

**AMENDMENT EIGHT 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 language of the Agreement associated with Solicitation Number 8079004726 as enumerated below.

The purpose of this Amendment is to incorporate approved In Lieu of Services (ILOS) and recently passed Oklahoma Statute concerning Prior Authorization timelines for managed care into the Contractor's existing Medicaid Managed Care contract, in accordance with 42 C.F.R. § 438.3(e)(2), OHCA policy, and applicable State Plan coverage.

1. Section 1.7.9 "In Lieu of Services" is hereby amended to include the following additional language adding the new ILOS programs,

**1.7.9.1 Positive Development – Autism Spectrum Disorder (ASD) Services**

**Service Description**

Positive Development is designed for children between the ages of 2 and 8 years old with a diagnosis of Autism Spectrum Disorder (ASD).

The Positive Development Service integrates leading evidence-based therapeutic disciplines, including DIR, P.L.A.Y. Project, Project ImPACT, and Naturalistic Developmental Behavioral Interventions. While the service is beneficial for individuals of all ages, it has demonstrated particular effectiveness for younger children with ASD who have not yet developed patterns of maladaptive behavior.

The Positive Development approach involves working collaboratively with both the child and their caregivers to implement developmentally appropriate techniques. These techniques are designed to reduce reliance on prompts, foster more natural sounding language, and improve the child's ability to adapt to everyday distractions. Similar to Applied Behavioral Analysis (ABA), Positive Development applies behavioral principles to real-life situations to build a framework that supports key learning components. This framework focuses on increasing language skills, self-help abilities, and play, while also aiming to reduce behaviors such as aggression, self-stimulation, and self-injury.

Outcomes associated with Positive Development include enhanced social communication, meaningful sensory-motor function, and improvements in family and child quality of life. Additionally, the service promotes greater engagement with the community and educational systems. Positive Development has also been shown to decrease maladaptive behaviors, reduce family anxiety and stress, and lessen

dependence on behavioral services.

Service delivery begins with an initial developmental evaluation conducted by a Positive Development provider. Based on the evaluation, a child may receive between 6-8 hours of in-person sessions, which may be offered, at the provider's office, at home, or through teletherapy.

The service plan may also include 1 hour of speech therapy, 1 hour of occupational therapy, and 1 hour dedicated to care coordination and parental training.

**Service Delivery**

- Initial developmental evaluation, 6–8 hours in-person, in-home or teletherapy
- Includes 1 hour each of speech therapy, occupational therapy, and care coordination/parental training

**Eligibility**

- Children 2–8 years old with ASD diagnosis
- Approved per provider evaluation of medical appropriateness

**Reporting Requirements**

- Clinical outcomes and program documentation submitted to OHCA
- Follow OHCA standardized process for medical appropriateness

This In Lieu of Services (ILOS) is available for children between the ages of 2 and 8 years old and will be offered from October 1, 2025, through June 30, 2026. OHCA may renew this ILOS for four (4) additional one (1) year periods.

**Procedural Codes and Modifiers for Tracking ILOS**

<b>Procedure Codes</b>	<b>Modifier</b>	<b>Service Description</b>
H2020 Assessment Tier		Parent Interview, Client Observation, Assessment write-up, Review with Family
H2020 (Tier 1)	TF	Parent Support – Parent Education and Parent Coaching, Developmental Occupational and Speech Therapy, Direct Intervention, Intervention Supervision, Re-assessment
H2020 (Tier 2)	TG	Tier 1 + Increased Direct Interventions and weekly overlap sessions
H2020 (Tier 3)	TH	Tier 2 + Increased Direct Intervention

2. The following sections of the SoonerSelect Contract shall be modified to reflect the changes to Prior Authorization timeliness standards required by 56 O.S. 4002.6 and related law made by Oklahoma HB1810 passed in the 2025 state legislative session.

*The entirety of the text under Section 1.8.6.3 shall be replaced as follows:*

### **1.8.6.3 Timeliness Standards**

#### **Standard Authorizations**

The Contractor shall decide standard Prior Authorization requests as expeditiously as the SoonerSelect Enrollee's health requires and in no event later than seven (7) calendar days after receipt of the request for service and receipt of all information necessary to make a determination on the Prior Authorization.

If the Contractor fails to decide the Standard Prior Authorization within the seven (7) calendar day timeframe, the Prior Authorization is automatically deemed approved.

If a SoonerSelect Enrollee requests an extension, a provider requests an extension on behalf of the SoonerSelect Enrollee, or if the Enrollee or provider fails to provide the necessary documentation and information required to make a determination on the Prior Authorization, an extension of up to an additional seven (7) days is granted to Contractor so that the Contractor may obtain the necessary documentation and to give notice to the Enrollee and provider of its determination on the prior authorization. For Private Duty Nursing (PDN), State Plan Personal Care (SPPC), or nursing home admissions requiring Pre-Admission Screening and Resident Review (PASSR), the extension granted may be up to fourteen (14) calendar days.

Any Prior Authorization types or services not listed as Expedited Prior Authorizations in Section 1.8.6.3 shall be considered Standard Prior Authorizations.

#### **Expedited Authorizations**

If the Provider indicates or if the Contractor is aware that the Enrollee has a need for urgent health care services and that adhering to the standard seven (7) calendar day timeframe could jeopardize the Enrollee's life, health of ability to attain, maintain, or regain maximum function, the Contractor shall decide the Prior Authorization for relevant services as expeditiously as necessary and in no event later than seventy-two (72) hours after the receipt of the request for services and the receipt of all necessary information to make a determination on the Prior Authorization.

If the Contractor fails to decide the Expedited Prior Authorization within the seventy-two (72) hour timeframe, the Prior Authorization is automatically deemed approved.

No extensions are permitted for Expedited Prior Authorization.

Prior Authorizations for biomarker testing shall be considered Expedited Prior Authorizations for the purposes of Section 1.8.6.3. However, Contractor must decide the Prior Authorizations for urgent biomarker testing within twenty-four (24) hours while non-urgent biomarker testing is subject to the regular Expedited Prior Authorization timeframe of seventy-two (72) hours pursuant to 56 O.S. §4003.

Prior Authorizations for covered prescription drugs shall be considered Expedited Prior Authorizations for the purposes of Section 1.8.6.3, but, instead of the regular seventy-two (72) hour

timeframe for Expedited Prior Authorizations, Contractor must decide Prior Authorizations for covered prescription drugs within twenty-four (24) hours after the receipt of the request for services and the receipt of all necessary information to make a determination on the Prior Authorization.

*The entirety of text under Section 1.18.6.6 shall be replaced as follows:*

#### **1.18.6.6 Prior Authorization Denial or Limitation**

In accordance with 42 C.F.R. §§ 438.404(c)(3) and 438.210(d)(1), when the action for which the notice of Adverse Benefit Determination is being provided is a “Standard authorization decision” under 42 C.F.R. § 438.210(d)(1) to deny or limit services, the Contractor shall provide notice to the Enrollee as expeditiously as the Enrollee’s conditions requires and no later than seven (7) calendar days after the Contractor obtains all information necessary to make a decision on the Prior Authorization. Following any extension granted under Section 1.8.6.3 of this Contract, the Contractor may extend the notice timeframe to the end of the extension timeframe granted under Section 1.8.6.3 if:

- The Enrollee or a Provider acting as the Authorized Representative of the Enrollee requests an extension; or
- The Contractor, if OHCA requests justification, demonstrates a need for additional information and how the extension is in the Enrollee’s interest.

*The entirety of text under Section 1.18.6.7 shall be replaced as follows:*

#### **1.18.6.7 Expedited Prior Authorization Denial**

In accordance with 42 C.F.R. §§ 438.404(c)(6) and 438.210(d)(2), when the action for which the notice of Adverse Benefit Determination is being provided is an “Expedited authorization decision” under 42 C.F.R. § 438.210(d)(2) to deny or limit services or is an Adverse Benefit Determination made on a Prior Authorization listed as an Expedited Prior Authorization under Section 1.8.6.3 of this Contract, the Contractor shall provide notice to the Enrollee as expeditiously as the Enrollee’s conditions requires and no later than seventy-two (72) hours after the Contractor obtains all information necessary to make a decision on the Prior Authorization or no later than twenty-four (24) hours after Contractor obtains all information necessary to make a decision on the Prior Authorization depending on the decision timeframe permitted in Section 1.8.6.3 of this Contract.

*The entirety of text under Section 1.18.6.8 shall be replaced as follows:*

#### **1.18.6.8 Untimely Prior Authorization Decisions**

In accordance with 56 O.S. §4002.6(E)(2), the Contractor shall give notice on the date that the timeframes expire. When Prior Authorization decisions are not reached within the applicable timeframes for either Standard Prior Authorizations or Expedited Prior Authorizations, the Prior Authorization is automatically deemed approved.

*The section of the table in Appendix 1E: Liquidated Damages referring to Section 1.8.6.3 “Timeliness Standards,” Section 1.18.6.6 “Prior Authorization Denial or Limitation,” and Section 1.18.6.7 “Expedited Prior Authorization Denial” shall be replaced as follows:*

### **Appendix 1E: Liquidated Damages**

Contract Requirement	Performance Standard	Liquidated Damages
<p>Section 1.8.6.3: “Timeliness Standards”</p> <p>Section 1.18.6.6: “Prior Authorization Denial or Limitation”</p> <p>Section 1.18.6.7: “Expedited Prio Authorization Denial”</p>	<p>The Contractor fails to comply with the timeliness requirements for processing Prior Authorizations.</p>	<p>OHCA may assess Liquidated Damages of:</p> <p>a. \$5,000 for each calendar month the Contractor fails to adjudicate all Standard Prior Authorization (PA) requests within seven (7) calendar days or within the permitted extended timeframe.</p> <p>b. \$10,000 for each calendar month the Contractor fails to adjudicate all Expedited PA requests within seventy-two (72) hours or within twenty-four (24) hours depending on the requirements of Section 1.8.6.3 and Section 1.18.6.7.</p>

Once this Amendment is signed and executed by both parties, the revisions made to Section 1.7.9 “In Lieu of Services” by this Amendment shall be effective as of October 1, 2025. The remainder of this Amendment shall be effective on November 1, 2025, or upon the date of the last signature by both parties, whichever occurs first. All other terms or provisions of the Agreement shall remain unchanged and in full force and effect.

**EXECUTED**

Clayton Franklin  
Clayton Franklin (Oct 28, 2025 16:04:52 CDT)  
 Clay Franklin, Chief Executive Officer  
 Oklahoma Complete Health

10/28/2025  
 Date

Clayton Bullard  
 Digitally signed by Clayton Bullard  
 Date: 2026.01.29 09:25:20 -06'00'  
 Clay Bullard, Chief Executive Officer  
 Oklahoma Health Care Authority

\_\_\_\_\_  
 Date

# State of Oklahoma

Department of Finance and Administration

## Oklahoma Health Care Authority

Medicaid Managed Care Capitation Rates for Oklahoma's  
SoonerSelect Medical Program for the Contract Period  
**July 1, 2025, through June 30, 2026**

Amendment to Previously Submitted SFY2025 Rate Certification Dated  
June 30, 2025

September 30, 2025

Mr. Josh Richards  
Oklahoma Health Care Authority  
Interim Chief Financial Officer  
4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

Subject: Amendment to the Previously Submitted Actuarially Sound Medicaid Managed Care Capitation Rates for Oklahoma Managed Care Entities (CEs) for the period July 1, 2025, through June 30, 2026 (SoonerSelect Medical Benefits)

Dear Mr. Richards:

This document is an amendment to the previously submitted rate certification for the SoonerSelect Medical Benefits Managed Care Entities capitation rates, dated June 30, 2025. The amendment incorporates documentation related to an in lieu of service (ILOS) and a state directed payment (SDP) paid via separate payment term that were not included in the original rate certification. Only the SDP separate payment term of the rates is changing. Rates found in the Appendix B Cap tab are unchanged from the original certification. These are the rates to be paid net of withhold but before separate SDP payment terms are added.

The ILOS covers Positive Development, an ILOS used to provide 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 SDP covers services provided by physicians and non-physician practitioners that are affiliated with a Level I Trauma center that is owned, operated, or in partnership with the Oklahoma State University Medical Trust, or affiliates or locations of those hospitals designated by the Oklahoma State University Medical Trust. It is being accounted for via separate payment terms.

Required ILOS and SDP documentation is captured below:

## Section I. Medicaid Managed Care Rates

### 3. Projected Benefit Costs and Trends

#### A. Rate Development Standards

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##### ii. Consideration of In-Lieu-of Services in Cost Projections

OHCA has indicated there are four approved ILOS covered under this program: intensive outpatient (IOP) behavioral health services, Transcranial Magnetic Stimulation (TMS), maternal medically tailored meals (MTM), and Positive Development.

##### Description of Each ILOS Program

Intensive outpatient behavioral health treatment programs operate at least three hours per day and at least three days per week based on an individualized treatment plan. The program includes assessment, counseling, crisis intervention, and activity therapies or education. The program is open to all ages and is an alternative to inpatient hospitalization. The services will be provided under S9480 and revenue code 905. This program began in January 2025.

TMS is a non-invasive stimulation of the brain. TMS is induction of a focal current in the brain and transient modulation of the targeted cerebral cortex shown to treat various mental health conditions. This service will be provided for

individuals over 18 years of age who meet MCG medical necessity criteria and will be provided under codes 90867-69. This service is being provided as an alternative to electroconvulsive therapy (ECT), or HCPC G2000. Prior authorization is required. This program began in January 2025.

Maternal medically tailored meals will be provided for pregnant and postpartum enrollees deemed high risk, using diagnosis codes O25.10-025.13. The MTMs will be a substitute for emergency services, emergency transport services, home health agency services, home health aide services, inpatient services, outpatient hospital services, and personal care services. The services will be identified using procedure code S5170. This program began in January 2025.

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 ABA. This program begins in August 2025.

None of the programs were provided as a benefit in the base period.

### iii. In-Lieu-of Services Cost Percentages

We relied upon Humana for the estimate of future ILOS costs for the first three programs since these claims are not in the base period. We assumed 190,000 average Humana monthly members for 12 months of the program based on current enrollment. For Positive Development, we relied upon cost estimates from Centene and 195,000 average monthly members.

ILOS Cost Percentage	IOP	TMS	MTM	Positive Development	Total
Projected ILOS Cost Per Member Per Month	\$0.05	\$0.02	\$0.01	\$0.20	
X Estimated Monthly Members	190,000	190,000	190,000	195,000	
X Number of Months	12	12	12	12	
= Projected 12-Month ILOS Cost	\$114,000	\$46,000	\$23,000	\$468,000	\$651,000
Total Projected Dollar Amount of Capitation Rates Including Directed Payments					\$4,953,459,251
Projected Cost Percentage	0.00%	0.00%	0.00%	0.01%	0.01%

#### Cost Effectiveness Data, Assumptions, and Methodologies

Due to the projected *de minimis* impact of all ILOS, no explicit adjustments have been made to the rate development methodology. All four programs are expected to be cost effective. Relevant procedure codes have been outlined in the above descriptions.

## 4. Special Contract Provisions Related to Payment

## D. State Directed Payments

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### i. Rate Development Standards

#### *a) Directed Payment Initiatives*

Oklahoma has several State-directed payment (SDP) arrangements within the capitated rates per 42 C.F.R. § 438.6(c). Capitation rates are first developed including only one integrated directed payment and excluding all other directed payments, for which the actuaries provided allocation estimates by rate cell as described below. Per Oklahoma § 4002.12, CEs are required to reimburse in-network providers not entering into value-based arrangements 100% of applicable FFS rate until July 1, 2026. This minimum fee schedule based on State-plan approved rates has been included in the base data and relevant program changes. No separate preprint has been submitted for the minimum fee schedules.

Please note the following program acronyms used throughout this section:

- SHOPP: Supplemental Hospital Offset Payment Program
- ETPS: Enhanced Tier Payment System
- GEMT: Ground Emergency Medical Transportation for Public Providers (Public Ambulance Providers)
- ASPAPP: Ambulance Service Provider Access Payment Program.

#### *b) Written Approval from CMS*

The state directed payments included in this rate certification are consistent with the information in the preprint submissions and related preprint review documents.

#### *c) Development of State Directed Payments*

All state directed payment arrangements were developed in accordance with 42 C.F.R. § 438.4, the standards specified in § 438.5, and generally accepted actuarial principles and practices.

#### *d) Method of Reflecting Each Directed Payment Arrangement in the Rates*

All but one directed payment are being accounted for via separate payment terms. One directed payment is incorporated in the base capitation rates as a rate adjustment. Appendix C – Exhibit 6 provides the actuaries' PMPM allocation of the preprint amounts for each program by rate cell. The actuaries will submit follow-up documentation to CMS after all payments have been made consistent with the programs' distribution methodologies. If the total amount of the payment or distribution methodology is changed from the initial rate certification, the actuaries will submit a rate amendment for the rating period and clearly describe both the magnitude of and the reason for the change.

#### *e) Rate Amendments*

The actuaries will submit rate amendments for any SDP changes after initial rate certification approval.

### ii. Appropriate Documentation

#### *a) Directed Payment Documentation*

##### *(i) Brief Description of Each Directed Payment*

The following chart provides high level information on each of Oklahoma's directed payments. From SFY25 to

SFY26, the Affiliated Physician directed payment was broken two separate preprints: one for Oklahoma State University (OSU) doctors that is integrated in the capitation rates, and a second for Oklahoma University (OU) doctors that is paid as a separate payment term.

Name of the SDP Control name	Type of payment	Brief description	Is the payment included as a rate adjustment or separate payment term?
OSU Affiliated Physicians OK_Fee_AMC_Renewal 20250701-20260630	Uniform % increase	Additional payments for eligible OSU physicians such that CE payments equal 175% of the Medicare fee schedule amount for the same services.	Rate adjustment
OU Affiliated Physicians OK_Fee_AMC1_Renewal 20250701-20260630	Uniform % increase	Additional payments for eligible non-OSU physicians such that CE payments plus directed payments equal 175% of the Medicare fee schedule amount for the same services.	Separate payment term
Level 1 Trauma OK_Fee_IPH.OPH Renewal_20250701- 20260630	Uniform dollar increase (IP) and uniform % increase (OP)	OHCA will require CEs to make directed payments to qualifying Level I Trauma hospitals such that total payments for IP and OP services are equal to 100% of the commercial payment equivalent.	Separate payment term
SHOPP OK_Fee_IPH.OPH1 Renewal_20250701- 20260630	Uniform dollar increase (IP) and uniform % increase (OP)	This directed payment provides uniform dollar and percentage increases to each class of qualifying SHOPP-eligible hospitals such that total modeled managed care plan payments (including base and directed payments) are equal to 90% of the average commercial rate. For the Critical Access Hospital class of providers, payments are also uniformly limited such that total modeled inpatient or outpatient managed care plan payments (including base and directed payments) for each CAH do not exceed modeled billed charges.	Separate payment term
ETPS OK_VBP_BHO_Renewal 20250701-20260630	Quality Payment / P4P	Promotes health improvement and aligns financial incentives to pay for outcomes. Calculate each provider's performance on twelve measures. Providers must meet the benchmarks established in order to receive payment. The dollars are distributed to providers based on the volume of clients served; providers that serve 10% of the total number of clients receive 10% of the pool. Payments are also calculated based on providers who exceed a benchmark by one standard deviation, referred to as a "bonus" payment. The bonus payment dollars come from any remaining money in the pool that is not distributed if a provider (or providers) does not meet benchmark requirements, so providers are incentivized not only to meet benchmarks but to exceed them. Also includes a "safety valve" approach which allows providers who are within one standard deviation below the benchmark to receive a 50% partial payment. If a provider performs more than one standard deviation below the benchmark, that provider does not receive payment for that measure.	Separate payment term
Other Qualified Providers OK_Fee_Oth2_Renewal 20250701-20260630	Uniform dollar and uniform % increase	For Qualified Providers, the following negative SBIRT screenings, after hours care, and well visit services are eligible for a \$25.00 uniform dollar increase: Negative SBIRT screenings: HCPCS code H0049 After hours care: CPT codes 99050 and 99051, excluding services provided in an urgent care or hospital setting Well visits: CPT codes 99381 - 99387, 99391 - 99397, and 99461. The remaining portion of the pool will be allocated across eligible providers as a uniform percentage increase to base managed care plan payments. The uniform percentage increase for services billed by an HIE-connected entity will be to be 1.5 times the uniform percentage increase for services billed by an entity that is not HIE-connected.	Separate payment term

GEMT OK_Fee_Oth_Renewal 20250701-20260630	Uniform dollar increase	State directed payments will be determined such that total payments (including base and directed payments) for each eligible provider are equal to cost.	Separate payment term
ASPAPP OK_Fee_Oth1_Renewal 20250701-20260630	Uniform % increase	State directed payments will be determined for each provider as a flat percentage of the gap between Medicaid base managed care plan payments and the calculated commercial payment equivalent.	Separate payment term
St. Francis OK_Fee_Oth3_New 20250701-20260630	Uniform % increase	The Oklahoma Health Care Authority (OHCA) will require each managed care organization (MCO) to make directed payments for services provided by physicians and non-physician practitioners that are affiliated with a Level I Trauma center that is owned, operated, or in partnership with the Oklahoma State University Medical Trust, or affiliates or locations of those hospitals designated by the Oklahoma State University Medical Trust to ensure compliance with network adequacy requirements and continued access to services provided by the State's Level I Trauma hospitals to Oklahoma's Medicaid population residing in all areas (both urban and rural) of the State.	Separate payment term

No preprint was submitted pertaining to the minimum fee schedule as these fees are based on State-Plan approved rates.

**(ii) Details for Directed Payments Incorporated as Rate Adjustment**

For the SoonerSelect Medical program, the directed payment amounts incorporated as a rate adjustment are grossed up for 2.25% premium tax and a 0.5% risk margin. The \$360,000 SDP administrative expense load covers both integrated and separate payment term directed payments. The actuaries confirm for all preprints:

- Rate development is consistent with the preprint
- Description of the adjustment: Amount determined by comparing the base period claims paid to affiliated OSU physicians and payments equal to 175% of the Medicare fee schedule amount for the same services. The difference between the two was trended to SFY2026 and managed care savings assumptions were applied.

<b><i>Control name of the state directed payment</i></b>	<b>Rate cells affected</b>	<b>Impact</b>
OSU Affiliated Physicians OK_Fee_AMC_Renewal_20250701-20260630	All rate cells – see Appendix B, Exhibit 1, difference between columns “SFY26 Certified Rates incl Integrated DPs before Withhold” and “SFY26 Rates before Integrated DPs”	\$41,755,786

**(iii) Details for Directed Payments Incorporated as Separate Payment Term**

For the SoonerSelect Medical program, the directed payment amounts are grossed up for 2.25% premium tax and an additional \$120,000 per CE (\$360,000 total) is included for administrative expenses related to the program. This administrative expense is incorporated as described in section I.5.i.a of this certification.

The actuaries confirm for all preprints:

- The actuary is certifying the separate payment term
- Rate development is consistent with the preprint
- The state and actuary will submit required documentation at the end of the rating period

<b>Control name of the state directed payment</b>	<b>Aggregate amount included in the certification before premium tax and admin fees</b>	<b>The magnitude on a PMPM basis</b>
OU Affiliated Physicians OK_Fee_AMC1_Renewal_20250701-20260630	\$43,730,106	\$6.26
Level 1 Trauma OK_Fee_IPH.OPH_Renewal_20250701-20260630	\$456,387,109	\$65.36
SHOPP OK_Fee_IPH.OPH1_Renewal_20250701-20260630	\$1,063,798,668	\$152.34
ETPS OK_VBP_BHO_Renewal_20250701-20260630	\$32,052,111	\$4.59
Other Qualified Providers OK_Fee_Oth2_Renewal_20250701-20260630	\$110,488,234	\$15.82
GEMT OK_Fee_Oth_Renewal_20250701-20260630	\$14,695,578	\$2.10
ASPAPP OK_Fee_Oth1_Renewal_20250701-20260630	\$8,503,500	\$1.22
St. Francis OK_Fee_Oth3_New_20250701-20260630	\$10,002,119	\$1.43

For additional PMPM allocations across each rate cell, please refer to Appendix C – Exhibit 6. We note that the preprint amounts include both the SoonerSelect Medical and Children’s Specialty Programs which are covered under separate rate certifications. Please see the table below detailing how the total preprint amounts are allocated among the two programs before the application of premium tax and additional program-related administrative expense loads:

<b>Control name of the state directed payment</b>	<b>Aggregate amount included in the SoonerSelect Medical certification</b>	<b>Aggregate amount included in the Children's Specialty Program certification</b>	<b>Total Preprint Amount before Premium Tax and Administrative Fees</b>
OU Affiliated Physicians OK_Fee_AMC1_Renewal_20250701-20260630	\$43,730,106	\$1,636,168	\$45,366,274
Level 1 Trauma OK_Fee_IPH.OPH_Renewal_20250701-20260630	\$456,387,109	\$10,179,241	\$466,566,350
SHOPP OK_Fee_IPH.OPH1_Renewal_20250701-20260630	\$1,063,798,668	\$23,726,927	\$1,087,525,595
ETPS OK_VBP_BHO_Renewal_20250701-20260630	\$32,052,111	\$5,834,766	\$37,886,877
Other Qualified Providers OK_Fee_Oth2_Renewal_20250701-20260630	\$110,488,234	\$5,205,978	\$115,694,212
GEMT OK_Fee_Oth_Renewal_20250701-20260630	\$14,695,578	\$4,693,673	\$19,389,251
ASPAPP OK_Fee_Oth1_Renewal_20250701-20260630	\$8,503,500	\$2,715,963	\$11,219,463
St. Francis OK_Fee_Oth3_New_20250701-20260630	\$10,002,119	\$471,279	\$10,473,398
<b>Total Directed Payments</b>	<b>\$1,739,657,425</b>	<b>\$54,463,995</b>	<b>\$1,794,121,420</b>
Directed Payments with 2.25% Premium Tax	\$1,779,700,690	\$55,717,642	\$1,835,418,332
Directed Payments with Admin Load and 2.25% premium tax	\$1,780,060,690	\$55,757,642	\$1,835,818,332

There are no other approved or submitted directed payments associated with the program for the contract period. There are no requirements regarding the reimbursement rates the managed care plan(s) must pay to any providers unless specifically specified in the certification as a state directed payment or authorized under applicable law, regulation, or waiver.



## Comparison to the Final Certified Rates in the Previous Rate Certification

For the ILOS change, there is no financial impact to the rates as this ILOS is expected to generate unit cost savings as compared to ABA therapy. Please see the far right of Appendix C Exhibit 6 for a comparison of the SFY26 original to amended rates. Again, only the separate payment term component of the rates changed from the original submission.

Please reach out to Erica at [erica.mitchell@guidehouse.com](mailto:erica.mitchell@guidehouse.com) or Debra at [druocco@guidehouse.com](mailto:druocco@guidehouse.com) if you have any questions regarding these capitation rates or the methods used in the calculation.

Sincerely,

A handwritten signature in black ink that reads "Erica Mitchell".

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Erica Mitchell, FSA, MAAA  
September 30, 2025

A handwritten signature in black ink that reads "Debra Ruocco".

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Debra Ruocco, FSA, MAAA  
September 30, 2025

## Actuarial Certification

We, Erica Mitchell and Debra Ruocco, are employed with the firm Guidehouse. We are members of the American Academy of Actuaries and the Society of Actuaries. We meet the requirements for an actuary as set forth in 42 CFR § 438.2 and the qualification standards established by the American Academy of Actuaries and have followed the practice standards established from time-to-time by the Actuarial Standards Board. We have been contracted on behalf of Oklahoma Health Care Authority and are generally familiar with the program, eligibility rules, and benefit provisions.

The capitation rates provided within this certification are considered actuarially sound for purposes of 42 CFR 438.4, according to the following criteria:

- The capitation rates have been developed in accordance with generally accepted actuarial principles and practices.
- The capitation rates are appropriate for the populations to be covered, and services to be furnished under the contract.
- The capitation rates meet the requirements of 42 CFR §§42 CFR.438.3(c), 438.3(e), 438.4, 438.5, 438.6 and 438.7.

For the purposes of this certification “actuarial soundness” is defined as follows:

Medicaid benefit plan 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 premiums – including expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income – provide for all reasonable, appropriate, and attainable costs, including health benefits, health benefit settlement expenses, marketing and administrative expenses, any government-mandated assessments, fees, and taxes, and the cost of capital.

The assumptions used in the development of the actuarially sound capitation rates have been documented in our correspondences with the Oklahoma Health Care Authority. This certification documents the assumptions used to create the actuarially sound capitation rates for the contract period July 1, 2025 through June 30, 2026. The assumptions used to develop the projected benefit and non-benefit costs for covered populations were based on valid rate development standards and not based on the rate of Federal financial participation associated with the covered populations.

The actuarially sound capitation rates are based on a projection of future events. It may be expected that actual experience will vary from the experience assumed in the rates. In developing the actuarially sound capitation rates, we have relied upon data and information provided by the Oklahoma Health Care Authority. Detailed data has been validated to financial records provided by the Oklahoma Health Care Authority. We did not audit the data, but we reviewed the data for reasonableness and consistency in addition to financial record validation.

The CEs should evaluate the capitation rates in the context of their own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with Oklahoma Health Care Authority. Individual CEs may require capitation rates above, equal to, or below the actuarially sound capitation rates associated with this certification.



Sincerely,

A handwritten signature in black ink that reads "Erica Mitchell".

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Erica Mitchell, FSA, MAAA  
September 30, 2025

A handwritten signature in black ink that reads "Debra Ruocco".

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Debra Ruocco, FSA, MAAA  
September 30, 2025



SoonerSelect Children's Specialty Program  
July 1, 2025 - June 30, 2026  
**DRAFT** Capitation Rates Summary

## Appendix B - 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 27 months from the mid-point of NYFY 2024 to the mid-point of SFY 2026.*

*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.*



SoonerSelect Children's Specialty Program  
 July 1, 2025 - June 30, 2026  
 DRAFT Capitation Rates Summary

**Oklahoma Health Care Authority**  
 Managed Care Capitation Rates  
 SFY26

Exhibit 1

Region	Population Group	Age/Gender	Voluntary	Projected Member Months	SFY26 Rates incl Integrated DPs, Net of Withhold	SFY26 Certified Rates incl Integrated DPs before Withhold	SFY26 Rates before Integrated DPs	MY25 Combined TPL/Non-TPL Rates	Difference (MY25 vs. SFY26 before Integrated DPs)
STATEWIDE	CUST/Adoption	Newborn < 1 Year	N	3,562	\$ 2,383.20	\$ 2,397.64	\$ 2,360.58	\$ 2,161.52	9%
STATEWIDE	CUST/Adoption	Newborn < 1 Year	Y	1,747	\$ 2,435.69	\$ 2,450.46	\$ 2,360.58	\$ 2,163.40	9%
STATEWIDE	CUST/Adoption	Ages 1+, Male and Female	N	180,197	\$ 770.68	\$ 775.35	\$ 771.27	\$ 694.43	11%
STATEWIDE	CUST/Adoption	Ages 1+, Male and Female	Y	24,530	\$ 722.11	\$ 726.48	\$ 719.82	\$ 682.18	6%
STATEWIDE	FFC	19+ Years, Female	N	1,776	\$ 581.44	\$ 584.97	\$ 574.22	\$ 520.24	10%
STATEWIDE	FFC	19+ Years, Female	Y	120	\$ 631.20	\$ 635.03	\$ 574.22	\$ 515.27	11%
STATEWIDE	FFC	19+ Years, Male	N	1,617	\$ 491.69	\$ 494.67	\$ 492.12	\$ 445.52	10%
STATEWIDE	FFC	19+ Years, Male	Y	87	\$ 489.16	\$ 492.12	\$ 492.12	\$ 439.12	12%
<b>STATEWIDE</b>	<b>ALL</b>	<b>ALL</b>	<b>ALL</b>	<b>213,636</b>	<b>\$ 801.73</b>	<b>\$ 806.59</b>	<b>\$ 800.89</b>	<b>\$ 725.96</b>	<b>10.3%</b>

Combined midyear rates based on weighted average rates by rate cell, including TPL and non-TPL members and rates. Composite MY25 and FY26 PMPM based on projected FY26 enrollment.



Oklahoma Health Care Authority  
 Oklahoma Medicaid CE Draft Rate Impact Overview

Exhibit 2

Member Months	CUST/Adoption			FFC			All Populations		
	Dollars	PMPM	Impact	Dollars	PMPM	Impact	Dollars	PMPM	Impact
Total in Base Period (April 2023 - March 2024)		Mms			Mms			Mms	
Projection Period Enrollment (July 2025 - June 2026)		232,163			4,323			236,486	
		210,036			3,600			213,636	
<b>Premium Components</b>									
Base Data	\$ 148,556,544	\$ 639.88		\$ 2,131,267	\$ 493.05		\$ 150,687,811	\$ 637.20	
NonSystem Costs (Off-System Refunds)	\$ (209,442)	\$ (0.90)	(0.1%)	\$ (2,999)	\$ (0.69)	(0.1%)	\$ (212,441)	\$ (0.90)	(0.1%)
NonSystem Costs (NEMT)	\$ 81,632	\$ 0.35	0.1%	\$ 1,460	\$ 0.34	0.1%	\$ 83,092	\$ 0.35	0.1%
NonSystem Costs (PCMH)	\$ 14,511	\$ 0.06	0.0%	\$ 4,372	\$ 1.01	0.2%	\$ 18,883	\$ 0.08	0.0%
NonSystem Costs (Cost Settlements)	\$ 2,784,242	\$ 11.99	1.9%	\$ 5,691	\$ 1.32	0.3%	\$ 2,789,933	\$ 11.80	1.9%
NonSystem Costs (TPL recoupments)	\$ (504,127)	\$ (2.17)	(0.3%)	\$ (9,403)	\$ (2.18)	(0.4%)	\$ (513,529)	\$ (2.17)	(0.3%)
Removal of Enhanced payments	\$ (2,482,827)	\$ (10.69)	(1.7%)	\$ (47,920)	\$ (11.09)	(2.2%)	\$ (2,530,747)	\$ (10.70)	(1.7%)
Foster Care Days 1-60	\$ 930,559	\$ 4.01	0.6%	\$ -	\$ -	0.0%	\$ 930,559	\$ 3.93	0.6%
<b>Completed + NS Base Data</b>	<b>\$ 149,171,092</b>	<b>\$ 642.53</b>	<b>0.4%</b>	<b>\$ 2,082,468</b>	<b>\$ 481.76</b>	<b>(2.3%)</b>	<b>\$ 151,253,560</b>	<b>\$ 639.59</b>	<b>0.4%</b>
<b>Program Changes</b>									
ABA Therapy	\$ 939,640	\$ 4.05	0.6%	\$ -	\$ -	0.0%	\$ 939,640	\$ 3.97	0.6%
CRNA	\$ 54,189	\$ 0.23	0.0%	\$ 1,131	\$ 0.26	0.1%	\$ 55,320	\$ 0.23	0.0%
Insulin Program Change	\$ (135,264)	\$ (0.58)	(0.1%)	\$ (4,103)	\$ (0.95)	(0.2%)	\$ (139,367)	\$ (0.59)	(0.1%)
LARC	\$ 19,450	\$ 0.08	0.0%	\$ 501	\$ 0.12	0.0%	\$ 19,951	\$ 0.08	0.0%
Community Health Workers	\$ 142,820	\$ 0.62	0.1%	\$ 1,738	\$ 0.40	0.1%	\$ 144,559	\$ 0.61	0.1%
Psychological Testing limits	\$ 108,881	\$ 0.47	0.1%	\$ -	\$ -	0.0%	\$ 108,881	\$ 0.46	0.1%
Durable Medical Equipment	\$ 31,405	\$ 0.14	0.0%	\$ (161)	\$ (0.04)	(0.0%)	\$ 31,243	\$ 0.13	0.0%
FQHC	\$ 281,819	\$ 1.21	0.2%	\$ 3,327	\$ 0.77	0.2%	\$ 285,146	\$ 1.21	0.2%
IMD	\$ 21,694	\$ 0.09	0.0%	\$ 8,436	\$ 1.95	0.4%	\$ 30,130	\$ 0.13	0.0%
RSV Vaccine	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%
Collaborative Care	\$ 24,821	\$ 0.11	0.0%	\$ 315	\$ 0.07	0.0%	\$ 25,136	\$ 0.11	0.0%
GLP-1	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%
Wegovy and Zepbound	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%
Increased Birth Rate	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%
CCBHC	\$ 1,033,811	\$ 4.45	0.7%	\$ 14,635	\$ 3.39	0.7%	\$ 1,048,446	\$ 4.43	0.7%
Biomarker Testing	\$ 3,476	\$ 0.01	0.0%	\$ 1,646	\$ 0.38	0.1%	\$ 5,122	\$ 0.02	0.0%
Children's First	\$ 7,494	\$ 0.03	0.0%	\$ 976	\$ 0.23	0.0%	\$ 8,470	\$ 0.04	0.0%
PHP Rate Increase	\$ 219,238	\$ 0.94	0.1%	\$ -	\$ -	0.0%	\$ 219,238	\$ 0.93	0.1%
OP Rate Increase	\$ 965,004	\$ 4.16	0.6%	\$ 47,976	\$ 11.10	2.3%	\$ 1,012,980	\$ 4.28	0.7%
Children's Inpatient Rehab	\$ 1,052,595	\$ 4.53	0.7%	\$ -	\$ -	0.0%	\$ 1,052,595	\$ 4.45	0.7%
Targeted Case Management	\$ 6,671,478	\$ 28.74	4.5%	\$ -	\$ -	0.0%	\$ 6,671,478	\$ 28.21	4.4%
<b>Total Program Change Impacts</b>	<b>\$ 11,442,552</b>	<b>\$ 49.29</b>	<b>7.7%</b>	<b>\$ 76,415</b>	<b>\$ 17.68</b>	<b>3.7%</b>	<b>\$ 11,518,967</b>	<b>\$ 48.71</b>	<b>2.5%</b>
<b>Adjusted Base Data</b>	<b>\$ 160,613,645</b>	<b>\$ 691.81</b>	<b>0.0%</b>	<b>\$ 2,158,883</b>	<b>\$ 499.44</b>	<b>0.0%</b>	<b>\$ 162,772,527</b>	<b>\$ 688.30</b>	
Leap Year (Remove a Day)	\$ (438,835)	\$ (1.89)	(0.3%)	\$ (5,899)	\$ (1.36)	(0.2%)	\$ (444,734)	\$ (1.88)	(0.3%)
Trend (not annualized)	\$ 14,579,669	\$ 62.80	9.1%	\$ 290,146	\$ 67.12	13.5%	\$ 14,869,815	\$ 62.88	9.2%
Post Trend Adj (MH Transport)	\$ 387,375	\$ 1.67	0.2%	\$ 4,910	\$ 1.14	0.2%	\$ 392,284	\$ 1.66	0.2%
FFC and Newborn blend	\$ 51,157	\$ 0.22	0.0%	\$ (248,554)	\$ (57.50)	(10.2%)	\$ (197,397)	\$ (0.83)	(0.1%)
Managed Care Savings	\$ (8,942,208)	\$ (38.52)	(5.1%)	\$ (141,306)	\$ (32.69)	(6.4%)	\$ (9,083,514)	\$ (38.41)	(5.1%)
Admin	\$ 14,098,361	\$ 60.73	7.7%	\$ 176,999	\$ 40.95	7.8%	\$ 14,275,360	\$ 60.36	7.7%
Risk Margin	\$ 2,746,434	\$ 11.83	1.5%	\$ 34,038	\$ 7.87	1.5%	\$ 2,780,472	\$ 11.76	1.5%
HIE + CON	\$ 176,367	\$ 0.76	0.1%	\$ 3,284	\$ 0.76	0.1%	\$ 179,650	\$ 0.76	0.1%
Directed Payment Admin	\$ 43,469	\$ 0.19	0.0%	\$ 809	\$ 0.19	0.0%	\$ 44,278	\$ 0.19	0.0%
Premium Tax (2.25%)	\$ 4,219,537	\$ 18.17	2.2%	\$ 52,327	\$ 12.11	2.2%	\$ 4,271,864	\$ 18.06	2.2%
Integrated DPs (incl prem tax + Q5 % risk margin)	\$ 1,283,326	\$ 5.53	0.7%	\$ 31,418	\$ 7.27	1.4%	\$ 1,314,744	\$ 5.56	0.7%
<b>Total Premium</b>	<b>\$ 188,818,295</b>	<b>\$ 813.30</b>		<b>\$ 2,357,055</b>	<b>\$ 545.28</b>		<b>\$ 191,175,350</b>	<b>\$ 808.40</b>	
SFY26 Draft Rates on NYFY24 Enroll									
% Increase (Adj Base Data + Trend only)		7.4%			3.4%			7.3%	
<b>SFY26 Draft Rates on SFY26 Proj Enroll</b>	<b>\$ 170,359,383</b>	<b>\$ 811.10</b>		<b>\$ 1,957,770</b>	<b>\$ 543.82</b>		<b>\$ 172,317,153</b>	<b>\$ 806.59</b>	
Mix Change NYFY24 to SFY26		-0.3%			-0.3%			0.0%	



### Oklahoma Medicaid MCO Draft Rate Impact Overview

Exhibit 3

Draft rates subject to change

**Specifications**

Midyear and SFY26 rates using NYFY2024 base data for members enrolled 6/30/24 and revised enrollment projections.  
 Midyear 2025 rates for a 15 month rating period (April 2024 - June 2025).

	CUST/Adoption			FFC			All Populations		
	MY25 Rates	SFY26 Rates	In/(de)crease	MY25 Rates	SFY26 Rates	In/(de)crease	MY25 Rates	SFY26 Rates	In/(de)crease
	MMs	MMs		MMs	MMs		MMs	MMs	
<b>Member Months</b>									
Total in Base Period	231,336	232,163	0.4%	4,323	4,323	(0.0%)	235,659	236,486	0.4%
Projection Period Enrollment	289,320	210,036	(27.4%)	301	3,600	1,094.3%	289,622	213,636	(26.2%)
<b>Premium Components</b>	<b>PMPM</b>	<b>PMPM</b>		<b>PMPM</b>	<b>PMPM</b>		<b>PMPM</b>	<b>PMPM</b>	
Base Data	\$ 642.17	\$ 639.88	(0.4%)	\$ 493.05	\$ 493.05	0.0%	\$ 639.43	\$ 637.20	(0.3%)
NonSystem Costs (Off-System Refunds)	\$ (0.91)	\$ (0.90)	(0.4%)	\$ (0.69)	\$ (0.69)	0.0%	\$ (0.90)	\$ (0.90)	(0.3%)
NonSystem Costs (NEMT)	\$ 0.35	\$ 0.35	(0.4%)	\$ 0.34	\$ 0.34	0.0%	\$ 0.35	\$ 0.35	(0.3%)
NonSystem Costs (PCMH)	\$ 0.06	\$ 0.06	(0.4%)	\$ 1.01	\$ 1.01	0.0%	\$ 0.08	\$ 0.08	(0.3%)
NonSystem Costs (Cost Settlements)	\$ 12.04	\$ 11.99	(0.4%)	\$ 1.32	\$ 1.32	0.0%	\$ 11.84	\$ 11.80	(0.3%)
NonSystem Costs (TPL recoupments)	\$ (2.18)	\$ (2.17)	(0.4%)	\$ (2.18)	\$ (2.18)	(0.0%)	\$ (2.18)	\$ (2.17)	(0.3%)
Removal of Enhanced payments	\$ (10.73)	\$ (10.69)	(0.4%)	\$ (11.09)	\$ (11.09)	0.0%	\$ (10.74)	\$ (10.70)	(0.3%)
Foster Care Days 1-60	\$ -	\$ 4.01		\$ -	\$ -		\$ -	\$ 3.93	
<b>Completed + NS Base Data</b>	<b>\$ 640.80</b>	<b>\$ 642.53</b>	<b>0.3%</b>	<b>\$ 481.76</b>	<b>\$ 481.76</b>	<b>0.0%</b>	<b>\$ 637.88</b>	<b>\$ 639.59</b>	<b>0.3%</b>
<b>Program Changes</b>									
ABA Therapy	\$ 2.71	\$ 4.05	49.4%	\$ -	\$ -		\$ 2.66	\$ 3.97	49.4%
CRNA	\$ 0.19	\$ 0.23	20.2%	\$ 0.22	\$ 0.26	21.0%	\$ 0.19	\$ 0.23	20.2%
Insulin Program Change	\$ (0.58)	\$ (0.58)	(0.4%)	\$ (0.95)	\$ (0.95)	0.0%	\$ (0.59)	\$ (0.59)	(0.3%)
LARC	\$ 0.08	\$ 0.08	(0.4%)	\$ 0.12	\$ 0.12	0.0%	\$ 0.08	\$ 0.08	(0.3%)
Community Health Workers	\$ 0.26	\$ 0.62	132.5%	\$ 0.17	\$ 0.40	133.3%	\$ 0.26	\$ 0.61	132.5%
Psychological Testing Limits	\$ 0.47	\$ 0.47	(0.4%)	\$ -	\$ -		\$ 0.46	\$ 0.46	(0.3%)
Durable Medical Equipment	\$ (0.37)	\$ 0.14	(136.7%)	\$ (0.16)	\$ (0.04)	(76.6%)	\$ (0.36)	\$ 0.13	(136.3%)
FQHC	\$ 1.27	\$ 1.21	(4.3%)	\$ 0.84	\$ 0.77	(8.5%)	\$ 1.26	\$ 1.21	(4.3%)
IMD	\$ 0.09	\$ 0.09	(0.4%)	\$ 1.95	\$ 1.95	0.0%	\$ 0.13	\$ 0.13	(0.3%)
RSV Vaccine	\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	
Collaborative Care	\$ 0.07	\$ 0.11	49.5%	\$ 0.05	\$ 0.07	50.0%	\$ 0.07	\$ 0.11	49.5%
GLP-1	\$ 0.54	\$ -	(100.0%)	\$ -	\$ -		\$ 0.53	\$ -	(100.0%)
Wegovy and Zepbound	\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	
Increased Birth Rate	\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	
CCBHC	\$ 1.14	\$ 4.45	291.2%	\$ 0.26	\$ 3.39	1,225.0%	\$ 1.12	\$ 4.43	295.1%
Biomarker Testing	\$ -	\$ 0.01		\$ -	\$ 0.38		\$ -	\$ 0.02	
Children's First	\$ -	\$ 0.03		\$ -	\$ 0.23		\$ -	\$ 0.04	
PHP Rate Increase	\$ -	\$ 0.94		\$ -	\$ -		\$ -	\$ 0.93	
OP Rate Increase	\$ -	\$ 4.16		\$ -	\$ 11.10		\$ -	\$ 4.28	
Children's Inpatient Rehab	\$ -	\$ 4.53		\$ -	\$ -		\$ -	\$ 4.45	
Targeted Case Management	\$ -	\$ 28.74		\$ -	\$ -		\$ -	\$ 28.21	
<b>Total Program Change Impacts</b>	<b>\$ 5.88</b>	<b>\$ 49.29</b>		<b>\$ 2.49</b>	<b>\$ 17.68</b>		<b>\$ 5.81</b>	<b>\$ 48.71</b>	
<b>Adjusted Base Data</b>	<b>\$ 646.68</b>	<b>\$ 691.81</b>	<b>7.0%</b>	<b>\$ 484.25</b>	<b>\$ 499.44</b>	<b>3.1%</b>	<b>\$ 643.70</b>	<b>\$ 688.30</b>	<b>6.9%</b>
Leap Year (Remove a Day)	\$ -	\$ (1.89)		\$ -	\$ (1.36)		\$ -	\$ (1.88)	
Seasonality	\$ (6.75)	\$ -	(100.0%)	\$ (4.96)	\$ -	(100.0%)	\$ (6.71)	\$ -	(100.0%)
Trend (not annualized)	\$ 48.54	\$ 62.80	29.4%	\$ 34.42	\$ 67.12	95.0%	\$ 48.28	\$ 62.88	30.2%
Post Trend Adj (MH Transport)	\$ 1.56	\$ 1.67	7.1%	\$ 1.06	\$ 1.14	7.5%	\$ 1.55	\$ 1.66	7.1%
FFC and Newborn blend	\$ 0.20	\$ 0.22	12.7%	\$ (48.85)	\$ (57.50)	17.7%	\$ (0.70)	\$ (0.83)	18.6%
Managed Care Savings	\$ (44.78)	\$ (38.52)	(14.0%)	\$ (37.94)	\$ (32.69)	(13.8%)	\$ (44.66)	\$ (38.41)	(14.0%)
Admin	\$ 57.83	\$ 60.73	5.0%	\$ 38.86	\$ 40.95	5.4%	\$ 57.48	\$ 60.36	5.0%
Risk Margin	\$ 10.71	\$ 11.83	10.5%	\$ 7.11	\$ 7.87	10.8%	\$ 10.64	\$ 11.76	10.5%
HIE + CON	\$ 0.76	\$ 0.76	0.0%	\$ 0.76	\$ 0.76	0.0%	\$ 0.76	\$ 0.76	0.0%
Directed Payment Admin	\$ 0.12	\$ 0.19	53.3%	\$ 0.12	\$ 0.19	53.3%	\$ 0.12	\$ 0.19	53.3%
Premium Tax (2.25%)	\$ 16.45	\$ 18.17	10.5%	\$ 10.93	\$ 12.11	10.8%	\$ 16.35	\$ 18.06	10.5%
Integrated DPs (incl prem tax + 0.5 % risk margin)	\$ -	\$ 5.53		\$ -	\$ 7.27		\$ -	\$ 5.56	
<b>Total Premium</b>	<b>Dollars</b>	<b>PMPM</b>		<b>Dollars</b>	<b>PMPM</b>		<b>Dollars</b>	<b>PMPM</b>	
SFY26 Draft Rates on NYFY24 Enroll	\$ 731.32	\$ 813.30	11.2%	\$ 485.76	\$ 545.28	12.3%	\$ 726.82	\$ 808.40	11.2%
% Increase (Adj Base Data + Trend only)		7.9%			3.9%			7.9%	
<b>SFY26 Draft Rates on SFY26 Proj Enroll</b>	<b>\$ 732.74</b>	<b>\$ 811.10</b>	<b>10.7%</b>	<b>\$ 481.73</b>	<b>\$ 543.82</b>	<b>12.9%</b>	<b>\$ 732.48</b>	<b>\$ 806.59</b>	<b>10.1%</b>
Mix Change NYFY24 to SFY26	0.2%	-0.3%		-0.8%	-0.3%		0.8%	-0.2%	

Oklahoma Health Care Authority  
 Rate Assumptions

	Completion Factors	
	CUST/Adoption	FFC
Inpatient Hospital	0,9862	0,9823
Outpatient Hospital - ER	0,9958	0,9938
Outpatient Hospital - Non-ER	0,9977	0,9911
Physician/Professional	0,9881	0,9879
Clinics (w/FQHC/RHC)	0,9948	0,9932
Laboratory/Radiology/Pathology	0,9897	0,9868
Dental - Medical	1,0000	0,9993
DME and Supplies	0,9930	0,9959
Home Health/Hospice	0,9994	0,9963
Physical/Occupational Therapy	0,9983	0,9937
School Based Services	1,0000	1,0000
Nursing Facility	1,0000	1,0000
Pharmacy	0,9995	0,9981
Non-Emergency Transportation	0,9048	0,9903
Behavioral Health	0,9907	0,9871
Indian Health Referrals	1,0000	1,0000
Family Planning	0,9933	0,9791
All Other	0,9934	0,9590
<b>Total</b>	<b>0,993</b>	<b>0,984</b>

Completion factors are an estimate of incurred but not reported claims plus missing encounter data.

Administrative Expense	
CUST/Adoption	7,7%
FFC	7,8%

Other Non-Benefit Expenses	
	\$0,19 PMPM for Directed Payment Admin
	\$0,76 PMPM for HIE Fee+CON

Withhold		
	%	% Reasonably Achievable
Quality	1,0%	60,0%

Risk Margin	
Premium	1,50%
Integrated State Directed Payments	0,50%

	Annualized PMPM Trend		
	CUST/Adoption Newborn	CUST/Adoption	FFC
Inpatient Hospital	6,0%	6,0%	7,5%
Outpatient Hospital - ER	2,5%	2,5%	2,1%
Outpatient Hospital - Non-ER	1,0%	1,0%	2,9%
Physician/Professional	4,0%	4,0%	4,0%
Clinics (w/FQHC/RHC)	4,0%	4,0%	4,0%
Laboratory/Radiology/Pathology	4,0%	4,0%	5,0%
Dental - Medical	4,0%	4,0%	4,0%
DME and Supplies	4,0%	4,0%	5,0%
Home Health/Hospice	4,0%	4,0%	5,0%
Physical/Occupational Therapy	4,0%	4,0%	4,0%
School Based Services	0,0%	0,0%	0,0%
Nursing Facility	4,0%	4,0%	5,0%
Pharmacy	6,0%	6,0%	9,6%
Non-Emergency Transportation	4,0%	4,0%	5,0%
Behavioral Health	3,5%	3,5%	7,6%
Indian Health Referrals	0,0%	0,0%	0,0%
Family Planning	4,0%	4,0%	5,0%
All Other	4,0%	4,0%	5,0%
<b>Total</b>	<b>4,9%</b>	<b>4,1%</b>	<b>6,2%</b>

	Annualized Unit Cost Trend			Annualized Utilization/1000 Trend		
	CUST/Adoption Newborn	CUST/Adoption	FFC	CUST/Adoption Newborn	CUST/Adoption	FFC
Inpatient Hospital	6,0%	6,0%	4,1%	0,0%	0,0%	3,3%
Outpatient Hospital - ER	0,5%	0,5%	0,5%	2,0%	2,0%	1,6%
Outpatient Hospital - Non-ER	0,5%	0,5%	0,5%	0,5%	0,5%	2,4%
Physician/Professional	2,0%	2,0%	1,9%	2,0%	2,0%	2,0%
Clinics (w/FQHC/RHC)	2,0%	2,0%	1,9%	2,0%	2,0%	2,0%
Laboratory/Radiology/Pathology	3,0%	3,0%	2,4%	1,0%	1,0%	2,6%
Dental - Medical	2,0%	2,0%	1,9%	2,0%	2,0%	2,0%
DME and Supplies	3,0%	3,0%	2,4%	1,0%	1,0%	2,6%
Home Health/Hospice	3,0%	3,0%	2,4%	1,0%	1,0%	2,6%
Physical/Occupational Therapy	2,0%	2,0%	1,9%	2,0%	2,0%	2,0%
School Based Services	0,0%	0,0%	0,0%	0,0%	0,0%	0,0%
Nursing Facility	3,0%	3,0%	2,4%	1,0%	1,0%	2,6%
Pharmacy	5,0%	5,0%	4,8%	1,0%	1,0%	4,7%
Non-Emergency Transportation	3,0%	3,0%	2,4%	1,0%	1,0%	2,6%
Behavioral Health	3,0%	3,0%	3,8%	0,5%	0,5%	3,7%
Indian Health Referrals	0,0%	0,0%	0,0%	0,0%	0,0%	0,0%
Family Planning	3,0%	3,0%	2,4%	1,0%	1,0%	2,6%
All Other	3,0%	3,0%	2,4%	1,0%	1,0%	2,6%
<b>Total</b>	<b>4,3%</b>	<b>3,2%</b>	<b>3,0%</b>	<b>0,6%</b>	<b>0,9%</b>	<b>3,1%</b>

The total trend and managed care factors are weighed by base period PMPMs by COS.



**Oklahoma Health Care Authority**  
**Rate Assumptions**  
**Managed Care Savings**

CUST/Adoption Newborn	Managed Care Savings		
	Unit Cost	Utilization	Total
Inpatient Hospital	3.8%	-18.8%	-15.7%
Outpatient Hospital - ER	3.8%	-18.8%	-15.7%
Outpatient Hospital - Non-ER	3.8%	-11.3%	-7.9%
Physician/Professional	-1.9%	3.8%	1.8%
Clinics (w/FQHC/RHC)	0.0%	3.8%	3.8%
Laboratory/Radiology/Pathology	-0.4%	0.8%	0.4%
Dental - Medical	0.0%	0.0%	0.0%
DME and Supplies	0.0%	0.0%	0.0%
Home Health/Hospice	0.0%	0.0%	0.0%
Physical/Occupational Therapy	0.0%	0.0%	0.0%
School Based Services	0.0%	0.0%	0.0%
Nursing Facility	0.0%	0.0%	0.0%
Pharmacy	0.0%	0.0%	0.0%
Non-Emergency Transportation	0.0%	0.0%	0.0%
Behavioral Health	0.0%	0.0%	0.0%
Indian Health Referrals	0.0%	0.0%	0.0%
Family Planning	0.0%	0.0%	0.0%
All Other	0.4%	-1.9%	-1.5%
<b>Total</b>	<b>1.8%</b>	<b>-8.6%</b>	<b>-8.2%</b>

CUST/Adoption	Managed Care Savings	
	Unit Cost	Utilization
Inpatient Hospital	5.6%	-26.3%
Outpatient Hospital - ER	5.6%	-26.3%
Outpatient Hospital - Non-ER	5.6%	-26.3%
Physician/Professional	-1.9%	3.8%
Clinics (w/FQHC/RHC)	-1.1%	2.3%
Laboratory/Radiology/Pathology	0.0%	0.0%
Dental - Medical	0.0%	0.0%
DME and Supplies	1.5%	-11.3%
Home Health/Hospice	0.0%	0.0%
Physical/Occupational Therapy	0.8%	-3.8%
School Based Services	0.0%	0.0%
Nursing Facility	0.0%	0.0%
Pharmacy	0.0%	0.0%
Non-Emergency Transportation	0.0%	0.0%
Behavioral Health	1.9%	-7.5%
Indian Health Referrals	0.0%	0.0%
Family Planning	-3.8%	3.8%
All Other	1.5%	-6.0%
<b>Total</b>	<b>1.4%</b>	<b>-6.4%</b>

FFC	Managed Care Savings		
	Unit Cost	Utilization	Total
Inpatient Hospital	5.6%	-18.8%	-14.2%
Outpatient Hospital - ER	5.6%	-18.8%	-14.2%
Outpatient Hospital - Non-ER	5.6%	-18.8%	-14.2%
Physician/Professional	-1.9%	3.8%	1.8%
Clinics (w/FQHC/RHC)	-1.1%	2.3%	1.1%
Laboratory/Radiology/Pathology	0.0%	0.0%	0.0%
Dental - Medical	0.0%	0.0%	0.0%
DME and Supplies	1.5%	-11.3%	-9.9%
Home Health/Hospice	0.0%	0.0%	0.0%
Physical/Occupational Therapy	0.8%	-3.8%	-3.0%
School Based Services	0.0%	0.0%	0.0%
Nursing Facility	0.0%	0.0%	0.0%
Pharmacy	0.0%	0.0%	0.0%
Non-Emergency Transportation	0.0%	0.0%	0.0%
Behavioral Health	1.9%	-11.3%	-9.6%
Indian Health Referrals	0.0%	0.0%	0.0%
Family Planning	-3.8%	3.8%	-0.1%
All Other	1.5%	-6.0%	-4.6%
<b>Total</b>	<b>1.7%</b>	<b>-7.7%</b>	<b>-6.4%</b>



**Exhibit 5**

Total
-22.1%
-22.1%
-22.1%
1.8%
1.1%
0.0%
0.0%
-9.9%
0.0%
-3.0%
0.0%
0.0%
0.0%
0.0%
-5.8%
0.0%
-0.1%
-4.6%
-5.3%



**Oklahoma Health Care Authority**  
**Rate Assumptions**  
**Relativities and Manual Rate Adjustments**

**RELATIVITIES**

Region	Population Group	Age/Gender	Voluntary	NYFY22-NYFY24 (Grouped) <sup>1</sup>	NYFY22-NYFY24 PMPM (Rate cell) <sup>1</sup>	Projected Cost PMPM (Grouped) <sup>1</sup>	Relativity Factor	Rebalancing Factor
Statewide	CUST/Adoption	Ages 1+, Male and Female	N	\$ 561.06	\$ 573.67	\$ 679.80	1.022	0.984
Statewide	CUST/Adoption	Ages 1+, Male and Female	Y	\$ 561.06	\$ 535.26	\$ 679.89	0.954	0.984

<sup>1</sup>Projected Cost PMPMs exclude adjustments for non-benefit load and directed payments.

**MANUAL RATE ADJUSTMENTS**

Region	Population Group	Age/Gender	Voluntary	Projected Cost PMPM (Grouped) <sup>1</sup>	Manual Rate Adjustment	Projected Cost PMPM (Ratecell) <sup>1</sup>
Statewide	CUST/Adoption	Newborn, < 1	N	\$ 2,085,72	1,004	\$ 2,094,32
Statewide	CUST/Adoption	Newborn, < 1	Y	\$ 2,085,72	1,004	\$ 2,094,32
Statewide	FFC	19+ Years, Female	N	\$ 524,86	0,968	\$ 508,24
Statewide	FFC	19+ Years, Female	Y	\$ 524,86	0,968	\$ 508,24
Statewide	FFC	19+ Years, Male	N	\$ 544,78	0,799	\$ 435,45
Statewide	FFC	19+ Years, Male	Y	\$ 544,78	0,799	\$ 435,45

<sup>1</sup>Projected Cost PMPMs exclude adjustments for non-benefit load and directed payments.



SoonerSelect Children's Specialty Program  
July 1, 2025 – June 30, 2026  
**DRAFT** Capitation Rates Summary

**Exhibit 6**

Projected Cost PMPM (Ratecell) <sup>1</sup>	
\$	688.70
\$	638.03

Oklahoma Health Care Authority  
 Statewide Region  
 Projected Rate Development

Exhibit 7

CUST (Adoption, Newborn < 1												
Data Adjustment Factors												
Member Months	And 2023 - March 2024			Benefit Adjustment	Leap Year Adjustment	Managed Care Factor	Seasonality	Trend to SFY25	Post-Trend PMPM Adjustments	Projected PMPM	Non-Voluntary	Voluntary
	Utilization Rate Per 1,000	Expenditure Per Unit	Paid Expenditures P/UM									
Member Months			5,345							5,310	3,362	1,747
Manual Rate Adjustment Factor											5,003	5,003
Inpatient Hospital	10,537.89	1,130.87	983.08	1,011	0.997	0.843	1,000	1,140	-	\$	962.25	962.25
Outpatient Hospital - ER	1,066.12	302.22	263.89	1,157	0.997	0.843	1,000	1,057	-	\$	27.07	27.78
Outpatient Hospital - Non-ER	1,300.81	245.21	255.89	1,118	0.997	0.821	1,000	1,023	-	\$	28.01	25.13
Physician/Professional	19,834.07	144.97	237.20	1,000	0.997	1,018	1,000	1,002	-	\$	283.07	284.16
Clinics (w/PCR/PHO)	2,546.38	200.00	42.75	1,000	0.997	1,039	1,000	1,002	-	\$	52.47	52.69
Laboratory/Resid/Pop/Pathology	5,891.47	20.39	10.01	1,000	0.997	1,004	1,000	1,002	-	\$	10.05	10.09
Dental - Medical	-	-	-	1,000	0.997	1,000	1,000	1,002	-	\$	-	-
DME and Supplies	45,255.49	7.10	25.78	0.998	0.997	1,000	1,000	1,002	-	\$	28.24	28.35
Home Health/Hospice	20.20	88.02	0.12	1,000	0.997	1,000	1,000	1,002	-	\$	0.13	0.13
Physical/Occupational Therapy	2,331.15	95.04	15.88	1,000	0.997	1,000	1,000	1,002	-	\$	20.11	20.19
School Based Services	-	-	-	1,000	0.997	1,000	1,000	-	-	\$	-	-
Nursing Facility	-	-	-	1,000	0.997	1,000	1,000	1,002	-	\$	-	-
Pharmacy	8,405.72	42.36	25.88	1,000	0.997	1,000	1,000	1,140	-	\$	33.75	33.88
Non-Emergency Transportation	13,769.86	0.50	0.97	1,000	0.997	1,000	1,000	1,002	-	\$	0.62	0.63
Behavioral Health	564.35	215.26	10.14	1,007	0.997	1,000	1,000	1,003	-	\$	11.31	11.36
Indian Health Referrals	-	-	-	1,000	0.997	1,000	1,000	1,000	-	\$	-	-
Family Planning	-	-	-	1,000	0.997	1,000	1,000	1,002	-	\$	-	-
All Other	19,712.59	367.19	800.19	1,000	0.997	0,985	1,000	1,002	-	\$	847.14	848.81
<b>Total</b>			<b>2,026.55</b>							<b>2,085.72</b>	<b>2,094.32</b>	<b>2,094.32</b>
Variable Administrative Expense %										7.7%	17.0%	17.0%
Fixed Administrative Expense										\$998	\$	\$
Risk Margin %										1.50%	34.0%	34.0%
IE Fee										\$59/year	0.76	0.76
Directed Payment Administrative Expense										2.25%	0.19	0.19
Premium Tax											53.11	53.11
Rate Before											<b>2,369.58</b>	<b>2,369.58</b>
Integrated DPs											36.04	87.40
Integrated DP Prem Tax											0.63	2.02
Integrated DP Risk Margin											0.19	0.45
Certified Rate Incl Integrated DPs Before Withhd											<b>2,387.64</b>	<b>2,450.46</b>
Withhd											1.00%	(24.0)
Withhd - Not Reasonably Achievable											0.49%	6.83
Premium Rate After Withhd											<b>2,386.20</b>	<b>2,436.69</b>

CUST (Adoption, Age 1-17, M & F)												
Data Adjustment Factors												
Member Months	And 2023 - March 2024			Benefit Adjustment	Leap Year Adjustment	Managed Care Factor	Seasonality	Trend to SFY25	Post-Trend PMPM Adjustments	Projected PMPM	Non-Voluntary	Voluntary
	Utilization Rate Per 1,000	Expenditure Per Unit	Paid Expenditures P/UM									
Member Months			228,218							204,727	180,197	24,830
Manual Rate Adjustment Factor											3,038	3,038
Inpatient Hospital	214.07	1,746.79	31.22	1,140	0.997	0,779	1,000	1,140	-	\$	31.51	31.58
Outpatient Hospital - ER	399.99	359.28	1,488	1,156	0.997	0,779	1,000	1,057	-	\$	11.37	11.48
Outpatient Hospital - Non-ER	398.50	474.18	15.75	1,141	0.997	0,779	1,000	1,023	-	\$	14.27	13.39
Physician/Professional	5,143.59	118.64	15.02	1,028	0.997	1,018	1,000	1,002	-	\$	28.14	28.47
Clinics (w/PCR/PHO)	1,061.85	242.15	21.43	1,212	0.997	1,011	1,000	1,002	-	\$	25.59	26.83
Laboratory/Resid/Pop/Pathology	1,173.43	21.84	2.14	1,000	0.997	1,000	1,000	1,002	-	\$	2.33	2.34
Dental - Medical	6.01	272.63	0.18	1,000	0.997	1,000	1,000	1,002	-	\$	0.19	0.19
DME and Supplies	53,111.15	2.33	10.30	1,015	0.997	0,901	1,000	1,002	-	\$	10.26	10.32
Home Health/Hospice	6,887.03	0.79	0.45	1,000	0.997	1,000	1,000	1,002	-	\$	0.84	0.87
Physical/Occupational Therapy	2,890.54	99.78	21.82	1,011	0.997	0,970	1,000	1,002	-	\$	23.02	21.68
School Based Services	-	-	-	1,000	0.997	1,000	1,000	-	-	\$	-	-
Nursing Facility	-	-	-	1,000	0.997	1,000	1,000	1,002	-	\$	-	-
Pharmacy	10,885.35	110.02	62.47	0.994	0.997	1,000	1,000	1,140	-	\$	104.45	105.04
Non-Emergency Transportation	5,796.28	0.62	0.78	1,000	0.997	1,000	1,000	1,002	-	\$	0.85	0.86
Behavioral Health	9,884.86	275.81	22.42	1,007	0.997	0,942	1,000	1,003	-	\$	226.16	224.45
Indian Health Referrals	-	-	-	1,000	0.997	1,000	1,000	1,000	-	\$	-	-
Family Planning	1,286.63	11.70	1.22	1,078	0.997	0,989	1,000	1,002	-	\$	1.47	1.58
All Other	4,519.84	300.82	113.15	1,000	0.997	0,854	1,000	1,002	-	\$	149.62	139.42
<b>Total</b>			<b>604.15</b>							<b>678.89</b>	<b>683.70</b>	<b>638.03</b>
Variable Administrative Expense %										7.7%	5.0%	5.1%
Fixed Administrative Expense										\$998	\$	\$
Risk Margin %										1.50%	13.2%	10.54
IE Fee										\$59/year	0.76	0.76
Directed Payment Administrative Expense										2.25%	0.19	0.19
Premium Tax											17.35	16.20
Rate Before											<b>774.82</b>	<b>774.82</b>
Integrated DPs											3.97	6.48
Integrated DP Prem Tax											0.25	0.15
Integrated DP Risk Margin											0.20	0.03
Certified Rate Incl Integrated DPs Before Withhd											<b>778.35</b>	<b>778.48</b>
Withhd											1.00%	(0.25)
Withhd - Not Reasonably Achievable											0.49%	2.11
Premium Rate After Withhd											<b>776.89</b>	<b>772.11</b>

FFC (18+ Years, Female)												
Data Adjustment Factors												
Member Months	And 2023 - March 2024			Benefit Adjustment	Leap Year Adjustment	Managed Care Factor	Seasonality	Trend to SFY25	Post-Trend PMPM Adjustments	Projected PMPM	Non-Voluntary	Voluntary
	Utilization Rate Per 1,000	Expenditure Per Unit	Paid Expenditures P/UM									
Member Months			2,416							1,896	1,776	120
Manual Rate Adjustment Factor											0,088	0,088
Inpatient Hospital	394.32	1,008.74	35.15	1,000	0.997	0,858	1,000	1,177	-	\$	35.40	34.28
Outpatient Hospital - ER	1,586.00	308.76	52.80	1,151	0.997	0,858	1,000	1,058	-	\$	54.54	52.81
Outpatient Hospital - Non-ER	921.93	283.43	21.79	1,149	0.997	0,858	1,000	1,023	-	\$	22.84	22.12
Physician/Professional	5,968.81	154.88	78.89	1,008	0.997	1,018	1,000	1,002	-	\$	65.07	62.68
Clinics (w/PCR/PHO)	1,225.03	302.71	20.89	1,070	0.997	1,011	1,000	1,002	-	\$	24.40	23.85
Laboratory/Resid/Pop/Pathology	6,144.78	25.18	13.41	1,000	0.997	1,000	1,000	1,118	-	\$	14.92	14.45
Dental - Medical	-	-	-	1,000	0.997	1,000	1,000	1,002	-	\$	-	-
DME and Supplies	10,455.97	2.10	1.83	1,008	0.997	0,901	1,000	1,118	-	\$	1.85	1.80
Home Health/Hospice	-	-	-	1,000	0.997	1,000	1,000	1,118	-	\$	-	-
Physical/Occupational Therapy	10.00	90.70	0.08	1,000	0.997	0,970	1,000	1,002	-	\$	0.08	0.08
School Based Services	-	-	-	1,000	0.997	1,000	1,000	-	-	\$	-	-
Nursing Facility	-	-	-	1,000	0.997	1,000	1,000	1,118	-	\$	-	-
Pharmacy	8,691.84	129.40	65.55	0.992	0.997	1,000	1,000	1,230	-	\$	112.64	108.07
Non-Emergency Transportation	607.61	10.18	0.77	1,000	0.997	1,000	1,000	1,118	-	\$	0.85	0.83
Behavioral Health	8,225.32	178.07	122.88	1,007	0.997	0,904	1,000	1,120	-	\$	130.81	131.41
Indian Health Referrals	-	-	-	1,000	0.997	1,000	1,000	1,000	-	\$	-	-
Family Planning	6,446.40	36.95	13.89	1,017	0.997	0,989	1,000	1,118	-	\$	22.43	21.72
All Other	3,716.85	69.77	12.63	1,000	0.997	0,854	1,000	1,118	-	\$	19.43	19.43
<b>Total</b>			<b>471.41</b>							<b>524.85</b>	<b>508.24</b>	<b>508.24</b>
Variable Administrative Expense %										7.9%	43.7%	43.7%
Fixed Administrative Expense										\$998	\$	\$
Risk Margin %										1.50%	8.4%	8.4%
IE Fee										\$59/year	0.76	0.76
Directed Payment Administrative Expense										2.25%	0.19	0.19
Premium Tax	</											



SoonerSelect Children's Specialty Program  
 July 1, 2025 - June 30, 2026  
 DRAFT Capitation Rates Summary

Oklahoma Health Care Authority  
 SFY26 SoonerSelect Children's Specialty Program Rate Buildup  
 Non-Benefit Load Summary

Exhibit 8

Statewide Region

Aid Category	Age Group	Voluntary	Base Rate	Relativity	Manual Adjustment Factor	Proj Medical Cost Pmt Includg Directed Payments	Fixed Adm's Expense	Variable Adm's Expense (%)	Risk Margin (%)	HE (\$/yr) + CON	Directed Payments Adm's	Premium Tax		Total Non-Medical Load Excluding Prem Tax (%)	Proj. Certified Rate PMPM (incl Withhold and Directed Pmts)	Integrated Directed Payments w/ admin and risk margin	Proj. Certified Rate PMPM incl Integrated Directed Pmts and Excl Withhold and Add-on Directed Pmts	Withhold %	Withhold Not Reasonably Achievable	Projected Rate PMPM (incl Integrated Directed Pmts Net of Withhold, Excl Add-on Directed Pmts)
												PMPM	%							
QUEST/Adoption	Newborn <1	N	\$ 2,085.72	1.000	1.004	\$ 2,084.32	\$ -	7.70%	1.50%	\$ 0.76	\$ 0.19	\$ 53.11	2.25%	9.2%	\$ 2,360.58	\$ 37.06	\$ 2,397.64	1.0%	0.4%	\$ 2,383.20
	Newborn <1	Y	\$ 2,085.72	1.000	1.004	\$ 2,084.32	\$ -	7.70%	1.50%	\$ 0.76	\$ 0.19	\$ 53.11	2.25%	9.2%	\$ 2,360.58	\$ 89.88	\$ 2,450.46	1.0%	0.4%	\$ 2,435.69
	Ages 1+, Male and Female	N	\$ 679.89	1.006	1.000	\$ 683.70	\$ -	7.70%	1.50%	\$ 0.76	\$ 0.19	\$ 17.65	2.25%	9.3%	\$ 771.27	\$ 4.93	\$ 776.20	1.0%	0.4%	\$ 770.98
FFC	Ages 1+, Male and Female	Y	\$ 679.89	0.938	1.000	\$ 638.03	\$ -	7.70%	1.50%	\$ 0.76	\$ 0.19	\$ 16.20	2.25%	9.3%	\$ 718.82	\$ 6.96	\$ 725.78	1.0%	0.4%	\$ 722.11
	19+ Years, Female	N	\$ 524.86	1.000	0.968	\$ 508.24	\$ -	7.80%	1.50%	\$ 0.76	\$ 0.19	\$ 12.92	2.25%	9.5%	\$ 574.22	\$ 10.75	\$ 584.97	1.0%	0.4%	\$ 581.44
	19+ Years, Female	Y	\$ 524.86	1.000	0.968	\$ 508.24	\$ -	7.80%	1.50%	\$ 0.76	\$ 0.19	\$ 12.92	2.25%	9.5%	\$ 574.22	\$ 60.81	\$ 635.03	1.0%	0.4%	\$ 631.20
19+ Years, Male	N	\$ 544.78	1.000	0.795	\$ 435.45	\$ -	7.80%	1.50%	\$ 0.76	\$ 0.19	\$ 11.07	2.25%	9.5%	\$ 492.12	\$ 2.55	\$ 494.67	1.0%	0.4%	\$ 491.69	
19+ Years, Male	Y	\$ 544.78	1.000	0.795	\$ 435.45	\$ -	7.80%	1.50%	\$ 0.76	\$ 0.19	\$ 11.07	2.25%	9.5%	\$ 492.12	\$ -	\$ 492.12	1.0%	0.4%	\$ 489.16	
Statewide Region Aggregate	All Rate Cells					\$ 708.98	\$ -	7.76%	1.50%	\$ 0.76	\$ 0.19	\$ 18.92	2.25%	9.3%	\$ 895.81	\$ 5.71	\$ 901.52	1.0%	0.4%	\$ 891.73



Oklahoma Health Care Authority  
Program Changes Factors

Exhibit 10

Category of Services	Program Change Factors										Program Change Factors										
	ABA Therapy	CRNA	Initial Program Change	LARC	Community Health Workers	Psychological Testing	Durable Medical Equipment	FQHC	IMD	RV Vaccine	Observation Care	GLU-1	Wegovy and Zebogen	Increased Birth Rate	CCBHC	Biomarker Testing	Children's First	PRP Rate Increase	OP Rate Increase	Children's Patient Range	Targeted Case Management
Acute Care Hospital	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Outpatient Hospital - ER	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,001	\$1,000	\$1,000	\$1,117	\$1,000	\$1,000
Outpatient Hospital - Home-ER	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,116	\$1,000	\$1,000
Physician/Professional Services (w/CRNAs)	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Physician/Professional Services (w/CRNAs)	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Dental - Medical	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Dental - Medical	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
DME and Supplies	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Home Health/Hospice	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Home Health/Hospice	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Physical/Occupational Therapy	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
School Based Services	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Nursing Facility	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Pharmacy	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Pharmacy	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Non-Emergency Transportation	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Behavioral Health	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Behavioral Health	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Behavioral Health	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Family Planning	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Family Planning	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
All Other	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

