022 – December 31, 2022
Rating Period:	January 1, 2024 – December 31, 2024
Base Member Months:	205,185
Projected Member Months:	205,702

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Diagnostic	50	\$ 28.77	\$ 0.12	2.50%	1.00%	3.53%	0.52%	4.94%	5.49%	52	\$ 30.80	\$ 0.13
Preventive	50	\$ 43.28	\$ 0.18	3.50%	0.50%	4.02%	0.52%	4.93%	5.48%	54	\$ 45.87	\$ 0.21
Restorative	1	\$ 54.69	\$ 0.00	1.50%	0.50%	2.01%	0.75%	5.00%	5.79%	1	\$ 58.00	\$ 0.00
Periodontal and Endodontal	-	\$ -	\$ -	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Prostheses	0	\$ 1,525.54	\$ 0.01	0.50%	0.50%	1.00%	0.75%	4.95%	5.74%	0	\$ 1,617.10	\$ 0.01
Oral Surgery	10	\$ 99.93	\$ 0.09	2.00%	1.50%	3.53%	-0.39%	4.93%	4.52%	11	\$ 108.02	\$ 0.10
Adjunctive General Services	3	\$ 37.81	\$ 0.01	2.00%	1.50%	3.53%	0.75%	5.00%	5.79%	4	\$ 40.90	\$ 0.01
All Categories of Service			\$ 0.41			3.69%			5.29%			\$ 0.46

General Note:

- Totals may differ due to rounding.

Footnotes:

1. The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR and financial adjustments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 0.46

Administration	\$ 0.07
Underwriting Gain	\$ 0.01
Premium Tax	\$ 0.02
Total Non-Medical	\$ 0.10

Total Capitation	\$ 0.56
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CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

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

Base Period:	January 1, 2022 – December 31, 2022
Rating Period:	January 1, 2024 – December 31, 2024
Base Member Months:	407,085
Projected Member Months:	371,834

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Diagnostic	712	\$ 24.53	\$ 1.46	2.50%	1.00%	3.53%	1.34%	4.95%	6.36%	758	\$ 26.27	\$ 1.66
Preventive	734	\$ 40.98	\$ 2.51	3.50%	0.50%	4.02%	1.26%	5.04%	6.36%	796	\$ 43.48	\$ 2.88
Restorative	159	\$ 85.14	\$ 1.13	1.50%	0.50%	2.01%	1.38%	4.73%	6.17%	166	\$ 90.06	\$ 1.25
Periodontal and Endodontal	48	\$ 66.61	\$ 0.27	0.50%	0.50%	1.00%	1.31%	4.91%	6.28%	49	\$ 70.58	\$ 0.29
Prostheses	-	\$ -	\$ -	0.50%	0.50%	1.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Oral Surgery	25	\$ 42.14	\$ 0.09	2.00%	1.50%	3.53%	0.67%	4.64%	5.34%	27	\$ 45.42	\$ 0.10
Adjunctive General Services	81	\$ 31.82	\$ 0.21	2.00%	1.50%	3.53%	1.36%	4.98%	6.41%	85	\$ 34.41	\$ 0.24
All Categories of Service			\$ 5.66			3.33%			6.31%			\$ 6.42

General Note:

- Totals may differ due to rounding.

Footnotes:

1. The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR and financial adjustments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 6.42

Administration	\$ 0.96
Underwriting Gain	\$ 0.11
Premium Tax	\$ 0.27
Total Non-Medical	\$ 1.34

Total Capitation	\$ 7.77
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CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

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

Base Period:	January 1, 2022 – December 31, 2022
Rating Period:	January 1, 2024 – December 31, 2024
Base Member Months:	2,257,655
Projected Member Months:	2,099,113

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Diagnostic	2,780	\$ 18.96	\$ 4.39	2.50%	1.00%	3.53%	1.22%	5.00%	6.28%	2,956	\$ 20.31	\$ 5.00
Preventive	2,290	\$ 34.90	\$ 6.66	3.50%	0.50%	4.02%	1.22%	5.01%	6.29%	2,483	\$ 37.01	\$ 7.66
Restorative	657	\$ 65.89	\$ 3.61	1.50%	0.50%	2.01%	1.23%	4.89%	6.19%	685	\$ 69.81	\$ 3.99
Periodontal and Endodontal	101	\$ 55.59	\$ 0.47	0.50%	0.50%	1.00%	1.21%	4.98%	6.25%	103	\$ 58.95	\$ 0.51
Prostheses	0	\$ 290.70	\$ 0.00	0.50%	0.50%	1.00%	1.42%	5.00%	6.49%	0	\$ 308.29	\$ 0.00
Oral Surgery	170	\$ 43.46	\$ 0.62	2.00%	1.50%	3.53%	1.24%	4.93%	6.23%	179	\$ 46.98	\$ 0.70
Adjunctive General Services	347	\$ 36.50	\$ 1.06	2.00%	1.50%	3.53%	1.23%	5.01%	6.31%	365	\$ 39.49	\$ 1.20
All Categories of Service		\$ 16.80				3.33%			6.26%		\$ 19.06	

General Note:

- Totals may differ due to rounding.

Footnotes:

- The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR and financial adjustments.
- Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 19.06

Administration	\$ 2.85
Underwriting Gain	\$ 0.33
Premium Tax	\$ 0.81
Total Non-Medical	\$ 3.99

Total Capitation	\$ 23.05
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CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

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

Base Period:	January 1, 2022 – December 31, 2022
Rating Period:	January 1, 2024 – December 31, 2024
Base Member Months:	312,342
Projected Member Months:	282,268

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Diagnostic	2,040	\$ 21.51	\$ 3.66	2.50%	1.00%	3.53%	1.06%	4.96%	6.07%	2,166	\$ 23.03	\$ 4.16
Preventive	1,649	\$ 32.71	\$ 4.49	3.50%	0.50%	4.02%	1.00%	5.01%	6.06%	1,784	\$ 34.69	\$ 5.16
Restorative	603	\$ 72.40	\$ 3.64	1.50%	0.50%	2.01%	0.99%	4.91%	5.95%	628	\$ 76.71	\$ 4.01
Periodontal and Endodontal	63	\$ 112.89	\$ 0.59	0.50%	0.50%	1.00%	0.99%	4.82%	5.86%	64	\$ 119.52	\$ 0.64
Prostheses	0	\$ 174.48	\$ 0.00	0.50%	0.50%	1.00%	1.24%	5.00%	6.30%	0	\$ 185.04	\$ 0.00
Oral Surgery	133	\$ 121.34	\$ 1.35	2.00%	1.50%	3.53%	1.07%	4.99%	6.11%	140	\$ 131.25	\$ 1.53
Adjunctive General Services	226	\$ 44.04	\$ 0.83	2.00%	1.50%	3.53%	1.09%	4.99%	6.13%	238	\$ 47.63	\$ 0.95
All Categories of Service		\$ 14.56				3.20%			6.04%		\$ 16.45	

General Note:

- Totals may differ due to rounding.

Footnotes:

1. The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR and financial adjustments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 16.45

Administration	\$ 2.46
Underwriting Gain	\$ 0.29
Premium Tax	\$ 0.70
Total Non-Medical	\$ 3.44

Total Capitation	\$ 19.89
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CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

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

Base Period:	January 1, 2022 – December 31, 2022
Rating Period:	January 1, 2024 – December 31, 2024
Base Member Months:	311,843
Projected Member Months:	282,240

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Diagnostic	1,899	\$ 21.46	\$ 3.40	2.50%	1.00%	3.53%	1.00%	4.97%	6.03%	2,016	\$ 22.98	\$ 3.86
Preventive	1,664	\$ 31.85	\$ 4.42	3.50%	0.50%	4.02%	0.96%	5.01%	6.01%	1,800	\$ 33.78	\$ 5.07
Restorative	547	\$ 74.14	\$ 3.38	1.50%	0.50%	2.01%	0.98%	5.06%	6.09%	569	\$ 78.68	\$ 3.73
Periodontal and Endodontal	66	\$ 108.29	\$ 0.59	0.50%	0.50%	1.00%	0.97%	5.00%	6.02%	67	\$ 114.84	\$ 0.64
Prostheses	0	\$ 256.69	\$ 0.01	0.50%	0.50%	1.00%	1.27%	5.00%	6.33%	0	\$ 272.21	\$ 0.01
Oral Surgery	109	\$ 120.43	\$ 1.10	2.00%	1.50%	3.53%	0.84%	4.90%	5.78%	115	\$ 130.15	\$ 1.25
Adjunctive General Services	197	\$ 43.47	\$ 0.71	2.00%	1.50%	3.53%	0.91%	4.93%	5.88%	206	\$ 47.00	\$ 0.81
All Categories of Service		\$ 13.60				3.20%			6.01%		\$ 15.36	

General Note:

- Totals may differ due to rounding.

Footnotes:

1. The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR and financial adjustments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 15.36

Administration	\$ 2.30
Underwriting Gain	\$ 0.27
Premium Tax	\$ 0.65
Total Non-Medical	\$ 3.21

Total Capitation	\$ 18.57
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CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

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

Base Period:	January 1, 2022 – December 31, 2022
Rating Period:	January 1, 2024 – December 31, 2024
Base Member Months:	429,799
Projected Member Months:	429,917

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Diagnostic	631	\$ 24.65	\$ 1.30	1.00%	3.00%	4.03%	2.93%	5.07%	8.15%	663	\$ 27.48	\$ 1.52
Preventive	55	\$ 30.40	\$ 0.14	1.00%	3.00%	4.03%	6.40%	3.70%	10.33%	59	\$ 33.44	\$ 0.17
Restorative	61	\$ 109.52	\$ 0.56	4.00%	2.00%	6.08%	6.72%	2.45%	9.33%	71	\$ 116.73	\$ 0.69
Periodontal and Endodontal	11	\$ 77.15	\$ 0.07	4.00%	2.00%	6.08%	26.58%	-3.30%	22.40%	16	\$ 77.62	\$ 0.10
Prostheses	7	\$ 367.70	\$ 0.23	1.50%	0.50%	2.01%	2.67%	5.00%	7.80%	8	\$ 389.94	\$ 0.26
Oral Surgery	158	\$ 92.26	\$ 1.22	0.50%	2.00%	2.51%	2.23%	4.96%	7.31%	163	\$ 100.75	\$ 1.37
Adjunctive General Services	76	\$ 53.78	\$ 0.34	1.00%	1.00%	2.01%	2.33%	4.99%	7.44%	79	\$ 57.60	\$ 0.38
All Categories of Service			\$ 3.85			3.60%			8.35%			\$ 4.48

General Note:

- Totals may differ due to rounding.

Footnotes:

- The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR and financial adjustments.
- Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 4.48

Administration	\$ 0.67
Underwriting Gain	\$ 0.08
Premium Tax	\$ 0.19
Total Non-Medical	\$ 0.94

Total Capitation	\$ 5.41
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CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

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

Base Period:	January 1, 2022 – December 31, 2022
Rating Period:	January 1, 2024 – December 31, 2024
Base Member Months:	84,413
Projected Member Months:	66,833

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Diagnostic	506	\$ 24.16	\$ 1.02	1.00%	3.00%	4.03%	3.13%	4.96%	8.24%	533	\$ 26.91	\$ 1.19
Preventive	95	\$ 33.02	\$ 0.26	1.00%	3.00%	4.03%	5.14%	4.05%	9.40%	102	\$ 36.45	\$ 0.31
Restorative	49	\$ 92.88	\$ 0.38	4.00%	2.00%	6.08%	8.56%	1.81%	10.52%	57	\$ 98.38	\$ 0.47
Periodontal and Endodontal	11	\$ 104.21	\$ 0.10	4.00%	2.00%	6.08%	29.99%	-7.53%	20.19%	15	\$ 100.25	\$ 0.13
Prostheses	5	\$ 383.85	\$ 0.17	1.50%	0.50%	2.01%	2.72%	5.00%	7.86%	6	\$ 407.08	\$ 0.19
Oral Surgery	120	\$ 93.61	\$ 0.94	0.50%	2.00%	2.51%	2.11%	5.01%	7.23%	124	\$ 102.27	\$ 1.06
Adjunctive General Services	62	\$ 53.59	\$ 0.28	1.00%	1.00%	2.01%	1.54%	5.04%	6.66%	64	\$ 57.42	\$ 0.31
All Categories of Service		\$ 3.14				3.61%			8.56%		\$ 3.66	

General Note:

- Totals may differ due to rounding.

Footnotes:

1. The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR and financial adjustments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 3.66

Administration	\$ 0.55
Underwriting Gain	\$ 0.06
Premium Tax	\$ 0.15
Total Non-Medical	\$ 0.77

Total Capitation	\$ 4.42
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CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

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

Base Period:	January 1, 2022 – December 31, 2022
Rating Period:	January 1, 2024 – December 31, 2024
Base Member Months:	264,819
Projected Member Months:	210,525

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Diagnostic	607	\$ 24.20	\$ 1.22	1.00%	3.00%	4.03%	3.79%	5.36%	9.35%	643	\$ 27.05	\$ 1.45
Preventive	4	\$ 19.41	\$ 0.01	1.00%	3.00%	4.03%	182.25%	7.18%	202.50%	11	\$ 22.07	\$ 0.02
Restorative	29	\$ 150.01	\$ 0.36	4.00%	2.00%	6.08%	29.98%	-11.59%	14.92%	40	\$ 137.99	\$ 0.46
Periodontal and Endodontal	4	\$ 58.63	\$ 0.02	4.00%	2.00%	6.08%	234.46%	-12.09%	194.03%	13	\$ 53.62	\$ 0.06
Prostheses	32	\$ 387.50	\$ 1.05	1.50%	0.50%	2.01%	1.15%	4.95%	6.16%	34	\$ 410.76	\$ 1.16
Oral Surgery	195	\$ 76.44	\$ 1.24	0.50%	2.00%	2.51%	1.30%	5.02%	6.39%	199	\$ 83.52	\$ 1.39
Adjunctive General Services	56	\$ 55.15	\$ 0.26	1.00%	1.00%	2.01%	1.49%	5.03%	6.60%	58	\$ 59.09	\$ 0.29
All Categories of Service			\$ 4.16			3.13%			9.17%			\$ 4.83

General Note:

- Totals may differ due to rounding.

Footnotes:

- The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR and financial adjustments.
- Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 4.83

Administration	\$ 0.72
Underwriting Gain	\$ 0.08
Premium Tax	\$ 0.20
Total Non-Medical	\$ 1.01

Total Capitation	\$ 5.83
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CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

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

Base Period:	January 1, 2022 – December 31, 2022
Rating Period:	January 1, 2024 – December 31, 2024
Base Member Months:	98,308
Projected Member Months:	83,357

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Diagnostic	471	\$ 25.29	\$ 0.99	1.00%	3.00%	4.03%	4.45%	5.20%	9.89%	502	\$ 28.23	\$ 1.18
Preventive	0	\$ 19.89	\$ 0.00	1.00%	3.00%	4.03%	5727.91%	5.78%	6064.85%	7	\$ 22.32	\$ 0.01
Restorative	15	\$ 175.15	\$ 0.21	4.00%	2.00%	6.08%	60.51%	-24.55%	21.10%	26	\$ 137.48	\$ 0.29
Periodontal and Endodontal	1	\$ 58.56	\$ 0.00	4.00%	2.00%	6.08%	1495.05%	-17.91%	1209.31%	11	\$ 50.01	\$ 0.04
Prostheses	35	\$ 379.52	\$ 1.11	1.50%	0.50%	2.01%	-0.05%	4.96%	4.90%	36	\$ 402.34	\$ 1.21
Oral Surgery	212	\$ 70.84	\$ 1.25	0.50%	2.00%	2.51%	1.16%	4.74%	5.96%	217	\$ 77.19	\$ 1.40
Adjunctive General Services	43	\$ 55.48	\$ 0.20	1.00%	1.00%	2.01%	0.37%	4.39%	4.78%	44	\$ 59.08	\$ 0.22
All Categories of Service		\$ 3.78				2.95%			8.90%		\$ 4.36	

General Note:

- Totals may differ due to rounding.

Footnotes:

1. The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR and financial adjustments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 4.36

Administration	\$ 0.65
Underwriting Gain	\$ 0.08
Premium Tax	\$ 0.18
Total Non-Medical	\$ 0.91

Total Capitation	\$ 5.27
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CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

Appendix G: Capitation Rate Calculation Sheet
Check Up Under 1

Base Period:	January 1, 2022 – December 31, 2022
Rating Period:	January 1, 2024 – December 31, 2024
Base Member Months:	1,715
Projected Member Months:	1,990

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Diagnostic	98	\$ 24.52	\$ 0.20	2.00%	1.00%	3.02%	0.06%	5.00%	5.06%	102	\$ 26.26	\$ 0.22
Preventive	106	\$ 45.10	\$ 0.40	1.50%	0.75%	2.26%	0.06%	5.00%	5.06%	109	\$ 48.07	\$ 0.44
Restorative	-	\$ -	\$ -	1.50%	0.50%	2.01%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Periodontal and Endodontal	-	\$ -	\$ -	1.75%	0.50%	2.26%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Prostheses	-	\$ -	\$ -	1.75%	0.50%	2.26%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Oral Surgery	-	\$ -	\$ -	1.50%	1.00%	2.52%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Adjunctive General Services	-	\$ -	\$ -	1.50%	1.00%	2.52%	0.00%	0.00%	0.00%	-	\$ -	\$ -
All Categories of Service		\$ 0.60				2.52%			5.06%		\$ 0.66	

General Note:

- Totals may differ due to rounding.

Footnotes:

- The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR and financial adjustments.
- Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

Credibility Weighting	21.8%
Manual PMPM	\$ 0.52
Final Capitated Medical	\$ 0.55

Administration	\$ 0.08
Underwriting Gain	\$ 0.01
Premium Tax	\$ 0.02
Total Non-Medical	\$ 0.11

Total Capitation	\$ 0.66
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CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

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

Base Period:	January 1, 2022 – December 31, 2022
Rating Period:	January 1, 2024 – December 31, 2024
Base Member Months:	9,555
Projected Member Months:	15,492

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Diagnostic	828	\$ 25.14	\$ 1.73	2.00%	1.00%	3.02%	0.29%	5.28%	5.59%	864	\$ 27.00	\$ 1.94
Preventive	918	\$ 42.09	\$ 3.22	1.50%	0.75%	2.26%	0.55%	5.15%	5.73%	951	\$ 44.92	\$ 3.56
Restorative	105	\$ 76.46	\$ 0.67	1.50%	0.50%	2.01%	1.53%	4.45%	6.05%	109	\$ 80.66	\$ 0.74
Periodontal and Endodontal	32	\$ 66.83	\$ 0.18	1.75%	0.50%	2.26%	1.53%	5.00%	6.61%	33	\$ 70.88	\$ 0.20
Prostheses	-	\$ -	\$ -	1.75%	0.50%	2.26%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Oral Surgery	24	\$ 45.41	\$ 0.09	1.50%	1.00%	2.52%	1.53%	4.99%	6.60%	25	\$ 48.63	\$ 0.10
Adjunctive General Services	64	\$ 27.35	\$ 0.15	1.50%	1.00%	2.52%	1.53%	4.85%	6.46%	67	\$ 29.26	\$ 0.16
All Categories of Service		\$ 6.03				2.46%			5.78%		\$ 6.70	

General Note:

- Totals may differ due to rounding.

Footnotes:

- The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR and financial adjustments.
- Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

Credibility Weighting	51.5%
Manual PMPM	\$ 7.22
Final Capitated Medical	\$ 6.95

Administration	\$ 1.04
Underwriting Gain	\$ 0.12
Premium Tax	\$ 0.29
Total Non-Medical	\$ 1.46

Total Capitation	\$ 8.41
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CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

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

Base Period:	January 1, 2022 – December 31, 2022
Rating Period:	January 1, 2024 – December 31, 2024
Base Member Months:	162,326
Projected Member Months:	192,652

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Diagnostic	3,298	\$ 19.13	\$ 5.26	2.00%	1.00%	3.02%	0.63%	4.99%	5.66%	3,453	\$ 20.49	\$ 5.90
Preventive	2,925	\$ 34.59	\$ 8.43	1.50%	0.75%	2.26%	0.61%	4.98%	5.62%	3,032	\$ 36.86	\$ 9.31
Restorative	658	\$ 63.27	\$ 3.47	1.50%	0.50%	2.01%	0.58%	4.94%	5.55%	682	\$ 67.07	\$ 3.81
Periodontal and Endodontal	83	\$ 55.02	\$ 0.38	1.75%	0.50%	2.26%	0.31%	5.15%	5.48%	86	\$ 58.44	\$ 0.42
Prostheses	0	\$ 167.77	\$ 0.00	1.75%	0.50%	2.26%	0.76%	5.00%	5.80%	0	\$ 177.92	\$ 0.00
Oral Surgery	195	\$ 45.10	\$ 0.73	1.50%	1.00%	2.52%	0.72%	4.97%	5.73%	202	\$ 48.29	\$ 0.81
Adjunctive General Services	369	\$ 34.68	\$ 1.07	1.50%	1.00%	2.52%	0.62%	4.92%	5.57%	382	\$ 37.11	\$ 1.18
All Categories of Service		\$ 19.34				2.45%			5.62%		\$ 21.43	

General Note:

- Totals may differ due to rounding.

Footnotes:

1. The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR and financial adjustments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 21.43

Administration	\$ 3.20
Underwriting Gain	\$ 0.38
Premium Tax	\$ 0.91
Total Non-Medical	\$ 4.49

Total Capitation	\$ 25.92
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CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

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

Base Period:	January 1, 2022 – December 31, 2022
Rating Period:	January 1, 2024 – December 31, 2024
Base Member Months:	31,745
Projected Member Months:	33,944

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Diagnostic	2,490	\$ 21.60	\$ 4.48	2.00%	1.00%	3.02%	0.33%	5.01%	5.36%	2,599	\$ 23.13	\$ 5.01
Preventive	1,980	\$ 33.59	\$ 5.54	1.50%	0.75%	2.26%	0.35%	5.01%	5.38%	2,047	\$ 35.80	\$ 6.11
Restorative	668	\$ 67.94	\$ 3.78	1.50%	0.50%	2.01%	0.39%	5.00%	5.41%	691	\$ 72.05	\$ 4.15
Periodontal and Endodontal	57	\$ 102.94	\$ 0.49	1.75%	0.50%	2.26%	0.39%	4.99%	5.41%	59	\$ 109.16	\$ 0.54
Prostheses	-	\$ -	\$ -	1.75%	0.50%	2.26%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Oral Surgery	152	\$ 131.82	\$ 1.67	1.50%	1.00%	2.52%	0.39%	5.00%	5.41%	158	\$ 141.19	\$ 1.85
Adjunctive General Services	249	\$ 45.26	\$ 0.94	1.50%	1.00%	2.52%	0.39%	5.00%	5.41%	258	\$ 48.47	\$ 1.04
All Categories of Service			\$ 16.91			2.45%			5.39%			\$ 18.70

General Note:

- Totals may differ due to rounding.

Footnotes:

- The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR and financial adjustments.
- Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

Credibility Weighting	93.9%
Manual PMPM	\$ 18.49
Final Capitated Medical	\$ 18.69

Administration	\$ 2.79
Underwriting Gain	\$ 0.33
Premium Tax	\$ 0.79
Total Non-Medical	\$ 3.91

Total Capitation	\$ 22.60
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CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

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

Base Period:	January 1, 2022 – December 31, 2022
Rating Period:	January 1, 2024 – December 31, 2024
Base Member Months:	32,076
Projected Member Months:	34,028

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Diagnostic	2,359	\$ 20.75	\$ 4.08	2.00%	1.00%	3.02%	0.56%	4.93%	5.52%	2,468	\$ 22.21	\$ 4.57
Preventive	1,913	\$ 33.40	\$ 5.32	1.50%	0.75%	2.26%	0.39%	4.98%	5.39%	1,979	\$ 35.59	\$ 5.87
Restorative	543	\$ 72.56	\$ 3.29	1.50%	0.50%	2.01%	0.68%	5.03%	5.74%	564	\$ 76.97	\$ 3.61
Periodontal and Endodontal	62	\$ 107.30	\$ 0.55	1.75%	0.50%	2.26%	0.14%	5.32%	5.47%	64	\$ 114.14	\$ 0.61
Prostheses	-	\$ -	\$ -	1.75%	0.50%	2.26%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Oral Surgery	143	\$ 123.20	\$ 1.47	1.50%	1.00%	2.52%	0.75%	5.00%	5.79%	148	\$ 131.95	\$ 1.63
Adjunctive General Services	231	\$ 43.17	\$ 0.83	1.50%	1.00%	2.52%	0.42%	4.71%	5.15%	239	\$ 46.11	\$ 0.92
All Categories of Service			\$ 15.54			2.44%			5.53%			\$ 17.21

General Note:

- Totals may differ due to rounding.

Footnotes:

- The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR and financial adjustments.
- Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

Credibility Weighting	94.4%
Manual PMPM	\$ 17.27
Final Capitated Medical	\$ 17.21

Administration	\$ 2.57
Underwriting Gain	\$ 0.30
Premium Tax	\$ 0.73
Total Non-Medical	\$ 3.60

Total Capitation	\$ 20.81
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CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

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

Base Period:	January 1, 2022 – December 31, 2022
Rating Period:	January 1, 2024 – December 31, 2024
Base Member Months:	867,026
Projected Member Months:	684,188

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Diagnostic	605	\$ 23.91	\$ 1.21	1.00%	3.00%	4.03%	3.34%	5.00%	8.50%	638	\$ 26.63	\$ 1.42
Preventive	115	\$ 33.51	\$ 0.32	1.00%	3.00%	4.03%	4.59%	4.32%	9.10%	123	\$ 37.09	\$ 0.38
Restorative	77	\$ 91.88	\$ 0.59	1.00%	2.00%	3.02%	5.52%	3.17%	8.87%	83	\$ 98.62	\$ 0.68
Periodontal and Endodontal	12	\$ 103.66	\$ 0.11	1.00%	2.00%	3.02%	23.47%	-4.78%	17.57%	16	\$ 102.69	\$ 0.13
Prostheses	5	\$ 393.67	\$ 0.17	1.50%	0.50%	2.01%	2.74%	5.53%	8.43%	5	\$ 419.62	\$ 0.19
Oral Surgery	135	\$ 97.65	\$ 1.10	2.00%	1.50%	3.53%	2.41%	5.07%	7.60%	144	\$ 105.70	\$ 1.27
Adjunctive General Services	79	\$ 53.56	\$ 0.35	2.50%	1.00%	3.53%	2.52%	5.02%	7.67%	86	\$ 57.38	\$ 0.41
All Categories of Service		\$ 3.84				3.57%			8.52%		\$ 4.47	

General Note:

- Totals may differ due to rounding.

Footnotes:

- The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR and financial adjustments.
- Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 4.47

Administration	\$ 0.67
Underwriting Gain	\$ 0.08
Premium Tax	\$ 0.19
Total Non-Medical	\$ 0.94

Total Capitation	\$ 5.41
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CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

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

Base Period:	January 1, 2022 – December 31, 2022
Rating Period:	January 1, 2024 – December 31, 2024
Base Member Months:	783,222
Projected Member Months:	642,315

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Diagnostic	451	\$ 24.35	\$ 0.92	1.00%	3.00%	4.03%	3.13%	5.01%	8.30%	475	\$ 27.13	\$ 1.07
Preventive	91	\$ 33.02	\$ 0.25	1.00%	3.00%	4.03%	4.55%	4.55%	9.31%	97	\$ 36.63	\$ 0.30
Restorative	52	\$ 94.72	\$ 0.41	1.00%	2.00%	3.02%	5.26%	3.73%	9.19%	56	\$ 102.23	\$ 0.48
Periodontal and Endodontal	10	\$ 113.11	\$ 0.10	1.00%	2.00%	3.02%	14.88%	-1.88%	12.72%	12	\$ 115.47	\$ 0.12
Prostheses	4	\$ 395.92	\$ 0.14	1.50%	0.50%	2.01%	2.92%	4.70%	7.76%	5	\$ 418.68	\$ 0.16
Oral Surgery	116	\$ 93.77	\$ 0.91	2.00%	1.50%	3.53%	2.89%	5.10%	8.13%	124	\$ 101.53	\$ 1.05
Adjunctive General Services	58	\$ 53.91	\$ 0.26	2.50%	1.00%	3.53%	2.98%	5.04%	8.17%	62	\$ 57.77	\$ 0.30
All Categories of Service			\$ 2.98			3.57%			8.57%			\$ 3.47

General Note:

- Totals may differ due to rounding.

Footnotes:

- The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR and financial adjustments.
- Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 3.47

Administration	\$ 0.52
Underwriting Gain	\$ 0.06
Premium Tax	\$ 0.15
Total Non-Medical	\$ 0.73

Total Capitation	\$ 4.20
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CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

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

Base Period:	January 1, 2022 – December 31, 2022
Rating Period:	January 1, 2024 – December 31, 2024
Base Member Months:	1,016,791
Projected Member Months:	846,579

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Diagnostic	559	\$ 23.90	\$ 1.11	1.00%	3.00%	4.03%	5.30%	5.50%	11.09%	600	\$ 26.75	\$ 1.34
Preventive	0	\$ 14.91	\$ 0.00	1.00%	3.00%	4.03%	83887.02%	41.05%	118367.56%	10	\$ 22.32	\$ 0.02
Restorative	19	\$ 193.25	\$ 0.30	1.00%	2.00%	3.02%	67.20%	-27.45%	21.30%	32	\$ 145.87	\$ 0.39
Periodontal and Endodontal	1	\$ 55.31	\$ 0.01	1.00%	2.00%	3.02%	1146.09%	-12.81%	986.52%	14	\$ 50.18	\$ 0.06
Prostheses	57	\$ 377.46	\$ 1.81	1.50%	0.50%	2.01%	1.69%	4.98%	6.75%	60	\$ 400.25	\$ 2.01
Oral Surgery	226	\$ 72.48	\$ 1.37	2.00%	1.50%	3.53%	1.52%	5.04%	6.63%	239	\$ 78.44	\$ 1.56
Adjunctive General Services	49	\$ 55.70	\$ 0.23	2.50%	1.00%	3.53%	1.39%	5.05%	6.51%	52	\$ 59.68	\$ 0.26
All Categories of Service		\$ 4.82				3.05%			10.05%		\$ 5.63	

General Note:

- Totals may differ due to rounding.

Footnotes:

1. The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR and financial adjustments.
2. Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 5.63

Administration	\$ 0.84
Underwriting Gain	\$ 0.10
Premium Tax	\$ 0.24
Total Non-Medical	\$ 1.18

Total Capitation	\$ 6.81
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CY 2024 NEVADA DBA RATE CERTIFICATION APPENDICES

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

Base Period:	January 1, 2022 – December 31, 2022
Rating Period:	January 1, 2024 – December 31, 2024
Base Member Months:	980,202
Projected Member Months:	810,820

Category of Service	Adjusted Base Data ¹			Annualized Trend ²			Program Changes			Projected Medical		
	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM	Util/1000	Unit Cost	PMPM
Diagnostic	430	\$ 24.61	\$ 0.88	1.00%	3.00%	4.03%	7.27%	5.52%	13.18%	471	\$ 27.55	\$ 1.08
Preventive	0	\$ 11.60	\$ 0.00	1.00%	3.00%	4.03%	27574.10%	81.13%	50025.68%	10	\$ 22.29	\$ 0.02
Restorative	14	\$ 182.24	\$ 0.21	1.00%	2.00%	3.02%	93.26%	-33.34%	28.83%	27	\$ 126.39	\$ 0.29
Periodontal and Endodontal	1	\$ 50.43	\$ 0.00	1.00%	2.00%	3.02%	1238.55%	-5.62%	1163.35%	15	\$ 49.52	\$ 0.06
Prostheses	48	\$ 382.76	\$ 1.54	1.50%	0.50%	2.01%	2.45%	5.00%	7.57%	51	\$ 405.93	\$ 1.72
Oral Surgery	235	\$ 70.16	\$ 1.37	2.00%	1.50%	3.53%	2.16%	4.93%	7.20%	250	\$ 75.84	\$ 1.58
Adjunctive General Services	38	\$ 55.62	\$ 0.18	2.50%	1.00%	3.53%	2.02%	5.03%	7.15%	41	\$ 59.59	\$ 0.20
All Categories of Service			\$ 4.18			3.05%			11.37%			\$ 4.95

General Note:

- Totals may differ due to rounding.

Footnotes:

- The CY 2024 base reflects January 1, 2022 through December 31, 2022 dates of service, adjusted for IBNR and financial adjustments.
- Trend is applied for 24 months from the midpoint of the base period to the midpoint of the rating period.

Credibility Weighting	100.0%
Manual PMPM	N/A
Final Capitated Medical	\$ 4.95

Administration	\$ 0.74
Underwriting Gain	\$ 0.09
Premium Tax	\$ 0.21
Total Non-Medical	\$ 1.04

Total Capitation	\$ 5.98
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