

**AMENDMENT SIX TO THE CONTRACT BETWEEN OKLAHOMA HEALTH
CARE AUTHORITY
AND
HUMANA WISCONSIN HEALTH ORGANIZATION
INSURANCE CORPORATION**

The Oklahoma Health Care Authority (OHCA) and Humana Wisconsin Health Organization Insurance Corporation. (hereinafter referred to as Contractor) mutually consent to modify the language of the Agreement associated with Solicitation Number 8079004727 as enumerated below.

The following will be further modified as stated below.

1. Section 1.7.9 “In Lieu of Services”, add new subsections below to read as follows:

**(1.7.9.1) Humana Healthy Horizons of Oklahoma’s In Lieu of Services
Transcranial Magnetic Stimulation**

The Contractor shall offer Transcranial Magnetic Stimulation (TMS) as an In Lieu of Service (ILOS) for Enrollees diagnosed with major depressive disorder. This service shall serve as a non-invasive, medically appropriate, and cost-effective alternative to the covered State Plan service of electroconvulsive therapy (ECT) and is authorized pursuant to 42 CFR § 438.3(e)(2) and subject to OHCA review and approval.

A. Service Description

TMS is a non-invasive procedure involving magnetic induction of a focal electrical current in the brain to transiently modulate the activity of the targeted cerebral cortex. It is intended for Enrollees with treatment-resistant major depressive disorder and is offered as a clinically appropriate substitute for ECT.

B. Eligible Enrollee Population

This ILOS is available to all Enrollees who:

- *Are 18 years of age or older;*
- *Have a documented diagnosis of major depressive disorder;*
- *Meet criteria for treatment-resistant depression as established through care management or provider assessment.*

C. Service Specifications

- *The codes, code descriptions and rates are denoted below:*

Procedure Code	Service Description	Rates	Frequency Allowed
90867	Initial treatment of transcranial magnetic stimulation (TMS)	\$320/visit	1 x per 365 days
90868	Session of TMS treatment	\$175/visit	36 visits in a 7-week calendar period
90869	Therapeutic repetitive TMS treatment; subsequent motor threshold re-determination with delivery and management	\$350/visit	12-16 visits

Continued Service Specifications...

- *Age Limit: 18 years and older*
- *Service Limitations:*
 - *Must meet clinical criteria for treatment-resistant depression*
 - *Maximum units as outlined above, unless otherwise approved*
- *Prior Authorization: Required*
- *Provider Type: Certified and trained outpatient behavioral health providers such as:*
 - *Psychiatrists*
 - *Psychologists*
 - *Physician extenders (e.g., nurse practitioners, physician assistants) under supervision as appropriate*

D. Reporting Requirements

The Contractor shall submit quarterly reports to OHCA that include:

- *Number of Enrollees authorized and served under this ILOS*
- *Utilization by procedure code and diagnosis*
- *Provider type and service location*
- *Clinical outcomes and enrollee feedback (as available)*

Estimated cost savings and comparative analysis versus ECT utilization.

(1.7.9.2) Humana Healthy Horizons of Oklahoma's In Lieu of Services Medically Tailored Meals for High-Risk Pregnant and Postpartum Enrollees

The Contractor shall offer Medically Tailored Meals (MTM) as an In Lieu of Service (ILOS) for eligible pregnant and postpartum Enrollees identified as high risk. This service shall be implemented in accordance with 42 CFR § 438.3(e)(2) and OHCA policy, and shall serve as a medically appropriate, cost-effective alternative to existing State Plan services.

A. Service Description

MTM are medically supportive meals, designed and approved by registered dietitians, intended to improve nutritional status, support maternal health, and reduce avoidable utilization. Meals are tailored to specific health conditions and social risk factors identified through care management assessments.

B. Eligibility Criteria

Enrollees eligible to receive MTM under this ILOS must meet the following conditions:

- Be pregnant or postpartum and enrolled in the Contractor's plan; and
- Be identified by the Contractor's care management team as high risk due to:
 - Nutrition-related medical conditions (e.g., gestational diabetes, hypertension)
 - History of adverse maternal outcomes
 - Documented food insecurity or nutritional vulnerability

C. Service Specifications

The codes, code descriptions and rates are denoted below:

Procedure Code	Service Description	Rates	Frequency Allowed
S5170	HOME DELIVERED MEALS, INCLUDING PREPARATION/MEAL.	\$6.99 /per meal	Up to two (2) medically tailored meals per day for up to twelve (12) weeks, with extensions allowed if medically necessary.

- Age Limits: None
- Prior Authorization: Not required; however, Care Manager approval is required.
- Provider Type: OHCA-approved meal vendors or Contractor's designated vendors.
- Reimbursement: Included within the Contractor's existing capitation payment; costs must remain cost-effective and not exceed those of equivalent covered State Plan services.

D. Clinical and Programmatic Supporting Documentation

The Contractor must maintain documentation supporting the medical necessity, cost-effectiveness, and enrollee outcomes associated with the MTM service and make such documentation available to OHCA upon request.

E. Reporting Requirements

The Contractor shall submit annually the following report to OHCA:

- Medical Report SEL – 1214
 - Frequency: Within 6 months of the end of the SFY; for CEs with Approved ILOS
 - Essential for Cost reporting

(1.7.9.3) *Humana Healthy Horizons of Oklahoma's In Lieu of Services Intensive Outpatient Behavioral Health Services*

The Contractor shall offer Intensive Outpatient Behavioral Health Services (IOP-MH) as an In Lieu of Service (ILOS) for Enrollees requiring structured, non-residential mental health treatment that exceeds traditional outpatient care. This ILOS is intended to expand access to medically necessary behavioral health services not currently covered under the State Plan and is implemented pursuant to 42 CFR § 438.3(e)(2).

A. Service Description

IOP-MH is a structured, evidence-based, non-residential behavioral health treatment program that provides therapeutic services at a level of intensity between standard outpatient care and partial hospitalization. The program includes individualized assessment, therapeutic counseling (individual and/or group), activity therapies, education, and crisis intervention services. Services are delivered according to a treatment plan developed by licensed behavioral health professionals.

B. Eligible Enrollee Population

This ILOS is available to all Enrollees, regardless of age, who require a higher level of behavioral health care and meet clinical criteria for intensive outpatient treatment, including but not limited to:

- Members stepping down from inpatient or partial hospitalization programs (PHP)
- Members needing a more structured alternative to outpatient therapy
- Children/adolescents who require services between PHP and Day Treatment levels

C. Service Specifications

The codes, code descriptions and rates are denoted below:

Procedure Code	Service Description	Rates	Frequency Allowed	Billing Requirements
S9480	Intensive Outpatient Psychiatric Services, Per Diem	\$170.00 /per day	May be billed daily up to three (3) days per week, for up to nine (9) weeks per episode of care.	CMS 1500: Rev code 905 not required UB: Rev code 905 required CPT code S9480 required for both

- Age Limits: None
- Program Requirements:
 - Minimum of 3 hours of services per day
 - Minimum of 3 days per week
- Must follow an individualized treatment plan
- Prior Authorization: Not required
- Provider Types:
 - Community Mental Health Centers
 - Community behavioral health providers
 - Freestanding inpatient psychiatric facilities (delivering outpatient services)

F. Reporting Requirements

The Contractor shall submit annually the following report to OHCA:

- Medical Report SEL – 1214
 - Frequency: Within 6 months of the end of the SFY; for CEs with Approved ILOS
 - Essential for Cost reporting

2. SoonerSelect Revised Capitation Rates


The attached recalculated actuarially sound capitation rates for the State's SoonerSelect Medical benefits for the Managed Medicaid Program for the contract period of April 1, 2024, through June 30, 2025 using updated base data from April 1, 2023 through March 31, 2024 for members enrolled in managed care as of June 30, 2024.

Due to operational constraints, April – December 2024 capitation will not be reprocessed, and higher rates will be paid from January – June 2025. These Jan-June rates were calculated such that the CEs would have been paid the new rates from the entire April 2024 – June 2025 rating period but over Jan-June 2025.

Please refer to Appendix B- Exhibit 1 for a summary of the rate changes as compared to the amended rates dated March 26, 2024.

This Amendment shall be incorporated by the acceptance of both parties and effective upon signature. No other terms or provisions of the Agreement are changed or affected.

EXECUTED


Joseph Fairbanks (Jun 4, 2025 16:51 CDT)

Joseph Fairbanks, Chief Executive Officer
Humana Healthy Horizons

Ellen Buettner, Chief Executive Officer
Oklahoma Health Care Authority

Appendix B - SoonerSelect Medical Rates Summary

Disclaimer: This deliverable was prepared by Guidehouse Inc. for the sole use and benefit of, and pursuant to a client relationship exclusively with the (

*The work presented in this deliverable represents Guidehouse's professional judgement based on the information available at the time this report was ,
Notes:*

Totals may differ due to rounding.

Trend months reflect the 15 months from the mid-point of NYFY 2024 to the mid-point of SFY 2025.

Seasonality adjusts the capitation rates to reflect the fifteen-month period from April 1, 2024 to June 30, 2025.

All PMPM values contained in this Appendix are based on NYFY 2024 member months.

The Relativity adjustment involves calculating average PMPM between the corresponding voluntary and non-voluntary rate cells.



Oklahoma Health Care Authority (“Client”).

prepared. The information in this deliverable



Oklahoma Health Care Authority

Managed Care Capitation Rates
SFY25

SoonerSelect Program
April 1, 2024 – June 30, 2025
Capitation Rates Summary

Exhibit 1

Region	Population Group	Age/Gender	TPL	Voluntary	Projected Member Months	Revised SFY25 Rates (Paid Jan-Jun 2025)	Revised SFY25 Rates	Current SFY2025 Rates	Difference
EAST	TANF/CHIP Child	Newborn <1	N	N	55,645	\$ 726.31	\$ 809.87	\$ 863.72	-6%
OKC	TANF/CHIP Child	Newborn <1	N	N	79,229	\$ 877.93	\$ 885.16	\$ 889.83	-1%
TULSA	TANF/CHIP Child	Newborn <1	N	N	59,140	\$ 604.13	\$ 706.23	\$ 772.77	-9%
WEST	TANF/CHIP Child	Newborn <1	N	N	99,842	\$ 656.46	\$ 774.51	\$ 850.75	-9%
EAST	TANF/CHIP Child	Newborn <1	N	Y	2,761	\$ 768.98	\$ 752.09	\$ 736.33	2%
OKC	TANF/CHIP Child	Newborn <1	N	Y	810	\$ 609.84	\$ 801.60	\$ 996.61	-20%
TULSA	TANF/CHIP Child	Newborn <1	N	Y	735	\$ 618.19	\$ 695.45	\$ 771.57	-10%
WEST	TANF/CHIP Child	Newborn <1	N	Y	2,333	\$ 840.32	\$ 812.77	\$ 785.28	4%
STATEWIDE	TANF/CHIP Child	Newborn <1	Y	N	15,567	\$ 547.59	\$ 436.25	\$ 317.10	38%
STATEWIDE	TANF/CHIP Child	Newborn <1	Y	Y	166	\$ 372.02	\$ 348.92	\$ 320.75	9%
EAST	TANF/CHIP Child	1-14 Years, Male and Female	N	N	657,294	\$ 365.07	\$ 272.16	\$ 210.39	29%
OKC	TANF/CHIP Child	1-14 Years, Male and Female	N	N	918,033	\$ 290.33	\$ 225.94	\$ 182.87	24%
TULSA	TANF/CHIP Child	1-14 Years, Male and Female	N	N	707,420	\$ 307.73	\$ 231.78	\$ 180.64	28%
WEST	TANF/CHIP Child	1-14 Years, Male and Female	N	N	1,156,183	\$ 308.58	\$ 241.05	\$ 196.10	23%
EAST	TANF/CHIP Child	1-14 Years, Male and Female	N	Y	18,927	\$ 366.18	\$ 279.69	\$ 196.54	42%
OKC	TANF/CHIP Child	1-14 Years, Male and Female	N	Y	5,407	\$ 280.68	\$ 217.21	\$ 161.54	34%
TULSA	TANF/CHIP Child	1-14 Years, Male and Female	N	Y	5,854	\$ 390.73	\$ 299.75	\$ 222.69	35%
WEST	TANF/CHIP Child	1-14 Years, Male and Female	N	Y	12,021	\$ 324.38	\$ 247.24	\$ 179.24	38%
STATEWIDE	TANF/CHIP Child	1-14 Years, Male and Female	Y	N	336,844	\$ 205.41	\$ 145.29	\$ 94.55	54%
STATEWIDE	TANF/CHIP Child	1-14 Years, Male and Female	Y	Y	4,044	\$ 188.66	\$ 153.38	\$ 111.22	38%
EAST	TANF/CHIP Child	15+ Years, Female	N	N	80,041	\$ 544.07	\$ 383.68	\$ 281.08	37%
OKC	TANF/CHIP Child	15+ Years, Female	N	N	108,932	\$ 327.07	\$ 278.48	\$ 246.96	13%
TULSA	TANF/CHIP Child	15+ Years, Female	N	N	79,750	\$ 354.59	\$ 284.90	\$ 239.32	19%
WEST	TANF/CHIP Child	15+ Years, Female	N	N	140,163	\$ 419.43	\$ 325.57	\$ 265.13	23%
EAST	TANF/CHIP Child	15+ Years, Female	N	Y	2,207	\$ 619.53	\$ 461.05	\$ 296.41	56%
OKC	TANF/CHIP Child	15+ Years, Female	N	Y	400	\$ 376.97	\$ 315.38	\$ 273.28	15%
TULSA	TANF/CHIP Child	15+ Years, Female	N	Y	755	\$ 599.96	\$ 441.64	\$ 309.10	43%
WEST	TANF/CHIP Child	15+ Years, Female	N	Y	1,540	\$ 501.66	\$ 380.61	\$ 267.22	42%
STATEWIDE	TANF/CHIP Child	15+ Years, Female	Y	N	57,676	\$ 264.56	\$ 192.36	\$ 131.00	47%
STATEWIDE	TANF/CHIP Child	15+ Years, Female	Y	Y	559	\$ 236.03	\$ 179.80	\$ 119.76	50%
EAST	TANF/CHIP Child	15+ Years, Male	N	N	77,031	\$ 344.65	\$ 275.94	\$ 232.12	19%
OKC	TANF/CHIP Child	15+ Years, Male	N	N	106,816	\$ 331.58	\$ 227.66	\$ 160.15	42%
TULSA	TANF/CHIP Child	15+ Years, Male	N	N	77,313	\$ 329.58	\$ 237.89	\$ 178.46	33%
WEST	TANF/CHIP Child	15+ Years, Male	N	N	134,850	\$ 301.01	\$ 239.15	\$ 199.58	20%
EAST	TANF/CHIP Child	15+ Years, Male	N	Y	1,869	\$ 332.83	\$ 265.48	\$ 201.28	32%



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OKC	TANF/CHIP Child	15+ Years, Male	N	Y	486	\$ 362.79	\$ 270.49	\$ 199.84	35%
TULSA	TANF/CHIP Child	15+ Years, Male	N	Y	601	\$ 411.27	\$ 306.57	\$ 219.23	40%
WEST	TANF/CHIP Child	15+ Years, Male	N	Y	1,283	\$ 358.20	\$ 262.00	\$ 175.97	49%
STATEWIDE	TANF/CHIP Child	15+ Years, Male	Y	N	53,360	\$ 247.90	\$ 160.64	\$ 85.31	88%
STATEWIDE	TANF/CHIP Child	15+ Years, Male	Y	Y	563	\$ 175.49	\$ 136.28	\$ 74.42	83%



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EAST	TANF Parent/Caretaker	< 45 Years, Adult Female	N	N	131,812	\$ 852.74	\$ 619.16	\$ 460.14	35%
OKC	TANF Parent/Caretaker	< 45 Years, Adult Female	N	N	146,444	\$ 741.84	\$ 578.93	\$ 467.98	24%
TULSA	TANF Parent/Caretaker	< 45 Years, Adult Female	N	N	107,638	\$ 765.64	\$ 582.50	\$ 458.31	27%
WEST	TANF Parent/Caretaker	< 45 Years, Adult Female	N	N	210,369	\$ 871.55	\$ 633.39	\$ 472.16	34%
EAST	TANF Parent/Caretaker	< 45 Years, Adult Female	N	Y	4,373	\$ 885.81	\$ 639.97	\$ 397.15	61%
OKC	TANF Parent/Caretaker	< 45 Years, Adult Female	N	Y	1,053	\$ 974.34	\$ 698.95	\$ 456.20	53%
TULSA	TANF Parent/Caretaker	< 45 Years, Adult Female	N	Y	1,781	\$ 1,020.28	\$ 733.72	\$ 457.77	60%
WEST	TANF Parent/Caretaker	< 45 Years, Adult Female	N	Y	2,262	\$ 1,126.69	\$ 767.94	\$ 458.89	67%
STATEWIDE	TANF Parent/Caretaker	< 45 Years, Adult Female	Y	N	142,672	\$ 342.05	\$ 244.09	\$ 156.69	56%
STATEWIDE	TANF Parent/Caretaker	< 45 Years, Adult Female	Y	Y	2,277	\$ 264.22	\$ 216.78	\$ 152.88	42%
EAST	TANF Parent/Caretaker	< 45 Years, Adult Male	N	N	32,873	\$ 491.91	\$ 327.64	\$ 211.17	55%
OKC	TANF Parent/Caretaker	< 45 Years, Adult Male	N	N	23,119	\$ 485.75	\$ 337.82	\$ 238.83	41%
TULSA	TANF Parent/Caretaker	< 45 Years, Adult Male	N	N	19,039	\$ 472.65	\$ 319.07	\$ 216.64	47%
WEST	TANF Parent/Caretaker	< 45 Years, Adult Male	N	N	44,559	\$ 491.70	\$ 338.03	\$ 231.61	46%
EAST	TANF Parent/Caretaker	< 45 Years, Adult Male	N	Y	863	\$ 529.36	\$ 390.56	\$ 227.64	72%
OKC	TANF Parent/Caretaker	< 45 Years, Adult Male	N	Y	93	\$ 948.97	\$ 620.63	\$ 298.56	108%
TULSA	TANF Parent/Caretaker	< 45 Years, Adult Male	N	Y	186	\$ 574.29	\$ 406.19	\$ 271.07	50%
WEST	TANF Parent/Caretaker	< 45 Years, Adult Male	N	Y	277	\$ 737.35	\$ 477.58	\$ 271.87	76%
STATEWIDE	TANF Parent/Caretaker	< 45 Years, Adult Male	Y	N	18,039	\$ 251.68	\$ 166.01	\$ 83.31	99%
STATEWIDE	TANF Parent/Caretaker	< 45 Years, Adult Male	Y	Y	363	\$ 154.99	\$ 117.31	\$ 59.14	98%
EAST	TANF Parent/Caretaker	Adult Male/Female Years 45+	N	N	22,916	\$ 1,192.04	\$ 811.62	\$ 550.40	47%
OKC	TANF Parent/Caretaker	Adult Male/Female Years 45+	N	N	19,823	\$ 1,393.26	\$ 945.59	\$ 643.83	47%
TULSA	TANF Parent/Caretaker	Adult Male/Female Years 45+	N	N	16,326	\$ 1,193.95	\$ 817.07	\$ 561.60	45%
WEST	TANF Parent/Caretaker	Adult Male/Female Years 45+	N	N	30,841	\$ 1,253.41	\$ 843.49	\$ 572.51	47%
EAST	TANF Parent/Caretaker	Adult Male/Female Years 45+	N	Y	443	\$ 1,382.41	\$ 958.16	\$ 597.79	60%
OKC	TANF Parent/Caretaker	Adult Male/Female Years 45+	N	Y	121	\$ 2,383.60	\$ 1,453.53	\$ 834.09	74%
TULSA	TANF Parent/Caretaker	Adult Male/Female Years 45+	N	Y	365	\$ 1,468.20	\$ 1,142.03	\$ 858.11	33%
WEST	TANF Parent/Caretaker	Adult Male/Female Years 45+	N	Y	370	\$ 1,329.25	\$ 973.96	\$ 614.74	58%
STATEWIDE	TANF Parent/Caretaker	Adult Male/Female Years 45+	Y	N	12,813	\$ 567.12	\$ 351.64	\$ 162.80	116%
STATEWIDE	TANF Parent/Caretaker	Adult Male/Female Years 45+	Y	Y	106	\$ 413.92	\$ 285.41	\$ 127.22	124%
EAST	Expansion	< 45 Years, Adult Female	N	N	152,390	\$ 886.59	\$ 581.50	\$ 394.14	48%
OKC	Expansion	< 45 Years, Adult Female	N	N	173,970	\$ 836.07	\$ 542.19	\$ 361.16	50%
TULSA	Expansion	< 45 Years, Adult Female	N	N	135,546	\$ 869.18	\$ 568.17	\$ 384.02	48%
WEST	Expansion	< 45 Years, Adult Female	N	N	260,492	\$ 859.73	\$ 558.25	\$ 374.90	49%
EAST	Expansion	< 45 Years, Adult Female	N	Y	4,654	\$ 856.88	\$ 619.23	\$ 361.18	71%



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OKC	Expansion	< 45 Years, Adult Female	N	Y	1,082	\$ 1,082.28	\$ 716.13	\$ 397.86	80%
TULSA	Expansion	< 45 Years, Adult Female	N	Y	2,215	\$ 1,151.41	\$ 788.22	\$ 454.10	74%
WEST	Expansion	< 45 Years, Adult Female	N	Y	2,363	\$ 1,142.96	\$ 745.16	\$ 402.14	85%
STATEWIDE	Expansion	< 45 Years, Adult Female	Y	N	171,150	\$ 386.03	\$ 246.17	\$ 127.04	94%
STATEWIDE	Expansion	< 45 Years, Adult Female	Y	Y	1,494	\$ 288.42	\$ 215.50	\$ 122.39	76%
EAST	Expansion	< 45 Years, Adult Male	N	N	136,088	\$ 810.93	\$ 508.03	\$ 321.30	58%
OKC	Expansion	< 45 Years, Adult Male	N	N	138,615	\$ 927.98	\$ 565.75	\$ 344.75	64%
TULSA	Expansion	< 45 Years, Adult Male	N	N	109,463	\$ 1,023.40	\$ 653.10	\$ 425.37	54%
WEST	Expansion	< 45 Years, Adult Male	N	N	203,500	\$ 739.99	\$ 481.92	\$ 323.51	49%
EAST	Expansion	< 45 Years, Adult Male	N	Y	4,241	\$ 784.33	\$ 552.93	\$ 325.17	70%
OKC	Expansion	< 45 Years, Adult Male	N	Y	1,126	\$ 1,269.66	\$ 811.97	\$ 414.56	96%
TULSA	Expansion	< 45 Years, Adult Male	N	Y	1,845	\$ 1,209.96	\$ 839.32	\$ 461.68	82%
WEST	Expansion	< 45 Years, Adult Male	N	Y	2,524	\$ 901.88	\$ 618.46	\$ 357.90	73%
STATEWIDE	Expansion	< 45 Years, Adult Male	Y	N	113,107	\$ 418.55	\$ 265.37	\$ 131.07	102%
STATEWIDE	Expansion	< 45 Years, Adult Male	Y	Y	2,141	\$ 272.91	\$ 223.35	\$ 135.88	64%
EAST	Expansion	45+ Years, Male and Female	N	N	176,056	\$ 1,442.10	\$ 1,013.42	\$ 742.20	37%
OKC	Expansion	45+ Years, Male and Female	N	N	148,009	\$ 1,593.34	\$ 1,090.35	\$ 773.38	41%
TULSA	Expansion	45+ Years, Male and Female	N	N	108,617	\$ 1,607.75	\$ 1,096.99	\$ 779.19	41%
WEST	Expansion	45+ Years, Male and Female	N	N	230,679	\$ 1,508.15	\$ 1,042.22	\$ 751.29	39%
EAST	Expansion	45+ Years, Male and Female	N	Y	5,073	\$ 1,379.31	\$ 1,017.51	\$ 660.48	54%
OKC	Expansion	45+ Years, Male and Female	N	Y	1,142	\$ 1,636.58	\$ 1,127.38	\$ 690.73	63%
TULSA	Expansion	45+ Years, Male and Female	N	Y	1,931	\$ 1,715.89	\$ 1,303.27	\$ 880.88	48%
WEST	Expansion	45+ Years, Male and Female	N	Y	2,271	\$ 1,553.27	\$ 1,080.89	\$ 665.24	62%
STATEWIDE	Expansion	45+ Years, Male and Female	Y	N	111,650	\$ 659.07	\$ 438.00	\$ 239.46	83%
STATEWIDE	Expansion	45+ Years, Male and Female	Y	Y	1,499	\$ 420.35	\$ 346.75	\$ 240.10	44%
ALL	ALL	ALL	ALL	ALL	8,463,597	\$ 568.25	\$ 411.65	\$ 318.30	29%