

AMENDMENT TWO TO THE CONTRACT BETWEEN OKLAHOMA HEALTH CARE AUTHORITY AND OKLAHOMA COMPLETE HEALTH, INC.

The Oklahoma Health Care Authority (OHCA) and Oklahoma Complete Health, Inc. (hereinafter referred to as Contractor) mutually consent to modify the Agreement associated with Purchase Order number 8079004728 as reflected below. All revisions are shown in red text; removals are indicated with strikethroughs, and additions are notated with underlines.

1.7.9 In Lieu of Services

In accordance with 42 C.F.R. § 438.3(e)(2), the Contractor may provide, at its option, services or settings that are in lieu of services (ILOS) or settings covered under the State Plan if:

- a. The Contractor has proposed any ILOS or settings during the Initial Program Implementation and OHCA determines that the proposal:
 - i. Is a medically appropriate substitute for the covered service or setting under the State Plan;
 - ii. Is a cost-effective substitute for the covered service or setting under the State Plan. The ILOS Cost Percentage shall not exceed five percent (5%); and
 - iii. Does not violate any applicable federal requirements, including 42 C.F.R. § 438.3(e)(2), general prohibitions on payment for room and board costs under title XIX of the Social Security Act, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and the Emergency Medical Treatment and Labor Act.
- b. The Enrollee is not required by the Contractor to use the alternative service or setting. If an Enrollee chooses not to receive an ILOS, they always retain their right to receive the Medicaid covered State Plan service or setting on the same terms as would apply if an ILOS were not an option.

If approved by OHCA, ILOS will be:

- a. Included in determining the component of the Contractor's Capitation Rates that represents the covered State Plan services, unless a federal statute or regulation explicitly requires otherwise.
- b. Assigned by the Contractor to appropriate Health Care Common Procedure Coding System (HCPCS) or current procedural terminology (CPT) code. The Contractor must report Encounter Data related to approved in lieu of services, and such Encounter Data may be used in rate- setting activities.
- c. Documented in the receiving Enrollee's plan of care;
- d. Provided in a manner that preserves Enrollee rights and protections. The Contractor's Enrollee Handbook, in accordance with 42 C.F.R. § 438.10(g)(2)(ix), shall clearly explain that Enrollees will not be denied a Medically Necessary Medicaid covered State Plan service or setting on the basis that an Enrollee has been offered an ILOS, is currently receiving an ILOS, or has received an ILOS in the past. The Grievance, Appeal, and State Fair Hearing provisions in 42 CFR part









- 438, subpart F, apply to Enrollees and ILOSs to the same extent and in the same manner as the Contractor's other Medicaid covered services; and
- e. Identified and incorporated into the Contract and will be subject to additional monitoring and oversight activities determined by OHCA and in accordance with 42 C.F.R. §§ 438.66(b)-(c), 438.66(e), 438.242(d), and 438.818

1.7.9.1 Children's Specialty Program In Lieu of Services

Intercept® by Youth Villages is an intensive in-home service model designed to serve children and families in their community in an effort to avoid higher levels of care, such as residential treatment. The model offers a holistic approach to serving the family through frequent in-home visits and 24/7 crisis support to respond to the family in event of an emergency. Prior authorization is required. Youth must be under age 18 AND meet criteria for residential level of care OR demonstrate a need for this level of care to avoid residential treatment. The timeframe for providing this ILOS is 4/1/2024 – 6/30/2025. It was not provided as a benefit during the base period.

Positive Development provides evidence-based comprehensive developmental therapy that treats children on the autism spectrum holistically by including occupational therapy, speech therapy, and mental health therapy when medically necessary, as an alternative to Applied Behavioral Analysis (ABA). The timeframe for providing this ILOS is 4/1/2024 – 6/30/2025. It was not provided as a benefit during the base period.





1.22.6.1 MLR Corridor and MLR Remittance

CSP Medical Loss Ratio Corridor	Contractor Share of Gain/Loss in the Corridor	OHCA/CMS Share of the Gain/Loss in the Corridor
MLR of less than 85%	0%	100%
MLR equal to or greater than 85% and less than 87.57%	50%	50%
MLR equal to or greater than 87.57% and less than 91.57%	100%	0%
MLR equal to or greater than 91.57% and less than 94.14%	50%	50%
MLR equal to or greater than 94.14%	0%	100%

Exhibit 1: SoonerSelect Children's Specialty Program Capitation Rates Summary

This Amendment shall be effective beginning date of signature by both parties. No other terms of provisions of the Contract are change or affected.

EXECUTED:

Clayton Franklin
Clayton Franklin (Apr 8, 2024 11:36 CDT)

Clayton Franklin, President and CEO Oklahoma Complete Health, Inc.

Ellen Buettner, CEO Oklahoma Health Care Authority







Appendix - SoonerSelect Children's Specialty Program 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 Oklahoma Health Care Authority ("Client").

The work presented in this deliverable represents Guidehouse's professional judgement based on the information available at the time this report was prepared. The information in this deliverable may not be relied upon by anyone other than Client. Accordingly, Guidehouse disclaims any contractual or other responsibility to others based on their access to or use of the deliverable. This deliverable must be disclosed and shared in its entirety.

Notes

Totals may differ due to rounding.

Trend months reflect the 30 months from the mid-point of CY 2022 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 CY 2022 member months.

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



SoonerSelect Children's Specialty Program April 1, 2024 – June 30, 2025 Capitation Rates Summary **Exhibit 1**

Oklahoma Health Care Authority

Managed Care Capitation Rates SFY2025

55% 20% -19% 15% -22% -15% -1% -16% -11% 3% -4% -2% 4% 41% Difference 993.15 839.04 637.17 209.27 374.98 411.67 114.69 55.30 307.88 356.07 195.35 106.02 1,579.00 577.84 635.87 248.61 **Original SFY25** ↔ 8 ↔ S 490.86 656.30 368.18 224.11 82.53 **595.00** 608.50 206.89 208.70 367.12 77.82 310.39 290.04 1,536.12 1,009.76 119.30 1,517.68 Updated SFY25 8 S S 3,742 110 44,132 3,433 124 480 422 21 3,969 136 09 8,843 1,247 13 ,490 260,758 Voluntary z z > z z> z > z z > zz zz zz >Ages 1+, Male and Female Ages 1+, Male and Female Ages 1+, Male and Female Ages 1+, Male and Female Age/Gender 19+ Years, Female 19+ Years, Female 19+ Years, Female 19+ Years, Female Newborn < 1 Year Newborn < 1 Year Newborn < 1 Year Newborn < 1 Year 19+ Years, Male 9+ Years, Male 19+ Years, Male 19+ Years, Male Population Group CUST/Adoption CUST/Adoption CUST/Adoption CUST/Adoption CUST/Adoption CUST/Adoption CUST/Adoption CUST/Adoption FFC FFC FFC FFC FFC 5 F FFC STATEWIDE Region

Corrected 4.5.24 Revised Sooner Select Amendment 2 CSP

Final Audit Report 2024-04-08

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