



**MCNA INSURANCE
COMPANY**
Dental Wellness Plan
Iowa Medicaid
Managed Care Program

Adjusted Medical Loss Ratio
With Independent Accountant's Report Thereon

For the State Fiscal Year Ended June 30, 2024
Paid through December 31, 2024



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State of Iowa
Department of Health and Human Services, Iowa Medicaid
Des Moines, Iowa

Independent Accountant's Report

We have examined the accompanying Adjusted Medical Loss Ratio of MCNA Insurance Company (health plan) for the state fiscal year ended June 30, 2024. The health plan's management is responsible for presenting the Medical Loss Ratio in accordance with the criteria set forth in 42 Code of Federal Regulations (CFR) § 438.8 and other applicable federal guidance (criteria). This criteria was used to prepare the Adjusted Medical Loss Ratio. Our responsibility is to express an opinion on the Adjusted Medical Loss Ratio based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the Adjusted Medical Loss Ratio is in accordance with the criteria, in all material respects. An examination involves performing procedures to obtain evidence about the Adjusted Medical Loss Ratio. The nature, timing, and extent of the procedures selected depend on our judgment, including an assessment of the risk of material misstatement of the Adjusted Medical Loss Ratio, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion.

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements related to our engagement.

The accompanying Adjusted Medical Loss Ratio was prepared from information contained in the Medical Loss Ratio for the purpose of complying with the criteria, and is not intended to be a complete presentation in conformity with accounting principles generally accepted in the United States of America.

In our opinion, the Adjusted Medical Loss Ratio is presented in accordance with the criteria, in all material respects, and the Adjusted Medical Loss Ratio meets or exceeds the state requirement of 85 percent for the state fiscal year ended June 30, 2024.

This report is intended solely for the information and use of Iowa Medicaid, CBIZ Optumas, and the health plan and is not intended to be and should not be used by anyone other than these specified parties.

Myers and Stauffer LC
Kansas City, Missouri
December 16, 2025



**MCNA INSURANCE COMPANY
ADJUSTED MEDICAL LOSS RATIO
DENTAL WELLNESS PLAN**

**Adjusted Medical Loss Ratio for the State Fiscal Year Ended June 30, 2024 Paid
Through December 31, 2024**

Adjusted Medical Loss Ratio for the State Fiscal Year Ended June 30, 2024 Paid Through December 31, 2024				
Line #	Line Description	Reported Amounts	Adjustment Amounts	Adjusted Amounts
1. Medical Loss Ratio Numerator				
1.1	Incurred Claims	\$ 31,080,466	\$ 225,388	\$ 31,305,854
1.2	Activities that Improve Health Care Quality	\$ 157,911	\$ -	\$ 157,911
1.3	MLR Numerator	\$ 31,238,377	\$ 225,388	\$ 31,463,765
1.4	Non-Claims Costs (Not Included in Numerator)	\$ 4,636,379	\$ -	\$ 4,636,379
2. Medical Loss Ratio Denominator				
2.1	Premium Revenue	\$ 34,942,406	\$ -	\$ 34,942,406
2.2	Federal, State, and Local Taxes and Licensing and Regulatory Fees	\$ (378,540)	\$ 124,766	\$ (253,774)
2.3	MLR Denominator	\$ 35,320,946	\$ (124,766)	\$ 35,196,180
3. MLR Calculation				
3.1	Member Months	2,894,851	-1,610	2,893,241
3.2	Unadjusted MLR	88.4%	1.0%	89.4%
3.3	Credibility Adjustment	0.0%	0.0%	0.0%
3.4	Adjusted MLR	88.4%	1.0%	89.4%
4. Remittance				
4.1	Contract Includes Remittance Requirement	No		No
4.2	State Minimum MLR Requirement	85%		85%

**The Non-Claims Costs line has not been subjected to the procedures applied in the examination, including testing for allowability of expenses or appropriate allocation to the Medicaid line of business. Adjustments identified during the course of the examination were not tested to determine any impact on Non-Claims Costs. Accordingly, we express no opinion on the Non-Claims Costs line.*



Schedule of Adjustments

During the course of the engagement, we identified the following adjustments.

Adjustment #1 – To remove duplicated overpayment recoveries per health plan supporting documentation

The health plan reported duplicated recoveries within the medical loss ratio (MLR). It was determined the recoveries reported separately were also reflected within incurred claims through the paid claims lag. An adjustment was proposed to remove duplicated recoveries from incurred claims per health plan supporting documentation. The incurred claims reporting requirements are addressed in the Medicaid Managed Care Final Rule 42 CFR § 438.8(e)(2).

Proposed Adjustment		
Line #	Line Description	Amount
1.1	Incurred Claims	\$225,388

Adjustment #2 – To adjust member months per state data

The health plan reported member months that did not reflect accurate amounts for the MLR reporting period. An adjustment was proposed to reflect member months per state data. The member month reporting requirements are addressed in the Medicaid Managed Care Final Rule 42 CFR § 438.8(k).

Proposed Adjustment		
Line #	Line Description	Amount
3.1	Member Months	(1,610)

Adjustment #3 – To adjust income taxes per health plan supporting documentation

The health plan reported income taxes that did not reconcile to supporting documentation. It was determined the health plan appropriately removed taxes for investment income, but excluded the change in deferred values. The health plan's supporting documentation was utilized to determine the taxes, utilizing the audited financial statements' change in deferred values. An adjustment was proposed to the appropriate amounts per health plan supporting documentation. The tax reporting requirements are addressed in the Medicaid Managed Care Final Rule 42 CFR § 438.8(f)(3).



SCHEDULE OF ADJUSTMENTS AND COMMENTS

Proposed Adjustment		
Line #	Line Description	Amount
2.2	Federal, State, and Local Taxes and Licensing and Regulatory Fees	\$124,766