



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 CUST/Adoption Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**CUST/Adoption, Newborn < 1 Year, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	10,590
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	8,118

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	2,610	\$ 2,072.07	\$ 450.60	0.25%	1.75%	0.00%	0.00%	2.07%	-25.00%	5.00%	2,013	\$ 2,291.90	\$ 384.41
Outpatient Hospital - ER	995	\$ 314.43	\$ 26.07	0.00%	4.50%	0.00%	4.06%	2.87%	-25.00%	5.00%	768	\$ 392.07	\$ 25.08
Outpatient Hospital - Non-ER	1,134	\$ 229.00	\$ 21.65	0.00%	4.50%	0.00%	0.00%	2.87%	-15.00%	5.00%	992	\$ 274.40	\$ 22.68
Physician/Professional	20,741	\$ 157.28	\$ 271.85	0.25%	2.00%	0.00%	18.94%	1.10%	5.00%	-2.50%	22,183	\$ 193.56	\$ 357.81
Clinics (w/FQHC/RHC)	2,730	\$ 101.74	\$ 23.14	0.25%	2.00%	0.00%	30.21%	1.10%	0.00%	0.00%	2,780	\$ 140.58	\$ 32.57
Laboratory/Radiology/Pathology	4,070	\$ 18.78	\$ 6.37	0.50%	3.00%	0.00%	0.82%	1.02%	1.00%	-0.50%	4,215	\$ 20.58	\$ 7.23
Dental	1	\$ 271.32	\$ 0.03	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	1	\$ 287.93	\$ 0.03
DME and Supplies	1,581	\$ 89.33	\$ 11.77	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	1,621	\$ 97.61	\$ 13.18
Home Health/Hospice	478	\$ 158.66	\$ 6.32	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	490	\$ 173.37	\$ 7.08
Physical/Occupational Therapy	676	\$ 88.00	\$ 4.96	0.50%	3.00%	0.00%	10.09%	1.02%	0.00%	0.00%	694	\$ 105.87	\$ 6.12
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	8,762	\$ 69.85	\$ 51.01	-2.00%	5.50%	0.00%	0.00%	2.80%	2.50%	-2.50%	8,690	\$ 79.97	\$ 57.91
Non-Emergency Transportation	12,562	\$ 0.42	\$ 0.44	0.50%	3.00%	0.00%	0.00%	1.04%	2.50%	-2.50%	13,206	\$ 0.45	\$ 0.49
Behavioral Health	1,143	\$ 75.60	\$ 7.20	0.25%	2.25%	0.00%	0.00%	1.12%	0.00%	0.00%	1,165	\$ 80.82	\$ 7.84
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
All Other	12,734	\$ 441.18	\$ 468.16	0.50%	3.00%	0.00%	0.00%	1.02%	-2.50%	0.50%	12,731	\$ 484.50	\$ 514.02
<b>Gross Benefit Total</b>			<b>\$ 1,349.56</b>	<b>0.08%</b>	<b>2.68%</b>	<b>0.00%</b>	<b>4.38%</b>	<b>1.50%</b>					<b>\$ 1,436.47</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	6.00%	\$ 93.18
Underwriting Gain	1.50%	\$ 23.29
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 1,552.94</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 1,636.77</b>
Premium Based Taxes	2.25%	\$ 37.68
<b>Draft Capitation PMPM</b>		<b>\$ 1,674.45</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 1,674.45</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
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**CUST/Adoption, Newborn < 1 Year, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	1,536
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	300

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	1,578	\$ 1,041.77	\$ 136.98	0.25%	1.75%	0.00%	0.00%	2.07%	-25.00%	5.00%	1,217	\$ 1,152.29	\$ 116.86
Outpatient Hospital - ER	945	\$ 309.16	\$ 24.35	0.00%	4.50%	0.00%	2.42%	2.87%	-25.00%	5.00%	729	\$ 379.42	\$ 23.06
Outpatient Hospital - Non-ER	1,062	\$ 221.96	\$ 19.65	0.00%	4.50%	0.00%	0.00%	2.87%	-15.00%	5.00%	929	\$ 265.96	\$ 20.59
Physician/Professional	12,279	\$ 146.52	\$ 149.94	0.25%	2.00%	0.00%	18.04%	1.10%	5.00%	-2.50%	13,133	\$ 178.95	\$ 195.86
Clinics (w/FQHC/RHC)	2,640	\$ 122.14	\$ 26.87	0.25%	2.00%	0.00%	14.35%	1.10%	0.00%	0.00%	2,689	\$ 148.22	\$ 33.22
Laboratory/Radiology/Pathology	4,335	\$ 20.80	\$ 7.51	0.50%	3.00%	0.00%	2.49%	1.02%	1.00%	-0.50%	4,490	\$ 23.18	\$ 8.67
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	1,906	\$ 81.57	\$ 12.96	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	1,954	\$ 89.13	\$ 14.52
Home Health/Hospice	203	\$ 147.72	\$ 2.50	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	208	\$ 161.42	\$ 2.80
Physical/Occupational Therapy	617	\$ 83.56	\$ 4.30	0.50%	3.00%	0.00%	10.11%	1.02%	0.00%	0.00%	633	\$ 100.53	\$ 5.30
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	10,342	\$ 260.24	\$ 224.29	-2.00%	5.50%	0.00%	0.00%	2.80%	2.50%	-2.50%	10,257	\$ 297.94	\$ 254.67
Non-Emergency Transportation	1,843	\$ 0.92	\$ 0.14	0.50%	3.00%	0.00%	0.00%	1.04%	2.50%	-2.50%	1,938	\$ 0.98	\$ 0.16
Behavioral Health	805	\$ 69.71	\$ 4.67	0.25%	2.25%	0.00%	0.00%	1.12%	0.00%	0.00%	820	\$ 74.53	\$ 5.09
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
All Other	9,936	\$ 452.98	\$ 375.07	0.50%	3.00%	0.00%	0.00%	1.02%	-2.50%	0.50%	9,934	\$ 497.46	\$ 411.81
<b>Gross Benefit Total</b>			<b>\$ 989.24</b>	<b>-0.13%</b>	<b>3.23%</b>	<b>0.00%</b>	<b>3.16%</b>	<b>1.65%</b>					<b>\$ 1,092.59</b>

**Notes:**

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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	6.00%	\$ 70.87
Underwriting Gain	1.50%	\$ 17.72
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 1,181.18</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 1,265.01</b>
Premium Based Taxes	2.25%	\$ 29.12
<b>Draft Capitation PMPM</b>		<b>\$ 1,294.13</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 1,294.13</b>



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**CUST/Adoption, Newborn < 1 Year, with TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	184
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	138

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	2,342	\$ 601.29	\$ 117.33	0.25%	1.75%	0.00%	0.00%	-2.75%	0.00%	0.00%	2,294	\$ 633.41	\$ 121.10
Outpatient Hospital - ER	715	\$ 223.48	\$ 13.32	0.00%	4.50%	0.00%	6.91%	4.27%	0.00%	0.00%	746	\$ 272.64	\$ 16.95
Outpatient Hospital - Non-ER	781	\$ 257.69	\$ 16.76	0.00%	4.50%	0.00%	0.00%	4.27%	0.00%	0.00%	814	\$ 294.06	\$ 19.94
Physician/Professional	16,781	\$ 108.32	\$ 151.47	0.25%	2.00%	0.00%	14.09%	0.92%	0.00%	0.00%	17,063	\$ 131.14	\$ 186.47
Clinics (w/FQHC/RHC)	1,431	\$ 109.55	\$ 13.06	0.25%	2.00%	0.00%	97.74%	0.92%	0.00%	0.00%	1,455	\$ 229.89	\$ 27.87
Laboratory/Radiology/Pathology	5,008	\$ 13.67	\$ 5.70	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	5,170	\$ 14.93	\$ 6.43
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	585	\$ 30.95	\$ 1.51	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	604	\$ 33.82	\$ 1.70
Home Health/Hospice	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Physical/Occupational Therapy	585	\$ 97.52	\$ 4.76	0.50%	3.00%	0.00%	10.16%	1.70%	0.00%	0.00%	604	\$ 117.38	\$ 5.91
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	10,667	\$ 34.25	\$ 30.45	-2.00%	5.50%	0.00%	0.00%	3.39%	0.00%	0.00%	10,380	\$ 40.22	\$ 34.79
Non-Emergency Transportation	130	\$ 9.00	\$ 0.10	0.50%	3.00%	0.00%	0.00%	1.43%	0.00%	0.00%	134	\$ 9.83	\$ 0.11
Behavioral Health	1,691	\$ 144.74	\$ 20.40	0.25%	2.25%	0.00%	0.00%	1.41%	0.00%	0.00%	1,728	\$ 154.73	\$ 22.28
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
All Other	10,082	\$ 502.38	\$ 422.06	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	10,408	\$ 548.96	\$ 476.13
<b>Gross Benefit Total</b>			<b>\$ 796.93</b>	<b>-0.14%</b>	<b>3.19%</b>	<b>0.00%</b>	<b>4.36%</b>	<b>1.07%</b>					<b>\$ 919.70</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
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- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	6.00%	\$ 59.66
Underwriting Gain	1.50%	\$ 14.91
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 994.26</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 1,078.10</b>
Premium Based Taxes	2.25%	\$ 24.82
<b>Draft Capitation PMPM</b>		<b>\$ 1,102.91</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 1,102.91</b>



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**CUST/Adoption, Newborn < 1 Year, with TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	7
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	1

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Outpatient Hospital - ER	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Outpatient Hospital - Non-ER	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Physician/Professional	2,145	\$ 111.16	\$ 19.87	0.25%	2.00%	0.00%	0.60%	0.92%	0.00%	0.00%	2,181	\$ 118.67	\$ 21.57
Clinics (w/FQHC/RHC)	12,871	\$ 57.65	\$ 61.84	0.25%	2.00%	0.00%	0.00%	0.92%	0.00%	0.00%	13,087	\$ 61.18	\$ 66.72
Laboratory/Radiology/Pathology	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Home Health/Hospice	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	10,726	\$ 56.47	\$ 50.48	-2.00%	5.50%	0.00%	0.00%	3.39%	0.00%	0.00%	10,437	\$ 66.31	\$ 57.68
Non-Emergency Transportation	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Behavioral Health	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
All Other	10,726	\$ 492.51	\$ 440.21	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	11,073	\$ 538.18	\$ 496.60
<b>Gross Benefit Total</b>			<b>\$ 572.40</b>	<b>-0.33%</b>	<b>3.66%</b>	<b>0.00%</b>	<b>0.02%</b>	<b>1.74%</b>					<b>\$ 642.57</b>

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- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
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Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 49.16
Underwriting Gain	1.50%	\$ 10.53
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 702.27</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 786.10</b>
Premium Based Taxes	2.25%	\$ 18.09
<b>Draft Capitation PMPM</b>		<b>\$ 804.19</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 804.19</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 CUST/Adoption Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**CUST/Adoption, Ages 1+, Male and Female, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	259,048
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	201,278

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	155	\$ 4,144.13	\$ 53.50	0.25%	1.75%	0.00%	0.00%	2.07%	-15.00%	2.50%	135	\$ 4,474.67	\$ 50.49
Outpatient Hospital - ER	397	\$ 337.09	\$ 11.14	0.00%	4.50%	0.00%	1.94%	2.87%	-15.00%	2.50%	347	\$ 401.94	\$ 11.62
Outpatient Hospital - Non-ER	510	\$ 345.18	\$ 14.66	0.00%	4.50%	0.00%	0.00%	2.87%	-10.00%	2.50%	472	\$ 403.75	\$ 15.87
Physician/Professional	5,897	\$ 111.65	\$ 54.86	0.25%	2.00%	0.00%	8.22%	1.10%	5.00%	-2.50%	6,307	\$ 125.01	\$ 65.70
Clinics (w/FQHC/RHC)	786	\$ 121.49	\$ 7.96	0.25%	2.00%	0.00%	27.87%	1.10%	0.00%	0.00%	801	\$ 164.85	\$ 11.00
Laboratory/Radiology/Pathology	1,149	\$ 21.97	\$ 2.10	0.50%	3.00%	0.00%	2.29%	1.02%	1.00%	-0.50%	1,190	\$ 24.43	\$ 2.42
Dental	5	\$ 356.58	\$ 0.14	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	5	\$ 378.41	\$ 0.15
DME and Supplies	570	\$ 152.95	\$ 7.26	0.50%	3.00%	0.00%	0.00%	1.02%	-5.00%	1.00%	555	\$ 168.80	\$ 7.81
Home Health/Hospice	236	\$ 286.98	\$ 5.65	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	242	\$ 313.60	\$ 6.33
Physical/Occupational Therapy	1,742	\$ 90.44	\$ 13.13	0.50%	3.00%	0.00%	10.11%	1.02%	-2.50%	0.50%	1,742	\$ 109.36	\$ 15.87
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	10,133	\$ 90.70	\$ 76.59	-2.00%	5.50%	0.00%	0.00%	2.80%	2.50%	-2.50%	10,049	\$ 103.84	\$ 86.96
Non-Emergency Transportation	5,427	\$ 0.63	\$ 0.29	0.50%	3.00%	0.00%	0.00%	1.04%	2.50%	-2.50%	5,706	\$ 0.67	\$ 0.32
Behavioral Health	10,863	\$ 173.03	\$ 156.63	0.25%	2.25%	33.72%	-18.97%	1.12%	-10.00%	2.50%	13,319	\$ 153.63	\$ 170.51
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	61	\$ 138.48	\$ 0.70	0.50%	3.00%	0.00%	7.27%	1.02%	0.00%	0.00%	62	\$ 162.33	\$ 0.84
All Other	6,405	\$ 293.16	\$ 156.48	0.50%	3.00%	0.00%	14.99%	1.02%	-5.00%	1.00%	6,240	\$ 372.06	\$ 193.46
<b>Gross Benefit Total</b>			<b>\$ 561.08</b>	<b>-0.17%</b>	<b>3.16%</b>	<b>8.34%</b>	<b>-0.32%</b>	<b>1.46%</b>					<b>\$ 639.35</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 48.91
Underwriting Gain	1.50%	\$ 10.48
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 698.75</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 782.58</b>
Premium Based Taxes	2.25%	\$ 18.01
<b>Draft Capitation PMPM</b>		<b>\$ 800.59</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 800.59</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 CUST/Adoption Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**CUST/Adoption, Ages 1+, Male and Female, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	37,847
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	7,381

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	128	\$ 2,530.61	\$ 27.01	0.25%	1.75%	0.00%	0.00%	2.07%	-15.00%	2.50%	112	\$ 2,732.45	\$ 25.50
Outpatient Hospital - ER	470	\$ 341.83	\$ 13.39	0.00%	4.50%	0.00%	1.34%	2.87%	-15.00%	2.50%	411	\$ 405.21	\$ 13.88
Outpatient Hospital - Non-ER	482	\$ 332.32	\$ 13.34	0.00%	4.50%	0.00%	0.00%	2.87%	-10.00%	2.50%	446	\$ 388.72	\$ 14.44
Physician/Professional	5,024	\$ 120.36	\$ 50.39	0.25%	2.00%	0.00%	7.75%	1.10%	5.00%	-2.50%	5,374	\$ 134.18	\$ 60.09
Clinics (w/FQHC/RHC)	942	\$ 123.27	\$ 9.68	0.25%	2.00%	0.00%	18.03%	1.10%	0.00%	0.00%	960	\$ 154.40	\$ 12.35
Laboratory/Radiology/Pathology	1,143	\$ 21.59	\$ 2.06	0.50%	3.00%	0.00%	3.55%	1.02%	1.00%	-0.50%	1,184	\$ 24.30	\$ 2.40
Dental	2	\$ 263.40	\$ 0.04	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	2	\$ 279.52	\$ 0.05
DME and Supplies	326	\$ 142.55	\$ 3.88	0.50%	3.00%	0.00%	0.00%	1.02%	-5.00%	1.00%	318	\$ 157.33	\$ 4.17
Home Health/Hospice	72	\$ 296.72	\$ 1.78	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	74	\$ 324.24	\$ 1.99
Physical/Occupational Therapy	1,059	\$ 84.73	\$ 7.48	0.50%	3.00%	0.00%	10.11%	1.02%	-2.50%	0.50%	1,059	\$ 102.46	\$ 9.04
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	10,912	\$ 147.96	\$ 134.54	-2.00%	5.50%	0.00%	0.00%	2.80%	2.50%	-2.50%	10,822	\$ 169.39	\$ 152.76
Non-Emergency Transportation	8,268	\$ 0.51	\$ 0.35	0.50%	3.00%	0.00%	0.00%	1.04%	2.50%	-2.50%	8,691	\$ 0.54	\$ 0.39
Behavioral Health	11,134	\$ 198.45	\$ 184.12	0.25%	2.25%	37.80%	-19.94%	1.12%	-10.00%	2.50%	14,067	\$ 174.09	\$ 204.08
Indian Health Services	1	\$ 153.63	\$ 0.01	0.50%	3.00%	0.00%	30.92%	1.02%	0.00%	0.00%	1	\$ 219.77	\$ 0.02
Family Planning	50	\$ 106.45	\$ 0.44	0.50%	3.00%	0.00%	7.02%	1.02%	0.00%	0.00%	51	\$ 124.48	\$ 0.53
All Other	10,033	\$ 258.72	\$ 216.30	0.50%	3.00%	0.00%	14.67%	1.02%	-5.00%	1.00%	9,773	\$ 327.41	\$ 266.65
<b>Gross Benefit Total</b>			<b>\$ 664.81</b>	<b>-0.13%</b>	<b>3.21%</b>	<b>8.48%</b>	<b>0.11%</b>	<b>1.50%</b>					<b>\$ 768.33</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	6.50%	\$ 54.28
Underwriting Gain	1.50%	\$ 12.53
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 835.14</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 918.97</b>
Premium Based Taxes	2.25%	\$ 21.15
<b>Draft Capitation PMPM</b>		<b>\$ 940.13</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 940.13</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 CUST/Adoption Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**CUST/Adoption, Ages 1+, Male and Female, with TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	36,146
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	28,163

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	76	\$ 90.95	\$ 0.57	0.25%	1.75%	0.00%	0.00%	-2.75%	0.00%	0.00%	74	\$ 95.81	\$ 0.59
Outpatient Hospital - ER	235	\$ 111.51	\$ 2.19	0.00%	4.50%	0.00%	0.90%	4.27%	0.00%	0.00%	245	\$ 128.40	\$ 2.63
Outpatient Hospital - Non-ER	321	\$ 75.48	\$ 2.02	0.00%	4.50%	0.00%	0.00%	4.27%	0.00%	0.00%	335	\$ 86.13	\$ 2.40
Physician/Professional	3,743	\$ 50.23	\$ 15.67	0.25%	2.00%	0.00%	7.27%	0.92%	0.00%	0.00%	3,805	\$ 57.18	\$ 18.13
Clinics (w/FQHC/RHC)	305	\$ 117.89	\$ 3.00	0.25%	2.00%	0.00%	20.67%	0.92%	0.00%	0.00%	311	\$ 150.96	\$ 3.91
Laboratory/Radiology/Pathology	278	\$ 21.74	\$ 0.50	0.50%	3.00%	0.00%	0.47%	1.70%	0.00%	0.00%	287	\$ 23.87	\$ 0.57
Dental	3	\$ 143.78	\$ 0.04	0.25%	2.00%	0.00%	0.00%	0.92%	0.00%	0.00%	3	\$ 152.58	\$ 0.04
DME and Supplies	474	\$ 57.02	\$ 2.25	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	490	\$ 62.30	\$ 2.54
Home Health/Hospice	342	\$ 252.88	\$ 7.20	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	353	\$ 276.33	\$ 8.13
Physical/Occupational Therapy	1,405	\$ 63.42	\$ 7.42	0.50%	3.00%	0.00%	10.09%	1.70%	0.00%	0.00%	1,450	\$ 76.29	\$ 9.22
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	8,921	\$ 57.44	\$ 42.70	-2.00%	5.50%	0.00%	0.00%	3.39%	0.00%	0.00%	8,681	\$ 67.44	\$ 48.79
Non-Emergency Transportation	5,429	\$ 0.44	\$ 0.20	0.50%	3.00%	0.00%	0.00%	1.43%	0.00%	0.00%	5,590	\$ 0.48	\$ 0.22
Behavioral Health	5,976	\$ 109.25	\$ 54.40	0.25%	2.25%	23.43%	-13.53%	1.41%	0.00%	0.00%	7,536	\$ 100.98	\$ 63.41
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	26	\$ 81.36	\$ 0.18	0.50%	3.00%	0.00%	5.79%	1.70%	0.00%	0.00%	27	\$ 94.05	\$ 0.21
All Other	1,870	\$ 304.52	\$ 47.46	0.50%	3.00%	0.00%	30.33%	1.70%	0.00%	0.00%	1,931	\$ 433.69	\$ 69.78
<b>Gross Benefit Total</b>			<b>\$ 185.81</b>	<b>-0.34%</b>	<b>3.44%</b>	<b>4.82%</b>	<b>5.98%</b>	<b>1.94%</b>					<b>\$ 230.58</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 21.78
Underwriting Gain	1.50%	\$ 3.84
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 256.20</b>

Supplemental Payments		
	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax		
	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 340.04</b>
Premium Based Taxes	2.25%	\$ 7.83
<b>Draft Capitation PMPM</b>		<b>\$ 347.86</b>

Capitation Withhold		
	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 347.86</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 CUST/Adoption Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**CUST/Adoption, Ages 1+, Male and Female, with TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	4,321
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	845

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	171	\$ 899.16	\$ 12.79	0.25%	1.75%	0.00%	0.00%	-2.75%	0.00%	0.00%	167	\$ 947.20	\$ 13.20
Outpatient Hospital - ER	243	\$ 168.84	\$ 3.42	0.00%	4.50%	0.00%	1.28%	4.27%	0.00%	0.00%	253	\$ 195.15	\$ 4.12
Outpatient Hospital - Non-ER	192	\$ 101.57	\$ 1.63	0.00%	4.50%	0.00%	0.00%	4.27%	0.00%	0.00%	200	\$ 115.91	\$ 1.94
Physician/Professional	2,391	\$ 71.67	\$ 14.28	0.25%	2.00%	0.00%	12.37%	0.92%	0.00%	0.00%	2,431	\$ 85.47	\$ 17.32
Clinics (w/FQHC/RHC)	173	\$ 104.79	\$ 1.51	0.25%	2.00%	0.00%	6.25%	0.92%	0.00%	0.00%	176	\$ 118.15	\$ 1.73
Laboratory/Radiology/Pathology	252	\$ 13.68	\$ 0.29	0.50%	3.00%	0.00%	2.30%	1.70%	0.00%	0.00%	261	\$ 15.29	\$ 0.33
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	156	\$ 104.26	\$ 1.36	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	161	\$ 113.93	\$ 1.53
Home Health/Hospice	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Physical/Occupational Therapy	495	\$ 57.84	\$ 2.39	0.50%	3.00%	0.00%	10.15%	1.70%	0.00%	0.00%	511	\$ 69.62	\$ 2.97
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	6,227	\$ 206.31	\$ 107.06	-2.00%	5.50%	0.00%	0.00%	3.39%	0.00%	0.00%	6,059	\$ 242.26	\$ 122.33
Non-Emergency Transportation	5,215	\$ 0.42	\$ 0.18	0.50%	3.00%	0.00%	0.00%	1.43%	0.00%	0.00%	5,370	\$ 0.46	\$ 0.21
Behavioral Health	5,278	\$ 142.84	\$ 62.82	0.25%	2.25%	27.32%	-5.34%	1.41%	0.00%	0.00%	6,865	\$ 144.54	\$ 82.70
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	7	\$ 347.90	\$ 0.21	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	7	\$ 380.16	\$ 0.24
All Other	1,161	\$ 335.08	\$ 32.41	0.50%	3.00%	0.00%	16.43%	1.70%	0.00%	0.00%	1,198	\$ 426.29	\$ 42.57
<b>Gross Benefit Total</b>			<b>\$ 240.33</b>	<b>-0.30%</b>	<b>3.36%</b>	<b>6.64%</b>	<b>1.60%</b>	<b>2.11%</b>					<b>\$ 291.17</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 27.50
Underwriting Gain	1.50%	\$ 4.85
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 323.52</b>

Supplemental Payments		
	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax		
	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 407.35</b>
Premium Based Taxes	2.25%	\$ 9.38
<b>Draft Capitation PMPM</b>		<b>\$ 416.73</b>

Capitation Withhold		
	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 416.73</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 FFC Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**FFC, 15+ Years, Female, Non-TPL, Non-Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	2,369
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	2,086

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	447	\$ 817.26	\$ 30.43	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	267	\$ 932.32	\$ 20.74
Outpatient Hospital - ER	2,279	\$ 396.46	\$ 75.31	0.25%	4.75%	0.00%	0.99%	-0.90%	-40.00%	7.50%	1,366	\$ 494.70	\$ 56.30
Outpatient Hospital - Non-ER	905	\$ 148.18	\$ 11.17	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	678	\$ 183.09	\$ 10.34
Physician/Professional	4,361	\$ 128.79	\$ 46.80	0.50%	2.25%	0.00%	4.54%	-0.35%	10.00%	-5.00%	4,852	\$ 136.73	\$ 55.29
Clinics (w/FQHC/RHC)	469	\$ 134.09	\$ 5.25	0.50%	2.25%	0.00%	33.55%	-0.35%	0.00%	0.00%	475	\$ 191.43	\$ 7.58
Laboratory/Radiology/Pathology	5,701	\$ 27.08	\$ 12.87	0.75%	3.25%	0.00%	3.32%	-1.14%	2.00%	-1.00%	5,879	\$ 30.49	\$ 14.94
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	34	\$ 48.44	\$ 0.14	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	29	\$ 55.18	\$ 0.13
Home Health/Hospice	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	7,325	\$ 98.18	\$ 59.93	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	7,248	\$ 111.09	\$ 67.10
Non-Emergency Transportation	407	\$ 14.24	\$ 0.48	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	443	\$ 14.89	\$ 0.55
Behavioral Health	5,407	\$ 98.49	\$ 44.38	0.50%	2.50%	81.14%	-12.27%	-0.11%	-20.00%	5.00%	7,945	\$ 97.70	\$ 64.68
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	486	\$ 107.96	\$ 4.38	0.75%	3.25%	0.00%	0.43%	-1.14%	5.00%	-5.00%	516	\$ 113.38	\$ 4.88
All Other	1,929	\$ 97.72	\$ 15.71	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	1,755	\$ 109.71	\$ 16.04
<b>Gross Benefit Total</b>			<b>\$ 306.83</b>	<b>-0.18%</b>	<b>3.85%</b>	<b>15.05%</b>	<b>-4.39%</b>	<b>-0.30%</b>					<b>\$ 318.56</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.00%	\$ 28.16
Underwriting Gain	1.50%	\$ 5.28
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 352.00</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 435.83</b>
Premium Based Taxes	2.25%	\$ 10.03
<b>Draft Capitation PMPM</b>		<b>\$ 445.87</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 445.87</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 FFC Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**FFC, 15+ Years, Female, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	690
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	168

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	474	\$ 732.73	\$ 28.95	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	283	\$ 835.89	\$ 19.73
Outpatient Hospital - ER	1,512	\$ 463.62	\$ 58.42	0.25%	4.75%	0.00%	1.13%	-0.90%	-40.00%	7.50%	906	\$ 579.33	\$ 43.73
Outpatient Hospital - Non-ER	628	\$ 257.64	\$ 13.48	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	470	\$ 318.34	\$ 12.47
Physician/Professional	3,139	\$ 130.72	\$ 34.20	0.50%	2.25%	0.00%	8.79%	-0.35%	10.00%	-5.00%	3,493	\$ 144.43	\$ 42.04
Clinics (w/FQHC/RHC)	346	\$ 157.62	\$ 4.54	0.50%	2.25%	0.00%	31.84%	-0.35%	0.00%	0.00%	350	\$ 222.16	\$ 6.48
Laboratory/Radiology/Pathology	3,447	\$ 25.62	\$ 7.36	0.75%	3.25%	0.00%	5.92%	-1.14%	2.00%	-1.00%	3,554	\$ 29.58	\$ 8.76
Dental	51	\$ 215.43	\$ 0.92	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	52	\$ 230.30	\$ 0.99
DME and Supplies	128	\$ 127.07	\$ 1.36	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	110	\$ 144.76	\$ 1.33
Home Health/Hospice	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	5,728	\$ 195.47	\$ 93.30	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	5,668	\$ 221.17	\$ 104.47
Non-Emergency Transportation	26	\$ 10.25	\$ 0.02	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	28	\$ 10.72	\$ 0.02
Behavioral Health	3,690	\$ 156.21	\$ 48.04	0.50%	2.50%	38.62%	-17.21%	-0.11%	-20.00%	5.00%	4,150	\$ 146.23	\$ 50.57
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	384	\$ 175.71	\$ 5.63	0.75%	3.25%	0.00%	9.08%	-1.14%	5.00%	-5.00%	408	\$ 200.42	\$ 6.82
All Other	1,538	\$ 88.59	\$ 11.35	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	1,399	\$ 99.46	\$ 11.60
<b>Gross Benefit Total</b>			<b>\$ 307.58</b>	<b>-0.26%</b>	<b>3.86%</b>	<b>6.91%</b>	<b>-2.53%</b>	<b>-0.05%</b>					<b>\$ 309.01</b>

**Notes:**

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- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.00%	\$ 27.32
Underwriting Gain	1.50%	\$ 5.12
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 341.45</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 425.28</b>
Premium Based Taxes	2.25%	\$ 9.79
<b>Draft Capitation PMPM</b>		<b>\$ 435.07</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 435.07</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 FFC Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**FFC, 15+ Years, Female, with TPL, Non-Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	284
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	251

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Outpatient Hospital - ER	1,266	\$ 112.11	\$ 11.83	0.25%	4.75%	0.00%	1.47%	1.16%	0.00%	0.00%	1,291	\$ 130.75	\$ 14.06
Outpatient Hospital - Non-ER	380	\$ 242.54	\$ 7.68	0.25%	4.75%	0.00%	0.00%	1.16%	0.00%	0.00%	387	\$ 278.77	\$ 8.99
Physician/Professional	2,743	\$ 53.17	\$ 12.16	0.50%	2.25%	0.00%	2.44%	1.46%	0.00%	0.00%	2,825	\$ 58.23	\$ 13.71
Clinics (w/FQHC/RHC)	169	\$ 135.75	\$ 1.91	0.50%	2.25%	0.00%	0.00%	1.46%	0.00%	0.00%	174	\$ 145.12	\$ 2.10
Laboratory/Radiology/Pathology	1,942	\$ 25.32	\$ 4.10	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	2,024	\$ 27.87	\$ 4.70
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Home Health/Hospice	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	5,445	\$ 22.75	\$ 10.32	-2.50%	6.00%	0.00%	0.00%	4.19%	0.00%	0.00%	5,258	\$ 27.10	\$ 11.87
Non-Emergency Transportation	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Behavioral Health	3,461	\$ 96.29	\$ 27.77	0.50%	2.50%	11.60%	-8.02%	1.04%	0.00%	0.00%	3,962	\$ 95.38	\$ 31.49
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
All Other	380	\$ 7.27	\$ 0.23	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	396	\$ 8.00	\$ 0.26
<b>Gross Benefit Total</b>			<b>\$ 76.00</b>	<b>-0.50%</b>	<b>4.11%</b>	<b>2.59%</b>	<b>-1.00%</b>	<b>1.62%</b>					<b>\$ 87.19</b>

**Notes:**

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  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.50%	\$ 9.31
Underwriting Gain	1.50%	\$ 1.47
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 97.97</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 181.80</b>
Premium Based Taxes	2.25%	\$ 4.18
<b>Draft Capitation PMPM</b>		<b>\$ 185.99</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 185.99</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 FFC Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**FFC, 15+ Years, Female, with TPL, Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	72
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	17

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Outpatient Hospital - ER	498	\$ 183.78	\$ 7.63	0.25%	4.75%	0.00%	0.00%	1.16%	0.00%	0.00%	508	\$ 211.24	\$ 8.94
Outpatient Hospital - Non-ER	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Physician/Professional	996	\$ 34.49	\$ 2.86	0.50%	2.25%	0.00%	10.65%	1.46%	0.00%	0.00%	1,026	\$ 40.80	\$ 3.49
Clinics (w/FQHC/RHC)	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Laboratory/Radiology/Pathology	166	\$ 15.61	\$ 0.22	0.75%	3.25%	0.00%	30.92%	1.92%	0.00%	0.00%	173	\$ 22.49	\$ 0.32
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Home Health/Hospice	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	1,328	\$ 22.74	\$ 2.52	-2.50%	6.00%	0.00%	0.00%	4.19%	0.00%	0.00%	1,283	\$ 27.08	\$ 2.89
Non-Emergency Transportation	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Behavioral Health	498	\$ 463.31	\$ 19.23	0.50%	2.50%	84.14%	-43.52%	1.04%	0.00%	0.00%	941	\$ 281.78	\$ 22.09
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
All Other	332	\$ 145.71	\$ 4.03	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	346	\$ 160.38	\$ 4.63
<b>Gross Benefit Total</b>			<b>\$ 36.49</b>	<b>-0.52%</b>	<b>4.10%</b>	<b>11.18%</b>	<b>-7.29%</b>	<b>1.41%</b>					<b>\$ 42.36</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.50%	\$ 4.52
Underwriting Gain	1.50%	\$ 0.71
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 47.60</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 131.43</b>
Premium Based Taxes	2.25%	\$ 3.03
<b>Draft Capitation PMPM</b>		<b>\$ 134.46</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 134.46</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 FFC Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**FFC, 15+ Years, Male, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	2,402
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	2,047

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	85	\$ 721.71	\$ 5.11	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	51	\$ 823.33	\$ 3.48
Outpatient Hospital - ER	899	\$ 351.74	\$ 26.36	0.25%	4.75%	0.00%	1.83%	-0.90%	-40.00%	7.50%	539	\$ 442.56	\$ 19.87
Outpatient Hospital - Non-ER	200	\$ 315.66	\$ 5.26	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	150	\$ 390.02	\$ 4.86
Physician/Professional	1,584	\$ 119.75	\$ 15.81	0.50%	2.25%	0.00%	7.80%	-0.35%	10.00%	-5.00%	1,762	\$ 131.11	\$ 19.26
Clinics (w/FQHC/RHC)	85	\$ 172.09	\$ 1.22	0.50%	2.25%	0.00%	21.13%	-0.35%	0.00%	0.00%	86	\$ 222.83	\$ 1.60
Laboratory/Radiology/Pathology	1,309	\$ 27.10	\$ 2.96	0.75%	3.25%	0.00%	3.87%	-1.14%	2.00%	-1.00%	1,350	\$ 30.67	\$ 3.45
Dental	5	\$ 19.62	\$ 0.01	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	5	\$ 20.97	\$ 0.01
DME and Supplies	60	\$ 67.33	\$ 0.34	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	52	\$ 76.70	\$ 0.33
Home Health/Hospice	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Physical/Occupational Therapy	30	\$ 46.96	\$ 0.12	0.75%	3.25%	0.00%	10.18%	-1.14%	-5.00%	1.00%	29	\$ 57.52	\$ 0.14
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	2,418	\$ 201.94	\$ 40.70	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	2,393	\$ 228.49	\$ 45.57
Non-Emergency Transportation	35	\$ 43.22	\$ 0.13	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	38	\$ 45.19	\$ 0.14
Behavioral Health	3,448	\$ 127.36	\$ 36.59	0.50%	2.50%	13.19%	-9.64%	-0.11%	-20.00%	5.00%	3,166	\$ 130.13	\$ 34.33
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	5	\$ 31.68	\$ 0.01	0.75%	3.25%	0.00%	0.00%	-1.14%	5.00%	-5.00%	5	\$ 33.13	\$ 0.01
All Other	1,129	\$ 82.16	\$ 7.73	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	1,027	\$ 92.25	\$ 7.90
<b>Gross Benefit Total</b>			<b>\$ 142.33</b>	<b>-0.09%</b>	<b>3.69%</b>	<b>4.10%</b>	<b>-1.99%</b>	<b>0.04%</b>					<b>\$ 140.95</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 14.17
Underwriting Gain	1.50%	\$ 2.36
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 157.49</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 241.32</b>
Premium Based Taxes	2.25%	\$ 5.55
<b>Draft Capitation PMPM</b>		<b>\$ 246.87</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 246.87</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 FFC Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**FFC, 15+ Years, Male, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	538
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	124

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	468	\$ 500.81	\$ 19.55	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	280	\$ 571.32	\$ 13.33
Outpatient Hospital - ER	736	\$ 407.80	\$ 25.02	0.25%	4.75%	0.00%	0.58%	-0.90%	-40.00%	7.50%	441	\$ 506.79	\$ 18.63
Outpatient Hospital - Non-ER	45	\$ 32.37	\$ 0.12	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	33	\$ 40.00	\$ 0.11
Physician/Professional	1,673	\$ 99.38	\$ 13.86	0.50%	2.25%	0.00%	4.92%	-0.35%	10.00%	-5.00%	1,862	\$ 105.90	\$ 16.43
Clinics (w/FQHC/RHC)	22	\$ 177.20	\$ 0.33	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	23	\$ 189.43	\$ 0.36
Laboratory/Radiology/Pathology	915	\$ 21.93	\$ 1.67	0.75%	3.25%	0.00%	2.47%	-1.14%	2.00%	-1.00%	943	\$ 24.48	\$ 1.92
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	22	\$ 149.43	\$ 0.28	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	19	\$ 170.23	\$ 0.27
Home Health/Hospice	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	1,918	\$ 261.93	\$ 41.87	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	1,898	\$ 296.36	\$ 46.88
Non-Emergency Transportation	45	\$ 204.60	\$ 0.76	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	49	\$ 213.94	\$ 0.87
Behavioral Health	4,462	\$ 131.91	\$ 49.04	0.50%	2.50%	14.49%	-10.55%	-0.11%	-20.00%	5.00%	4,144	\$ 133.42	\$ 46.07
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
All Other	625	\$ 105.72	\$ 5.50	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	568	\$ 118.69	\$ 5.62
<b>Gross Benefit Total</b>			<b>\$ 158.00</b>	<b>0.01%</b>	<b>3.39%</b>	<b>6.01%</b>	<b>-4.45%</b>	<b>-0.05%</b>					<b>\$ 150.49</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 15.13
Underwriting Gain	1.50%	\$ 2.52
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 168.14</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 251.97</b>
Premium Based Taxes	2.25%	\$ 5.80
<b>Draft Capitation PMPM</b>		<b>\$ 257.77</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 257.77</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 FFC Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**FFC, 15+ Years, Male, with TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	219
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	185

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Outpatient Hospital - ER	219	\$ 447.27	\$ 8.17	0.25%	4.75%	0.00%	0.00%	1.16%	0.00%	0.00%	223	\$ 514.08	\$ 9.57
Outpatient Hospital - Non-ER	55	\$ 4.11	\$ 0.02	0.25%	4.75%	0.00%	0.00%	1.16%	0.00%	0.00%	56	\$ 4.72	\$ 0.02
Physician/Professional	274	\$ 138.21	\$ 3.16	0.50%	2.25%	0.00%	0.09%	1.46%	0.00%	0.00%	282	\$ 147.89	\$ 3.48
Clinics (w/FQHC/RHC)	55	\$ 178.22	\$ 0.81	0.50%	2.25%	0.00%	0.00%	1.46%	0.00%	0.00%	56	\$ 190.52	\$ 0.90
Laboratory/Radiology/Pathology	219	\$ 44.77	\$ 0.82	0.75%	3.25%	0.00%	29.03%	1.92%	0.00%	0.00%	228	\$ 63.59	\$ 1.21
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	55	\$ 34.73	\$ 0.16	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	57	\$ 38.23	\$ 0.18
Home Health/Hospice	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	1,206	\$ 13.20	\$ 1.33	-2.50%	6.00%	0.00%	0.00%	4.19%	0.00%	0.00%	1,164	\$ 15.72	\$ 1.53
Non-Emergency Transportation	603	\$ 12.42	\$ 0.62	0.75%	3.25%	0.00%	0.00%	7.41%	0.00%	0.00%	662	\$ 13.67	\$ 0.75
Behavioral Health	4,000	\$ 87.31	\$ 29.10	0.50%	2.50%	15.99%	-10.31%	1.04%	0.00%	0.00%	4,759	\$ 84.32	\$ 33.44
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
All Other	822	\$ 9.78	\$ 0.67	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	857	\$ 10.76	\$ 0.77
<b>Gross Benefit Total</b>			<b>\$ 44.86</b>	<b>0.08%</b>	<b>3.34%</b>	<b>8.53%</b>	<b>-4.98%</b>	<b>1.31%</b>					<b>\$ 51.85</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
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  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.50%	\$ 5.53
Underwriting Gain	1.50%	\$ 0.87
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 58.25</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 142.09</b>
Premium Based Taxes	2.25%	\$ 3.27
<b>Draft Capitation PMPM</b>		<b>\$ 145.36</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 145.36</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 FFC Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**FFC, 15+ Years, Male, with TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	16
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	4

STATEWIDE Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Outpatient Hospital - ER	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Outpatient Hospital - Non-ER	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Physician/Professional	8,098	\$ 54.41	\$ 36.72	0.50%	2.25%	0.00%	31.25%	1.46%	0.00%	0.00%	8,340	\$ 76.35	\$ 53.06
Clinics (w/FQHC/RHC)	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Laboratory/Radiology/Pathology	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	1,472	\$ 42.09	\$ 5.16	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	1,535	\$ 46.33	\$ 5.93
Home Health/Hospice	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	5,153	\$ 59.70	\$ 25.64	-2.50%	6.00%	0.00%	0.00%	4.19%	0.00%	0.00%	4,976	\$ 71.10	\$ 29.49
Non-Emergency Transportation	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Behavioral Health	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
All Other	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
<b>Gross Benefit Total</b>			<b>\$ 67.52</b>	<b>-0.50%</b>	<b>3.60%</b>	<b>0.00%</b>	<b>16.66%</b>	<b>2.38%</b>					<b>\$ 88.47</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.50%	\$ 9.44
Underwriting Gain	1.50%	\$ 1.49
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 99.41</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 183.24</b>
Premium Based Taxes	2.25%	\$ 4.22
<b>Draft Capitation PMPM</b>		<b>\$ 187.46</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 187.46</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, Newborn < 1 Year, Non-TPL, Non-Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	93,557
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	78,288

East Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	4,146	\$ 829.97	\$ 286.77	0.25%	1.75%	0.00%	0.00%	2.07%	-25.00%	5.00%	3,198	\$ 918.03	\$ 244.65
Outpatient Hospital - ER	1,207	\$ 265.98	\$ 26.76	0.00%	4.50%	0.00%	1.92%	2.87%	-25.00%	5.00%	931	\$ 324.82	\$ 25.21
Outpatient Hospital - Non-ER	618	\$ 147.49	\$ 7.60	0.00%	4.50%	0.00%	0.00%	2.87%	-15.00%	5.00%	541	\$ 176.73	\$ 7.96
Physician/Professional	14,595	\$ 152.40	\$ 185.36	0.25%	2.00%	0.00%	17.43%	1.10%	5.00%	-2.50%	15,610	\$ 185.17	\$ 240.88
Clinics (w/FQHC/RHC)	1,545	\$ 126.44	\$ 16.27	0.25%	2.00%	0.00%	32.31%	1.10%	0.00%	0.00%	1,573	\$ 177.54	\$ 23.28
Laboratory/Radiology/Pathology	8,490	\$ 15.00	\$ 10.61	0.50%	3.00%	0.00%	0.77%	1.02%	1.00%	-0.50%	8,793	\$ 16.44	\$ 12.04
Dental	2	\$ 336.29	\$ 0.07	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	3	\$ 356.87	\$ 0.07
DME and Supplies	649	\$ 77.81	\$ 4.21	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	666	\$ 85.03	\$ 4.72
Home Health/Hospice	73	\$ 129.45	\$ 0.79	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	75	\$ 141.45	\$ 0.89
Physical/Occupational Therapy	178	\$ 94.35	\$ 1.40	0.50%	3.00%	0.00%	10.12%	1.02%	0.00%	0.00%	182	\$ 113.53	\$ 1.72
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	4,634	\$ 64.53	\$ 24.92	-2.00%	5.50%	0.00%	0.00%	2.80%	2.50%	-2.50%	4,595	\$ 73.88	\$ 28.29
Non-Emergency Transportation	2,900	\$ 1.64	\$ 0.40	0.50%	3.00%	0.00%	0.00%	1.04%	2.50%	-2.50%	3,048	\$ 1.75	\$ 0.45
Behavioral Health	28	\$ 81.70	\$ 0.19	0.25%	2.25%	0.00%	0.00%	1.12%	0.00%	0.00%	29	\$ 87.34	\$ 0.21
Indian Health Services	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
All Other	331	\$ 403.41	\$ 11.14	0.50%	3.00%	0.00%	0.00%	1.02%	-2.50%	0.50%	331	\$ 443.03	\$ 12.23
<b>Gross Benefit Total</b>			<b>\$ 576.50</b>	<b>0.06%</b>	<b>2.32%</b>	<b>0.00%</b>	<b>6.59%</b>	<b>1.72%</b>					<b>\$ 602.61</b>

**Notes:**

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- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 46.10
Underwriting Gain	1.50%	\$ 9.88
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 658.59</b>

Supplemental Payments		
	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax		
	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 742.42</b>
Premium Based Taxes	2.25%	\$ 17.09
<b>Draft Capitation PMPM</b>		<b>\$ 759.51</b>

Capitation Withhold		
	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 759.51</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
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**TANF/CHIP Child, Newborn < 1 Year, Non-TPL, Non-Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	71,630
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	60,079

OKC Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	4,407	\$ 898.79	\$ 330.06	0.25%	1.75%	0.00%	0.00%	2.07%	-25.00%	5.00%	3,399	\$ 994.15	\$ 281.58
Outpatient Hospital - ER	1,264	\$ 239.78	\$ 25.25	0.00%	4.50%	0.00%	6.68%	2.87%	-25.00%	5.00%	975	\$ 306.50	\$ 24.90
Outpatient Hospital - Non-ER	529	\$ 210.59	\$ 9.28	0.00%	4.50%	0.00%	0.00%	2.87%	-15.00%	5.00%	462	\$ 252.34	\$ 9.72
Physician/Professional	13,826	\$ 143.50	\$ 165.33	0.25%	2.00%	0.00%	15.37%	1.10%	5.00%	-2.50%	14,787	\$ 171.30	\$ 211.09
Clinics (w/FQHC/RHC)	2,443	\$ 179.66	\$ 36.58	0.25%	2.00%	0.00%	1.26%	1.10%	0.00%	0.00%	2,489	\$ 193.05	\$ 40.04
Laboratory/Radiology/Pathology	6,770	\$ 14.20	\$ 8.01	0.50%	3.00%	0.00%	0.16%	1.02%	1.00%	-0.50%	7,011	\$ 15.46	\$ 9.03
Dental	6	\$ 281.51	\$ 0.15	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	6	\$ 298.74	\$ 0.16
DME and Supplies	449	\$ 92.29	\$ 3.45	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	460	\$ 100.85	\$ 3.87
Home Health/Hospice	138	\$ 72.62	\$ 0.83	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	141	\$ 79.36	\$ 0.93
Physical/Occupational Therapy	331	\$ 73.62	\$ 2.03	0.50%	3.00%	0.00%	10.11%	1.02%	0.00%	0.00%	340	\$ 88.58	\$ 2.51
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	3,335	\$ 59.90	\$ 16.65	-2.00%	5.50%	0.00%	0.00%	2.80%	2.50%	-2.50%	3,308	\$ 68.58	\$ 18.90
Non-Emergency Transportation	69	\$ 12.87	\$ 0.07	0.50%	3.00%	0.00%	0.00%	1.04%	2.50%	-2.50%	72	\$ 13.71	\$ 0.08
Behavioral Health	63	\$ 81.79	\$ 0.43	0.25%	2.25%	0.00%	0.00%	1.12%	0.00%	0.00%	64	\$ 87.44	\$ 0.47
Indian Health Services	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
All Other	412	\$ 111.35	\$ 3.82	0.50%	3.00%	0.00%	0.00%	1.02%	-2.50%	0.50%	412	\$ 122.28	\$ 4.20
<b>Gross Benefit Total</b>			<b>\$ 601.95</b>	<b>0.08%</b>	<b>2.24%</b>	<b>0.00%</b>	<b>4.60%</b>	<b>1.76%</b>					<b>\$ 607.48</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 46.47
Underwriting Gain	1.50%	\$ 9.96
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 663.91</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 747.74</b>
Premium Based Taxes	2.25%	\$ 17.21
<b>Draft Capitation PMPM</b>		<b>\$ 764.95</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 764.95</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
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**TANF/CHIP Child, Newborn < 1 Year, Non-TPL, Non-Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	57,638
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	48,290

Tulsa Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	4,493	\$ 850.13	\$ 318.33	0.25%	1.75%	0.00%	0.00%	2.07%	-25.00%	5.00%	3,466	\$ 940.33	\$ 271.57
Outpatient Hospital - ER	921	\$ 271.94	\$ 20.88	0.00%	4.50%	0.00%	4.95%	2.87%	-25.00%	5.00%	711	\$ 341.96	\$ 20.26
Outpatient Hospital - Non-ER	296	\$ 261.03	\$ 6.44	0.00%	4.50%	0.00%	0.00%	2.87%	-15.00%	5.00%	259	\$ 312.77	\$ 6.75
Physician/Professional	15,238	\$ 163.68	\$ 207.84	0.25%	2.00%	0.00%	20.52%	1.10%	5.00%	-2.50%	16,297	\$ 204.12	\$ 277.21
Clinics (w/FQHC/RHC)	940	\$ 118.42	\$ 9.28	0.25%	2.00%	0.00%	1.13%	1.10%	0.00%	0.00%	958	\$ 127.10	\$ 10.15
Laboratory/Radiology/Pathology	9,122	\$ 15.18	\$ 11.54	0.50%	3.00%	0.00%	0.23%	1.02%	1.00%	-0.50%	9,448	\$ 16.54	\$ 13.02
Dental	1	\$ 337.57	\$ 0.04	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	1	\$ 358.23	\$ 0.04
DME and Supplies	640	\$ 73.77	\$ 3.94	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	657	\$ 80.61	\$ 4.41
Home Health/Hospice	54	\$ 283.80	\$ 1.27	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	55	\$ 310.12	\$ 1.42
Physical/Occupational Therapy	288	\$ 90.27	\$ 2.17	0.50%	3.00%	0.00%	10.12%	1.02%	0.00%	0.00%	296	\$ 108.63	\$ 2.68
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	2,929	\$ 70.37	\$ 17.17	-2.00%	5.50%	0.00%	0.00%	2.80%	2.50%	-2.50%	2,904	\$ 80.56	\$ 19.50
Non-Emergency Transportation	797	\$ 1.82	\$ 0.12	0.50%	3.00%	0.00%	0.00%	1.04%	2.50%	-2.50%	838	\$ 1.94	\$ 0.14
Behavioral Health	49	\$ 57.91	\$ 0.24	0.25%	2.25%	0.00%	0.00%	1.12%	0.00%	0.00%	50	\$ 61.91	\$ 0.26
Indian Health Services	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	0	\$ 116.73	\$ 0.00	0.50%	3.00%	0.00%	30.92%	1.02%	0.00%	0.00%	0	\$ 166.99	\$ 0.00
All Other	358	\$ 210.75	\$ 6.29	0.50%	3.00%	0.00%	0.00%	1.02%	-2.50%	0.50%	358	\$ 231.44	\$ 6.91
<b>Gross Benefit Total</b>			<b>\$ 605.55</b>	<b>0.14%</b>	<b>2.17%</b>	<b>0.00%</b>	<b>7.23%</b>	<b>1.70%</b>					<b>\$ 634.32</b>

**Notes:**

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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 48.53
Underwriting Gain	1.50%	\$ 10.40
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 693.24</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 777.07</b>
Premium Based Taxes	2.25%	\$ 17.89
<b>Draft Capitation PMPM</b>		<b>\$ 794.96</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 794.96</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

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**TANF/CHIP Child, Newborn < 1 Year, Non-TPL, Non-Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	115,022
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	96,277

West Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	4,158	\$ 886.58	\$ 307.17	0.25%	1.75%	0.00%	0.00%	2.07%	-25.00%	5.00%	3,207	\$ 980.65	\$ 262.05
Outpatient Hospital - ER	1,255	\$ 250.79	\$ 26.23	0.00%	4.50%	0.00%	2.69%	2.87%	-25.00%	5.00%	968	\$ 308.59	\$ 24.90
Outpatient Hospital - Non-ER	914	\$ 139.14	\$ 10.59	0.00%	4.50%	0.00%	0.00%	2.87%	-15.00%	5.00%	799	\$ 166.72	\$ 11.10
Physician/Professional	14,313	\$ 144.76	\$ 172.65	0.25%	2.00%	0.00%	15.46%	1.10%	5.00%	-2.50%	15,308	\$ 172.94	\$ 220.61
Clinics (w/FQHC/RHC)	2,155	\$ 128.91	\$ 23.15	0.25%	2.00%	0.00%	45.45%	1.10%	0.00%	0.00%	2,195	\$ 198.98	\$ 36.40
Laboratory/Radiology/Pathology	7,859	\$ 15.25	\$ 9.99	0.50%	3.00%	0.00%	0.38%	1.02%	1.00%	-0.50%	8,140	\$ 16.64	\$ 11.29
Dental	6	\$ 265.58	\$ 0.13	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	6	\$ 281.84	\$ 0.15
DME and Supplies	519	\$ 90.16	\$ 3.90	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	532	\$ 98.52	\$ 4.37
Home Health/Hospice	77	\$ 106.25	\$ 0.68	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	79	\$ 116.10	\$ 0.76
Physical/Occupational Therapy	168	\$ 86.38	\$ 1.21	0.50%	3.00%	0.00%	10.09%	1.02%	0.00%	0.00%	172	\$ 103.91	\$ 1.49
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	4,196	\$ 45.80	\$ 16.01	-2.00%	5.50%	0.00%	0.00%	2.80%	2.50%	-2.50%	4,161	\$ 52.44	\$ 18.18
Non-Emergency Transportation	2,084	\$ 1.59	\$ 0.28	0.50%	3.00%	0.00%	0.00%	1.04%	2.50%	-2.50%	2,191	\$ 1.70	\$ 0.31
Behavioral Health	42	\$ 79.63	\$ 0.28	0.25%	2.25%	0.00%	0.00%	1.12%	0.00%	0.00%	43	\$ 85.12	\$ 0.31
Indian Health Services	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	0	\$ 349.94	\$ 0.01	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	0	\$ 382.39	\$ 0.01
All Other	431	\$ 338.52	\$ 12.16	0.50%	3.00%	0.00%	0.00%	1.02%	-2.50%	0.50%	431	\$ 371.76	\$ 13.35
<b>Gross Benefit Total</b>			<b>\$ 584.45</b>	<b>0.07%</b>	<b>2.29%</b>	<b>0.00%</b>	<b>6.47%</b>	<b>1.73%</b>					<b>\$ 605.28</b>

**Notes:**

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- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 46.31
Underwriting Gain	1.50%	\$ 9.92
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 661.51</b>

Supplemental Payments		
	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax		
	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 745.34</b>
Premium Based Taxes	2.25%	\$ 17.16
<b>Draft Capitation PMPM</b>		<b>\$ 762.49</b>

Capitation Withhold		
	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 762.49</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, Newborn < 1 Year, Non-TPL, Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	30,899
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	6,066

East Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	2,638	\$ 789.39	\$ 173.51	0.25%	1.75%	0.00%	0.00%	2.07%	-25.00%	5.00%	2,034	\$ 873.14	\$ 148.02
Outpatient Hospital - ER	1,067	\$ 265.73	\$ 23.62	0.00%	4.50%	0.00%	1.96%	2.87%	-25.00%	5.00%	823	\$ 324.63	\$ 22.26
Outpatient Hospital - Non-ER	399	\$ 247.06	\$ 8.21	0.00%	4.50%	0.00%	0.00%	2.87%	-15.00%	5.00%	349	\$ 296.04	\$ 8.60
Physician/Professional	7,889	\$ 160.69	\$ 105.64	0.25%	2.00%	0.00%	18.75%	1.10%	5.00%	-2.50%	8,438	\$ 197.44	\$ 138.83
Clinics (w/FQHC/RHC)	1,029	\$ 140.50	\$ 12.05	0.25%	2.00%	0.00%	14.15%	1.10%	0.00%	0.00%	1,048	\$ 170.20	\$ 14.86
Laboratory/Radiology/Pathology	7,112	\$ 15.18	\$ 8.99	0.50%	3.00%	0.00%	0.85%	1.02%	1.00%	-0.50%	7,366	\$ 16.64	\$ 10.21
Dental	4	\$ 389.78	\$ 0.14	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	4	\$ 413.63	\$ 0.15
DME and Supplies	786	\$ 72.92	\$ 4.78	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	806	\$ 79.68	\$ 5.35
Home Health/Hospice	127	\$ 257.34	\$ 2.72	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	130	\$ 281.20	\$ 3.05
Physical/Occupational Therapy	151	\$ 92.63	\$ 1.17	0.50%	3.00%	0.00%	10.12%	1.02%	0.00%	0.00%	155	\$ 111.46	\$ 1.44
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	5,693	\$ 171.51	\$ 81.37	-2.00%	5.50%	0.00%	0.00%	2.80%	2.50%	-2.50%	5,646	\$ 196.36	\$ 92.40
Non-Emergency Transportation	4,617	\$ 0.97	\$ 0.37	0.50%	3.00%	0.00%	0.00%	1.04%	2.50%	-2.50%	4,854	\$ 1.04	\$ 0.42
Behavioral Health	19	\$ 96.05	\$ 0.15	0.25%	2.25%	0.00%	0.00%	1.12%	0.00%	0.00%	20	\$ 102.68	\$ 0.17
Indian Health Services	165	\$ 155.92	\$ 2.15	0.50%	3.00%	0.00%	28.05%	1.02%	0.00%	0.00%	170	\$ 218.16	\$ 3.08
Family Planning	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
All Other	455	\$ 491.36	\$ 18.64	0.50%	3.00%	0.00%	0.00%	1.02%	-2.50%	0.50%	455	\$ 539.61	\$ 20.47
<b>Gross Benefit Total</b>			<b>\$ 443.51</b>	<b>-0.05%</b>	<b>2.69%</b>	<b>0.00%</b>	<b>5.05%</b>	<b>1.88%</b>					<b>\$ 469.31</b>

**Notes:**

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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.50%	\$ 38.68
Underwriting Gain	1.50%	\$ 7.74
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 515.73</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 599.56</b>
Premium Based Taxes	2.25%	\$ 13.80
<b>Draft Capitation PMPM</b>		<b>\$ 613.36</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 613.36</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, Newborn < 1 Year, Non-TPL, Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	1,547
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	303

OKC Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	3,698	\$ 823.10	\$ 253.66	0.25%	1.75%	0.00%	0.00%	2.07%	-25.00%	5.00%	2,852	\$ 910.43	\$ 216.40
Outpatient Hospital - ER	2,285	\$ 223.51	\$ 42.56	0.00%	4.50%	0.00%	6.78%	2.87%	-25.00%	5.00%	1,763	\$ 285.98	\$ 42.01
Outpatient Hospital - Non-ER	419	\$ 174.55	\$ 6.10	0.00%	4.50%	0.00%	0.00%	2.87%	-15.00%	5.00%	367	\$ 209.15	\$ 6.39
Physician/Professional	11,094	\$ 138.65	\$ 128.18	0.25%	2.00%	0.00%	13.16%	1.10%	5.00%	-2.50%	11,866	\$ 162.34	\$ 160.52
Clinics (w/FQHC/RHC)	740	\$ 149.81	\$ 9.23	0.25%	2.00%	0.00%	5.80%	1.10%	0.00%	0.00%	753	\$ 168.19	\$ 10.56
Laboratory/Radiology/Pathology	7,771	\$ 14.50	\$ 9.39	0.50%	3.00%	0.00%	0.18%	1.02%	1.00%	-0.50%	8,049	\$ 15.79	\$ 10.59
Dental	22	\$ 62.89	\$ 0.12	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	22	\$ 66.74	\$ 0.13
DME and Supplies	718	\$ 72.36	\$ 4.33	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	736	\$ 79.07	\$ 4.85
Home Health/Hospice	22	\$ 58.06	\$ 0.11	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	23	\$ 63.45	\$ 0.12
Physical/Occupational Therapy	110	\$ 87.43	\$ 0.80	0.50%	3.00%	0.00%	10.09%	1.02%	0.00%	0.00%	113	\$ 105.17	\$ 0.99
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	5,497	\$ 162.45	\$ 74.42	-2.00%	5.50%	0.00%	0.00%	2.80%	2.50%	-2.50%	5,452	\$ 185.98	\$ 84.50
Non-Emergency Transportation	88	\$ 13.97	\$ 0.10	0.50%	3.00%	0.00%	0.00%	1.04%	2.50%	-2.50%	93	\$ 14.88	\$ 0.12
Behavioral Health	-	\$ -	\$ -	0.25%	2.25%	0.00%	0.00%	1.12%	0.00%	0.00%	-	\$ -	\$ -
Indian Health Services	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
All Other	287	\$ 103.22	\$ 2.47	0.50%	3.00%	0.00%	0.00%	1.02%	-2.50%	0.50%	287	\$ 113.36	\$ 2.71
<b>Gross Benefit Total</b>			<b>\$ 531.47</b>	<b>-0.07%</b>	<b>2.62%</b>	<b>0.00%</b>	<b>3.82%</b>	<b>1.95%</b>					<b>\$ 539.89</b>

**Notes:**

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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 41.30
Underwriting Gain	1.50%	\$ 8.85
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 590.05</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 673.88</b>
Premium Based Taxes	2.25%	\$ 15.51
<b>Draft Capitation PMPM</b>		<b>\$ 689.39</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 689.39</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
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**TANF/CHIP Child, Newborn < 1 Year, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	2,611
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	514

Tulsa Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	2,700	\$ 669.80	\$ 150.68	0.25%	1.75%	0.00%	0.00%	2.07%	-25.00%	5.00%	2,082	\$ 740.86	\$ 128.55
Outpatient Hospital - ER	848	\$ 251.14	\$ 17.74	0.00%	4.50%	0.00%	4.39%	2.87%	-25.00%	5.00%	654	\$ 314.14	\$ 17.12
Outpatient Hospital - Non-ER	206	\$ 357.85	\$ 6.14	0.00%	4.50%	0.00%	0.00%	2.87%	-15.00%	5.00%	180	\$ 428.79	\$ 6.43
Physician/Professional	8,181	\$ 183.56	\$ 125.14	0.25%	2.00%	0.00%	23.18%	1.10%	5.00%	-2.50%	8,750	\$ 233.95	\$ 170.59
Clinics (w/FQHC/RHC)	333	\$ 86.47	\$ 2.40	0.25%	2.00%	0.00%	4.49%	1.10%	0.00%	0.00%	340	\$ 95.88	\$ 2.71
Laboratory/Radiology/Pathology	7,263	\$ 15.16	\$ 9.18	0.50%	3.00%	0.00%	0.18%	1.02%	1.00%	-0.50%	7,522	\$ 16.52	\$ 10.35
Dental	-	\$ -	\$ -	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	798	\$ 105.17	\$ 7.00	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	819	\$ 114.92	\$ 7.84
Home Health/Hospice	21	\$ 64.93	\$ 0.11	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	21	\$ 70.95	\$ 0.12
Physical/Occupational Therapy	259	\$ 67.71	\$ 1.46	0.50%	3.00%	0.00%	10.18%	1.02%	0.00%	0.00%	266	\$ 81.53	\$ 1.81
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	3,267	\$ 205.70	\$ 56.01	-2.00%	5.50%	0.00%	0.00%	2.80%	2.50%	-2.50%	3,240	\$ 235.50	\$ 63.60
Non-Emergency Transportation	2,029	\$ 1.02	\$ 0.17	0.50%	3.00%	0.00%	0.00%	1.04%	2.50%	-2.50%	2,133	\$ 1.08	\$ 0.19
Behavioral Health	16	\$ 92.46	\$ 0.13	0.25%	2.25%	0.00%	0.00%	1.12%	0.00%	0.00%	17	\$ 98.85	\$ 0.14
Indian Health Services	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
All Other	399	\$ 340.90	\$ 11.34	0.50%	3.00%	0.00%	0.00%	1.02%	-2.50%	0.50%	399	\$ 374.37	\$ 12.45
<b>Gross Benefit Total</b>			<b>\$ 387.49</b>	<b>0.07%</b>	<b>2.49%</b>	<b>0.00%</b>	<b>7.65%</b>	<b>1.78%</b>					<b>\$ 421.90</b>

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  - Level 1 Trauma
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  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.50%	\$ 34.77
Underwriting Gain	1.50%	\$ 6.95
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 463.62</b>

Supplemental Payments		
	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax		
	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 547.45</b>
Premium Based Taxes	2.25%	\$ 12.60
<b>Draft Capitation PMPM</b>		<b>\$ 560.06</b>

Capitation Withhold		
	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 560.06</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, Newborn < 1 Year, Non-TPL, Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	7,270
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	1,421

West Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	3,079	\$ 848.15	\$ 217.59	0.25%	1.75%	0.00%	0.00%	2.07%	-25.00%	5.00%	2,374	\$ 938.14	\$ 185.63
Outpatient Hospital - ER	1,244	\$ 245.86	\$ 25.48	0.00%	4.50%	0.00%	2.21%	2.87%	-25.00%	5.00%	959	\$ 301.12	\$ 24.07
Outpatient Hospital - Non-ER	510	\$ 224.96	\$ 9.55	0.00%	4.50%	0.00%	0.00%	2.87%	-15.00%	5.00%	446	\$ 269.55	\$ 10.01
Physician/Professional	8,162	\$ 146.39	\$ 99.57	0.25%	2.00%	0.00%	16.63%	1.10%	5.00%	-2.50%	8,730	\$ 176.65	\$ 128.52
Clinics (w/FQHC/RHC)	821	\$ 123.10	\$ 8.42	0.25%	2.00%	0.00%	28.14%	1.10%	0.00%	0.00%	836	\$ 167.39	\$ 11.66
Laboratory/Radiology/Pathology	5,983	\$ 14.77	\$ 7.37	0.50%	3.00%	0.00%	0.39%	1.02%	1.00%	-0.50%	6,197	\$ 16.12	\$ 8.33
Dental	10	\$ 166.97	\$ 0.14	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	10	\$ 177.19	\$ 0.15
DME and Supplies	365	\$ 79.18	\$ 2.41	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	375	\$ 86.52	\$ 2.70
Home Health/Hospice	13	\$ 158.71	\$ 0.17	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	13	\$ 173.43	\$ 0.19
Physical/Occupational Therapy	116	\$ 65.39	\$ 0.63	0.50%	3.00%	0.00%	10.05%	1.02%	0.00%	0.00%	119	\$ 78.64	\$ 0.78
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	4,414	\$ 187.37	\$ 68.92	-2.00%	5.50%	0.00%	0.00%	2.80%	2.50%	-2.50%	4,377	\$ 214.52	\$ 78.25
Non-Emergency Transportation	1,040	\$ 1.65	\$ 0.14	0.50%	3.00%	0.00%	0.00%	1.04%	2.50%	-2.50%	1,094	\$ 1.76	\$ 0.16
Behavioral Health	10	\$ 36.84	\$ 0.03	0.25%	2.25%	0.00%	0.00%	1.12%	0.00%	0.00%	10	\$ 39.38	\$ 0.03
Indian Health Services	310	\$ 162.65	\$ 4.20	0.50%	3.00%	0.00%	28.20%	1.02%	0.00%	0.00%	318	\$ 227.86	\$ 6.03
Family Planning	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
All Other	244	\$ 423.63	\$ 8.62	0.50%	3.00%	0.00%	0.00%	1.02%	-2.50%	0.50%	244	\$ 465.23	\$ 9.46
<b>Gross Benefit Total</b>			<b>\$ 453.24</b>	<b>-0.06%</b>	<b>2.61%</b>	<b>0.00%</b>	<b>4.52%</b>	<b>1.93%</b>					<b>\$ 465.98</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.50%	\$ 38.40
Underwriting Gain	1.50%	\$ 7.68
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 512.06</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 595.89</b>
Premium Based Taxes	2.25%	\$ 13.72
<b>Draft Capitation PMPM</b>		<b>\$ 609.61</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 609.61</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
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**TANF/CHIP Child, Newborn < 1 Year, with TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	20,912
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	17,218

Statewide Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	2,652	\$ 376.54	\$ 83.22	0.25%	1.75%	0.00%	0.00%	-2.75%	0.00%	0.00%	2,599	\$ 396.66	\$ 85.90
Outpatient Hospital - ER	573	\$ 155.98	\$ 7.45	0.00%	4.50%	0.00%	3.06%	4.27%	0.00%	0.00%	598	\$ 183.45	\$ 9.14
Outpatient Hospital - Non-ER	562	\$ 65.96	\$ 3.09	0.00%	4.50%	0.00%	0.00%	4.27%	0.00%	0.00%	586	\$ 75.27	\$ 3.67
Physician/Professional	9,060	\$ 92.04	\$ 69.49	0.25%	2.00%	0.00%	14.80%	0.92%	0.00%	0.00%	9,212	\$ 112.13	\$ 86.07
Clinics (w/FQHC/RHC)	806	\$ 104.96	\$ 7.05	0.25%	2.00%	0.00%	29.70%	0.92%	0.00%	0.00%	820	\$ 144.46	\$ 9.87
Laboratory/Radiology/Pathology	6,507	\$ 14.61	\$ 7.92	0.50%	3.00%	0.00%	0.14%	1.70%	0.00%	0.00%	6,717	\$ 15.99	\$ 8.95
Dental	2	\$ 239.18	\$ 0.05	0.25%	2.00%	0.00%	0.00%	0.92%	0.00%	0.00%	2	\$ 253.82	\$ 0.05
DME and Supplies	580	\$ 70.22	\$ 3.39	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	599	\$ 76.73	\$ 3.83
Home Health/Hospice	145	\$ 231.44	\$ 2.80	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	150	\$ 252.91	\$ 3.16
Physical/Occupational Therapy	265	\$ 61.92	\$ 1.37	0.50%	3.00%	0.00%	10.13%	1.70%	0.00%	0.00%	274	\$ 74.52	\$ 1.70
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	3,263	\$ 66.00	\$ 17.94	-2.00%	5.50%	0.00%	0.00%	3.39%	0.00%	0.00%	3,175	\$ 77.50	\$ 20.50
Non-Emergency Transportation	7,482	\$ 0.47	\$ 0.30	0.50%	3.00%	0.00%	0.00%	1.43%	0.00%	0.00%	7,703	\$ 0.52	\$ 0.33
Behavioral Health	13	\$ 54.92	\$ 0.06	0.25%	2.25%	0.00%	0.00%	1.41%	0.00%	0.00%	13	\$ 58.71	\$ 0.07
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
All Other	171	\$ 264.27	\$ 3.77	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	177	\$ 288.77	\$ 4.25
<b>Gross Benefit Total</b>			<b>\$ 207.90</b>	<b>0.14%</b>	<b>2.35%</b>	<b>0.00%</b>	<b>6.17%</b>	<b>0.01%</b>					<b>\$ 237.50</b>

**Notes:**

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- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 22.43
Underwriting Gain	1.50%	\$ 3.96
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 263.89</b>

Supplemental Payments		
	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax		
	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 347.72</b>
Premium Based Taxes	2.25%	\$ 8.00
<b>Draft Capitation PMPM</b>		<b>\$ 355.72</b>

Capitation Withhold		
	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 355.72</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
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**TANF/CHIP Child, Newborn < 1 Year, with TPL, Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	2,122
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	410

Statewide Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	1,521	\$ 287.39	\$ 36.44	0.25%	1.75%	0.00%	0.00%	-2.75%	0.00%	0.00%	1,491	\$ 302.74	\$ 37.61
Outpatient Hospital - ER	588	\$ 141.89	\$ 6.96	0.00%	4.50%	0.00%	4.16%	4.27%	0.00%	0.00%	613	\$ 168.65	\$ 8.62
Outpatient Hospital - Non-ER	402	\$ 179.91	\$ 6.02	0.00%	4.50%	0.00%	0.00%	4.27%	0.00%	0.00%	419	\$ 205.30	\$ 7.16
Physician/Professional	5,503	\$ 110.21	\$ 50.54	0.25%	2.00%	0.00%	14.57%	0.92%	0.00%	0.00%	5,596	\$ 133.99	\$ 62.48
Clinics (w/FQHC/RHC)	413	\$ 110.01	\$ 3.79	0.25%	2.00%	0.00%	6.59%	0.92%	0.00%	0.00%	420	\$ 124.44	\$ 4.35
Laboratory/Radiology/Pathology	4,864	\$ 14.38	\$ 5.83	0.50%	3.00%	0.00%	0.48%	1.70%	0.00%	0.00%	5,022	\$ 15.79	\$ 6.61
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	322	\$ 161.64	\$ 4.34	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	333	\$ 176.63	\$ 4.90
Home Health/Hospice	34	\$ 63.92	\$ 0.18	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	35	\$ 69.84	\$ 0.20
Physical/Occupational Therapy	204	\$ 55.92	\$ 0.95	0.50%	3.00%	0.00%	10.02%	1.70%	0.00%	0.00%	210	\$ 67.23	\$ 1.18
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	4,480	\$ 164.56	\$ 61.43	-2.00%	5.50%	0.00%	0.00%	3.39%	0.00%	0.00%	4,359	\$ 193.24	\$ 70.19
Non-Emergency Transportation	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Behavioral Health	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Indian Health Services	28	\$ 46.01	\$ 0.11	0.50%	3.00%	0.00%	27.02%	1.70%	0.00%	0.00%	29	\$ 63.86	\$ 0.16
Family Planning	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
All Other	113	\$ 419.48	\$ 3.95	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	117	\$ 458.38	\$ 4.46
<b>Gross Benefit Total</b>			<b>\$ 180.54</b>	<b>-0.22%</b>	<b>3.10%</b>	<b>0.00%</b>	<b>4.38%</b>	<b>1.36%</b>					<b>\$ 207.93</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 19.64
Underwriting Gain	1.50%	\$ 3.47
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 231.03</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 314.86</b>
Premium Based Taxes	2.25%	\$ 7.25
<b>Draft Capitation PMPM</b>		<b>\$ 322.11</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 322.11</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
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 Subject to Revision

**TANF/CHIP Child, 1-14 Years, Male and Female, Non-TPL, Non-Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	862,427
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	709,918

East Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	56	\$ 1,589.04	\$ 7.38	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	34	\$ 1,799.48	\$ 5.15
Outpatient Hospital - ER	521	\$ 282.00	\$ 12.25	0.00%	4.50%	0.00%	1.17%	2.87%	-40.00%	7.50%	322	\$ 350.00	\$ 9.39
Outpatient Hospital - Non-ER	344	\$ 396.26	\$ 11.36	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	265	\$ 486.11	\$ 10.75
Physician/Professional	4,320	\$ 115.95	\$ 41.74	0.25%	2.00%	0.00%	7.78%	1.10%	10.00%	-5.00%	4,841	\$ 125.99	\$ 50.82
Clinics (w/FQHC/RHC)	747	\$ 133.59	\$ 8.32	0.25%	2.00%	0.00%	23.36%	1.10%	0.00%	0.00%	761	\$ 174.89	\$ 11.09
Laboratory/Radiology/Pathology	955	\$ 18.13	\$ 1.44	0.50%	3.00%	0.00%	4.44%	1.02%	2.00%	-1.00%	999	\$ 20.49	\$ 1.71
Dental	3	\$ 249.13	\$ 0.06	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	3	\$ 264.38	\$ 0.07
DME and Supplies	179	\$ 115.85	\$ 1.73	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	156	\$ 131.03	\$ 1.71
Home Health/Hospice	12	\$ 262.24	\$ 0.26	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	12	\$ 286.56	\$ 0.30
Physical/Occupational Therapy	649	\$ 85.97	\$ 4.65	0.50%	3.00%	0.00%	10.11%	1.02%	-5.00%	1.00%	633	\$ 104.47	\$ 5.51
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	5,349	\$ 71.12	\$ 31.70	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	5,434	\$ 79.33	\$ 35.93
Non-Emergency Transportation	2,256	\$ 1.25	\$ 0.24	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	2,429	\$ 1.30	\$ 0.26
Behavioral Health	4,177	\$ 134.42	\$ 46.78	0.25%	2.25%	25.71%	-16.16%	1.12%	-20.00%	5.00%	4,279	\$ 126.50	\$ 45.10
Indian Health Services	0	\$ 63.12	\$ 0.00	0.50%	3.00%	0.00%	18.18%	1.02%	0.00%	0.00%	0	\$ 81.51	\$ 0.00
Family Planning	11	\$ 90.95	\$ 0.08	0.50%	3.00%	0.00%	6.49%	1.02%	5.00%	-5.00%	12	\$ 100.54	\$ 0.10
All Other	660	\$ 42.19	\$ 2.32	0.50%	3.00%	0.00%	0.07%	1.02%	-10.00%	2.00%	609	\$ 47.06	\$ 2.39
<b>Gross Benefit Total</b>			<b>\$ 170.33</b>	<b>-0.29%</b>	<b>3.22%</b>	<b>5.37%</b>	<b>-0.50%</b>	<b>1.69%</b>					<b>\$ 180.27</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 18.13
Underwriting Gain	1.50%	\$ 3.02
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 201.42</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 285.25</b>
Premium Based Taxes	2.25%	\$ 6.57
<b>Draft Capitation PMPM</b>		<b>\$ 291.82</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 291.82</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, 1-14 Years, Male and Female, Non-TPL, Non-Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	707,014
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	584,035

OKC Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	54	\$ 1,478.73	\$ 6.69	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	34	\$ 1,674.56	\$ 4.68
Outpatient Hospital - ER	540	\$ 269.81	\$ 12.14	0.00%	4.50%	0.00%	4.85%	2.87%	-40.00%	7.50%	333	\$ 347.05	\$ 9.64
Outpatient Hospital - Non-ER	320	\$ 387.09	\$ 10.33	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	247	\$ 474.87	\$ 9.78
Physician/Professional	3,760	\$ 116.96	\$ 36.65	0.25%	2.00%	0.00%	7.34%	1.10%	10.00%	-5.00%	4,213	\$ 126.56	\$ 44.43
Clinics (w/FQHC/RHC)	981	\$ 174.54	\$ 14.27	0.25%	2.00%	0.00%	1.31%	1.10%	0.00%	0.00%	1,000	\$ 187.65	\$ 15.63
Laboratory/Radiology/Pathology	703	\$ 15.86	\$ 0.93	0.50%	3.00%	0.00%	1.55%	1.02%	2.00%	-1.00%	735	\$ 17.43	\$ 1.07
Dental	5	\$ 156.13	\$ 0.06	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	5	\$ 165.69	\$ 0.06
DME and Supplies	138	\$ 124.21	\$ 1.43	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	120	\$ 140.48	\$ 1.41
Home Health/Hospice	17	\$ 322.19	\$ 0.45	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	17	\$ 352.07	\$ 0.50
Physical/Occupational Therapy	1,185	\$ 81.24	\$ 8.02	0.50%	3.00%	0.00%	10.11%	1.02%	-5.00%	1.00%	1,154	\$ 98.73	\$ 9.49
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	4,194	\$ 72.78	\$ 25.44	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	4,260	\$ 81.19	\$ 28.83
Non-Emergency Transportation	181	\$ 4.83	\$ 0.07	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	194	\$ 5.02	\$ 0.08
Behavioral Health	3,565	\$ 100.23	\$ 29.78	0.25%	2.25%	19.16%	-11.54%	1.12%	-20.00%	5.00%	3,463	\$ 99.52	\$ 28.72
Indian Health Services	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	4	\$ 164.47	\$ 0.06	0.50%	3.00%	0.00%	8.99%	1.02%	5.00%	-5.00%	4	\$ 186.07	\$ 0.07
All Other	149	\$ 86.01	\$ 1.07	0.50%	3.00%	0.00%	0.00%	1.02%	-10.00%	2.00%	137	\$ 95.87	\$ 1.10
<b>Gross Benefit Total</b>			<b>\$ 147.39</b>	<b>-0.31%</b>	<b>3.27%</b>	<b>4.38%</b>	<b>-0.39%</b>	<b>1.70%</b>					<b>\$ 155.49</b>

**Notes:**

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- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 15.64
Underwriting Gain	1.50%	\$ 2.61
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 173.73</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 257.57</b>
Premium Based Taxes	2.25%	\$ 5.93
<b>Draft Capitation PMPM</b>		<b>\$ 263.50</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 263.50</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, 1-14 Years, Male and Female, Non-TPL, Non-Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	543,208
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	447,874

Tulsa Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	59	\$ 1,699.63	\$ 8.32	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	36	\$ 1,924.72	\$ 5.81
Outpatient Hospital - ER	375	\$ 295.01	\$ 9.22	0.00%	4.50%	0.00%	3.91%	2.87%	-40.00%	7.50%	232	\$ 376.05	\$ 7.26
Outpatient Hospital - Non-ER	200	\$ 549.97	\$ 9.19	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	155	\$ 674.67	\$ 8.70
Physician/Professional	4,600	\$ 125.53	\$ 48.12	0.25%	2.00%	0.00%	10.91%	1.10%	10.00%	-5.00%	5,155	\$ 140.35	\$ 60.29
Clinics (w/FQHC/RHC)	350	\$ 116.09	\$ 3.39	0.25%	2.00%	0.00%	1.09%	1.10%	0.00%	0.00%	357	\$ 124.54	\$ 3.70
Laboratory/Radiology/Pathology	1,062	\$ 15.96	\$ 1.41	0.50%	3.00%	0.00%	1.57%	1.02%	2.00%	-1.00%	1,111	\$ 17.54	\$ 1.62
Dental	7	\$ 273.41	\$ 0.15	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	7	\$ 290.14	\$ 0.16
DME and Supplies	184	\$ 118.35	\$ 1.81	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	160	\$ 133.85	\$ 1.79
Home Health/Hospice	31	\$ 261.94	\$ 0.68	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	32	\$ 286.23	\$ 0.76
Physical/Occupational Therapy	1,494	\$ 82.52	\$ 10.27	0.50%	3.00%	0.00%	10.11%	1.02%	-5.00%	1.00%	1,455	\$ 100.28	\$ 12.16
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	3,898	\$ 86.14	\$ 27.98	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	3,960	\$ 96.09	\$ 31.71
Non-Emergency Transportation	498	\$ 1.68	\$ 0.07	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	536	\$ 1.75	\$ 0.08
Behavioral Health	4,201	\$ 101.95	\$ 35.69	0.25%	2.25%	19.49%	-11.60%	1.12%	-20.00%	5.00%	4,091	\$ 101.16	\$ 34.49
Indian Health Services	0	\$ 142.40	\$ 0.00	0.50%	3.00%	0.00%	30.92%	1.02%	0.00%	0.00%	0	\$ 203.71	\$ 0.00
Family Planning	6	\$ 111.32	\$ 0.06	0.50%	3.00%	0.00%	10.08%	1.02%	5.00%	-5.00%	7	\$ 127.21	\$ 0.07
All Other	273	\$ 69.64	\$ 1.59	0.50%	3.00%	0.00%	0.00%	1.02%	-10.00%	2.00%	252	\$ 77.62	\$ 1.63
<b>Gross Benefit Total</b>			<b>\$ 157.95</b>	<b>-0.21%</b>	<b>3.11%</b>	<b>4.80%</b>	<b>0.62%</b>	<b>1.64%</b>					<b>\$ 170.23</b>

**Notes:**

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- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 17.12
Underwriting Gain	1.50%	\$ 2.85
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 190.21</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 274.04</b>
Premium Based Taxes	2.25%	\$ 6.31
<b>Draft Capitation PMPM</b>		<b>\$ 280.34</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 280.34</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
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**TANF/CHIP Child, 1-14 Years, Male and Female, Non-TPL, Non-Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	1,074,654
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	884,090

West Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	55	\$ 1,785.54	\$ 8.23	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	34	\$ 2,022.00	\$ 5.75
Outpatient Hospital - ER	539	\$ 275.45	\$ 12.38	0.00%	4.50%	0.00%	1.66%	2.87%	-40.00%	7.50%	333	\$ 343.52	\$ 9.53
Outpatient Hospital - Non-ER	506	\$ 290.81	\$ 12.26	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	390	\$ 356.75	\$ 11.60
Physician/Professional	4,281	\$ 113.53	\$ 40.51	0.25%	2.00%	0.00%	5.57%	1.10%	10.00%	-5.00%	4,797	\$ 120.83	\$ 48.30
Clinics (w/FQHC/RHC)	807	\$ 127.97	\$ 8.60	0.25%	2.00%	0.00%	43.21%	1.10%	0.00%	0.00%	822	\$ 194.47	\$ 13.32
Laboratory/Radiology/Pathology	598	\$ 20.55	\$ 1.02	0.50%	3.00%	0.00%	3.59%	1.02%	2.00%	-1.00%	625	\$ 23.03	\$ 1.20
Dental	3	\$ 262.85	\$ 0.07	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	3	\$ 278.94	\$ 0.07
DME and Supplies	151	\$ 129.83	\$ 1.63	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	132	\$ 146.83	\$ 1.61
Home Health/Hospice	17	\$ 250.33	\$ 0.35	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	17	\$ 273.54	\$ 0.39
Physical/Occupational Therapy	684	\$ 83.53	\$ 4.76	0.50%	3.00%	0.00%	10.11%	1.02%	-5.00%	1.00%	667	\$ 101.51	\$ 5.64
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	5,175	\$ 79.20	\$ 34.16	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	5,258	\$ 88.34	\$ 38.71
Non-Emergency Transportation	2,679	\$ 1.17	\$ 0.26	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	2,885	\$ 1.22	\$ 0.29
Behavioral Health	2,990	\$ 116.73	\$ 29.08	0.25%	2.25%	22.32%	-13.45%	1.12%	-20.00%	5.00%	2,981	\$ 113.41	\$ 28.17
Indian Health Services	0	\$ 85.96	\$ 0.00	0.50%	3.00%	0.00%	15.64%	1.02%	0.00%	0.00%	0	\$ 108.62	\$ 0.00
Family Planning	9	\$ 103.81	\$ 0.08	0.50%	3.00%	0.00%	3.99%	1.02%	5.00%	-5.00%	10	\$ 112.06	\$ 0.09
All Other	200	\$ 111.07	\$ 1.85	0.50%	3.00%	0.00%	0.00%	1.02%	-10.00%	2.00%	185	\$ 123.80	\$ 1.91
<b>Gross Benefit Total</b>			<b>\$ 155.26</b>	<b>-0.32%</b>	<b>3.31%</b>	<b>3.61%</b>	<b>1.62%</b>	<b>1.79%</b>					<b>\$ 166.59</b>

**Notes:**

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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 16.75
Underwriting Gain	1.50%	\$ 2.79
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 186.14</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 269.97</b>
Premium Based Taxes	2.25%	\$ 6.21
<b>Draft Capitation PMPM</b>		<b>\$ 276.18</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 276.18</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

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**TANF/CHIP Child, 1-14 Years, Male and Female, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	369,001
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	70,840

East Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	56	\$ 1,924.95	\$ 8.91	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	34	\$ 2,179.88	\$ 6.23
Outpatient Hospital - ER	501	\$ 282.31	\$ 11.78	0.00%	4.50%	0.00%	1.08%	2.87%	-40.00%	7.50%	309	\$ 350.08	\$ 9.02
Outpatient Hospital - Non-ER	295	\$ 446.93	\$ 11.00	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	228	\$ 548.27	\$ 10.41
Physician/Professional	3,221	\$ 119.69	\$ 32.13	0.25%	2.00%	0.00%	7.27%	1.10%	10.00%	-5.00%	3,609	\$ 129.43	\$ 38.93
Clinics (w/FQHC/RHC)	642	\$ 142.38	\$ 7.61	0.25%	2.00%	0.00%	14.16%	1.10%	0.00%	0.00%	653	\$ 172.48	\$ 9.39
Laboratory/Radiology/Pathology	668	\$ 20.82	\$ 1.16	0.50%	3.00%	0.00%	6.45%	1.02%	2.00%	-1.00%	698	\$ 23.97	\$ 1.39
Dental	3	\$ 260.99	\$ 0.07	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	3	\$ 276.96	\$ 0.07
DME and Supplies	152	\$ 109.11	\$ 1.39	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	133	\$ 123.40	\$ 1.37
Home Health/Hospice	5	\$ 259.17	\$ 0.10	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	5	\$ 283.20	\$ 0.11
Physical/Occupational Therapy	575	\$ 83.99	\$ 4.03	0.50%	3.00%	0.00%	10.11%	1.02%	-5.00%	1.00%	561	\$ 102.07	\$ 4.77
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	5,880	\$ 138.01	\$ 67.63	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	5,974	\$ 153.96	\$ 76.64
Non-Emergency Transportation	3,468	\$ 1.05	\$ 0.30	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	3,735	\$ 1.09	\$ 0.34
Behavioral Health	3,468	\$ 135.74	\$ 39.23	0.25%	2.25%	25.96%	-16.19%	1.12%	-20.00%	5.00%	3,560	\$ 127.70	\$ 37.89
Indian Health Services	36	\$ 126.04	\$ 0.37	0.50%	3.00%	0.00%	21.57%	1.02%	0.00%	0.00%	36	\$ 167.43	\$ 0.51
Family Planning	11	\$ 76.30	\$ 0.07	0.50%	3.00%	0.00%	4.08%	1.02%	5.00%	-5.00%	12	\$ 82.43	\$ 0.08
All Other	624	\$ 58.14	\$ 3.02	0.50%	3.00%	0.00%	0.00%	1.02%	-10.00%	2.00%	576	\$ 64.81	\$ 3.11
<b>Gross Benefit Total</b>			<b>\$ 188.80</b>	<b>-0.35%</b>	<b>3.41%</b>	<b>4.65%</b>	<b>-1.34%</b>	<b>1.95%</b>					<b>\$ 200.26</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 18.91
Underwriting Gain	1.50%	\$ 3.34
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 222.51</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 306.34</b>
Premium Based Taxes	2.25%	\$ 7.05
<b>Draft Capitation PMPM</b>		<b>\$ 313.39</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 313.39</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, 1-14 Years, Male and Female, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	24,381
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	4,682

OKC Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	37	\$ 1,391.48	\$ 4.34	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	23	\$ 1,575.76	\$ 3.03
Outpatient Hospital - ER	661	\$ 267.52	\$ 14.75	0.00%	4.50%	0.00%	4.12%	2.87%	-40.00%	7.50%	408	\$ 341.69	\$ 11.63
Outpatient Hospital - Non-ER	359	\$ 359.10	\$ 10.75	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	277	\$ 440.53	\$ 10.18
Physician/Professional	3,253	\$ 116.07	\$ 31.47	0.25%	2.00%	0.00%	7.08%	1.10%	10.00%	-5.00%	3,645	\$ 125.29	\$ 38.06
Clinics (w/FQHC/RHC)	307	\$ 123.05	\$ 3.15	0.25%	2.00%	0.00%	6.12%	1.10%	0.00%	0.00%	313	\$ 138.58	\$ 3.61
Laboratory/Radiology/Pathology	459	\$ 19.51	\$ 0.75	0.50%	3.00%	0.00%	2.42%	1.02%	2.00%	-1.00%	480	\$ 21.62	\$ 0.87
Dental	2	\$ 97.37	\$ 0.02	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	3	\$ 103.33	\$ 0.02
DME and Supplies	106	\$ 91.50	\$ 0.81	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	92	\$ 103.48	\$ 0.80
Home Health/Hospice	8	\$ 46.36	\$ 0.03	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	9	\$ 50.66	\$ 0.04
Physical/Occupational Therapy	1,074	\$ 85.71	\$ 7.67	0.50%	3.00%	0.00%	10.12%	1.02%	-5.00%	1.00%	1,047	\$ 104.17	\$ 9.09
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	4,727	\$ 117.79	\$ 46.40	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	4,803	\$ 131.40	\$ 52.59
Non-Emergency Transportation	483	\$ 6.70	\$ 0.27	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	520	\$ 6.95	\$ 0.30
Behavioral Health	3,765	\$ 113.64	\$ 35.65	0.25%	2.25%	21.72%	-12.39%	1.12%	-20.00%	5.00%	3,735	\$ 111.75	\$ 34.78
Indian Health Services	4	\$ 64.75	\$ 0.02	0.50%	3.00%	0.00%	1.45%	1.02%	0.00%	0.00%	4	\$ 71.78	\$ 0.02
Family Planning	4	\$ 252.52	\$ 0.09	0.50%	3.00%	0.00%	0.00%	1.02%	5.00%	-5.00%	5	\$ 262.14	\$ 0.10
All Other	174	\$ 43.26	\$ 0.63	0.50%	3.00%	0.00%	0.00%	1.02%	-10.00%	2.00%	160	\$ 48.21	\$ 0.64
<b>Gross Benefit Total</b>			<b>\$ 156.80</b>	<b>-0.41%</b>	<b>3.52%</b>	<b>5.37%</b>	<b>-1.42%</b>	<b>1.91%</b>					<b>\$ 165.75</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 16.67
Underwriting Gain	1.50%	\$ 2.78
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 185.20</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 269.03</b>
Premium Based Taxes	2.25%	\$ 6.19
<b>Draft Capitation PMPM</b>		<b>\$ 275.22</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 275.22</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, 1-14 Years, Male and Female, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	35,533
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	6,784

Tulsa Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	73	\$ 1,819.36	\$ 11.06	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	45	\$ 2,060.30	\$ 7.73
Outpatient Hospital - ER	497	\$ 290.55	\$ 12.04	0.00%	4.50%	0.00%	3.66%	2.87%	-40.00%	7.50%	307	\$ 369.48	\$ 9.45
Outpatient Hospital - Non-ER	242	\$ 662.00	\$ 13.36	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	187	\$ 812.11	\$ 12.64
Physician/Professional	4,153	\$ 125.23	\$ 43.34	0.25%	2.00%	0.00%	10.29%	1.10%	10.00%	-5.00%	4,653	\$ 139.24	\$ 53.99
Clinics (w/FQHC/RHC)	234	\$ 93.97	\$ 1.84	0.25%	2.00%	0.00%	1.45%	1.10%	0.00%	0.00%	239	\$ 101.16	\$ 2.01
Laboratory/Radiology/Pathology	934	\$ 16.21	\$ 1.26	0.50%	3.00%	0.00%	2.78%	1.02%	2.00%	-1.00%	977	\$ 18.03	\$ 1.47
Dental	5	\$ 255.03	\$ 0.11	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	6	\$ 270.64	\$ 0.12
DME and Supplies	216	\$ 112.48	\$ 2.03	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	189	\$ 127.21	\$ 2.00
Home Health/Hospice	21	\$ 330.93	\$ 0.57	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	21	\$ 361.62	\$ 0.64
Physical/Occupational Therapy	1,201	\$ 90.74	\$ 9.08	0.50%	3.00%	0.00%	10.11%	1.02%	-5.00%	1.00%	1,170	\$ 110.27	\$ 10.75
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	5,229	\$ 127.54	\$ 55.58	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	5,312	\$ 142.27	\$ 62.99
Non-Emergency Transportation	687	\$ 3.52	\$ 0.20	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	740	\$ 3.65	\$ 0.23
Behavioral Health	5,630	\$ 116.49	\$ 54.66	0.25%	2.25%	22.28%	-14.11%	1.12%	-20.00%	5.00%	5,611	\$ 112.31	\$ 52.51
Indian Health Services	2	\$ 107.37	\$ 0.02	0.50%	3.00%	0.00%	30.92%	1.02%	0.00%	0.00%	2	\$ 153.60	\$ 0.02
Family Planning	12	\$ 131.75	\$ 0.13	0.50%	3.00%	0.00%	7.29%	1.02%	5.00%	-5.00%	13	\$ 146.74	\$ 0.16
All Other	528	\$ 121.32	\$ 5.34	0.50%	3.00%	0.00%	0.00%	1.02%	-10.00%	2.00%	487	\$ 135.22	\$ 5.49
<b>Gross Benefit Total</b>			<b>\$ 210.61</b>	<b>-0.30%</b>	<b>3.31%</b>	<b>6.45%</b>	<b>-2.28%</b>	<b>1.80%</b>					<b>\$ 222.20</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 20.99
Underwriting Gain	1.50%	\$ 3.70
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 246.89</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 330.72</b>
Premium Based Taxes	2.25%	\$ 7.61
<b>Draft Capitation PMPM</b>		<b>\$ 338.33</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 338.33</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, 1-14 Years, Male and Female, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	114,321
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	21,731

West Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	51	\$ 1,554.79	\$ 6.62	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	32	\$ 1,760.69	\$ 4.63
Outpatient Hospital - ER	523	\$ 288.21	\$ 12.55	0.00%	4.50%	0.00%	1.31%	2.87%	-40.00%	7.50%	323	\$ 358.21	\$ 9.63
Outpatient Hospital - Non-ER	356	\$ 387.24	\$ 11.49	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	275	\$ 475.05	\$ 10.87
Physician/Professional	3,115	\$ 119.73	\$ 31.08	0.25%	2.00%	0.00%	5.48%	1.10%	10.00%	-5.00%	3,490	\$ 127.33	\$ 37.04
Clinics (w/FQHC/RHC)	379	\$ 109.47	\$ 3.46	0.25%	2.00%	0.00%	51.05%	1.10%	0.00%	0.00%	386	\$ 175.48	\$ 5.64
Laboratory/Radiology/Pathology	473	\$ 19.32	\$ 0.76	0.50%	3.00%	0.00%	5.32%	1.02%	2.00%	-1.00%	495	\$ 22.01	\$ 0.91
Dental	2	\$ 211.28	\$ 0.03	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	2	\$ 224.21	\$ 0.04
DME and Supplies	144	\$ 142.17	\$ 1.71	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	126	\$ 160.79	\$ 1.68
Home Health/Hospice	11	\$ 119.97	\$ 0.11	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	11	\$ 131.10	\$ 0.12
Physical/Occupational Therapy	466	\$ 86.19	\$ 3.35	0.50%	3.00%	0.00%	10.12%	1.02%	-5.00%	1.00%	454	\$ 104.75	\$ 3.96
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	4,999	\$ 144.25	\$ 60.09	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	5,079	\$ 160.91	\$ 68.10
Non-Emergency Transportation	1,313	\$ 1.37	\$ 0.15	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	1,414	\$ 1.43	\$ 0.17
Behavioral Health	2,149	\$ 116.47	\$ 20.86	0.25%	2.25%	22.27%	-12.89%	1.12%	-20.00%	5.00%	2,141	\$ 113.89	\$ 20.32
Indian Health Services	59	\$ 123.27	\$ 0.61	0.50%	3.00%	0.00%	20.85%	1.02%	0.00%	0.00%	61	\$ 162.78	\$ 0.82
Family Planning	7	\$ 68.94	\$ 0.04	0.50%	3.00%	0.00%	0.00%	1.02%	5.00%	-5.00%	7	\$ 71.57	\$ 0.04
All Other	146	\$ 158.39	\$ 1.93	0.50%	3.00%	0.00%	0.00%	1.02%	-10.00%	2.00%	135	\$ 176.54	\$ 1.98
<b>Gross Benefit Total</b>			<b>\$ 154.83</b>	<b>-0.50%</b>	<b>3.66%</b>	<b>3.43%</b>	<b>0.03%</b>	<b>2.06%</b>					<b>\$ 165.96</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 16.69
Underwriting Gain	1.50%	\$ 2.78
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 185.43</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 269.26</b>
Premium Based Taxes	2.25%	\$ 6.20
<b>Draft Capitation PMPM</b>		<b>\$ 275.46</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 275.46</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
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**TANF/CHIP Child, 1-14 Years, Male and Female, with TPL, Non-Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	326,555
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	262,621

Statewide Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	27	\$ 372.81	\$ 0.83	0.25%	1.75%	0.00%	0.00%	-2.75%	0.00%	0.00%	26	\$ 392.73	\$ 0.86
Outpatient Hospital - ER	282	\$ 138.26	\$ 3.25	0.00%	4.50%	0.00%	1.51%	4.27%	0.00%	0.00%	294	\$ 160.17	\$ 3.93
Outpatient Hospital - Non-ER	258	\$ 147.93	\$ 3.18	0.00%	4.50%	0.00%	0.00%	4.27%	0.00%	0.00%	269	\$ 168.81	\$ 3.78
Physician/Professional	2,930	\$ 59.83	\$ 14.61	0.25%	2.00%	0.00%	6.22%	0.92%	0.00%	0.00%	2,979	\$ 67.44	\$ 16.74
Clinics (w/FQHC/RHC)	301	\$ 109.03	\$ 2.74	0.25%	2.00%	0.00%	28.14%	0.92%	0.00%	0.00%	306	\$ 148.27	\$ 3.78
Laboratory/Radiology/Pathology	264	\$ 13.49	\$ 0.30	0.50%	3.00%	0.00%	2.53%	1.70%	0.00%	0.00%	272	\$ 15.12	\$ 0.34
Dental	2	\$ 137.89	\$ 0.03	0.25%	2.00%	0.00%	0.00%	0.92%	0.00%	0.00%	2	\$ 146.33	\$ 0.03
DME and Supplies	173	\$ 94.36	\$ 1.36	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	179	\$ 103.11	\$ 1.54
Home Health/Hospice	70	\$ 303.51	\$ 1.78	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	73	\$ 331.66	\$ 2.01
Physical/Occupational Therapy	726	\$ 62.23	\$ 3.77	0.50%	3.00%	0.00%	10.11%	1.70%	0.00%	0.00%	750	\$ 74.88	\$ 4.68
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	4,413	\$ 57.10	\$ 21.00	-2.00%	5.50%	0.00%	0.00%	3.39%	0.00%	0.00%	4,294	\$ 67.05	\$ 24.00
Non-Emergency Transportation	2,729	\$ 0.65	\$ 0.15	0.50%	3.00%	0.00%	0.00%	1.43%	0.00%	0.00%	2,810	\$ 0.72	\$ 0.17
Behavioral Health	3,092	\$ 104.15	\$ 26.84	0.25%	2.25%	19.93%	-12.70%	1.41%	0.00%	0.00%	3,789	\$ 97.19	\$ 30.69
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	4	\$ 37.87	\$ 0.01	0.50%	3.00%	0.00%	9.25%	1.70%	0.00%	0.00%	4	\$ 45.21	\$ 0.02
All Other	175	\$ 29.18	\$ 0.42	0.50%	3.00%	0.00%	0.33%	1.70%	0.00%	0.00%	180	\$ 31.99	\$ 0.48
<b>Gross Benefit Total</b>			<b>\$ 80.26</b>	<b>-0.32%</b>	<b>3.27%</b>	<b>4.04%</b>	<b>0.09%</b>	<b>2.02%</b>					<b>\$ 93.04</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.50%	\$ 9.93
Underwriting Gain	1.50%	\$ 1.57
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 104.54</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 188.37</b>
Premium Based Taxes	2.25%	\$ 4.34
<b>Draft Capitation PMPM</b>		<b>\$ 192.71</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 192.71</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, 1-14 Years, Male and Female, with TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	57,485
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	10,822

Statewide Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	48	\$ 798.24	\$ 3.21	0.25%	1.75%	0.00%	0.00%	-2.75%	0.00%	0.00%	47	\$ 840.88	\$ 3.31
Outpatient Hospital - ER	274	\$ 132.63	\$ 3.03	0.00%	4.50%	0.00%	1.41%	4.27%	0.00%	0.00%	286	\$ 153.50	\$ 3.66
Outpatient Hospital - Non-ER	241	\$ 212.50	\$ 4.26	0.00%	4.50%	0.00%	0.00%	4.27%	0.00%	0.00%	251	\$ 242.49	\$ 5.07
Physician/Professional	2,245	\$ 66.03	\$ 12.35	0.25%	2.00%	0.00%	6.91%	0.92%	0.00%	0.00%	2,283	\$ 74.91	\$ 14.25
Clinics (w/FQHC/RHC)	281	\$ 124.72	\$ 2.92	0.25%	2.00%	0.00%	12.40%	0.92%	0.00%	0.00%	286	\$ 148.78	\$ 3.54
Laboratory/Radiology/Pathology	213	\$ 16.11	\$ 0.29	0.50%	3.00%	0.00%	4.78%	1.70%	0.00%	0.00%	219	\$ 18.45	\$ 0.34
Dental	3	\$ 149.39	\$ 0.03	0.25%	2.00%	0.00%	0.00%	0.92%	0.00%	0.00%	3	\$ 158.53	\$ 0.03
DME and Supplies	98	\$ 86.27	\$ 0.70	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	101	\$ 94.27	\$ 0.79
Home Health/Hospice	80	\$ 245.68	\$ 1.64	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	83	\$ 268.46	\$ 1.85
Physical/Occupational Therapy	552	\$ 57.98	\$ 2.67	0.50%	3.00%	0.00%	10.12%	1.70%	0.00%	0.00%	570	\$ 69.77	\$ 3.31
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	4,007	\$ 94.84	\$ 31.67	-2.00%	5.50%	0.00%	0.00%	3.39%	0.00%	0.00%	3,899	\$ 111.36	\$ 36.18
Non-Emergency Transportation	3,996	\$ 0.55	\$ 0.18	0.50%	3.00%	0.00%	0.00%	1.43%	0.00%	0.00%	4,115	\$ 0.60	\$ 0.20
Behavioral Health	2,780	\$ 108.11	\$ 25.05	0.25%	2.25%	20.70%	-13.65%	1.41%	0.00%	0.00%	3,428	\$ 99.79	\$ 28.51
Indian Health Services	17	\$ 68.49	\$ 0.10	0.50%	3.00%	0.00%	16.36%	1.70%	0.00%	0.00%	17	\$ 87.08	\$ 0.13
Family Planning	3	\$ 20.56	\$ 0.01	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	3	\$ 22.47	\$ 0.01
All Other	239	\$ 31.48	\$ 0.63	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	246	\$ 34.40	\$ 0.71
<b>Gross Benefit Total</b>			<b>\$ 88.72</b>	<b>-0.26%</b>	<b>3.27%</b>	<b>3.85%</b>	<b>-0.94%</b>	<b>2.14%</b>					<b>\$ 101.89</b>

**Notes:**

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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 10.25
Underwriting Gain	1.50%	\$ 1.71
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 113.85</b>

Supplemental Payments		
	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax		
	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 197.68</b>
Premium Based Taxes	2.25%	\$ 4.55
<b>Draft Capitation PMPM</b>		<b>\$ 202.23</b>

Capitation Withhold		
	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 202.23</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, 15+ Years, Female, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	100,787
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	81,753

East Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	325	\$ 1,015.50	\$ 27.51	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	201	\$ 1,149.98	\$ 19.22
Outpatient Hospital - ER	817	\$ 389.93	\$ 26.56	0.00%	4.50%	0.00%	0.82%	2.87%	-40.00%	7.50%	504	\$ 482.27	\$ 20.27
Outpatient Hospital - Non-ER	855	\$ 218.26	\$ 15.55	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	660	\$ 267.75	\$ 14.72
Physician/Professional	5,045	\$ 156.23	\$ 65.69	0.25%	2.00%	0.00%	8.28%	1.10%	10.00%	-5.00%	5,653	\$ 170.55	\$ 80.35
Clinics (w/FQHC/RHC)	1,022	\$ 148.77	\$ 12.67	0.25%	2.00%	0.00%	18.20%	1.10%	0.00%	0.00%	1,041	\$ 186.61	\$ 16.20
Laboratory/Radiology/Pathology	4,074	\$ 24.51	\$ 8.32	0.50%	3.00%	0.00%	3.32%	1.02%	2.00%	-1.00%	4,262	\$ 27.39	\$ 9.73
Dental	5	\$ 984.74	\$ 0.40	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	5	\$ 1,045.01	\$ 0.43
DME and Supplies	171	\$ 107.68	\$ 1.54	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	149	\$ 121.78	\$ 1.52
Home Health/Hospice	21	\$ 288.36	\$ 0.51	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	22	\$ 315.10	\$ 0.57
Physical/Occupational Therapy	273	\$ 92.86	\$ 2.11	0.50%	3.00%	0.00%	10.11%	1.02%	-5.00%	1.00%	266	\$ 112.84	\$ 2.50
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	8,521	\$ 61.26	\$ 43.50	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	8,657	\$ 68.34	\$ 49.30
Non-Emergency Transportation	3,095	\$ 1.61	\$ 0.41	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	3,333	\$ 1.67	\$ 0.46
Behavioral Health	5,529	\$ 139.93	\$ 64.47	0.25%	2.25%	27.92%	-17.24%	1.12%	-20.00%	5.00%	5,764	\$ 130.00	\$ 62.44
Indian Health Services	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	676	\$ 87.30	\$ 4.91	0.50%	3.00%	0.00%	3.99%	1.02%	5.00%	-5.00%	727	\$ 94.24	\$ 5.71
All Other	666	\$ 80.85	\$ 4.48	0.50%	3.00%	0.00%	0.00%	1.02%	-10.00%	2.00%	614	\$ 90.11	\$ 4.61
<b>Gross Benefit Total</b>			<b>\$ 278.65</b>	<b>-0.30%</b>	<b>3.22%</b>	<b>5.02%</b>	<b>-0.61%</b>	<b>1.71%</b>					<b>\$ 288.04</b>

**Notes:**

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  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 27.20
Underwriting Gain	1.50%	\$ 4.80
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 320.04</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 403.87</b>
Premium Based Taxes	2.25%	\$ 9.30
<b>Draft Capitation PMPM</b>		<b>\$ 413.17</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 413.17</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
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**TANF/CHIP Child, 15+ Years, Female, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	75,543
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	61,494

OKC Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	377	\$ 840.75	\$ 26.41	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	233	\$ 952.09	\$ 18.45
Outpatient Hospital - ER	849	\$ 371.30	\$ 26.26	0.00%	4.50%	0.00%	2.33%	2.87%	-40.00%	7.50%	524	\$ 466.13	\$ 20.34
Outpatient Hospital - Non-ER	793	\$ 164.94	\$ 10.90	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	612	\$ 202.35	\$ 10.31
Physician/Professional	4,682	\$ 154.89	\$ 60.43	0.25%	2.00%	0.00%	9.79%	1.10%	10.00%	-5.00%	5,246	\$ 171.43	\$ 74.95
Clinics (w/FQHC/RHC)	1,058	\$ 183.29	\$ 16.16	0.25%	2.00%	0.00%	2.19%	1.10%	0.00%	0.00%	1,078	\$ 198.77	\$ 17.85
Laboratory/Radiology/Pathology	2,878	\$ 25.18	\$ 6.04	0.50%	3.00%	0.00%	1.63%	1.02%	2.00%	-1.00%	3,010	\$ 27.68	\$ 6.94
Dental	24	\$ 547.69	\$ 1.07	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	24	\$ 581.21	\$ 1.16
DME and Supplies	143	\$ 133.76	\$ 1.60	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	125	\$ 151.28	\$ 1.57
Home Health/Hospice	4	\$ 76.93	\$ 0.02	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	4	\$ 84.07	\$ 0.03
Physical/Occupational Therapy	210	\$ 99.13	\$ 1.73	0.50%	3.00%	0.00%	10.12%	1.02%	-5.00%	1.00%	204	\$ 120.48	\$ 2.05
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	6,710	\$ 92.58	\$ 51.77	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	6,817	\$ 103.27	\$ 58.67
Non-Emergency Transportation	222	\$ 6.17	\$ 0.11	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	239	\$ 6.41	\$ 0.13
Behavioral Health	4,202	\$ 118.93	\$ 41.64	0.25%	2.25%	27.43%	-14.26%	1.12%	-20.00%	5.00%	4,364	\$ 114.47	\$ 41.63
Indian Health Services	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	375	\$ 134.78	\$ 4.21	0.50%	3.00%	0.00%	6.13%	1.02%	5.00%	-5.00%	404	\$ 148.49	\$ 5.00
All Other	296	\$ 106.10	\$ 2.62	0.50%	3.00%	0.00%	0.00%	1.02%	-10.00%	2.00%	274	\$ 118.25	\$ 2.70
<b>Gross Benefit Total</b>			<b>\$ 250.98</b>	<b>-0.37%</b>	<b>3.31%</b>	<b>5.12%</b>	<b>-0.67%</b>	<b>1.80%</b>					<b>\$ 261.78</b>

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  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 24.72
Underwriting Gain	1.50%	\$ 4.36
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 290.87</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 374.70</b>
Premium Based Taxes	2.25%	\$ 8.62
<b>Draft Capitation PMPM</b>		<b>\$ 383.33</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 383.33</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, 15+ Years, Female, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	54,841
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	44,769

Tulsa Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	324	\$ 1,115.77	\$ 30.11	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	200	\$ 1,263.53	\$ 21.04
Outpatient Hospital - ER	580	\$ 420.31	\$ 20.32	0.00%	4.50%	0.00%	2.80%	2.87%	-40.00%	7.50%	358	\$ 530.04	\$ 15.81
Outpatient Hospital - Non-ER	428	\$ 316.18	\$ 11.27	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	330	\$ 387.87	\$ 10.67
Physician/Professional	5,470	\$ 157.25	\$ 71.68	0.25%	2.00%	0.00%	11.48%	1.10%	10.00%	-5.00%	6,129	\$ 176.74	\$ 90.26
Clinics (w/FQHC/RHC)	379	\$ 143.18	\$ 4.53	0.25%	2.00%	0.00%	1.37%	1.10%	0.00%	0.00%	386	\$ 154.03	\$ 4.96
Laboratory/Radiology/Pathology	4,755	\$ 21.34	\$ 8.46	0.50%	3.00%	0.00%	1.22%	1.02%	2.00%	-1.00%	4,974	\$ 23.37	\$ 9.69
Dental	5	\$ 349.13	\$ 0.16	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	6	\$ 370.50	\$ 0.17
DME and Supplies	219	\$ 112.33	\$ 2.05	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	191	\$ 127.04	\$ 2.02
Home Health/Hospice	7	\$ 58.99	\$ 0.03	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	7	\$ 64.46	\$ 0.04
Physical/Occupational Therapy	214	\$ 101.92	\$ 1.81	0.50%	3.00%	0.00%	10.10%	1.02%	-5.00%	1.00%	208	\$ 123.85	\$ 2.15
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	6,702	\$ 107.02	\$ 59.77	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	6,809	\$ 119.38	\$ 67.74
Non-Emergency Transportation	170	\$ 9.68	\$ 0.14	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	183	\$ 10.05	\$ 0.15
Behavioral Health	5,521	\$ 130.29	\$ 59.95	0.25%	2.25%	30.23%	-15.17%	1.12%	-20.00%	5.00%	5,860	\$ 124.07	\$ 60.59
Indian Health Services	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	428	\$ 139.57	\$ 4.98	0.50%	3.00%	0.00%	9.17%	1.02%	5.00%	-5.00%	461	\$ 158.18	\$ 6.08
All Other	419	\$ 100.59	\$ 3.51	0.50%	3.00%	0.00%	0.00%	1.02%	-10.00%	2.00%	387	\$ 112.12	\$ 3.61
<b>Gross Benefit Total</b>			<b>\$ 278.77</b>	<b>-0.28%</b>	<b>3.17%</b>	<b>6.59%</b>	<b>-0.93%</b>	<b>1.75%</b>					<b>\$ 294.98</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 27.86
Underwriting Gain	1.50%	\$ 4.92
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 327.76</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 411.59</b>
Premium Based Taxes	2.25%	\$ 9.47
<b>Draft Capitation PMPM</b>		<b>\$ 421.06</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 421.06</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
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**TANF/CHIP Child, 15+ Years, Female, Non-TPL, Non-Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	118,104
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	95,776

West Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	346	\$ 914.00	\$ 26.39	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	214	\$ 1,035.04	\$ 18.44
Outpatient Hospital - ER	898	\$ 380.86	\$ 28.52	0.00%	4.50%	0.00%	0.74%	2.87%	-40.00%	7.50%	555	\$ 470.69	\$ 21.75
Outpatient Hospital - Non-ER	1,245	\$ 178.21	\$ 18.49	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	961	\$ 218.62	\$ 17.50
Physician/Professional	5,316	\$ 152.82	\$ 67.69	0.25%	2.00%	0.00%	7.22%	1.10%	10.00%	-5.00%	5,956	\$ 165.18	\$ 81.99
Clinics (w/FQHC/RHC)	1,018	\$ 142.38	\$ 12.08	0.25%	2.00%	0.00%	43.28%	1.10%	0.00%	0.00%	1,037	\$ 216.48	\$ 18.70
Laboratory/Radiology/Pathology	2,684	\$ 27.90	\$ 6.24	0.50%	3.00%	0.00%	3.02%	1.02%	2.00%	-1.00%	2,807	\$ 31.09	\$ 7.27
Dental	23	\$ 970.62	\$ 1.87	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	24	\$ 1,030.03	\$ 2.03
DME and Supplies	168	\$ 110.71	\$ 1.55	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	147	\$ 125.21	\$ 1.53
Home Health/Hospice	7	\$ 59.02	\$ 0.03	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	7	\$ 64.50	\$ 0.04
Physical/Occupational Therapy	343	\$ 102.91	\$ 2.94	0.50%	3.00%	0.00%	10.10%	1.02%	-5.00%	1.00%	334	\$ 125.05	\$ 3.48
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	8,603	\$ 62.50	\$ 44.81	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	8,740	\$ 69.72	\$ 50.78
Non-Emergency Transportation	3,790	\$ 1.51	\$ 0.48	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	4,082	\$ 1.57	\$ 0.53
Behavioral Health	3,859	\$ 139.01	\$ 44.70	0.25%	2.25%	28.25%	-15.37%	1.12%	-20.00%	5.00%	4,034	\$ 132.05	\$ 44.39
Indian Health Services	0	\$ 148.72	\$ 0.00	0.50%	3.00%	0.00%	30.92%	1.02%	0.00%	0.00%	0	\$ 212.75	\$ 0.00
Family Planning	595	\$ 101.15	\$ 5.02	0.50%	3.00%	0.00%	5.30%	1.02%	5.00%	-5.00%	641	\$ 110.57	\$ 5.90
All Other	348	\$ 115.71	\$ 3.36	0.50%	3.00%	0.00%	0.00%	1.02%	-10.00%	2.00%	321	\$ 128.97	\$ 3.45
<b>Gross Benefit Total</b>			<b>\$ 264.17</b>	<b>-0.35%</b>	<b>3.33%</b>	<b>3.77%</b>	<b>1.67%</b>	<b>1.78%</b>					<b>\$ 277.79</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 26.24
Underwriting Gain	1.50%	\$ 4.63
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 308.66</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 392.49</b>
Premium Based Taxes	2.25%	\$ 9.03
<b>Draft Capitation PMPM</b>		<b>\$ 401.52</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 401.52</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
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**TANF/CHIP Child, 15+ Years, Female, Non-TPL, Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	52,335
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	10,024

East Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	399	\$ 914.96	\$ 30.46	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	246	\$ 1,036.13	\$ 21.28
Outpatient Hospital - ER	766	\$ 380.26	\$ 24.26	0.00%	4.50%	0.00%	0.67%	2.87%	-40.00%	7.50%	473	\$ 469.59	\$ 18.49
Outpatient Hospital - Non-ER	744	\$ 222.99	\$ 13.82	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	574	\$ 273.55	\$ 13.08
Physician/Professional	4,071	\$ 165.09	\$ 56.01	0.25%	2.00%	0.00%	8.05%	1.10%	10.00%	-5.00%	4,561	\$ 179.84	\$ 68.36
Clinics (w/FQHC/RHC)	894	\$ 154.66	\$ 11.53	0.25%	2.00%	0.00%	11.20%	1.10%	0.00%	0.00%	911	\$ 182.50	\$ 13.85
Laboratory/Radiology/Pathology	2,954	\$ 25.25	\$ 6.22	0.50%	3.00%	0.00%	4.42%	1.02%	2.00%	-1.00%	3,089	\$ 28.53	\$ 7.34
Dental	6	\$ 328.79	\$ 0.16	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	6	\$ 348.91	\$ 0.17
DME and Supplies	158	\$ 118.94	\$ 1.57	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	138	\$ 134.51	\$ 1.54
Home Health/Hospice	7	\$ 67.11	\$ 0.04	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	7	\$ 73.33	\$ 0.04
Physical/Occupational Therapy	249	\$ 90.00	\$ 1.86	0.50%	3.00%	0.00%	10.12%	1.02%	-5.00%	1.00%	242	\$ 109.38	\$ 2.21
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	8,756	\$ 131.18	\$ 95.72	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	8,895	\$ 146.34	\$ 108.48
Non-Emergency Transportation	3,751	\$ 1.15	\$ 0.36	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	4,039	\$ 1.19	\$ 0.40
Behavioral Health	4,418	\$ 172.46	\$ 63.50	0.25%	2.25%	33.00%	-20.04%	1.12%	-20.00%	5.00%	4,789	\$ 154.78	\$ 61.77
Indian Health Services	15	\$ 105.07	\$ 0.13	0.50%	3.00%	0.00%	20.58%	1.02%	0.00%	0.00%	16	\$ 138.44	\$ 0.18
Family Planning	541	\$ 81.18	\$ 3.66	0.50%	3.00%	0.00%	2.78%	1.02%	5.00%	-5.00%	582	\$ 86.62	\$ 4.20
All Other	665	\$ 106.35	\$ 5.89	0.50%	3.00%	0.00%	2.56%	1.02%	-10.00%	2.00%	613	\$ 121.57	\$ 6.21
<b>Gross Benefit Total</b>			<b>\$ 315.16</b>	<b>-0.37%</b>	<b>3.37%</b>	<b>5.20%</b>	<b>-1.78%</b>	<b>1.91%</b>					<b>\$ 327.61</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.00%	\$ 28.96
Underwriting Gain	1.50%	\$ 5.43
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 362.01</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 445.84</b>
Premium Based Taxes	2.25%	\$ 10.26
<b>Draft Capitation PMPM</b>		<b>\$ 456.10</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 456.10</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
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**TANF/CHIP Child, 15+ Years, Female, Non-TPL, Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	4,182
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	799

OKC Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	479	\$ 765.36	\$ 30.56	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	296	\$ 866.72	\$ 21.36
Outpatient Hospital - ER	1,274	\$ 373.57	\$ 39.66	0.00%	4.50%	0.00%	2.30%	2.87%	-40.00%	7.50%	786	\$ 468.84	\$ 30.72
Outpatient Hospital - Non-ER	881	\$ 157.96	\$ 11.60	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	680	\$ 193.77	\$ 10.97
Physician/Professional	4,519	\$ 183.48	\$ 69.10	0.25%	2.00%	0.00%	10.19%	1.10%	10.00%	-5.00%	5,064	\$ 203.82	\$ 86.01
Clinics (w/FQHC/RHC)	379	\$ 181.41	\$ 5.73	0.25%	2.00%	0.00%	3.90%	1.10%	0.00%	0.00%	386	\$ 200.02	\$ 6.43
Laboratory/Radiology/Pathology	2,775	\$ 26.46	\$ 6.12	0.50%	3.00%	0.00%	2.25%	1.02%	2.00%	-1.00%	2,902	\$ 29.27	\$ 7.08
Dental	32	\$ 365.41	\$ 0.96	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	32	\$ 387.77	\$ 1.04
DME and Supplies	270	\$ 159.75	\$ 3.59	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	235	\$ 180.67	\$ 3.54
Home Health/Hospice	11	\$ 76.20	\$ 0.07	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	12	\$ 83.26	\$ 0.08
Physical/Occupational Therapy	80	\$ 94.70	\$ 0.63	0.50%	3.00%	0.00%	9.95%	1.02%	-5.00%	1.00%	78	\$ 114.92	\$ 0.75
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	7,868	\$ 107.95	\$ 70.78	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	7,994	\$ 120.42	\$ 80.22
Non-Emergency Transportation	75	\$ 12.39	\$ 0.08	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	80	\$ 12.86	\$ 0.09
Behavioral Health	3,122	\$ 139.15	\$ 36.20	0.25%	2.25%	97.70%	-27.67%	1.12%	-20.00%	5.00%	5,031	\$ 112.97	\$ 47.36
Indian Health Services	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	324	\$ 129.65	\$ 3.50	0.50%	3.00%	0.00%	6.38%	1.02%	5.00%	-5.00%	349	\$ 143.18	\$ 4.17
All Other	370	\$ 197.89	\$ 6.10	0.50%	3.00%	0.00%	0.00%	1.02%	-10.00%	2.00%	342	\$ 220.56	\$ 6.28
<b>Gross Benefit Total</b>			<b>\$ 284.70</b>	<b>-0.51%</b>	<b>3.57%</b>	<b>13.79%</b>	<b>-4.83%</b>	<b>1.90%</b>					<b>\$ 306.09</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.00%	\$ 27.06
Underwriting Gain	1.50%	\$ 5.07
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 338.22</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 422.05</b>
Premium Based Taxes	2.25%	\$ 9.71
<b>Draft Capitation PMPM</b>		<b>\$ 431.77</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 431.77</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, 15+ Years, Female, Non-TPL, Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	6,039
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	1,149

Tulsa Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	523	\$ 1,064.98	\$ 46.38	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	322	\$ 1,206.02	\$ 32.41
Outpatient Hospital - ER	739	\$ 410.66	\$ 25.30	0.00%	4.50%	0.00%	2.09%	2.87%	-40.00%	7.50%	456	\$ 514.30	\$ 19.55
Outpatient Hospital - Non-ER	435	\$ 317.77	\$ 11.52	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	336	\$ 389.82	\$ 10.91
Physician/Professional	5,216	\$ 202.87	\$ 88.19	0.25%	2.00%	0.00%	10.09%	1.10%	10.00%	-5.00%	5,845	\$ 225.16	\$ 109.67
Clinics (w/FQHC/RHC)	274	\$ 144.78	\$ 3.31	0.25%	2.00%	0.00%	5.09%	1.10%	0.00%	0.00%	279	\$ 161.46	\$ 3.76
Laboratory/Radiology/Pathology	4,505	\$ 21.73	\$ 8.16	0.50%	3.00%	0.00%	1.99%	1.02%	2.00%	-1.00%	4,712	\$ 23.98	\$ 9.42
Dental	2	\$ 64.05	\$ 0.01	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	2	\$ 67.97	\$ 0.01
DME and Supplies	139	\$ 108.08	\$ 1.25	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	121	\$ 122.24	\$ 1.24
Home Health/Hospice	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Physical/Occupational Therapy	342	\$ 97.68	\$ 2.78	0.50%	3.00%	0.00%	10.14%	1.02%	-5.00%	1.00%	333	\$ 118.73	\$ 3.29
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	7,782	\$ 89.75	\$ 58.20	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	7,906	\$ 100.11	\$ 65.96
Non-Emergency Transportation	99	\$ 24.70	\$ 0.20	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	107	\$ 25.64	\$ 0.23
Behavioral Health	5,493	\$ 119.84	\$ 54.85	0.25%	2.25%	22.90%	-13.84%	1.12%	-20.00%	5.00%	5,502	\$ 115.90	\$ 53.14
Indian Health Services	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	413	\$ 140.51	\$ 4.84	0.50%	3.00%	0.00%	8.90%	1.02%	5.00%	-5.00%	445	\$ 158.83	\$ 5.89
All Other	858	\$ 68.52	\$ 4.90	0.50%	3.00%	0.00%	0.00%	1.02%	-10.00%	2.00%	792	\$ 76.37	\$ 5.04
<b>Gross Benefit Total</b>			<b>\$ 309.91</b>	<b>-0.34%</b>	<b>3.19%</b>	<b>4.75%</b>	<b>-0.38%</b>	<b>1.76%</b>					<b>\$ 320.51</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.00%	\$ 28.33
Underwriting Gain	1.50%	\$ 5.31
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 354.16</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 437.99</b>
Premium Based Taxes	2.25%	\$ 10.08
<b>Draft Capitation PMPM</b>		<b>\$ 448.07</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 448.07</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, 15+ Years, Female, Non-TPL, Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	18,525
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	3,526

West Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	389	\$ 981.88	\$ 31.85	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	240	\$ 1,111.91	\$ 22.26
Outpatient Hospital - ER	844	\$ 388.79	\$ 27.35	0.00%	4.50%	0.00%	0.60%	2.87%	-40.00%	7.50%	521	\$ 479.80	\$ 20.83
Outpatient Hospital - Non-ER	1,046	\$ 186.82	\$ 16.29	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	807	\$ 229.18	\$ 15.41
Physician/Professional	4,105	\$ 178.51	\$ 61.06	0.25%	2.00%	0.00%	9.16%	1.10%	10.00%	-5.00%	4,599	\$ 196.45	\$ 75.30
Clinics (w/FQHC/RHC)	402	\$ 129.91	\$ 4.35	0.25%	2.00%	0.00%	53.40%	1.10%	0.00%	0.00%	409	\$ 211.48	\$ 7.21
Laboratory/Radiology/Pathology	2,273	\$ 28.88	\$ 5.47	0.50%	3.00%	0.00%	3.04%	1.02%	2.00%	-1.00%	2,377	\$ 32.19	\$ 6.38
Dental	15	\$ 984.40	\$ 1.22	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	15	\$ 1,044.66	\$ 1.32
DME and Supplies	192	\$ 107.43	\$ 1.72	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	168	\$ 121.50	\$ 1.70
Home Health/Hospice	7	\$ 71.14	\$ 0.04	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	7	\$ 77.74	\$ 0.05
Physical/Occupational Therapy	303	\$ 99.17	\$ 2.51	0.50%	3.00%	0.00%	10.12%	1.02%	-5.00%	1.00%	295	\$ 120.52	\$ 2.97
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	8,107	\$ 141.75	\$ 95.77	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	8,237	\$ 158.13	\$ 108.54
Non-Emergency Transportation	2,040	\$ 0.99	\$ 0.17	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	2,197	\$ 1.03	\$ 0.19
Behavioral Health	2,732	\$ 164.24	\$ 37.39	0.25%	2.25%	31.39%	-18.53%	1.12%	-20.00%	5.00%	2,925	\$ 150.19	\$ 36.61
Indian Health Services	54	\$ 140.79	\$ 0.64	0.50%	3.00%	0.00%	20.21%	1.02%	0.00%	0.00%	56	\$ 184.93	\$ 0.86
Family Planning	371	\$ 104.72	\$ 3.23	0.50%	3.00%	0.00%	5.70%	1.02%	5.00%	-5.00%	399	\$ 114.91	\$ 3.82
All Other	425	\$ 140.44	\$ 4.97	0.50%	3.00%	0.00%	0.00%	1.02%	-10.00%	2.00%	392	\$ 156.53	\$ 5.12
<b>Gross Benefit Total</b>			<b>\$ 294.03</b>	<b>-0.48%</b>	<b>3.55%</b>	<b>3.74%</b>	<b>0.05%</b>	<b>2.00%</b>					<b>\$ 308.55</b>

**Notes:**

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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.00%	\$ 27.28
Underwriting Gain	1.50%	\$ 5.11
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 340.94</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 424.77</b>
Premium Based Taxes	2.25%	\$ 9.78
<b>Draft Capitation PMPM</b>		<b>\$ 434.55</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 434.55</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
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**TANF/CHIP Child, 15+ Years, Female, with TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	54,767
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	42,832

Statewide Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	371	\$ 306.65	\$ 9.47	0.25%	1.75%	0.00%	0.00%	-2.75%	0.00%	0.00%	363	\$ 323.03	\$ 9.78
Outpatient Hospital - ER	495	\$ 171.53	\$ 7.07	0.00%	4.50%	0.00%	0.54%	4.27%	0.00%	0.00%	516	\$ 196.79	\$ 8.46
Outpatient Hospital - Non-ER	649	\$ 71.58	\$ 3.87	0.00%	4.50%	0.00%	0.00%	4.27%	0.00%	0.00%	677	\$ 81.68	\$ 4.61
Physician/Professional	3,487	\$ 94.10	\$ 27.35	0.25%	2.00%	0.00%	8.83%	0.92%	0.00%	0.00%	3,546	\$ 108.68	\$ 32.12
Clinics (w/FQHC/RHC)	430	\$ 115.67	\$ 4.14	0.25%	2.00%	0.00%	21.76%	0.92%	0.00%	0.00%	437	\$ 149.47	\$ 5.44
Laboratory/Radiology/Pathology	1,116	\$ 21.33	\$ 1.98	0.50%	3.00%	0.00%	2.09%	1.70%	0.00%	0.00%	1,152	\$ 23.79	\$ 2.28
Dental	9	\$ 443.11	\$ 0.32	0.25%	2.00%	0.00%	0.00%	0.92%	0.00%	0.00%	9	\$ 470.23	\$ 0.35
DME and Supplies	109	\$ 93.07	\$ 0.85	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	113	\$ 101.70	\$ 0.96
Home Health/Hospice	2	\$ 58.01	\$ 0.01	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	2	\$ 63.39	\$ 0.01
Physical/Occupational Therapy	249	\$ 58.83	\$ 1.22	0.50%	3.00%	0.00%	10.11%	1.70%	0.00%	0.00%	257	\$ 70.79	\$ 1.52
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	6,099	\$ 48.24	\$ 24.52	-2.00%	5.50%	0.00%	0.00%	3.39%	0.00%	0.00%	5,935	\$ 56.65	\$ 28.02
Non-Emergency Transportation	3,614	\$ 0.64	\$ 0.19	0.50%	3.00%	0.00%	0.00%	1.43%	0.00%	0.00%	3,721	\$ 0.70	\$ 0.22
Behavioral Health	3,404	\$ 113.20	\$ 32.11	0.25%	2.25%	35.81%	-15.82%	1.41%	0.00%	0.00%	4,724	\$ 101.87	\$ 40.10
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	224	\$ 68.93	\$ 1.29	0.50%	3.00%	0.00%	2.27%	1.70%	0.00%	0.00%	231	\$ 77.03	\$ 1.49
All Other	317	\$ 55.92	\$ 1.48	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	328	\$ 61.10	\$ 1.67
<b>Gross Benefit Total</b>			<b>\$ 115.88</b>	<b>-0.35%</b>	<b>3.20%</b>	<b>6.00%</b>	<b>0.87%</b>	<b>1.64%</b>					<b>\$ 137.00</b>

**Notes:**

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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 13.78
Underwriting Gain	1.50%	\$ 2.30
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 153.08</b>

Supplemental Payments		
	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax		
	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 236.91</b>
Premium Based Taxes	2.25%	\$ 5.45
<b>Draft Capitation PMPM</b>		<b>\$ 242.36</b>

Capitation Withhold		
	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 242.36</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
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**TANF/CHIP Child, 15+ Years, Female, with TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	11,826
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	2,202

Statewide Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	285	\$ 385.18	\$ 9.15	0.25%	1.75%	0.00%	0.00%	-2.75%	0.00%	0.00%	279	\$ 405.76	\$ 9.45
Outpatient Hospital - ER	484	\$ 210.57	\$ 8.49	0.00%	4.50%	0.00%	0.59%	4.27%	0.00%	0.00%	505	\$ 241.72	\$ 10.17
Outpatient Hospital - Non-ER	473	\$ 75.51	\$ 2.98	0.00%	4.50%	0.00%	0.00%	4.27%	0.00%	0.00%	493	\$ 86.17	\$ 3.54
Physician/Professional	2,732	\$ 99.86	\$ 22.73	0.25%	2.00%	0.00%	7.25%	0.92%	0.00%	0.00%	2,777	\$ 113.66	\$ 26.31
Clinics (w/FQHC/RHC)	290	\$ 113.42	\$ 2.74	0.25%	2.00%	0.00%	5.99%	0.92%	0.00%	0.00%	295	\$ 127.57	\$ 3.14
Laboratory/Radiology/Pathology	853	\$ 22.70	\$ 1.61	0.50%	3.00%	0.00%	3.43%	1.70%	0.00%	0.00%	881	\$ 25.66	\$ 1.88
Dental	3	\$ 446.77	\$ 0.11	0.25%	2.00%	0.00%	0.00%	0.92%	0.00%	0.00%	3	\$ 474.11	\$ 0.12
DME and Supplies	116	\$ 96.42	\$ 0.93	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	119	\$ 105.36	\$ 1.05
Home Health/Hospice	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Physical/Occupational Therapy	115	\$ 43.32	\$ 0.41	0.50%	3.00%	0.00%	10.10%	1.70%	0.00%	0.00%	118	\$ 52.11	\$ 0.51
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	5,299	\$ 94.17	\$ 41.58	-2.00%	5.50%	0.00%	0.00%	3.39%	0.00%	0.00%	5,156	\$ 110.57	\$ 47.51
Non-Emergency Transportation	4,714	\$ 0.75	\$ 0.29	0.50%	3.00%	0.00%	0.00%	1.43%	0.00%	0.00%	4,854	\$ 0.82	\$ 0.33
Behavioral Health	3,044	\$ 137.04	\$ 34.76	0.25%	2.25%	36.80%	-18.94%	1.41%	0.00%	0.00%	4,255	\$ 118.75	\$ 42.10
Indian Health Services	12	\$ 60.30	\$ 0.06	0.50%	3.00%	0.00%	22.33%	1.70%	0.00%	0.00%	13	\$ 80.61	\$ 0.08
Family Planning	130	\$ 73.76	\$ 0.80	0.50%	3.00%	0.00%	1.64%	1.70%	0.00%	0.00%	134	\$ 81.93	\$ 0.92
All Other	308	\$ 55.80	\$ 1.43	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	318	\$ 60.98	\$ 1.62
<b>Gross Benefit Total</b>			<b>\$ 128.10</b>	<b>-0.30%</b>	<b>3.24%</b>	<b>6.01%</b>	<b>-1.50%</b>	<b>1.93%</b>					<b>\$ 148.72</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 14.96
Underwriting Gain	1.50%	\$ 2.49
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 166.17</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 250.00</b>
Premium Based Taxes	2.25%	\$ 5.75
<b>Draft Capitation PMPM</b>		<b>\$ 255.76</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 255.76</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, 15+ Years, Male, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	92,408
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	75,884

East Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	83	\$ 1,747.54	\$ 12.03	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	51	\$ 1,978.96	\$ 8.40
Outpatient Hospital - ER	437	\$ 359.72	\$ 13.11	0.00%	4.50%	0.00%	0.79%	2.87%	-40.00%	7.50%	270	\$ 444.77	\$ 10.01
Outpatient Hospital - Non-ER	391	\$ 316.12	\$ 10.30	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	302	\$ 387.80	\$ 9.75
Physician/Professional	3,185	\$ 125.13	\$ 33.21	0.25%	2.00%	0.00%	6.81%	1.10%	10.00%	-5.00%	3,568	\$ 134.74	\$ 40.06
Clinics (w/FQHC/RHC)	508	\$ 147.32	\$ 6.23	0.25%	2.00%	0.00%	20.84%	1.10%	0.00%	0.00%	517	\$ 188.92	\$ 8.14
Laboratory/Radiology/Pathology	1,196	\$ 24.59	\$ 2.45	0.50%	3.00%	0.00%	5.97%	1.02%	2.00%	-1.00%	1,251	\$ 28.19	\$ 2.94
Dental	4	\$ 855.20	\$ 0.28	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	4	\$ 907.55	\$ 0.30
DME and Supplies	196	\$ 128.02	\$ 2.09	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	171	\$ 144.79	\$ 2.06
Home Health/Hospice	8	\$ 66.92	\$ 0.04	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	8	\$ 73.13	\$ 0.05
Physical/Occupational Therapy	200	\$ 96.25	\$ 1.60	0.50%	3.00%	0.00%	10.11%	1.02%	-5.00%	1.00%	194	\$ 116.96	\$ 1.90
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	4,920	\$ 105.69	\$ 43.33	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	4,998	\$ 117.90	\$ 49.11
Non-Emergency Transportation	2,248	\$ 1.08	\$ 0.20	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	2,421	\$ 1.12	\$ 0.23
Behavioral Health	4,232	\$ 137.03	\$ 48.33	0.25%	2.25%	33.79%	-18.13%	1.12%	-20.00%	5.00%	4,615	\$ 125.93	\$ 48.43
Indian Health Services	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	0	\$ 31.95	\$ 0.00	0.50%	3.00%	0.00%	0.00%	1.02%	5.00%	-5.00%	0	\$ 33.17	\$ 0.00
All Other	584	\$ 126.15	\$ 6.14	0.50%	3.00%	0.00%	7.41%	1.02%	-10.00%	2.00%	539	\$ 151.01	\$ 6.78
<b>Gross Benefit Total</b>			<b>\$ 179.35</b>	<b>-0.30%</b>	<b>3.27%</b>	<b>7.95%</b>	<b>-2.79%</b>	<b>1.79%</b>					<b>\$ 188.16</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 18.92
Underwriting Gain	1.50%	\$ 3.15
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 210.23</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 294.06</b>
Premium Based Taxes	2.25%	\$ 6.77
<b>Draft Capitation PMPM</b>		<b>\$ 300.83</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 300.83</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, 15+ Years, Male, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	67,558
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	55,665

OKC Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	94	\$ 1,622.65	\$ 12.73	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	58	\$ 1,837.54	\$ 8.89
Outpatient Hospital - ER	433	\$ 346.17	\$ 12.50	0.00%	4.50%	0.00%	2.85%	2.87%	-40.00%	7.50%	267	\$ 436.79	\$ 9.73
Outpatient Hospital - Non-ER	439	\$ 297.29	\$ 10.87	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	338	\$ 364.70	\$ 10.29
Physician/Professional	3,281	\$ 117.23	\$ 32.05	0.25%	2.00%	0.00%	8.11%	1.10%	10.00%	-5.00%	3,676	\$ 127.77	\$ 39.14
Clinics (w/FQHC/RHC)	565	\$ 187.81	\$ 8.84	0.25%	2.00%	0.00%	1.54%	1.10%	0.00%	0.00%	576	\$ 202.38	\$ 9.71
Laboratory/Radiology/Pathology	934	\$ 23.22	\$ 1.81	0.50%	3.00%	0.00%	2.43%	1.02%	2.00%	-1.00%	977	\$ 25.73	\$ 2.10
Dental	17	\$ 687.50	\$ 0.98	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	17	\$ 729.58	\$ 1.06
DME and Supplies	156	\$ 101.11	\$ 1.32	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	136	\$ 114.35	\$ 1.30
Home Health/Hospice	5	\$ 66.71	\$ 0.03	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	5	\$ 72.89	\$ 0.03
Physical/Occupational Therapy	183	\$ 95.00	\$ 1.45	0.50%	3.00%	0.00%	10.12%	1.02%	-5.00%	1.00%	179	\$ 115.46	\$ 1.72
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	4,426	\$ 110.37	\$ 40.71	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	4,496	\$ 123.12	\$ 46.13
Non-Emergency Transportation	213	\$ 4.61	\$ 0.08	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	229	\$ 4.78	\$ 0.09
Behavioral Health	3,802	\$ 114.64	\$ 36.32	0.25%	2.25%	24.19%	-13.99%	1.12%	-20.00%	5.00%	3,848	\$ 110.68	\$ 35.49
Indian Health Services	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	0	\$ 63.60	\$ 0.00	0.50%	3.00%	0.00%	0.00%	1.02%	5.00%	-5.00%	0	\$ 66.02	\$ 0.00
All Other	166	\$ 134.05	\$ 1.85	0.50%	3.00%	0.00%	1.23%	1.02%	-10.00%	2.00%	153	\$ 151.24	\$ 1.93
<b>Gross Benefit Total</b>			<b>\$ 161.53</b>	<b>-0.40%</b>	<b>3.38%</b>	<b>6.34%</b>	<b>-2.65%</b>	<b>1.85%</b>					<b>\$ 167.61</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 16.85
Underwriting Gain	1.50%	\$ 2.81
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 187.27</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 271.10</b>
Premium Based Taxes	2.25%	\$ 6.24
<b>Draft Capitation PMPM</b>		<b>\$ 277.34</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 277.34</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, 15+ Years, Male, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	48,440
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	39,756

Tulsa Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	76	\$ 1,559.86	\$ 9.92	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	47	\$ 1,766.43	\$ 6.93
Outpatient Hospital - ER	327	\$ 392.93	\$ 10.72	0.00%	4.50%	0.00%	2.49%	2.87%	-40.00%	7.50%	202	\$ 494.04	\$ 8.32
Outpatient Hospital - Non-ER	195	\$ 602.77	\$ 9.79	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	150	\$ 739.46	\$ 9.27
Physician/Professional	3,455	\$ 132.31	\$ 38.09	0.25%	2.00%	0.00%	8.93%	1.10%	10.00%	-5.00%	3,871	\$ 145.29	\$ 46.86
Clinics (w/FQHC/RHC)	170	\$ 151.84	\$ 2.16	0.25%	2.00%	0.00%	0.90%	1.10%	0.00%	0.00%	174	\$ 162.59	\$ 2.35
Laboratory/Radiology/Pathology	1,534	\$ 24.44	\$ 3.12	0.50%	3.00%	0.00%	2.45%	1.02%	2.00%	-1.00%	1,604	\$ 27.09	\$ 3.62
Dental	2	\$ 404.00	\$ 0.08	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	3	\$ 428.73	\$ 0.09
DME and Supplies	202	\$ 125.73	\$ 2.11	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	176	\$ 142.19	\$ 2.08
Home Health/Hospice	43	\$ 243.46	\$ 0.86	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	44	\$ 266.03	\$ 0.97
Physical/Occupational Therapy	216	\$ 100.68	\$ 1.81	0.50%	3.00%	0.00%	10.11%	1.02%	-5.00%	1.00%	210	\$ 122.35	\$ 2.14
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	4,168	\$ 82.37	\$ 28.61	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	4,235	\$ 91.89	\$ 32.43
Non-Emergency Transportation	287	\$ 1.95	\$ 0.05	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	309	\$ 2.02	\$ 0.05
Behavioral Health	4,171	\$ 111.62	\$ 38.79	0.25%	2.25%	38.36%	-15.52%	1.12%	-20.00%	5.00%	4,703	\$ 105.85	\$ 41.49
Indian Health Services	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	1	\$ 0.81	\$ 0.00	0.50%	3.00%	0.00%	0.00%	1.02%	5.00%	-5.00%	1	\$ 0.84	\$ 0.00
All Other	382	\$ 192.32	\$ 6.12	0.50%	3.00%	0.00%	6.05%	1.02%	-10.00%	2.00%	352	\$ 227.34	\$ 6.67
<b>Gross Benefit Total</b>			<b>\$ 152.24</b>	<b>-0.32%</b>	<b>3.27%</b>	<b>10.64%</b>	<b>-3.27%</b>	<b>1.69%</b>					<b>\$ 163.28</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 16.42
Underwriting Gain	1.50%	\$ 2.74
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 182.43</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 266.27</b>
Premium Based Taxes	2.25%	\$ 6.13
<b>Draft Capitation PMPM</b>		<b>\$ 272.40</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 272.40</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

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**TANF/CHIP Child, 15+ Years, Male, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	105,821
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	87,035

West Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	79	\$ 1,956.05	\$ 12.81	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	48	\$ 2,215.09	\$ 8.95
Outpatient Hospital - ER	477	\$ 353.20	\$ 14.03	0.00%	4.50%	0.00%	0.84%	2.87%	-40.00%	7.50%	294	\$ 436.91	\$ 10.71
Outpatient Hospital - Non-ER	566	\$ 265.38	\$ 12.52	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	437	\$ 325.55	\$ 11.85
Physician/Professional	3,600	\$ 116.99	\$ 35.10	0.25%	2.00%	0.00%	5.19%	1.10%	10.00%	-5.00%	4,034	\$ 124.06	\$ 41.71
Clinics (w/FQHC/RHC)	514	\$ 141.94	\$ 6.08	0.25%	2.00%	0.00%	47.10%	1.10%	0.00%	0.00%	523	\$ 221.58	\$ 9.67
Laboratory/Radiology/Pathology	958	\$ 26.81	\$ 2.14	0.50%	3.00%	0.00%	5.35%	1.02%	2.00%	-1.00%	1,002	\$ 30.55	\$ 2.55
Dental	17	\$ 1,116.82	\$ 1.56	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	17	\$ 1,185.18	\$ 1.69
DME and Supplies	210	\$ 125.24	\$ 2.20	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	183	\$ 141.64	\$ 2.16
Home Health/Hospice	25	\$ 216.76	\$ 0.46	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	26	\$ 236.86	\$ 0.51
Physical/Occupational Therapy	325	\$ 99.90	\$ 2.70	0.50%	3.00%	0.00%	10.11%	1.02%	-5.00%	1.00%	316	\$ 121.41	\$ 3.20
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	5,633	\$ 80.21	\$ 37.65	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	5,723	\$ 89.48	\$ 42.67
Non-Emergency Transportation	3,540	\$ 1.36	\$ 0.40	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	3,812	\$ 1.41	\$ 0.45
Behavioral Health	3,122	\$ 145.58	\$ 37.87	0.25%	2.25%	31.52%	-17.14%	1.12%	-20.00%	5.00%	3,346	\$ 135.40	\$ 37.76
Indian Health Services	1	\$ 79.02	\$ 0.00	0.50%	3.00%	0.00%	26.87%	1.02%	0.00%	0.00%	1	\$ 109.55	\$ 0.01
Family Planning	0	\$ 412.94	\$ 0.00	0.50%	3.00%	0.00%	0.00%	1.02%	5.00%	-5.00%	0	\$ 428.67	\$ 0.00
All Other	348	\$ 203.78	\$ 5.92	0.50%	3.00%	0.00%	6.86%	1.02%	-10.00%	2.00%	321	\$ 242.72	\$ 6.50
<b>Gross Benefit Total</b>			<b>\$ 171.45</b>	<b>-0.34%</b>	<b>3.34%</b>	<b>5.13%</b>	<b>0.00%</b>	<b>1.80%</b>					<b>\$ 180.39</b>

**Notes:**

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- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 18.14
Underwriting Gain	1.50%	\$ 3.02
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 201.55</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 285.38</b>
Premium Based Taxes	2.25%	\$ 6.57
<b>Draft Capitation PMPM</b>		<b>\$ 291.95</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 291.95</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, 15+ Years, Male, Non-TPL, Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	42,995
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	8,238

East Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	80	\$ 2,378.84	\$ 15.93	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	50	\$ 2,693.87	\$ 11.13
Outpatient Hospital - ER	422	\$ 363.56	\$ 12.79	0.00%	4.50%	0.00%	1.01%	2.87%	-40.00%	7.50%	260	\$ 450.52	\$ 9.78
Outpatient Hospital - Non-ER	310	\$ 389.76	\$ 10.07	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	239	\$ 478.13	\$ 9.53
Physician/Professional	2,548	\$ 128.19	\$ 27.22	0.25%	2.00%	0.00%	6.08%	1.10%	10.00%	-5.00%	2,855	\$ 137.09	\$ 32.61
Clinics (w/FQHC/RHC)	460	\$ 159.46	\$ 6.11	0.25%	2.00%	0.00%	13.19%	1.10%	0.00%	0.00%	468	\$ 191.54	\$ 7.47
Laboratory/Radiology/Pathology	933	\$ 27.09	\$ 2.11	0.50%	3.00%	0.00%	8.43%	1.02%	2.00%	-1.00%	976	\$ 31.78	\$ 2.58
Dental	5	\$ 543.47	\$ 0.21	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	5	\$ 576.74	\$ 0.23
DME and Supplies	174	\$ 123.05	\$ 1.78	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	152	\$ 139.16	\$ 1.76
Home Health/Hospice	1	\$ 282.53	\$ 0.03	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	1	\$ 308.73	\$ 0.03
Physical/Occupational Therapy	194	\$ 91.87	\$ 1.49	0.50%	3.00%	0.00%	10.06%	1.02%	-5.00%	1.00%	189	\$ 111.59	\$ 1.76
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	4,974	\$ 141.24	\$ 58.54	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	5,053	\$ 157.55	\$ 66.34
Non-Emergency Transportation	1,656	\$ 1.85	\$ 0.26	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	1,783	\$ 1.92	\$ 0.29
Behavioral Health	3,119	\$ 158.89	\$ 41.29	0.25%	2.25%	42.50%	-21.85%	1.12%	-20.00%	5.00%	3,622	\$ 139.39	\$ 42.07
Indian Health Services	22	\$ 101.25	\$ 0.19	0.50%	3.00%	0.00%	16.95%	1.02%	0.00%	0.00%	23	\$ 129.40	\$ 0.25
Family Planning	1	\$ 66.74	\$ 0.00	0.50%	3.00%	0.00%	26.16%	1.02%	5.00%	-5.00%	1	\$ 87.41	\$ 0.01
All Other	468	\$ 202.49	\$ 7.90	0.50%	3.00%	0.00%	5.31%	1.02%	-10.00%	2.00%	432	\$ 237.69	\$ 8.56
<b>Gross Benefit Total</b>			<b>\$ 185.92</b>	<b>-0.42%</b>	<b>3.46%</b>	<b>8.75%</b>	<b>-4.14%</b>	<b>1.91%</b>					<b>\$ 194.41</b>

**Notes:**

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- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 19.55
Underwriting Gain	1.50%	\$ 3.26
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 217.22</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 301.05</b>
Premium Based Taxes	2.25%	\$ 6.93
<b>Draft Capitation PMPM</b>		<b>\$ 307.98</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 307.98</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, 15+ Years, Male, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	3,127
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	594

OKC Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	491	\$ 1,590.17	\$ 65.10	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	303	\$ 1,800.75	\$ 45.48
Outpatient Hospital - ER	599	\$ 372.29	\$ 18.57	0.00%	4.50%	0.00%	2.93%	2.87%	-40.00%	7.50%	370	\$ 470.07	\$ 14.48
Outpatient Hospital - Non-ER	422	\$ 191.86	\$ 6.75	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	326	\$ 235.36	\$ 6.39
Physician/Professional	3,945	\$ 116.06	\$ 38.16	0.25%	2.00%	0.00%	10.35%	1.10%	10.00%	-5.00%	4,421	\$ 129.12	\$ 47.56
Clinics (w/FQHC/RHC)	154	\$ 172.08	\$ 2.20	0.25%	2.00%	0.00%	6.38%	1.10%	0.00%	0.00%	156	\$ 194.27	\$ 2.53
Laboratory/Radiology/Pathology	837	\$ 30.76	\$ 2.14	0.50%	3.00%	0.00%	3.82%	1.02%	2.00%	-1.00%	875	\$ 34.54	\$ 2.52
Dental	19	\$ 283.55	\$ 0.45	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	20	\$ 300.91	\$ 0.49
DME and Supplies	215	\$ 149.11	\$ 2.67	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	187	\$ 168.64	\$ 2.63
Home Health/Hospice	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Physical/Occupational Therapy	403	\$ 98.92	\$ 3.32	0.50%	3.00%	0.00%	10.14%	1.02%	-5.00%	1.00%	393	\$ 120.24	\$ 3.93
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	5,576	\$ 161.44	\$ 75.02	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	5,665	\$ 180.09	\$ 85.02
Non-Emergency Transportation	31	\$ 15.09	\$ 0.04	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	33	\$ 15.67	\$ 0.04
Behavioral Health	4,014	\$ 109.13	\$ 36.51	0.25%	2.25%	20.85%	-13.78%	1.12%	-20.00%	5.00%	3,954	\$ 105.61	\$ 34.80
Indian Health Services	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	5.00%	-5.00%	-	\$ -	\$ -
All Other	150	\$ 141.33	\$ 1.76	0.50%	3.00%	0.00%	0.00%	1.02%	-10.00%	2.00%	138	\$ 157.52	\$ 1.81
<b>Gross Benefit Total</b>			<b>\$ 252.70</b>	<b>-0.47%</b>	<b>3.33%</b>	<b>5.04%</b>	<b>-2.36%</b>	<b>2.02%</b>					<b>\$ 247.69</b>

**Notes:**

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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 23.39
Underwriting Gain	1.50%	\$ 4.13
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 275.21</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 359.04</b>
Premium Based Taxes	2.25%	\$ 8.26
<b>Draft Capitation PMPM</b>		<b>\$ 367.31</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 367.31</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
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**TANF/CHIP Child, 15+ Years, Male, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	5,117
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	979

Tulsa Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	66	\$ 2,096.28	\$ 11.47	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	41	\$ 2,373.90	\$ 8.02
Outpatient Hospital - ER	408	\$ 366.97	\$ 12.48	0.00%	4.50%	0.00%	2.30%	2.87%	-40.00%	7.50%	252	\$ 460.52	\$ 9.67
Outpatient Hospital - Non-ER	162	\$ 995.87	\$ 13.43	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	125	\$ 1,221.69	\$ 12.71
Physician/Professional	3,335	\$ 131.34	\$ 36.50	0.25%	2.00%	0.00%	6.59%	1.10%	10.00%	-5.00%	3,737	\$ 141.13	\$ 43.94
Clinics (w/FQHC/RHC)	124	\$ 158.74	\$ 1.64	0.25%	2.00%	0.00%	14.96%	1.10%	0.00%	0.00%	127	\$ 193.66	\$ 2.04
Laboratory/Radiology/Pathology	1,374	\$ 26.61	\$ 3.05	0.50%	3.00%	0.00%	1.99%	1.02%	2.00%	-1.00%	1,437	\$ 29.37	\$ 3.52
Dental	2	\$ 64.05	\$ 0.01	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	2	\$ 67.97	\$ 0.01
DME and Supplies	120	\$ 90.94	\$ 0.91	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	104	\$ 102.85	\$ 0.89
Home Health/Hospice	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Physical/Occupational Therapy	192	\$ 104.61	\$ 1.68	0.50%	3.00%	0.00%	10.11%	1.02%	-5.00%	1.00%	187	\$ 127.13	\$ 1.98
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	4,261	\$ 100.39	\$ 35.65	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	4,329	\$ 111.99	\$ 40.40
Non-Emergency Transportation	52	\$ 16.31	\$ 0.07	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	56	\$ 16.93	\$ 0.08
Behavioral Health	4,962	\$ 128.80	\$ 53.26	0.25%	2.25%	32.29%	-14.93%	1.12%	-20.00%	5.00%	5,350	\$ 122.99	\$ 54.83
Indian Health Services	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.50%	3.00%	0.00%	0.00%	1.02%	5.00%	-5.00%	-	\$ -	\$ -
All Other	342	\$ 190.25	\$ 5.43	0.50%	3.00%	0.00%	5.71%	1.02%	-10.00%	2.00%	316	\$ 224.16	\$ 5.90
<b>Gross Benefit Total</b>			<b>\$ 175.57</b>	<b>-0.34%</b>	<b>3.31%</b>	<b>10.54%</b>	<b>-4.40%</b>	<b>1.75%</b>					<b>\$ 184.01</b>

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  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 18.50
Underwriting Gain	1.50%	\$ 3.08
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 205.59</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 289.42</b>
Premium Based Taxes	2.25%	\$ 6.66
<b>Draft Capitation PMPM</b>		<b>\$ 296.09</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 296.09</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, 15+ Years, Male, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	15,582
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	2,951

West Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	83	\$ 1,851.14	\$ 12.83	0.25%	1.75%	0.00%	0.00%	2.07%	-40.00%	7.50%	51	\$ 2,096.29	\$ 8.97
Outpatient Hospital - ER	437	\$ 337.51	\$ 12.30	0.00%	4.50%	0.00%	0.30%	2.87%	-40.00%	7.50%	270	\$ 415.29	\$ 9.34
Outpatient Hospital - Non-ER	301	\$ 265.94	\$ 6.67	0.00%	4.50%	0.00%	0.00%	2.87%	-25.00%	7.50%	232	\$ 326.24	\$ 6.32
Physician/Professional	2,518	\$ 122.67	\$ 25.73	0.25%	2.00%	0.00%	6.75%	1.10%	10.00%	-5.00%	2,821	\$ 132.02	\$ 31.03
Clinics (w/FQHC/RHC)	226	\$ 120.65	\$ 2.27	0.25%	2.00%	0.00%	61.66%	1.10%	0.00%	0.00%	230	\$ 206.98	\$ 3.96
Laboratory/Radiology/Pathology	601	\$ 32.82	\$ 1.64	0.50%	3.00%	0.00%	6.41%	1.02%	2.00%	-1.00%	628	\$ 37.78	\$ 1.98
Dental	14	\$ 574.18	\$ 0.66	0.25%	2.00%	0.00%	0.00%	1.10%	0.00%	0.00%	14	\$ 609.33	\$ 0.72
DME and Supplies	156	\$ 189.12	\$ 2.45	0.50%	3.00%	0.00%	0.00%	1.02%	-15.00%	3.50%	136	\$ 213.89	\$ 2.42
Home Health/Hospice	5	\$ 47.20	\$ 0.02	0.50%	3.00%	0.00%	0.00%	1.02%	0.00%	0.00%	6	\$ 51.58	\$ 0.02
Physical/Occupational Therapy	350	\$ 101.29	\$ 2.96	0.50%	3.00%	0.00%	10.12%	1.02%	-5.00%	1.00%	341	\$ 123.11	\$ 3.50
ICF/MR Services	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.25%	1.75%	0.00%	0.00%	2.07%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	5,015	\$ 148.57	\$ 62.09	-2.00%	5.50%	0.00%	0.00%	2.80%	5.00%	-5.00%	5,095	\$ 165.73	\$ 70.37
Non-Emergency Transportation	310	\$ 5.45	\$ 0.14	0.50%	3.00%	0.00%	0.00%	1.04%	5.00%	-5.00%	334	\$ 5.66	\$ 0.16
Behavioral Health	2,106	\$ 197.84	\$ 34.73	0.25%	2.25%	40.26%	-24.54%	1.12%	-20.00%	5.00%	2,408	\$ 167.57	\$ 33.62
Indian Health Services	44	\$ 128.09	\$ 0.47	0.50%	3.00%	0.00%	22.82%	1.02%	0.00%	0.00%	45	\$ 171.91	\$ 0.64
Family Planning	3	\$ 147.46	\$ 0.04	0.50%	3.00%	0.00%	0.00%	1.02%	5.00%	-5.00%	3	\$ 153.08	\$ 0.04
All Other	328	\$ 292.62	\$ 8.00	0.50%	3.00%	0.00%	13.86%	1.02%	-10.00%	2.00%	303	\$ 371.36	\$ 9.37
<b>Gross Benefit Total</b>			<b>\$ 173.01</b>	<b>-0.62%</b>	<b>3.70%</b>	<b>6.91%</b>	<b>-2.85%</b>	<b>1.95%</b>					<b>\$ 182.46</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 18.35
Underwriting Gain	1.50%	\$ 3.06
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 203.87</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 287.70</b>
Premium Based Taxes	2.25%	\$ 6.62
<b>Draft Capitation PMPM</b>		<b>\$ 294.32</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 294.32</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, 15+ Years, Male, with TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	44,895
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	36,370

Statewide Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	25	\$ 525.07	\$ 1.08	0.25%	1.75%	0.00%	0.00%	-2.75%	0.00%	0.00%	24	\$ 553.13	\$ 1.12
Outpatient Hospital - ER	237	\$ 160.11	\$ 3.16	0.00%	4.50%	0.00%	0.63%	4.27%	0.00%	0.00%	247	\$ 183.86	\$ 3.78
Outpatient Hospital - Non-ER	274	\$ 124.83	\$ 2.85	0.00%	4.50%	0.00%	0.00%	4.27%	0.00%	0.00%	285	\$ 142.46	\$ 3.39
Physician/Professional	2,065	\$ 67.05	\$ 11.54	0.25%	2.00%	0.00%	4.96%	0.92%	0.00%	0.00%	2,099	\$ 74.68	\$ 13.06
Clinics (w/FQHC/RHC)	188	\$ 121.30	\$ 1.90	0.25%	2.00%	0.00%	28.92%	0.92%	0.00%	0.00%	191	\$ 165.95	\$ 2.64
Laboratory/Radiology/Pathology	339	\$ 18.10	\$ 0.51	0.50%	3.00%	0.00%	4.41%	1.70%	0.00%	0.00%	350	\$ 20.65	\$ 0.60
Dental	5	\$ 1,074.60	\$ 0.46	0.25%	2.00%	0.00%	0.00%	0.92%	0.00%	0.00%	5	\$ 1,140.38	\$ 0.50
DME and Supplies	107	\$ 104.36	\$ 0.93	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	111	\$ 114.04	\$ 1.05
Home Health/Hospice	4	\$ 38.09	\$ 0.01	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	4	\$ 41.63	\$ 0.01
Physical/Occupational Therapy	244	\$ 62.68	\$ 1.28	0.50%	3.00%	0.00%	10.14%	1.70%	0.00%	0.00%	252	\$ 75.43	\$ 1.58
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	3,945	\$ 75.08	\$ 24.68	-2.00%	5.50%	0.00%	0.00%	3.39%	0.00%	0.00%	3,839	\$ 88.17	\$ 28.20
Non-Emergency Transportation	4,347	\$ 0.57	\$ 0.21	0.50%	3.00%	0.00%	0.00%	1.43%	0.00%	0.00%	4,475	\$ 0.62	\$ 0.23
Behavioral Health	2,620	\$ 105.86	\$ 23.11	0.25%	2.25%	30.76%	-14.46%	1.41%	0.00%	0.00%	3,500	\$ 96.80	\$ 28.23
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	1	\$ 12.37	\$ 0.00	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	1	\$ 13.51	\$ 0.00
All Other	234	\$ 158.13	\$ 3.08	0.50%	3.00%	0.00%	2.28%	1.70%	0.00%	0.00%	241	\$ 176.72	\$ 3.55
<b>Gross Benefit Total</b>			<b>\$ 74.79</b>	<b>-0.26%</b>	<b>3.26%</b>	<b>5.56%</b>	<b>-0.19%</b>	<b>2.14%</b>					<b>\$ 87.96</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.50%	\$ 9.39
Underwriting Gain	1.50%	\$ 1.48
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 98.83</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 182.66</b>
Premium Based Taxes	2.25%	\$ 4.20
<b>Draft Capitation PMPM</b>		<b>\$ 186.87</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 186.87</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF/CHIP Child Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF/CHIP Child, 15+ Years, Male, with TPL, Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	9,563
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	1,813

Statewide Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	27	\$ 2,737.02	\$ 6.24	0.25%	1.75%	0.00%	0.00%	-2.75%	0.00%	0.00%	27	\$ 2,883.24	\$ 6.44
Outpatient Hospital - ER	288	\$ 162.69	\$ 3.91	0.00%	4.50%	0.00%	0.93%	4.27%	0.00%	0.00%	300	\$ 187.37	\$ 4.69
Outpatient Hospital - Non-ER	251	\$ 207.86	\$ 4.34	0.00%	4.50%	0.00%	0.00%	4.27%	0.00%	0.00%	261	\$ 237.20	\$ 5.17
Physician/Professional	1,950	\$ 78.26	\$ 12.72	0.25%	2.00%	0.00%	6.18%	0.92%	0.00%	0.00%	1,983	\$ 88.18	\$ 14.57
Clinics (w/FQHC/RHC)	157	\$ 137.94	\$ 1.80	0.25%	2.00%	0.00%	5.22%	0.92%	0.00%	0.00%	160	\$ 154.03	\$ 2.05
Laboratory/Radiology/Pathology	303	\$ 22.51	\$ 0.57	0.50%	3.00%	0.00%	9.55%	1.70%	0.00%	0.00%	312	\$ 26.95	\$ 0.70
Dental	10	\$ 147.80	\$ 0.12	0.25%	2.00%	0.00%	0.00%	0.92%	0.00%	0.00%	10	\$ 156.85	\$ 0.13
DME and Supplies	131	\$ 49.42	\$ 0.54	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	135	\$ 54.00	\$ 0.61
Home Health/Hospice	3	\$ 64.93	\$ 0.02	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	3	\$ 70.95	\$ 0.02
Physical/Occupational Therapy	130	\$ 65.05	\$ 0.70	0.50%	3.00%	0.00%	10.13%	1.70%	0.00%	0.00%	134	\$ 78.28	\$ 0.87
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	3,676	\$ 145.07	\$ 44.44	-2.00%	5.50%	0.00%	0.00%	3.39%	0.00%	0.00%	3,577	\$ 170.35	\$ 50.78
Non-Emergency Transportation	7,018	\$ 0.46	\$ 0.27	0.50%	3.00%	0.00%	0.00%	1.43%	0.00%	0.00%	7,226	\$ 0.50	\$ 0.30
Behavioral Health	2,429	\$ 105.15	\$ 21.28	0.25%	2.25%	64.63%	-17.66%	1.41%	0.00%	0.00%	4,085	\$ 92.57	\$ 31.51
Indian Health Services	19	\$ 75.65	\$ 0.12	0.50%	3.00%	0.00%	27.01%	1.70%	0.00%	0.00%	19	\$ 104.99	\$ 0.17
Family Planning	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
All Other	318	\$ 304.35	\$ 8.07	0.50%	3.00%	0.00%	0.00%	1.70%	0.00%	0.00%	329	\$ 332.58	\$ 9.11
<b>Gross Benefit Total</b>			<b>\$ 105.15</b>	<b>-0.12%</b>	<b>3.20%</b>	<b>9.46%</b>	<b>-1.31%</b>	<b>2.15%</b>					<b>\$ 127.14</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 12.78
Underwriting Gain	1.50%	\$ 2.13
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 142.05</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 225.88</b>
Premium Based Taxes	2.25%	\$ 5.20
<b>Draft Capitation PMPM</b>		<b>\$ 231.08</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 231.08</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, < 45 Years, Adult Female, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	120,977
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	96,591

East Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	1,156	\$ 1,137.97	\$ 109.60	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	691	\$ 1,298.20	\$ 74.71
Outpatient Hospital - ER	1,276	\$ 450.38	\$ 47.89	0.25%	4.75%	0.00%	0.66%	-0.90%	-40.00%	7.50%	764	\$ 560.15	\$ 35.68
Outpatient Hospital - Non-ER	1,735	\$ 289.74	\$ 41.90	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	1,300	\$ 358.00	\$ 38.77
Physician/Professional	7,440	\$ 219.03	\$ 135.79	0.50%	2.25%	0.00%	9.74%	-0.35%	10.00%	-5.00%	8,278	\$ 244.11	\$ 168.39
Clinics (w/FQHC/RHC)	1,276	\$ 148.32	\$ 15.77	0.50%	2.25%	0.00%	19.74%	-0.35%	0.00%	0.00%	1,291	\$ 189.87	\$ 20.42
Laboratory/Radiology/Pathology	8,887	\$ 27.03	\$ 20.02	0.75%	3.25%	0.00%	3.11%	-1.14%	2.00%	-1.00%	9,165	\$ 30.37	\$ 23.20
Dental	2	\$ 3,523.03	\$ 0.61	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	2	\$ 3,766.23	\$ 0.66
DME and Supplies	317	\$ 78.59	\$ 2.07	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	272	\$ 89.53	\$ 2.03
Home Health/Hospice	36	\$ 68.63	\$ 0.20	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	36	\$ 75.54	\$ 0.23
Physical/Occupational Therapy	0	\$ 89.21	\$ 0.00	0.75%	3.25%	0.00%	10.18%	-1.14%	-5.00%	1.00%	0	\$ 109.28	\$ 0.00
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	15,463	\$ 80.83	\$ 104.16	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	15,301	\$ 91.46	\$ 116.62
Non-Emergency Transportation	6,094	\$ 2.55	\$ 1.30	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	6,633	\$ 2.67	\$ 1.48
Behavioral Health	4,934	\$ 96.74	\$ 39.77	0.50%	2.50%	95.34%	-11.40%	-0.11%	-20.00%	5.00%	7,818	\$ 96.91	\$ 63.14
Indian Health Services	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	348	\$ 298.57	\$ 8.66	0.75%	3.25%	0.00%	3.24%	-1.14%	5.00%	-5.00%	370	\$ 322.32	\$ 9.93
All Other	1,456	\$ 110.38	\$ 13.39	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	1,324	\$ 123.93	\$ 13.68
<b>Gross Benefit Total</b>			<b>\$ 541.16</b>	<b>-0.33%</b>	<b>3.67%</b>	<b>9.53%</b>	<b>-0.91%</b>	<b>-0.39%</b>					<b>\$ 568.94</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 43.53
Underwriting Gain	1.50%	\$ 9.33
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 621.79</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 705.62</b>
Premium Based Taxes	2.25%	\$ 16.24
<b>Draft Capitation PMPM</b>		<b>\$ 721.87</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 721.87</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, < 45 Years, Adult Female, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	76,455
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	60,221

OKC Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	1,435	\$ 919.03	\$ 109.89	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	857	\$ 1,048.43	\$ 74.91
Outpatient Hospital - ER	1,759	\$ 429.92	\$ 63.03	0.25%	4.75%	0.00%	1.21%	-0.90%	-40.00%	7.50%	1,054	\$ 537.62	\$ 47.22
Outpatient Hospital - Non-ER	1,981	\$ 256.35	\$ 42.33	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	1,484	\$ 316.74	\$ 39.17
Physician/Professional	8,094	\$ 218.18	\$ 147.16	0.50%	2.25%	0.00%	9.00%	-0.35%	10.00%	-5.00%	9,006	\$ 241.52	\$ 181.25
Clinics (w/FQHC/RHC)	765	\$ 182.52	\$ 11.64	0.50%	2.25%	0.00%	2.30%	-0.35%	0.00%	0.00%	774	\$ 199.61	\$ 12.87
Laboratory/Radiology/Pathology	7,186	\$ 29.57	\$ 17.71	0.75%	3.25%	0.00%	2.14%	-1.14%	2.00%	-1.00%	7,410	\$ 32.91	\$ 20.32
Dental	3	\$ 2,124.20	\$ 0.61	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	3	\$ 2,270.83	\$ 0.66
DME and Supplies	347	\$ 94.67	\$ 2.74	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	298	\$ 107.85	\$ 2.68
Home Health/Hospice	64	\$ 63.36	\$ 0.34	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	64	\$ 69.74	\$ 0.37
Physical/Occupational Therapy	20	\$ 47.24	\$ 0.08	0.75%	3.25%	0.00%	10.07%	-1.14%	-5.00%	1.00%	19	\$ 57.81	\$ 0.09
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	16	\$ 139.56	\$ 0.18	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	16	\$ 148.10	\$ 0.19
Pharmacy	14,078	\$ 93.94	\$ 110.21	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	13,931	\$ 106.29	\$ 123.39
Non-Emergency Transportation	781	\$ 10.56	\$ 0.69	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	851	\$ 11.04	\$ 0.78
Behavioral Health	4,249	\$ 94.18	\$ 33.35	0.50%	2.50%	61.93%	-8.13%	-0.11%	-20.00%	5.00%	5,582	\$ 97.84	\$ 45.51
Indian Health Services	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	329	\$ 354.40	\$ 9.72	0.75%	3.25%	0.00%	2.81%	-1.14%	5.00%	-5.00%	350	\$ 381.01	\$ 11.10
All Other	1,515	\$ 98.60	\$ 12.45	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	1,379	\$ 110.71	\$ 12.72
<b>Gross Benefit Total</b>			<b>\$ 562.12</b>	<b>-0.43%</b>	<b>3.82%</b>	<b>6.34%</b>	<b>-0.79%</b>	<b>-0.39%</b>					<b>\$ 573.25</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 43.85
Underwriting Gain	1.50%	\$ 9.40
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 626.50</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 710.33</b>
Premium Based Taxes	2.25%	\$ 16.35
<b>Draft Capitation PMPM</b>		<b>\$ 726.68</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 726.68</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, < 45 Years, Adult Female, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	58,194
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	45,850

Tulsa Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	1,346	\$ 1,011.32	\$ 113.43	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	804	\$ 1,153.71	\$ 77.32
Outpatient Hospital - ER	1,178	\$ 472.49	\$ 46.37	0.25%	4.75%	0.00%	1.73%	-0.90%	-40.00%	7.50%	706	\$ 593.93	\$ 34.92
Outpatient Hospital - Non-ER	1,177	\$ 425.35	\$ 41.71	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	881	\$ 525.56	\$ 38.60
Physician/Professional	8,709	\$ 228.94	\$ 166.15	0.50%	2.25%	0.00%	13.08%	-0.35%	10.00%	-5.00%	9,690	\$ 262.92	\$ 212.31
Clinics (w/FQHC/RHC)	334	\$ 143.89	\$ 4.01	0.50%	2.25%	0.00%	2.47%	-0.35%	0.00%	0.00%	338	\$ 157.63	\$ 4.44
Laboratory/Radiology/Pathology	10,959	\$ 25.23	\$ 23.04	0.75%	3.25%	0.00%	2.13%	-1.14%	2.00%	-1.00%	11,301	\$ 28.08	\$ 26.44
Dental	1	\$ 214.72	\$ 0.01	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	1	\$ 229.54	\$ 0.02
DME and Supplies	285	\$ 84.26	\$ 2.00	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	245	\$ 95.99	\$ 1.96
Home Health/Hospice	43	\$ 59.79	\$ 0.22	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	44	\$ 65.81	\$ 0.24
Physical/Occupational Therapy	0	\$ 91.13	\$ 0.00	0.75%	3.25%	0.00%	10.14%	-1.14%	-5.00%	1.00%	0	\$ 111.58	\$ 0.00
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	31	\$ 158.41	\$ 0.41	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	31	\$ 168.10	\$ 0.43
Pharmacy	13,897	\$ 81.92	\$ 94.86	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	13,752	\$ 92.69	\$ 106.21
Non-Emergency Transportation	433	\$ 12.94	\$ 0.47	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	472	\$ 13.53	\$ 0.53
Behavioral Health	4,926	\$ 69.31	\$ 28.45	0.50%	2.50%	82.34%	3.15%	-0.11%	-20.00%	5.00%	7,286	\$ 80.85	\$ 49.08
Indian Health Services	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	338	\$ 327.25	\$ 9.21	0.75%	3.25%	0.00%	6.25%	-1.14%	5.00%	-5.00%	358	\$ 363.58	\$ 10.86
All Other	1,533	\$ 94.45	\$ 12.06	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	1,395	\$ 106.04	\$ 12.32
<b>Gross Benefit Total</b>			<b>\$ 542.41</b>	<b>-0.34%</b>	<b>3.66%</b>	<b>9.20%</b>	<b>-0.26%</b>	<b>-0.44%</b>					<b>\$ 575.69</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 44.04
Underwriting Gain	1.50%	\$ 9.44
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 629.17</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 713.00</b>
Premium Based Taxes	2.25%	\$ 16.41
<b>Draft Capitation PMPM</b>		<b>\$ 729.42</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 729.42</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, < 45 Years, Adult Female, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	139,946
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	110,920

West Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	1,181	\$ 1,011.81	\$ 99.58	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	706	\$ 1,154.27	\$ 67.88
Outpatient Hospital - ER	1,637	\$ 434.31	\$ 59.24	0.25%	4.75%	0.00%	0.44%	-0.90%	-40.00%	7.50%	981	\$ 538.97	\$ 44.04
Outpatient Hospital - Non-ER	2,590	\$ 210.43	\$ 45.41	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	1,939	\$ 260.01	\$ 42.02
Physician/Professional	7,720	\$ 212.87	\$ 136.94	0.50%	2.25%	0.00%	9.11%	-0.35%	10.00%	-5.00%	8,589	\$ 235.88	\$ 168.84
Clinics (w/FQHC/RHC)	1,396	\$ 143.56	\$ 16.70	0.50%	2.25%	0.00%	46.00%	-0.35%	0.00%	0.00%	1,412	\$ 224.06	\$ 26.37
Laboratory/Radiology/Pathology	6,203	\$ 30.61	\$ 15.82	0.75%	3.25%	0.00%	2.71%	-1.14%	2.00%	-1.00%	6,397	\$ 34.26	\$ 18.26
Dental	7	\$ 2,435.02	\$ 1.39	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	7	\$ 2,603.11	\$ 1.51
DME and Supplies	313	\$ 77.77	\$ 2.03	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	269	\$ 88.60	\$ 1.99
Home Health/Hospice	43	\$ 59.98	\$ 0.21	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	43	\$ 66.01	\$ 0.24
Physical/Occupational Therapy	6	\$ 52.44	\$ 0.03	0.75%	3.25%	0.00%	10.10%	-1.14%	-5.00%	1.00%	6	\$ 64.18	\$ 0.03
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	7	\$ 146.38	\$ 0.08	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	7	\$ 155.33	\$ 0.09
Pharmacy	15,606	\$ 87.49	\$ 113.78	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	15,443	\$ 98.99	\$ 127.39
Non-Emergency Transportation	4,174	\$ 2.93	\$ 1.02	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	4,543	\$ 3.06	\$ 1.16
Behavioral Health	3,178	\$ 92.64	\$ 24.54	0.50%	2.50%	132.35%	-11.36%	-0.11%	-20.00%	5.00%	5,991	\$ 92.85	\$ 46.35
Indian Health Services	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	351	\$ 346.17	\$ 10.11	0.75%	3.25%	0.00%	3.83%	-1.14%	5.00%	-5.00%	372	\$ 375.84	\$ 11.66
All Other	1,303	\$ 122.15	\$ 13.27	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	1,186	\$ 137.14	\$ 13.55
<b>Gross Benefit Total</b>			<b>\$ 540.16</b>	<b>-0.46%</b>	<b>3.87%</b>	<b>9.44%</b>	<b>-0.73%</b>	<b>-0.35%</b>					<b>\$ 571.37</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 43.71
Underwriting Gain	1.50%	\$ 9.37
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 624.45</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 708.28</b>
Premium Based Taxes	2.25%	\$ 16.30
<b>Draft Capitation PMPM</b>		<b>\$ 724.59</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 724.59</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
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**TANF Parent/Caretaker, < 45 Years, Adult Female, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	53,610
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	11,828

East Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	1,133	\$ 1,011.86	\$ 95.51	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	677	\$ 1,154.33	\$ 65.10
Outpatient Hospital - ER	1,142	\$ 440.92	\$ 41.95	0.25%	4.75%	0.00%	0.51%	-0.90%	-40.00%	7.50%	684	\$ 547.58	\$ 31.21
Outpatient Hospital - Non-ER	1,347	\$ 270.95	\$ 30.42	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	1,009	\$ 334.78	\$ 28.15
Physician/Professional	5,694	\$ 223.18	\$ 105.90	0.50%	2.25%	0.00%	9.45%	-0.35%	10.00%	-5.00%	6,336	\$ 248.08	\$ 130.98
Clinics (w/FQHC/RHC)	1,094	\$ 155.27	\$ 14.16	0.50%	2.25%	0.00%	12.83%	-0.35%	0.00%	0.00%	1,107	\$ 187.29	\$ 17.28
Laboratory/Radiology/Pathology	6,478	\$ 28.69	\$ 15.49	0.75%	3.25%	0.00%	3.83%	-1.14%	2.00%	-1.00%	6,680	\$ 32.46	\$ 18.07
Dental	1	\$ 2,210.82	\$ 0.16	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	1	\$ 2,363.43	\$ 0.18
DME and Supplies	303	\$ 99.70	\$ 2.52	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	260	\$ 113.59	\$ 2.46
Home Health/Hospice	47	\$ 67.31	\$ 0.26	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	47	\$ 74.09	\$ 0.29
Physical/Occupational Therapy	0	\$ 51.18	\$ 0.00	0.75%	3.25%	0.00%	9.89%	-1.14%	-5.00%	1.00%	0	\$ 62.52	\$ 0.00
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	14,993	\$ 136.96	\$ 171.12	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	14,837	\$ 154.96	\$ 191.59
Non-Emergency Transportation	5,638	\$ 3.02	\$ 1.42	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	6,137	\$ 3.16	\$ 1.61
Behavioral Health	4,382	\$ 89.63	\$ 32.73	0.50%	2.50%	174.74%	-10.98%	-0.11%	-20.00%	5.00%	9,765	\$ 90.22	\$ 73.42
Indian Health Services	22	\$ 122.79	\$ 0.23	0.75%	3.25%	0.00%	13.44%	-1.14%	0.00%	0.00%	22	\$ 153.31	\$ 0.29
Family Planning	266	\$ 293.73	\$ 6.51	0.75%	3.25%	0.00%	2.83%	-1.14%	5.00%	-5.00%	282	\$ 315.84	\$ 7.43
All Other	1,384	\$ 157.82	\$ 18.21	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	1,260	\$ 177.18	\$ 18.60
<b>Gross Benefit Total</b>			<b>\$ 536.58</b>	<b>-0.44%</b>	<b>3.79%</b>	<b>17.85%</b>	<b>-5.74%</b>	<b>-0.10%</b>					<b>\$ 586.66</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 44.88
Underwriting Gain	1.50%	\$ 9.62
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 641.16</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 724.99</b>
Premium Based Taxes	2.25%	\$ 16.69
<b>Draft Capitation PMPM</b>		<b>\$ 741.68</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 741.68</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, < 45 Years, Adult Female, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	6,221
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	1,375

OKC Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	1,601	\$ 830.86	\$ 110.85	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	957	\$ 947.85	\$ 75.56
Outpatient Hospital - ER	2,110	\$ 414.48	\$ 72.88	0.25%	4.75%	0.00%	1.60%	-0.90%	-40.00%	7.50%	1,264	\$ 520.31	\$ 54.81
Outpatient Hospital - Non-ER	1,854	\$ 241.96	\$ 37.38	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	1,388	\$ 298.97	\$ 34.58
Physician/Professional	6,948	\$ 243.35	\$ 140.89	0.50%	2.25%	0.00%	11.32%	-0.35%	10.00%	-5.00%	7,730	\$ 275.11	\$ 177.22
Clinics (w/FQHC/RHC)	393	\$ 175.78	\$ 5.76	0.50%	2.25%	0.00%	3.71%	-0.35%	0.00%	0.00%	398	\$ 194.88	\$ 6.46
Laboratory/Radiology/Pathology	6,120	\$ 30.23	\$ 15.42	0.75%	3.25%	0.00%	2.10%	-1.14%	2.00%	-1.00%	6,311	\$ 33.64	\$ 17.69
Dental	-	\$ -	\$ -	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	434	\$ 127.39	\$ 4.61	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	373	\$ 145.13	\$ 4.51
Home Health/Hospice	44	\$ 64.04	\$ 0.24	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	45	\$ 70.49	\$ 0.26
Physical/Occupational Therapy	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	-5.00%	1.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	14,640	\$ 121.18	\$ 147.84	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	14,487	\$ 137.11	\$ 165.52
Non-Emergency Transportation	565	\$ 9.50	\$ 0.45	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	615	\$ 9.94	\$ 0.51
Behavioral Health	4,083	\$ 88.27	\$ 30.04	0.50%	2.50%	130.19%	-9.04%	-0.11%	-20.00%	5.00%	7,625	\$ 90.79	\$ 57.69
Indian Health Services	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	231	\$ 463.89	\$ 8.95	0.75%	3.25%	0.00%	2.36%	-1.14%	5.00%	-5.00%	246	\$ 496.51	\$ 10.17
All Other	2,457	\$ 106.69	\$ 21.85	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	2,236	\$ 119.78	\$ 22.32
<b>Gross Benefit Total</b>			<b>\$ 597.13</b>	<b>-0.50%</b>	<b>3.93%</b>	<b>13.18%</b>	<b>-4.23%</b>	<b>-0.28%</b>					<b>\$ 627.30</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 47.99
Underwriting Gain	1.50%	\$ 10.28
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 685.58</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 769.41</b>
Premium Based Taxes	2.25%	\$ 17.71
<b>Draft Capitation PMPM</b>		<b>\$ 787.12</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 787.12</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, < 45 Years, Adult Female, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	8,983
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	1,985

Tulsa Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	1,415	\$ 1,005.66	\$ 118.55	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	845	\$ 1,147.25	\$ 80.81
Outpatient Hospital - ER	1,443	\$ 459.48	\$ 55.24	0.25%	4.75%	0.00%	1.64%	-0.90%	-40.00%	7.50%	864	\$ 577.03	\$ 41.56
Outpatient Hospital - Non-ER	1,023	\$ 323.87	\$ 27.62	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	766	\$ 400.17	\$ 25.55
Physician/Professional	8,234	\$ 252.70	\$ 173.39	0.50%	2.25%	0.00%	12.50%	-0.35%	10.00%	-5.00%	9,162	\$ 288.72	\$ 220.43
Clinics (w/FQHC/RHC)	222	\$ 149.33	\$ 2.76	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	224	\$ 159.64	\$ 2.98
Laboratory/Radiology/Pathology	10,840	\$ 25.90	\$ 23.40	0.75%	3.25%	0.00%	2.11%	-1.14%	2.00%	-1.00%	11,178	\$ 28.82	\$ 26.85
Dental	-	\$ -	\$ -	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	267	\$ 101.16	\$ 2.25	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	230	\$ 115.25	\$ 2.20
Home Health/Hospice	21	\$ 64.93	\$ 0.12	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	22	\$ 71.47	\$ 0.13
Physical/Occupational Therapy	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	-5.00%	1.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	99	\$ 76.22	\$ 0.63	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	98	\$ 80.89	\$ 0.66
Pharmacy	15,734	\$ 105.12	\$ 137.82	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	15,569	\$ 118.94	\$ 154.31
Non-Emergency Transportation	3,337	\$ 2.70	\$ 0.75	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	3,632	\$ 2.82	\$ 0.85
Behavioral Health	8,402	\$ 55.81	\$ 39.08	0.50%	2.50%	223.01%	22.70%	-0.11%	-20.00%	5.00%	22,016	\$ 77.44	\$ 142.08
Indian Health Services	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	281	\$ 318.35	\$ 7.44	0.75%	3.25%	0.00%	6.12%	-1.14%	5.00%	-5.00%	298	\$ 353.27	\$ 8.77
All Other	2,264	\$ 148.26	\$ 27.98	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	2,060	\$ 166.46	\$ 28.58
<b>Gross Benefit Total</b>			<b>\$ 617.04</b>	<b>-0.29%</b>	<b>3.60%</b>	<b>35.75%</b>	<b>-9.81%</b>	<b>-0.30%</b>					<b>\$ 735.78</b>

**Notes:**

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- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	6.50%	\$ 51.98
Underwriting Gain	1.50%	\$ 12.00
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 799.76</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 883.60</b>
Premium Based Taxes	2.25%	\$ 20.34
<b>Draft Capitation PMPM</b>		<b>\$ 903.93</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 903.93</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
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**TANF Parent/Caretaker, < 45 Years, Adult Female, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	20,176
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	4,420

West Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	1,446	\$ 945.19	\$ 113.93	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	864	\$ 1,078.28	\$ 77.66
Outpatient Hospital - ER	1,580	\$ 429.86	\$ 56.61	0.25%	4.75%	0.00%	0.25%	-0.90%	-40.00%	7.50%	947	\$ 532.46	\$ 42.01
Outpatient Hospital - Non-ER	2,211	\$ 217.66	\$ 40.11	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	1,656	\$ 268.93	\$ 37.11
Physician/Professional	6,767	\$ 238.78	\$ 134.66	0.50%	2.25%	0.00%	12.81%	-0.35%	10.00%	-5.00%	7,530	\$ 273.57	\$ 171.66
Clinics (w/FQHC/RHC)	629	\$ 142.82	\$ 7.49	0.50%	2.25%	0.00%	42.11%	-0.35%	0.00%	0.00%	637	\$ 216.97	\$ 11.51
Laboratory/Radiology/Pathology	5,046	\$ 31.56	\$ 13.27	0.75%	3.25%	0.00%	2.50%	-1.14%	2.00%	-1.00%	5,203	\$ 35.25	\$ 15.29
Dental	5	\$ 3,363.78	\$ 1.33	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	5	\$ 3,595.98	\$ 1.44
DME and Supplies	272	\$ 94.37	\$ 2.14	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	234	\$ 107.51	\$ 2.10
Home Health/Hospice	60	\$ 77.87	\$ 0.39	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	61	\$ 85.72	\$ 0.43
Physical/Occupational Therapy	6	\$ 50.56	\$ 0.03	0.75%	3.25%	0.00%	10.18%	-1.14%	-5.00%	1.00%	6	\$ 61.93	\$ 0.03
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	43	\$ 51.94	\$ 0.19	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	43	\$ 55.12	\$ 0.20
Pharmacy	15,081	\$ 145.69	\$ 183.09	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	14,924	\$ 164.84	\$ 205.00
Non-Emergency Transportation	2,814	\$ 3.21	\$ 0.75	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	3,063	\$ 3.36	\$ 0.86
Behavioral Health	2,622	\$ 94.90	\$ 20.73	0.50%	2.50%	165.68%	-13.63%	-0.11%	-20.00%	5.00%	5,650	\$ 92.68	\$ 43.64
Indian Health Services	23	\$ 155.53	\$ 0.30	0.75%	3.25%	0.00%	19.69%	-1.14%	0.00%	0.00%	23	\$ 204.91	\$ 0.40
Family Planning	271	\$ 411.84	\$ 9.29	0.75%	3.25%	0.00%	4.21%	-1.14%	5.00%	-5.00%	287	\$ 448.79	\$ 10.74
All Other	1,498	\$ 129.99	\$ 16.22	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	1,363	\$ 145.95	\$ 16.57
<b>Gross Benefit Total</b>			<b>\$ 600.54</b>	<b>-0.56%</b>	<b>3.94%</b>	<b>11.07%</b>	<b>-2.84%</b>	<b>-0.16%</b>					<b>\$ 636.65</b>

**Notes:**

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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 48.71
Underwriting Gain	1.50%	\$ 10.44
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 695.80</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 779.63</b>
Premium Based Taxes	2.25%	\$ 17.95
<b>Draft Capitation PMPM</b>		<b>\$ 797.57</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 797.57</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
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 Subject to Revision

**TANF Parent/Caretaker, < 45 Years, Adult Female, with TPL, Non-Voluntary**

<b>Base Period:</b>	July 1, 2018 to June 30, 2019
<b>Base Member Months:</b>	55,689
<b>Trend Months (No Seasonality):</b>	36

<b>Contract Period:</b>	October 1, 2021 to June 30, 2022
<b>Projected Member Months:</b>	39,558

Statewide Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	1,440	\$ 270.72	\$ 32.48	0.50%	2.00%	0.00%	0.00%	1.03%	0.00%	0.00%	1,477	\$ 287.29	\$ 35.35
Outpatient Hospital - ER	726	\$ 213.64	\$ 12.93	0.25%	4.75%	0.00%	0.38%	1.16%	0.00%	0.00%	740	\$ 246.49	\$ 15.21
Outpatient Hospital - Non-ER	1,489	\$ 69.48	\$ 8.62	0.25%	4.75%	0.00%	0.00%	1.16%	0.00%	0.00%	1,517	\$ 79.86	\$ 10.10
Physician/Professional	4,471	\$ 168.93	\$ 62.95	0.50%	2.25%	0.00%	10.86%	1.46%	0.00%	0.00%	4,605	\$ 200.21	\$ 76.83
Clinics (w/FQHC/RHC)	436	\$ 119.63	\$ 4.35	0.50%	2.25%	0.00%	24.19%	1.46%	0.00%	0.00%	449	\$ 158.82	\$ 5.94
Laboratory/Radiology/Pathology	2,350	\$ 20.98	\$ 4.11	0.75%	3.25%	0.00%	1.95%	1.92%	0.00%	0.00%	2,450	\$ 23.55	\$ 4.81
Dental	1	\$ 3,360.39	\$ 0.36	0.50%	2.25%	0.00%	0.00%	1.46%	0.00%	0.00%	1	\$ 3,592.36	\$ 0.40
DME and Supplies	165	\$ 60.06	\$ 0.83	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	172	\$ 66.11	\$ 0.95
Home Health/Hospice	38	\$ 66.26	\$ 0.21	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	40	\$ 72.94	\$ 0.24
Physical/Occupational Therapy	1	\$ 43.49	\$ 0.00	0.75%	3.25%	0.00%	10.18%	1.92%	0.00%	0.00%	1	\$ 52.75	\$ 0.00
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	6,906	\$ 58.46	\$ 33.65	-2.50%	6.00%	0.00%	0.00%	4.19%	0.00%	0.00%	6,669	\$ 69.63	\$ 38.70
Non-Emergency Transportation	2,236	\$ 0.97	\$ 0.18	0.75%	3.25%	0.00%	0.00%	7.41%	0.00%	0.00%	2,457	\$ 1.06	\$ 0.22
Behavioral Health	1,177	\$ 94.21	\$ 9.24	0.50%	2.50%	87.30%	-9.90%	1.04%	0.00%	0.00%	2,260	\$ 91.41	\$ 17.22
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	134	\$ 177.65	\$ 1.98	0.75%	3.25%	0.00%	3.59%	1.92%	0.00%	0.00%	140	\$ 202.55	\$ 2.36
All Other	350	\$ 85.69	\$ 2.50	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	365	\$ 94.32	\$ 2.87
<b>Gross Benefit Total</b>			<b>\$ 174.39</b>	<b>-0.39%</b>	<b>3.60%</b>	<b>4.73%</b>	<b>3.28%</b>	<b>1.84%</b>					<b>\$ 211.19</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 19.95
Underwriting Gain	1.50%	\$ 3.52
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 234.65</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 318.48</b>
Premium Based Taxes	2.25%	\$ 7.33
<b>Draft Capitation PMPM</b>		<b>\$ 325.82</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 325.82</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, < 45 Years, Adult Female, with TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	9,146
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	1,831

Statewide Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	1,184	\$ 276.09	\$ 27.23	0.50%	2.00%	0.00%	0.00%	1.03%	0.00%	0.00%	1,214	\$ 292.98	\$ 29.63
Outpatient Hospital - ER	723	\$ 200.21	\$ 12.06	0.25%	4.75%	0.00%	0.48%	1.16%	0.00%	0.00%	737	\$ 231.23	\$ 14.20
Outpatient Hospital - Non-ER	1,074	\$ 73.32	\$ 6.56	0.25%	4.75%	0.00%	0.00%	1.16%	0.00%	0.00%	1,094	\$ 84.27	\$ 7.69
Physician/Professional	3,608	\$ 164.19	\$ 49.37	0.50%	2.25%	0.00%	12.41%	1.46%	0.00%	0.00%	3,716	\$ 197.31	\$ 61.10
Clinics (w/FQHC/RHC)	344	\$ 117.48	\$ 3.37	0.50%	2.25%	0.00%	4.72%	1.46%	0.00%	0.00%	354	\$ 131.53	\$ 3.88
Laboratory/Radiology/Pathology	1,984	\$ 20.43	\$ 3.38	0.75%	3.25%	0.00%	1.65%	1.92%	0.00%	0.00%	2,068	\$ 22.86	\$ 3.94
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	120	\$ 85.19	\$ 0.86	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	126	\$ 93.77	\$ 0.98
Home Health/Hospice	8	\$ 64.93	\$ 0.04	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	8	\$ 71.47	\$ 0.05
Physical/Occupational Therapy	1	\$ 158.93	\$ 0.02	0.75%	3.25%	0.00%	10.18%	1.92%	0.00%	0.00%	1	\$ 192.75	\$ 0.02
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	6,318	\$ 98.14	\$ 51.67	-2.50%	6.00%	0.00%	0.00%	4.19%	0.00%	0.00%	6,101	\$ 116.88	\$ 59.43
Non-Emergency Transportation	5,516	\$ 1.35	\$ 0.62	0.75%	3.25%	0.00%	0.00%	7.41%	0.00%	0.00%	6,059	\$ 1.49	\$ 0.75
Behavioral Health	1,647	\$ 79.70	\$ 10.94	0.50%	2.50%	171.80%	-4.39%	1.04%	0.00%	0.00%	4,591	\$ 82.07	\$ 31.40
Indian Health Services	12	\$ 5.87	\$ 0.01	0.75%	3.25%	0.00%	0.97%	1.92%	0.00%	0.00%	13	\$ 6.53	\$ 0.01
Family Planning	94	\$ 244.64	\$ 1.91	0.75%	3.25%	0.00%	6.93%	1.92%	0.00%	0.00%	98	\$ 287.92	\$ 2.34
All Other	478	\$ 103.76	\$ 4.13	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	498	\$ 114.21	\$ 4.74
<b>Gross Benefit Total</b>			<b>\$ 172.16</b>	<b>-0.23%</b>	<b>3.48%</b>	<b>12.20%</b>	<b>1.33%</b>	<b>2.08%</b>					<b>\$ 220.16</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 20.79
Underwriting Gain	1.50%	\$ 3.67
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 244.62</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 328.46</b>
Premium Based Taxes	2.25%	\$ 7.56
<b>Draft Capitation PMPM</b>		<b>\$ 336.02</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 336.02</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, < 45 Years, Adult Male, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	33,383
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	26,757

East Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	361	\$ 1,558.18	\$ 46.82	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	215	\$ 1,777.57	\$ 31.91
Outpatient Hospital - ER	881	\$ 457.27	\$ 33.59	0.25%	4.75%	0.00%	0.48%	-0.90%	-40.00%	7.50%	528	\$ 567.72	\$ 24.98
Outpatient Hospital - Non-ER	734	\$ 633.46	\$ 38.73	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	549	\$ 782.69	\$ 35.84
Physician/Professional	4,074	\$ 118.57	\$ 40.25	0.50%	2.25%	0.00%	4.16%	-0.35%	10.00%	-5.00%	4,533	\$ 125.42	\$ 47.38
Clinics (w/FQHC/RHC)	693	\$ 157.79	\$ 9.12	0.50%	2.25%	0.00%	16.52%	-0.35%	0.00%	0.00%	701	\$ 196.54	\$ 11.49
Laboratory/Radiology/Pathology	3,316	\$ 29.14	\$ 8.05	0.75%	3.25%	0.00%	5.23%	-1.14%	2.00%	-1.00%	3,419	\$ 33.42	\$ 9.52
Dental	3	\$ 3,348.63	\$ 0.70	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	3	\$ 3,579.79	\$ 0.76
DME and Supplies	232	\$ 76.49	\$ 1.48	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	199	\$ 87.14	\$ 1.45
Home Health/Hospice	46	\$ 59.45	\$ 0.23	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	47	\$ 65.44	\$ 0.26
Physical/Occupational Therapy	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	-5.00%	1.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	27	\$ 144.43	\$ 0.33	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	27	\$ 153.27	\$ 0.35
Pharmacy	10,015	\$ 93.78	\$ 78.27	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	9,910	\$ 106.11	\$ 87.63
Non-Emergency Transportation	3,819	\$ 2.53	\$ 0.81	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	4,157	\$ 2.65	\$ 0.92
Behavioral Health	3,751	\$ 98.00	\$ 30.63	0.50%	2.50%	42.23%	-7.25%	-0.11%	-20.00%	5.00%	4,328	\$ 102.79	\$ 37.07
Indian Health Services	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	5	\$ 293.98	\$ 0.12	0.75%	3.25%	0.00%	3.89%	-1.14%	5.00%	-5.00%	5	\$ 319.37	\$ 0.14
All Other	938	\$ 106.46	\$ 8.32	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	854	\$ 119.52	\$ 8.50
<b>Gross Benefit Total</b>			<b>\$ 297.44</b>	<b>-0.46%</b>	<b>4.02%</b>	<b>5.61%</b>	<b>-1.07%</b>	<b>-0.21%</b>					<b>\$ 298.18</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 28.16
Underwriting Gain	1.50%	\$ 4.97
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 331.31</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 415.15</b>
Premium Based Taxes	2.25%	\$ 9.56
<b>Draft Capitation PMPM</b>		<b>\$ 424.70</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 424.70</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, < 45 Years, Adult Male, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	11,867
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	9,351

OKC Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	451	\$ 1,373.37	\$ 51.62	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	269	\$ 1,566.74	\$ 35.19
Outpatient Hospital - ER	1,050	\$ 435.58	\$ 38.10	0.25%	4.75%	0.00%	1.02%	-0.90%	-40.00%	7.50%	629	\$ 543.71	\$ 28.49
Outpatient Hospital - Non-ER	718	\$ 359.62	\$ 21.52	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	538	\$ 444.34	\$ 19.91
Physician/Professional	4,467	\$ 121.34	\$ 45.17	0.50%	2.25%	0.00%	4.34%	-0.35%	10.00%	-5.00%	4,970	\$ 128.59	\$ 53.25
Clinics (w/FQHC/RHC)	192	\$ 187.36	\$ 3.00	0.50%	2.25%	0.00%	2.54%	-0.35%	0.00%	0.00%	194	\$ 205.39	\$ 3.33
Laboratory/Radiology/Pathology	3,106	\$ 28.28	\$ 7.32	0.75%	3.25%	0.00%	3.02%	-1.14%	2.00%	-1.00%	3,202	\$ 31.75	\$ 8.47
Dental	-	\$ -	\$ -	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	640	\$ 105.45	\$ 5.62	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	550	\$ 120.13	\$ 5.51
Home Health/Hospice	146	\$ 58.74	\$ 0.71	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	147	\$ 64.65	\$ 0.79
Physical/Occupational Therapy	9	\$ 47.18	\$ 0.04	0.75%	3.25%	0.00%	9.99%	-1.14%	-5.00%	1.00%	9	\$ 57.69	\$ 0.04
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	8,681	\$ 121.04	\$ 87.57	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	8,591	\$ 136.95	\$ 98.04
Non-Emergency Transportation	169	\$ 19.27	\$ 0.27	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	184	\$ 20.15	\$ 0.31
Behavioral Health	2,860	\$ 93.31	\$ 22.24	0.50%	2.50%	59.73%	-7.71%	-0.11%	-20.00%	5.00%	3,705	\$ 97.37	\$ 30.07
Indian Health Services	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	6	\$ 321.61	\$ 0.16	0.75%	3.25%	0.00%	0.00%	-1.14%	5.00%	-5.00%	6	\$ 336.30	\$ 0.18
All Other	669	\$ 122.29	\$ 6.82	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	609	\$ 137.30	\$ 6.97
<b>Gross Benefit Total</b>			<b>\$ 290.15</b>	<b>-0.57%</b>	<b>4.07%</b>	<b>7.59%</b>	<b>-2.88%</b>	<b>-0.16%</b>					<b>\$ 290.55</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 27.44
Underwriting Gain	1.50%	\$ 4.84
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 322.84</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 406.67</b>
Premium Based Taxes	2.25%	\$ 9.36
<b>Draft Capitation PMPM</b>		<b>\$ 416.03</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 416.03</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, < 45 Years, Adult Male, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	10,970
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	8,679

Tulsa Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	519	\$ 1,273.23	\$ 55.01	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	310	\$ 1,452.49	\$ 37.50
Outpatient Hospital - ER	711	\$ 473.00	\$ 28.03	0.25%	4.75%	0.00%	1.58%	-0.90%	-40.00%	7.50%	426	\$ 593.69	\$ 21.07
Outpatient Hospital - Non-ER	492	\$ 468.67	\$ 19.23	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	369	\$ 579.08	\$ 17.79
Physician/Professional	4,688	\$ 123.04	\$ 48.07	0.50%	2.25%	0.00%	7.02%	-0.35%	10.00%	-5.00%	5,217	\$ 133.73	\$ 58.13
Clinics (w/FQHC/RHC)	102	\$ 149.78	\$ 1.27	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	103	\$ 160.12	\$ 1.37
Laboratory/Radiology/Pathology	4,381	\$ 26.53	\$ 9.68	0.75%	3.25%	0.00%	2.51%	-1.14%	2.00%	-1.00%	4,518	\$ 29.63	\$ 11.16
Dental	-	\$ -	\$ -	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	249	\$ 159.82	\$ 3.32	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	214	\$ 182.07	\$ 3.25
Home Health/Hospice	25	\$ 50.81	\$ 0.11	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	25	\$ 55.93	\$ 0.12
Physical/Occupational Therapy	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	-5.00%	1.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	190	\$ 76.82	\$ 1.22	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	190	\$ 81.52	\$ 1.29
Pharmacy	8,537	\$ 159.38	\$ 113.38	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	8,448	\$ 180.33	\$ 126.95
Non-Emergency Transportation	119	\$ 21.00	\$ 0.21	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	130	\$ 21.96	\$ 0.24
Behavioral Health	3,288	\$ 66.00	\$ 18.09	0.50%	2.50%	43.03%	3.68%	-0.11%	-20.00%	5.00%	3,815	\$ 77.37	\$ 24.60
Indian Health Services	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	3	\$ 461.94	\$ 0.13	0.75%	3.25%	0.00%	23.62%	-1.14%	5.00%	-5.00%	3	\$ 597.11	\$ 0.17
All Other	1,094	\$ 109.37	\$ 9.97	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	995	\$ 122.79	\$ 10.18
<b>Gross Benefit Total</b>			<b>\$ 307.71</b>	<b>-0.48%</b>	<b>3.89%</b>	<b>5.96%</b>	<b>-1.74%</b>	<b>-0.02%</b>					<b>\$ 313.83</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.00%	\$ 27.74
Underwriting Gain	1.50%	\$ 5.20
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 346.77</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 430.60</b>
Premium Based Taxes	2.25%	\$ 9.91
<b>Draft Capitation PMPM</b>		<b>\$ 440.51</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 440.51</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, < 45 Years, Adult Male, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	29,286
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	23,220

West Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	351	\$ 1,455.89	\$ 42.55	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	210	\$ 1,660.87	\$ 29.01
Outpatient Hospital - ER	1,003	\$ 430.80	\$ 36.00	0.25%	4.75%	0.00%	0.39%	-0.90%	-40.00%	7.50%	601	\$ 534.34	\$ 26.75
Outpatient Hospital - Non-ER	941	\$ 289.06	\$ 22.66	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	705	\$ 357.15	\$ 20.97
Physician/Professional	3,967	\$ 124.95	\$ 41.31	0.50%	2.25%	0.00%	3.83%	-0.35%	10.00%	-5.00%	4,414	\$ 131.76	\$ 48.47
Clinics (w/FQHC/RHC)	595	\$ 151.74	\$ 7.52	0.50%	2.25%	0.00%	32.33%	-0.35%	0.00%	0.00%	602	\$ 214.66	\$ 10.77
Laboratory/Radiology/Pathology	2,435	\$ 31.29	\$ 6.35	0.75%	3.25%	0.00%	4.16%	-1.14%	2.00%	-1.00%	2,511	\$ 35.52	\$ 7.43
Dental	4	\$ 2,751.10	\$ 0.85	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	4	\$ 2,941.01	\$ 0.91
DME and Supplies	297	\$ 88.13	\$ 2.18	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	255	\$ 100.40	\$ 2.14
Home Health/Hospice	45	\$ 59.23	\$ 0.22	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	45	\$ 65.19	\$ 0.25
Physical/Occupational Therapy	5	\$ 42.05	\$ 0.02	0.75%	3.25%	0.00%	10.18%	-1.14%	-5.00%	1.00%	4	\$ 51.50	\$ 0.02
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	10,012	\$ 94.62	\$ 78.95	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	9,908	\$ 107.06	\$ 88.39
Non-Emergency Transportation	3,267	\$ 2.39	\$ 0.65	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	3,556	\$ 2.49	\$ 0.74
Behavioral Health	2,571	\$ 88.03	\$ 18.86	0.50%	2.50%	118.08%	-8.58%	-0.11%	-20.00%	5.00%	4,549	\$ 91.00	\$ 34.49
Indian Health Services	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	6	\$ 379.22	\$ 0.18	0.75%	3.25%	0.00%	0.00%	-1.14%	5.00%	-5.00%	6	\$ 396.54	\$ 0.20
All Other	920	\$ 120.26	\$ 9.22	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	837	\$ 135.01	\$ 9.42
<b>Gross Benefit Total</b>			<b>\$ 267.52</b>	<b>-0.57%</b>	<b>4.09%</b>	<b>11.80%</b>	<b>-2.93%</b>	<b>-0.15%</b>					<b>\$ 279.94</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 26.44
Underwriting Gain	1.50%	\$ 4.67
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 311.05</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 394.88</b>
Premium Based Taxes	2.25%	\$ 9.09
<b>Draft Capitation PMPM</b>		<b>\$ 403.97</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 403.97</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
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**TANF Parent/Caretaker, < 45 Years, Adult Male, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	8,692
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	1,955

East Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	494	\$ 1,485.51	\$ 61.19	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	295	\$ 1,694.66	\$ 41.71
Outpatient Hospital - ER	845	\$ 441.65	\$ 31.08	0.25%	4.75%	0.00%	0.65%	-0.90%	-40.00%	7.50%	506	\$ 549.22	\$ 23.16
Outpatient Hospital - Non-ER	520	\$ 493.36	\$ 21.37	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	389	\$ 609.58	\$ 19.78
Physician/Professional	3,526	\$ 123.49	\$ 36.29	0.50%	2.25%	0.00%	5.06%	-0.35%	10.00%	-5.00%	3,923	\$ 131.76	\$ 43.08
Clinics (w/FQHC/RHC)	524	\$ 166.10	\$ 7.25	0.50%	2.25%	0.00%	4.77%	-0.35%	0.00%	0.00%	530	\$ 186.04	\$ 8.22
Laboratory/Radiology/Pathology	2,789	\$ 30.87	\$ 7.18	0.75%	3.25%	0.00%	5.33%	-1.14%	2.00%	-1.00%	2,876	\$ 35.43	\$ 8.49
Dental	-	\$ -	\$ -	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	376	\$ 90.35	\$ 2.83	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	323	\$ 102.93	\$ 2.77
Home Health/Hospice	38	\$ 129.56	\$ 0.41	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	38	\$ 142.60	\$ 0.45
Physical/Occupational Therapy	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	-5.00%	1.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	178	\$ 67.55	\$ 1.00	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	177	\$ 71.68	\$ 1.06
Pharmacy	12,044	\$ 150.11	\$ 150.66	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	11,918	\$ 169.84	\$ 168.68
Non-Emergency Transportation	5,899	\$ 2.02	\$ 0.99	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	6,421	\$ 2.12	\$ 1.13
Behavioral Health	4,020	\$ 84.87	\$ 28.43	0.50%	2.50%	9.01%	-1.05%	-0.11%	-20.00%	5.00%	3,555	\$ 94.95	\$ 28.13
Indian Health Services	12	\$ 65.47	\$ 0.07	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	12	\$ 72.06	\$ 0.07
Family Planning	3	\$ 328.66	\$ 0.07	0.75%	3.25%	0.00%	0.00%	-1.14%	5.00%	-5.00%	3	\$ 343.67	\$ 0.08
All Other	902	\$ 133.63	\$ 10.05	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	821	\$ 150.03	\$ 10.27
<b>Gross Benefit Total</b>			<b>\$ 358.88</b>	<b>-0.53%</b>	<b>3.95%</b>	<b>1.15%</b>	<b>0.22%</b>	<b>0.13%</b>					<b>\$ 357.08</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.00%	\$ 31.57
Underwriting Gain	1.50%	\$ 5.92
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 394.57</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 478.40</b>
Premium Based Taxes	2.25%	\$ 11.01
<b>Draft Capitation PMPM</b>		<b>\$ 489.41</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 489.41</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
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**TANF Parent/Caretaker, < 45 Years, Adult Male, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	575
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	128

OKC Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	264	\$ 3,205.82	\$ 70.48	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	158	\$ 3,657.19	\$ 48.04
Outpatient Hospital - ER	1,077	\$ 434.56	\$ 39.01	0.25%	4.75%	0.00%	2.14%	-0.90%	-40.00%	7.50%	645	\$ 548.41	\$ 29.50
Outpatient Hospital - Non-ER	813	\$ 531.86	\$ 36.05	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	609	\$ 657.15	\$ 33.36
Physician/Professional	4,925	\$ 151.93	\$ 62.35	0.50%	2.25%	0.00%	11.78%	-0.35%	10.00%	-5.00%	5,479	\$ 172.47	\$ 78.75
Clinics (w/FQHC/RHC)	374	\$ 201.53	\$ 6.28	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	378	\$ 215.44	\$ 6.79
Laboratory/Radiology/Pathology	3,430	\$ 26.65	\$ 7.62	0.75%	3.25%	0.00%	2.15%	-1.14%	2.00%	-1.00%	3,537	\$ 29.66	\$ 8.74
Dental	22	\$ 1,858.68	\$ 3.41	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	22	\$ 1,986.98	\$ 3.68
DME and Supplies	572	\$ 85.56	\$ 4.08	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	491	\$ 97.47	\$ 3.99
Home Health/Hospice	22	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	22	\$ -	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	-5.00%	1.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	12,905	\$ 106.58	\$ 114.62	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	12,771	\$ 120.59	\$ 128.34
Non-Emergency Transportation	308	\$ 16.43	\$ 0.42	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	335	\$ 17.18	\$ 0.48
Behavioral Health	4,815	\$ 99.60	\$ 39.96	0.50%	2.50%	22.66%	-4.74%	-0.11%	-20.00%	5.00%	4,791	\$ 107.28	\$ 42.83
Indian Health Services	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	5.00%	-5.00%	-	\$ -	\$ -
All Other	440	\$ 90.38	\$ 3.31	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	400	\$ 101.47	\$ 3.38
<b>Gross Benefit Total</b>			<b>\$ 387.58</b>	<b>-0.75%</b>	<b>4.19%</b>	<b>3.77%</b>	<b>0.07%</b>	<b>-0.14%</b>					<b>\$ 387.88</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.00%	\$ 34.29
Underwriting Gain	1.50%	\$ 6.43
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 428.60</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 512.43</b>
Premium Based Taxes	2.25%	\$ 11.80
<b>Draft Capitation PMPM</b>		<b>\$ 524.22</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 524.22</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, < 45 Years, Adult Male, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	1,002
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	227

Tulsa Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	961	\$ 1,272.27	\$ 101.88	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	574	\$ 1,451.41	\$ 69.45
Outpatient Hospital - ER	1,123	\$ 415.04	\$ 38.85	0.25%	4.75%	0.00%	1.44%	-0.90%	-40.00%	7.50%	673	\$ 520.20	\$ 29.17
Outpatient Hospital - Non-ER	699	\$ 140.83	\$ 8.20	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	523	\$ 174.01	\$ 7.59
Physician/Professional	6,215	\$ 124.49	\$ 64.47	0.50%	2.25%	0.00%	7.07%	-0.35%	10.00%	-5.00%	6,915	\$ 135.37	\$ 78.00
Clinics (w/FQHC/RHC)	137	\$ 187.03	\$ 2.14	0.50%	2.25%	0.00%	7.09%	-0.35%	0.00%	0.00%	139	\$ 214.12	\$ 2.48
Laboratory/Radiology/Pathology	5,404	\$ 30.67	\$ 13.81	0.75%	3.25%	0.00%	1.60%	-1.14%	2.00%	-1.00%	5,572	\$ 33.96	\$ 15.77
Dental	-	\$ -	\$ -	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	487	\$ 135.20	\$ 5.48	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	418	\$ 154.03	\$ 5.37
Home Health/Hospice	162	\$ 64.93	\$ 0.88	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	164	\$ 71.47	\$ 0.98
Physical/Occupational Therapy	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	-5.00%	1.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	14,513	\$ 138.77	\$ 167.83	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	14,362	\$ 157.01	\$ 187.91
Non-Emergency Transportation	212	\$ 27.50	\$ 0.49	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	231	\$ 28.76	\$ 0.55
Behavioral Health	7,176	\$ 42.44	\$ 25.38	0.50%	2.50%	14.07%	9.19%	-0.11%	-20.00%	5.00%	6,640	\$ 52.40	\$ 28.99
Indian Health Services	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	12	\$ 519.04	\$ 0.54	0.75%	3.25%	0.00%	30.92%	-1.14%	5.00%	-5.00%	13	\$ 710.54	\$ 0.78
All Other	1,148	\$ 91.57	\$ 8.76	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	1,045	\$ 102.81	\$ 8.95
<b>Gross Benefit Total</b>			<b>\$ 438.70</b>	<b>-0.58%</b>	<b>3.88%</b>	<b>2.72%</b>	<b>-0.03%</b>	<b>-0.03%</b>					<b>\$ 435.99</b>

**Notes:**

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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.50%	\$ 35.93
Underwriting Gain	1.50%	\$ 7.19
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 479.11</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 562.94</b>
Premium Based Taxes	2.25%	\$ 12.96
<b>Draft Capitation PMPM</b>		<b>\$ 575.90</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 575.90</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, < 45 Years, Adult Male, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	2,584
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	578

West Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	373	\$ 2,156.12	\$ 67.09	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	223	\$ 2,459.69	\$ 45.73
Outpatient Hospital - ER	1,218	\$ 435.68	\$ 44.24	0.25%	4.75%	0.00%	0.20%	-0.90%	-40.00%	7.50%	730	\$ 539.42	\$ 32.81
Outpatient Hospital - Non-ER	668	\$ 509.60	\$ 28.38	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	500	\$ 629.65	\$ 26.26
Physician/Professional	3,764	\$ 183.26	\$ 57.48	0.50%	2.25%	0.00%	4.18%	-0.35%	10.00%	-5.00%	4,187	\$ 193.89	\$ 67.66
Clinics (w/FQHC/RHC)	275	\$ 151.87	\$ 3.48	0.50%	2.25%	0.00%	38.07%	-0.35%	0.00%	0.00%	278	\$ 224.15	\$ 5.20
Laboratory/Radiology/Pathology	2,127	\$ 33.12	\$ 5.87	0.75%	3.25%	0.00%	7.52%	-1.14%	2.00%	-1.00%	2,194	\$ 38.80	\$ 7.09
Dental	10	\$ 1,989.29	\$ 1.63	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	10	\$ 2,126.61	\$ 1.76
DME and Supplies	845	\$ 63.13	\$ 4.45	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	726	\$ 71.92	\$ 4.35
Home Health/Hospice	314	\$ 58.90	\$ 1.54	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	318	\$ 64.83	\$ 1.72
Physical/Occupational Therapy	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	-5.00%	1.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	11,301	\$ 117.44	\$ 110.59	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	11,182	\$ 132.88	\$ 123.83
Non-Emergency Transportation	305	\$ 16.92	\$ 0.43	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	332	\$ 17.69	\$ 0.49
Behavioral Health	1,277	\$ 66.71	\$ 7.10	0.50%	2.50%	6.05%	0.63%	-0.11%	-20.00%	5.00%	1,099	\$ 75.90	\$ 6.95
Indian Health Services	25	\$ 129.97	\$ 0.27	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	25	\$ 143.05	\$ 0.30
Family Planning	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	5.00%	-5.00%	-	\$ -	\$ -
All Other	963	\$ 140.93	\$ 11.31	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	876	\$ 158.22	\$ 11.55
<b>Gross Benefit Total</b>			<b>\$ 343.86</b>	<b>-0.89%</b>	<b>4.41%</b>	<b>0.34%</b>	<b>1.01%</b>	<b>-0.16%</b>					<b>\$ 335.71</b>

**Notes:**

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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.00%	\$ 29.68
Underwriting Gain	1.50%	\$ 5.56
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 370.95</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 454.78</b>
Premium Based Taxes	2.25%	\$ 10.47
<b>Draft Capitation PMPM</b>		<b>\$ 465.25</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 465.25</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, < 45 Years, Adult Male, with TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	8,052
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	6,100

Statewide Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	75	\$ 976.19	\$ 6.06	0.50%	2.00%	0.00%	0.00%	1.03%	0.00%	0.00%	76	\$ 1,035.94	\$ 6.60
Outpatient Hospital - ER	420	\$ 265.00	\$ 9.28	0.25%	4.75%	0.00%	0.47%	1.16%	0.00%	0.00%	428	\$ 306.02	\$ 10.92
Outpatient Hospital - Non-ER	356	\$ 159.51	\$ 4.73	0.25%	4.75%	0.00%	0.00%	1.16%	0.00%	0.00%	363	\$ 183.34	\$ 5.55
Physician/Professional	1,718	\$ 90.87	\$ 13.01	0.50%	2.25%	0.00%	4.64%	1.46%	0.00%	0.00%	1,770	\$ 101.65	\$ 14.99
Clinics (w/FQHC/RHC)	191	\$ 116.99	\$ 1.86	0.50%	2.25%	0.00%	54.74%	1.46%	0.00%	0.00%	196	\$ 193.53	\$ 3.17
Laboratory/Radiology/Pathology	936	\$ 24.25	\$ 1.89	0.75%	3.25%	0.00%	4.25%	1.92%	0.00%	0.00%	976	\$ 27.82	\$ 2.26
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	75	\$ 45.35	\$ 0.28	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	78	\$ 49.92	\$ 0.32
Home Health/Hospice	12	\$ 64.93	\$ 0.06	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	12	\$ 71.47	\$ 0.07
Physical/Occupational Therapy	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	4,447	\$ 102.80	\$ 38.10	-2.50%	6.00%	0.00%	0.00%	4.19%	0.00%	0.00%	4,295	\$ 122.43	\$ 43.82
Non-Emergency Transportation	215	\$ 5.89	\$ 0.11	0.75%	3.25%	0.00%	0.00%	7.41%	0.00%	0.00%	236	\$ 6.49	\$ 0.13
Behavioral Health	1,309	\$ 73.75	\$ 8.04	0.50%	2.50%	31.60%	0.10%	1.04%	0.00%	0.00%	1,766	\$ 79.50	\$ 11.70
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	1	\$ 328.66	\$ 0.04	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	2	\$ 361.76	\$ 0.05
All Other	621	\$ 45.38	\$ 2.35	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	648	\$ 49.95	\$ 2.70
<b>Gross Benefit Total</b>			<b>\$ 85.82</b>	<b>-0.74%</b>	<b>4.24%</b>	<b>4.07%</b>	<b>0.77%</b>	<b>2.52%</b>					<b>\$ 102.28</b>

**Notes:**

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  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 10.28
Underwriting Gain	1.50%	\$ 1.71
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 114.28</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 198.11</b>
Premium Based Taxes	2.25%	\$ 4.56
<b>Draft Capitation PMPM</b>		<b>\$ 202.67</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 202.67</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
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**TANF Parent/Caretaker, < 45 Years, Adult Male, with TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	654
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	140

Statewide Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	77	\$ 79.41	\$ 0.51	0.50%	2.00%	0.00%	0.00%	1.03%	0.00%	0.00%	79	\$ 84.27	\$ 0.56
Outpatient Hospital - ER	386	\$ 312.89	\$ 10.08	0.25%	4.75%	0.00%	0.45%	1.16%	0.00%	0.00%	394	\$ 361.24	\$ 11.86
Outpatient Hospital - Non-ER	124	\$ 102.39	\$ 1.06	0.25%	4.75%	0.00%	0.00%	1.16%	0.00%	0.00%	126	\$ 117.68	\$ 1.24
Physician/Professional	943	\$ 65.85	\$ 5.17	0.50%	2.25%	0.00%	5.12%	1.46%	0.00%	0.00%	971	\$ 74.00	\$ 5.99
Clinics (w/FQHC/RHC)	294	\$ 96.63	\$ 2.37	0.50%	2.25%	0.00%	0.00%	1.46%	0.00%	0.00%	303	\$ 103.30	\$ 2.60
Laboratory/Radiology/Pathology	557	\$ 21.28	\$ 0.99	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	580	\$ 23.42	\$ 1.13
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Home Health/Hospice	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	4,793	\$ 191.64	\$ 76.54	-2.50%	6.00%	0.00%	0.00%	4.19%	0.00%	0.00%	4,628	\$ 228.24	\$ 88.03
Non-Emergency Transportation	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Behavioral Health	2,458	\$ 65.54	\$ 13.42	0.50%	2.50%	0.00%	0.00%	1.04%	0.00%	0.00%	2,521	\$ 70.58	\$ 14.83
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
All Other	325	\$ 35.10	\$ 0.95	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	338	\$ 38.63	\$ 1.09
<b>Gross Benefit Total</b>			<b>\$ 111.08</b>	<b>-0.91%</b>	<b>4.40%</b>	<b>0.00%</b>	<b>0.27%</b>	<b>3.25%</b>					<b>\$ 127.32</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 12.80
Underwriting Gain	1.50%	\$ 2.13
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 142.26</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 226.09</b>
Premium Based Taxes	2.25%	\$ 5.20
<b>Draft Capitation PMPM</b>		<b>\$ 231.29</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 231.29</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, 45+ Years, Male and Female, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	22,714
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	18,848

East Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	797	\$ 1,920.33	\$ 127.49	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	476	\$ 2,190.71	\$ 86.90
Outpatient Hospital - ER	900	\$ 501.58	\$ 37.61	0.25%	4.75%	0.00%	0.49%	-0.90%	-40.00%	7.50%	539	\$ 622.79	\$ 27.97
Outpatient Hospital - Non-ER	1,910	\$ 328.55	\$ 52.29	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	1,430	\$ 405.95	\$ 48.38
Physician/Professional	9,176	\$ 139.84	\$ 106.94	0.50%	2.25%	0.00%	5.78%	-0.35%	10.00%	-5.00%	10,210	\$ 150.23	\$ 127.82
Clinics (w/FQHC/RHC)	1,467	\$ 155.83	\$ 19.05	0.50%	2.25%	0.00%	17.30%	-0.35%	0.00%	0.00%	1,483	\$ 195.41	\$ 24.16
Laboratory/Radiology/Pathology	7,526	\$ 30.02	\$ 18.83	0.75%	3.25%	0.00%	3.58%	-1.14%	2.00%	-1.00%	7,760	\$ 33.88	\$ 21.91
Dental	-	\$ -	\$ -	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	751	\$ 91.68	\$ 5.74	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	645	\$ 104.44	\$ 5.61
Home Health/Hospice	150	\$ 67.94	\$ 0.85	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	151	\$ 74.78	\$ 0.94
Physical/Occupational Therapy	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	-5.00%	1.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	49	\$ 77.63	\$ 0.31	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	48	\$ 82.38	\$ 0.33
Pharmacy	23,657	\$ 84.04	\$ 165.68	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	23,410	\$ 95.09	\$ 185.51
Non-Emergency Transportation	13,760	\$ 2.15	\$ 2.46	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	14,978	\$ 2.25	\$ 2.80
Behavioral Health	3,643	\$ 105.19	\$ 31.93	0.50%	2.50%	42.62%	-8.83%	-0.11%	-20.00%	5.00%	4,214	\$ 108.43	\$ 38.08
Indian Health Services	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	15	\$ 185.76	\$ 0.24	0.75%	3.25%	0.00%	2.83%	-1.14%	5.00%	-5.00%	16	\$ 199.73	\$ 0.27
All Other	1,311	\$ 104.74	\$ 11.44	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	1,193	\$ 117.59	\$ 11.69
<b>Gross Benefit Total</b>			<b>\$ 580.85</b>	<b>-0.49%</b>	<b>3.84%</b>	<b>2.44%</b>	<b>0.93%</b>	<b>-0.22%</b>					<b>\$ 582.39</b>

**Notes:**

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- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 44.55
Underwriting Gain	1.50%	\$ 9.55
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 636.49</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 720.32</b>
Premium Based Taxes	2.25%	\$ 16.58
<b>Draft Capitation PMPM</b>		<b>\$ 736.90</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 736.90</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, 45+ Years, Male and Female, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	11,126
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	9,188

OKC Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	887	\$ 1,620.57	\$ 119.73	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	530	\$ 1,848.75	\$ 81.62
Outpatient Hospital - ER	1,353	\$ 473.95	\$ 53.42	0.25%	4.75%	0.00%	1.22%	-0.90%	-40.00%	7.50%	810	\$ 592.76	\$ 40.03
Outpatient Hospital - Non-ER	2,957	\$ 334.49	\$ 82.43	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	2,215	\$ 413.28	\$ 76.28
Physician/Professional	10,383	\$ 133.44	\$ 115.47	0.50%	2.25%	0.00%	5.05%	-0.35%	10.00%	-5.00%	11,553	\$ 142.37	\$ 137.07
Clinics (w/FQHC/RHC)	708	\$ 189.66	\$ 11.18	0.50%	2.25%	0.00%	1.99%	-0.35%	0.00%	0.00%	716	\$ 206.79	\$ 12.33
Laboratory/Radiology/Pathology	6,626	\$ 32.58	\$ 17.99	0.75%	3.25%	0.00%	2.29%	-1.14%	2.00%	-1.00%	6,832	\$ 36.31	\$ 20.67
Dental	2	\$ 1,310.82	\$ 0.24	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	2	\$ 1,401.31	\$ 0.25
DME and Supplies	880	\$ 90.83	\$ 6.66	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	756	\$ 103.48	\$ 6.52
Home Health/Hospice	247	\$ 49.19	\$ 1.01	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	250	\$ 54.14	\$ 1.13
Physical/Occupational Therapy	2	\$ 43.49	\$ 0.01	0.75%	3.25%	0.00%	10.18%	-1.14%	-5.00%	1.00%	2	\$ 53.28	\$ 0.01
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	357	\$ 92.65	\$ 2.76	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	356	\$ 98.32	\$ 2.91
Pharmacy	23,718	\$ 108.36	\$ 214.18	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	23,470	\$ 122.61	\$ 239.80
Non-Emergency Transportation	958	\$ 14.53	\$ 1.16	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	1,043	\$ 15.19	\$ 1.32
Behavioral Health	3,842	\$ 95.05	\$ 30.43	0.50%	2.50%	31.05%	-5.22%	-0.11%	-20.00%	5.00%	4,084	\$ 101.87	\$ 34.67
Indian Health Services	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	23	\$ 68.87	\$ 0.13	0.75%	3.25%	0.00%	3.63%	-1.14%	5.00%	-5.00%	24	\$ 74.63	\$ 0.15
All Other	1,378	\$ 103.54	\$ 11.89	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	1,254	\$ 116.24	\$ 12.15
<b>Gross Benefit Total</b>			<b>\$ 668.68</b>	<b>-0.76%</b>	<b>4.25%</b>	<b>2.27%</b>	<b>-0.13%</b>	<b>-0.13%</b>					<b>\$ 666.90</b>

**Notes:**

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- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 51.02
Underwriting Gain	1.50%	\$ 10.93
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 728.86</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 812.69</b>
Premium Based Taxes	2.25%	\$ 18.71
<b>Draft Capitation PMPM</b>		<b>\$ 831.39</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 831.39</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, 45+ Years, Male and Female, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	9,888
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	8,216

Tulsa Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	892	\$ 1,591.55	\$ 118.31	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	533	\$ 1,815.64	\$ 80.64
Outpatient Hospital - ER	885	\$ 535.02	\$ 39.45	0.25%	4.75%	0.00%	1.85%	-0.90%	-40.00%	7.50%	530	\$ 673.32	\$ 29.74
Outpatient Hospital - Non-ER	1,612	\$ 397.25	\$ 53.35	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	1,207	\$ 490.84	\$ 49.37
Physician/Professional	11,135	\$ 141.61	\$ 131.40	0.50%	2.25%	0.00%	7.83%	-0.35%	10.00%	-5.00%	12,389	\$ 155.07	\$ 160.10
Clinics (w/FQHC/RHC)	421	\$ 156.46	\$ 5.49	0.50%	2.25%	0.00%	0.29%	-0.35%	0.00%	0.00%	426	\$ 167.74	\$ 5.95
Laboratory/Radiology/Pathology	9,000	\$ 27.39	\$ 20.54	0.75%	3.25%	0.00%	3.07%	-1.14%	2.00%	-1.00%	9,281	\$ 30.76	\$ 23.79
Dental	-	\$ -	\$ -	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	1,072	\$ 68.75	\$ 6.14	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	921	\$ 78.32	\$ 6.01
Home Health/Hospice	177	\$ 53.28	\$ 0.79	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	179	\$ 58.65	\$ 0.88
Physical/Occupational Therapy	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	-5.00%	1.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	53	\$ 70.30	\$ 0.31	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	53	\$ 74.61	\$ 0.33
Pharmacy	23,009	\$ 92.31	\$ 176.99	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	22,769	\$ 104.44	\$ 198.17
Non-Emergency Transportation	2,830	\$ 5.27	\$ 1.24	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	3,081	\$ 5.51	\$ 1.41
Behavioral Health	4,166	\$ 81.06	\$ 28.14	0.50%	2.50%	15.05%	-1.12%	-0.11%	-20.00%	5.00%	3,888	\$ 90.63	\$ 29.37
Indian Health Services	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	23	\$ 286.37	\$ 0.55	0.75%	3.25%	0.00%	1.10%	-1.14%	5.00%	-5.00%	24	\$ 302.73	\$ 0.62
All Other	1,420	\$ 58.26	\$ 6.89	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	1,292	\$ 65.40	\$ 7.04
<b>Gross Benefit Total</b>			<b>\$ 589.60</b>	<b>-0.64%</b>	<b>4.00%</b>	<b>1.14%</b>	<b>1.45%</b>	<b>-0.17%</b>					<b>\$ 593.42</b>

**Notes:**

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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 45.40
Underwriting Gain	1.50%	\$ 9.73
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 648.55</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 732.38</b>
Premium Based Taxes	2.25%	\$ 16.86
<b>Draft Capitation PMPM</b>		<b>\$ 749.24</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 749.24</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
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**TANF Parent/Caretaker, 45+ Years, Male and Female, Non-TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	21,251
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	17,663

West Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	866	\$ 1,608.68	\$ 116.12	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	518	\$ 1,835.18	\$ 79.16
Outpatient Hospital - ER	1,164	\$ 526.55	\$ 51.07	0.25%	4.75%	0.00%	0.26%	-0.90%	-40.00%	7.50%	697	\$ 652.29	\$ 37.90
Outpatient Hospital - Non-ER	3,041	\$ 318.18	\$ 80.63	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	2,277	\$ 393.14	\$ 74.60
Physician/Professional	9,488	\$ 136.50	\$ 107.93	0.50%	2.25%	0.00%	5.43%	-0.35%	10.00%	-5.00%	10,556	\$ 146.16	\$ 128.58
Clinics (w/FQHC/RHC)	1,284	\$ 153.94	\$ 16.47	0.50%	2.25%	0.00%	32.25%	-0.35%	0.00%	0.00%	1,299	\$ 217.64	\$ 23.56
Laboratory/Radiology/Pathology	5,158	\$ 33.37	\$ 14.34	0.75%	3.25%	0.00%	3.53%	-1.14%	2.00%	-1.00%	5,319	\$ 37.65	\$ 16.69
Dental	3	\$ 2,224.40	\$ 0.52	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	3	\$ 2,377.95	\$ 0.57
DME and Supplies	860	\$ 90.03	\$ 6.45	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	739	\$ 102.56	\$ 6.32
Home Health/Hospice	171	\$ 65.71	\$ 0.93	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	172	\$ 72.32	\$ 1.04
Physical/Occupational Therapy	24	\$ 86.05	\$ 0.17	0.75%	3.25%	0.00%	10.02%	-1.14%	-5.00%	1.00%	23	\$ 105.24	\$ 0.20
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	112	\$ 80.06	\$ 0.75	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	112	\$ 84.96	\$ 0.79
Pharmacy	24,638	\$ 95.28	\$ 195.62	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	24,380	\$ 107.80	\$ 219.03
Non-Emergency Transportation	15,536	\$ 2.13	\$ 2.75	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	16,910	\$ 2.22	\$ 3.13
Behavioral Health	2,709	\$ 99.47	\$ 22.45	0.50%	2.50%	22.48%	-4.68%	-0.11%	-20.00%	5.00%	2,691	\$ 107.21	\$ 24.04
Indian Health Services	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	24	\$ 58.70	\$ 0.12	0.75%	3.25%	0.00%	1.05%	-1.14%	5.00%	-5.00%	25	\$ 62.02	\$ 0.13
All Other	1,182	\$ 83.06	\$ 8.18	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	1,076	\$ 93.25	\$ 8.36
<b>Gross Benefit Total</b>			<b>\$ 624.51</b>	<b>-0.52%</b>	<b>4.00%</b>	<b>0.94%</b>	<b>1.50%</b>	<b>-0.14%</b>					<b>\$ 624.09</b>

**Notes:**

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- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 47.74
Underwriting Gain	1.50%	\$ 10.23
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 682.07</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 765.90</b>
Premium Based Taxes	2.25%	\$ 17.63
<b>Draft Capitation PMPM</b>		<b>\$ 783.53</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 783.53</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, 45+ Years, Male and Female, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	6,423
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	1,486

East Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	1,107	\$ 1,916.80	\$ 176.90	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	662	\$ 2,186.68	\$ 120.58
Outpatient Hospital - ER	953	\$ 548.08	\$ 43.55	0.25%	4.75%	0.00%	0.84%	-0.90%	-40.00%	7.50%	571	\$ 682.90	\$ 32.51
Outpatient Hospital - Non-ER	1,437	\$ 436.50	\$ 52.29	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	1,076	\$ 539.33	\$ 48.38
Physician/Professional	8,139	\$ 177.80	\$ 120.59	0.50%	2.25%	0.00%	8.98%	-0.35%	10.00%	-5.00%	9,056	\$ 196.79	\$ 148.50
Clinics (w/FQHC/RHC)	1,095	\$ 150.64	\$ 13.74	0.50%	2.25%	0.00%	8.91%	-0.35%	0.00%	0.00%	1,107	\$ 175.39	\$ 16.18
Laboratory/Radiology/Pathology	5,911	\$ 31.69	\$ 15.61	0.75%	3.25%	0.00%	4.99%	-1.14%	2.00%	-1.00%	6,096	\$ 36.25	\$ 18.42
Dental	-	\$ -	\$ -	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	1,115	\$ 101.29	\$ 9.41	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	958	\$ 115.40	\$ 9.21
Home Health/Hospice	429	\$ 61.65	\$ 2.20	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	434	\$ 67.86	\$ 2.45
Physical/Occupational Therapy	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	-5.00%	1.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	28,528	\$ 178.69	\$ 424.81	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	28,230	\$ 202.18	\$ 475.63
Non-Emergency Transportation	10,264	\$ 7.46	\$ 6.38	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	11,172	\$ 7.80	\$ 7.26
Behavioral Health	4,540	\$ 108.21	\$ 40.94	0.50%	2.50%	20.21%	-5.30%	-0.11%	-20.00%	5.00%	4,427	\$ 115.87	\$ 42.74
Indian Health Services	97	\$ 157.29	\$ 1.27	0.75%	3.25%	0.00%	21.68%	-1.14%	0.00%	0.00%	98	\$ 210.66	\$ 1.72
Family Planning	22	\$ 14.51	\$ 0.03	0.75%	3.25%	0.00%	0.00%	-1.14%	5.00%	-5.00%	23	\$ 15.18	\$ 0.03
All Other	2,011	\$ 94.25	\$ 15.80	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	1,830	\$ 105.81	\$ 16.14
<b>Gross Benefit Total</b>			<b>\$ 923.50</b>	<b>-0.71%</b>	<b>4.04%</b>	<b>1.44%</b>	<b>0.59%</b>	<b>0.21%</b>					<b>\$ 939.76</b>

**Notes:**

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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	6.00%	\$ 60.96
Underwriting Gain	1.50%	\$ 15.24
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 1,015.96</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 1,099.79</b>
Premium Based Taxes	2.25%	\$ 25.31
<b>Draft Capitation PMPM</b>		<b>\$ 1,125.11</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 1,125.11</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, 45+ Years, Male and Female, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	561
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	129

OKC Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	1,283	\$ 1,840.43	\$ 196.70	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	766	\$ 2,099.56	\$ 134.08
Outpatient Hospital - ER	2,585	\$ 497.42	\$ 107.16	0.25%	4.75%	0.00%	0.60%	-0.90%	-40.00%	7.50%	1,549	\$ 618.32	\$ 79.80
Outpatient Hospital - Non-ER	1,884	\$ 493.05	\$ 77.40	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	1,411	\$ 609.21	\$ 71.62
Physician/Professional	11,202	\$ 136.09	\$ 127.04	0.50%	2.25%	0.00%	2.24%	-0.35%	10.00%	-5.00%	12,464	\$ 141.31	\$ 146.78
Clinics (w/FQHC/RHC)	200	\$ 193.26	\$ 3.23	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	203	\$ 206.60	\$ 3.49
Laboratory/Radiology/Pathology	7,415	\$ 31.77	\$ 19.63	0.75%	3.25%	0.00%	3.43%	-1.14%	2.00%	-1.00%	7,646	\$ 35.80	\$ 22.81
Dental	-	\$ -	\$ -	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	882	\$ 57.19	\$ 4.20	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	758	\$ 65.15	\$ 4.11
Home Health/Hospice	401	\$ 94.18	\$ 3.15	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	405	\$ 103.66	\$ 3.50
Physical/Occupational Therapy	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	-5.00%	1.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	28,757	\$ 152.81	\$ 366.21	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	28,457	\$ 172.90	\$ 410.02
Non-Emergency Transportation	3,347	\$ 21.99	\$ 6.13	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	3,643	\$ 22.99	\$ 6.98
Behavioral Health	3,146	\$ 97.43	\$ 25.54	0.50%	2.50%	462.84%	-19.59%	-0.11%	-20.00%	5.00%	14,365	\$ 88.58	\$ 106.04
Indian Health Services	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	5.00%	-5.00%	-	\$ -	\$ -
All Other	3,447	\$ 114.72	\$ 32.95	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	3,136	\$ 128.80	\$ 33.66
<b>Gross Benefit Total</b>			<b>\$ 969.34</b>	<b>-0.77%</b>	<b>4.26%</b>	<b>23.32%</b>	<b>-11.13%</b>	<b>-0.04%</b>					<b>\$ 1,022.90</b>

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  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	6.00%	\$ 66.35
Underwriting Gain	1.50%	\$ 16.59
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 1,105.84</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 1,189.67</b>
Premium Based Taxes	2.25%	\$ 27.38
<b>Draft Capitation PMPM</b>		<b>\$ 1,217.05</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 1,217.05</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
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**TANF Parent/Caretaker, 45+ Years, Male and Female, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	825
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	191

Tulsa Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	1,527	\$ 2,256.27	\$ 287.04	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	912	\$ 2,573.95	\$ 195.66
Outpatient Hospital - ER	718	\$ 553.12	\$ 33.08	0.25%	4.75%	0.00%	3.06%	-0.90%	-40.00%	7.50%	430	\$ 704.36	\$ 25.24
Outpatient Hospital - Non-ER	1,996	\$ 541.94	\$ 90.16	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	1,495	\$ 669.61	\$ 83.42
Physician/Professional	10,595	\$ 170.18	\$ 150.25	0.50%	2.25%	0.00%	12.52%	-0.35%	10.00%	-5.00%	11,788	\$ 194.47	\$ 191.04
Clinics (w/FQHC/RHC)	287	\$ 121.63	\$ 2.91	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	290	\$ 130.03	\$ 3.15
Laboratory/Radiology/Pathology	6,067	\$ 37.35	\$ 18.88	0.75%	3.25%	0.00%	6.08%	-1.14%	2.00%	-1.00%	6,257	\$ 43.17	\$ 22.51
Dental	-	\$ -	\$ -	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	678	\$ 176.54	\$ 9.98	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	583	\$ 201.12	\$ 9.77
Home Health/Hospice	39	\$ 64.93	\$ 0.21	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	40	\$ 71.47	\$ 0.24
Physical/Occupational Therapy	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	-5.00%	1.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	22,925	\$ 215.12	\$ 410.98	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	22,686	\$ 243.40	\$ 460.15
Non-Emergency Transportation	1,266	\$ 31.49	\$ 3.32	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	1,378	\$ 32.93	\$ 3.78
Behavioral Health	8,051	\$ 55.86	\$ 37.48	0.50%	2.50%	1.37%	0.44%	-0.11%	-20.00%	5.00%	6,620	\$ 63.45	\$ 35.00
Indian Health Services	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	13	\$ 83.51	\$ 0.09	0.75%	3.25%	0.00%	0.00%	-1.14%	5.00%	-5.00%	14	\$ 87.32	\$ 0.10
All Other	2,192	\$ 76.22	\$ 13.92	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	1,994	\$ 85.57	\$ 14.22
<b>Gross Benefit Total</b>			<b>\$ 1,058.30</b>	<b>-0.66%</b>	<b>3.94%</b>	<b>0.20%</b>	<b>1.82%</b>	<b>-0.06%</b>					<b>\$ 1,044.27</b>

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  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	6.00%	\$ 67.74
Underwriting Gain	1.50%	\$ 16.93
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 1,128.94</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 1,212.77</b>
Premium Based Taxes	2.25%	\$ 27.92
<b>Draft Capitation PMPM</b>		<b>\$ 1,240.69</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 1,240.69</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, 45+ Years, Male and Female, Non-TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	2,668
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	617

West Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	1,058	\$ 2,354.82	\$ 207.71	0.50%	2.00%	0.00%	0.00%	-1.89%	-40.00%	7.50%	632	\$ 2,686.37	\$ 141.59
Outpatient Hospital - ER	1,208	\$ 508.65	\$ 51.21	0.25%	4.75%	0.00%	0.10%	-0.90%	-40.00%	7.50%	724	\$ 629.13	\$ 37.95
Outpatient Hospital - Non-ER	1,927	\$ 349.06	\$ 56.06	0.25%	4.75%	0.00%	0.00%	-0.90%	-25.00%	7.50%	1,443	\$ 431.29	\$ 51.87
Physician/Professional	8,218	\$ 140.86	\$ 96.46	0.50%	2.25%	0.00%	6.12%	-0.35%	10.00%	-5.00%	9,144	\$ 151.81	\$ 115.68
Clinics (w/FQHC/RHC)	514	\$ 148.70	\$ 6.37	0.50%	2.25%	0.00%	30.40%	-0.35%	0.00%	0.00%	520	\$ 207.30	\$ 8.99
Laboratory/Radiology/Pathology	5,138	\$ 33.45	\$ 14.32	0.75%	3.25%	0.00%	3.04%	-1.14%	2.00%	-1.00%	5,298	\$ 37.56	\$ 16.58
Dental	-	\$ -	\$ -	0.50%	2.25%	0.00%	0.00%	-0.35%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	849	\$ 180.93	\$ 12.80	0.75%	3.25%	0.00%	0.00%	-1.14%	-15.00%	3.50%	729	\$ 206.12	\$ 12.53
Home Health/Hospice	95	\$ 64.93	\$ 0.51	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	96	\$ 71.47	\$ 0.57
Physical/Occupational Therapy	-	\$ -	\$ -	0.75%	3.25%	0.00%	0.00%	-1.14%	-5.00%	1.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.50%	2.00%	0.00%	0.00%	-1.89%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	30,656	\$ 181.59	\$ 463.90	-2.50%	6.00%	0.00%	0.00%	1.68%	5.00%	-5.00%	30,336	\$ 205.46	\$ 519.40
Non-Emergency Transportation	2,182	\$ 11.71	\$ 2.13	0.75%	3.25%	0.00%	0.00%	1.37%	5.00%	-5.00%	2,375	\$ 12.25	\$ 2.42
Behavioral Health	1,882	\$ 101.15	\$ 15.87	0.50%	2.50%	248.54%	-19.09%	-0.11%	-20.00%	5.00%	5,322	\$ 92.54	\$ 41.04
Indian Health Services	15	\$ 82.27	\$ 0.10	0.75%	3.25%	0.00%	0.00%	-1.14%	0.00%	0.00%	15	\$ 90.56	\$ 0.11
Family Planning	15	\$ 111.57	\$ 0.14	0.75%	3.25%	0.00%	0.00%	-1.14%	5.00%	-5.00%	16	\$ 116.66	\$ 0.15
All Other	909	\$ 195.65	\$ 14.82	0.75%	3.25%	0.00%	0.00%	-1.14%	-10.00%	2.00%	827	\$ 219.66	\$ 15.13
<b>Gross Benefit Total</b>			<b>\$ 942.40</b>	<b>-1.13%</b>	<b>4.50%</b>	<b>8.92%</b>	<b>-4.62%</b>	<b>0.21%</b>					<b>\$ 964.02</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	6.00%	\$ 62.53
Underwriting Gain	1.50%	\$ 15.63
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 1,042.18</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 1,126.01</b>
Premium Based Taxes	2.25%	\$ 25.92
<b>Draft Capitation PMPM</b>		<b>\$ 1,151.93</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 1,151.93</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, 45+ Years, Male and Female, with TPL, Non-Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	3,757
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	2,866

Statewide Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	364	\$ 777.18	\$ 23.58	0.50%	2.00%	0.00%	0.00%	1.03%	0.00%	0.00%	373	\$ 824.75	\$ 25.66
Outpatient Hospital - ER	600	\$ 274.39	\$ 13.73	0.25%	4.75%	0.00%	0.54%	1.16%	0.00%	0.00%	612	\$ 317.09	\$ 16.17
Outpatient Hospital - Non-ER	1,182	\$ 109.77	\$ 10.81	0.25%	4.75%	0.00%	0.00%	1.16%	0.00%	0.00%	1,204	\$ 126.17	\$ 12.66
Physician/Professional	4,321	\$ 74.45	\$ 26.81	0.50%	2.25%	0.00%	6.16%	1.46%	0.00%	0.00%	4,451	\$ 84.49	\$ 31.34
Clinics (w/FQHC/RHC)	620	\$ 123.55	\$ 6.38	0.50%	2.25%	0.00%	16.21%	1.46%	0.00%	0.00%	638	\$ 153.48	\$ 8.16
Laboratory/Radiology/Pathology	2,044	\$ 24.49	\$ 4.17	0.75%	3.25%	0.00%	2.68%	1.92%	0.00%	0.00%	2,131	\$ 27.68	\$ 4.91
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	479	\$ 82.74	\$ 3.30	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	499	\$ 91.07	\$ 3.79
Home Health/Hospice	67	\$ 54.97	\$ 0.31	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	70	\$ 60.51	\$ 0.35
Physical/Occupational Therapy	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	12,744	\$ 57.71	\$ 61.28	-2.50%	6.00%	0.00%	0.00%	4.19%	0.00%	0.00%	12,307	\$ 68.73	\$ 70.48
Non-Emergency Transportation	1,223	\$ 7.52	\$ 0.77	0.75%	3.25%	0.00%	0.00%	7.41%	0.00%	0.00%	1,344	\$ 8.27	\$ 0.93
Behavioral Health	2,169	\$ 93.87	\$ 16.97	0.50%	2.50%	1.87%	-0.39%	1.04%	0.00%	0.00%	2,266	\$ 100.70	\$ 19.01
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	6	\$ 44.99	\$ 0.02	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	7	\$ 49.52	\$ 0.03
All Other	498	\$ 33.83	\$ 1.40	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	519	\$ 37.24	\$ 1.61
<b>Gross Benefit Total</b>			<b>\$ 169.54</b>	<b>-0.91%</b>	<b>4.31%</b>	<b>0.16%</b>	<b>1.64%</b>	<b>2.34%</b>					<b>\$ 195.12</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 19.62
Underwriting Gain	1.50%	\$ 3.27
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 218.01</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 301.84</b>
Premium Based Taxes	2.25%	\$ 6.95
<b>Draft Capitation PMPM</b>		<b>\$ 308.79</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 308.79</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 TANF Parent/Caretaker Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**TANF Parent/Caretaker, 45+ Years, Male and Female, with TPL, Voluntary**

Base Period:	July 1, 2018 to June 30, 2019
Base Member Months:	388
Trend Months (No Seasonality):	36

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	86

Statewide Category of Service	Adjusted Base Data			Annual Medical Trends		Prospective Rating Adjustments		Seasonality	Managed Care Savings		Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	Util/1000 %	Unit Cost %	PMPM %	Util/1000 %	Unit Cost %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	101	\$ 187.51	\$ 1.58	0.50%	2.00%	0.00%	0.00%	1.03%	0.00%	0.00%	104	\$ 198.98	\$ 1.72
Outpatient Hospital - ER	177	\$ 349.90	\$ 5.17	0.25%	4.75%	0.00%	0.00%	1.16%	0.00%	0.00%	181	\$ 402.17	\$ 6.06
Outpatient Hospital - Non-ER	836	\$ 788.90	\$ 54.95	0.25%	4.75%	0.00%	0.00%	1.16%	0.00%	0.00%	852	\$ 906.74	\$ 64.37
Physician/Professional	1,824	\$ 121.15	\$ 18.41	0.50%	2.25%	0.00%	7.69%	1.46%	0.00%	0.00%	1,878	\$ 139.48	\$ 21.83
Clinics (w/FQHC/RHC)	228	\$ 77.97	\$ 1.48	0.50%	2.25%	0.00%	0.00%	1.46%	0.00%	0.00%	235	\$ 83.36	\$ 1.63
Laboratory/Radiology/Pathology	658	\$ 31.60	\$ 1.73	0.75%	3.25%	0.00%	7.45%	1.92%	0.00%	0.00%	686	\$ 37.37	\$ 2.14
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	25	\$ 34.53	\$ 0.07	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	26	\$ 38.00	\$ 0.08
Home Health/Hospice	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	9,903	\$ 140.65	\$ 116.07	-2.50%	6.00%	0.00%	0.00%	4.19%	0.00%	0.00%	9,563	\$ 167.52	\$ 133.50
Non-Emergency Transportation	25	\$ 42.00	\$ 0.09	0.75%	3.25%	0.00%	0.00%	7.41%	0.00%	0.00%	28	\$ 46.23	\$ 0.11
Behavioral Health	177	\$ 393.93	\$ 5.82	0.50%	2.50%	0.00%	0.00%	1.04%	0.00%	0.00%	182	\$ 424.22	\$ 6.43
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	\$ -	\$ -
All Other	152	\$ 165.32	\$ 2.09	0.75%	3.25%	0.00%	0.00%	1.92%	0.00%	0.00%	158	\$ 181.96	\$ 2.40
<b>Gross Benefit Total</b>			<b>\$ 207.47</b>	<b>-1.59%</b>	<b>5.45%</b>	<b>0.00%</b>	<b>0.72%</b>	<b>2.86%</b>					<b>\$ 240.26</b>

**Notes:**

- Totals may differ due to rounding.
- Trend months reflect the 36 months from the mid-point of SFY2019 (December 30, 2018) to the mid-point of SFY2022 (December 30, 2021).
- Seasonality adjusts the capitation rates to reflect the nine-month period October 1, 2021 to June 30, 2022.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.
- Indian Health Services that are eligible for enhanced match will be reimbursed outside SoonerSelect and SoonerSelect Children's Specialty Plan

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 22.69
Underwriting Gain	1.50%	\$ 4.00
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 266.95</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 82.99
Supplemental Payment Administrative Expenses	0.50%	\$ 0.42
Supplemental Payment Underwriting Gain	0.50%	\$ 0.42
<b>Total Supplemental Payment PMPM</b>		<b>\$ 83.83</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 350.79</b>
Premium Based Taxes	2.25%	\$ 8.07
<b>Draft Capitation PMPM</b>		<b>\$ 358.86</b>

Capitation Withhold	%	PMPM
Capitation Withhold	0.00%	\$ -
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 358.86</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, < 45 Years, Adult Female, Non-TPL, Non-Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	108,775

EAST Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	691	\$ 1,298.20	\$ 74.71	3.00%	0.00%	-25.00%	533	\$ 1,298.20	\$ 57.72
Outpatient Hospital - ER	764	\$ 560.15	\$ 35.68	3.00%	0.00%	-10.00%	709	\$ 560.15	\$ 33.08
Outpatient Hospital - Non-ER	1,300	\$ 358.00	\$ 38.77	3.00%	0.00%	-10.00%	1,205	\$ 358.00	\$ 35.94
Physician/Professional	8,278	\$ 244.11	\$ 168.39	3.00%	0.00%	-10.00%	7,673	\$ 244.11	\$ 156.09
Clinics (w/FQHC/RHC)	1,291	\$ 189.87	\$ 20.42	3.00%	0.00%	-10.00%	1,196	\$ 189.87	\$ 18.93
Laboratory/Radiology/Pathology	9,165	\$ 30.37	\$ 23.20	3.00%	0.00%	-25.00%	7,080	\$ 30.37	\$ 17.92
Dental	2	\$ 3,766.23	\$ 0.66	3.00%	0.00%	-10.00%	2	\$ 3,766.23	\$ 0.61
DME and Supplies	272	\$ 89.53	\$ 2.03	3.00%	0.00%	-25.00%	210	\$ 89.53	\$ 1.57
Home Health/Hospice	36	\$ 75.54	\$ 0.23	3.00%	0.00%	-25.00%	28	\$ 75.54	\$ 0.17
Physical/Occupational Therapy	0	\$ 109.28	\$ 0.00	3.00%	0.00%	-25.00%	0	\$ 109.28	\$ 0.00
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	-25.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	3.00%	0.00%	-25.00%	-	\$ -	\$ -
Pharmacy	15,301	\$ 91.46	\$ 116.62	3.00%	0.00%	-10.00%	14,184	\$ 91.46	\$ 108.11
Non-Emergency Transportation	6,633	\$ 2.67	\$ 1.48	3.00%	0.00%	-35.00%	4,441	\$ 2.67	\$ 0.99
Behavioral Health	7,818	\$ 96.91	\$ 63.14	3.00%	0.00%	-20.00%	6,442	\$ 96.91	\$ 52.03
Indian Health Services	-	\$ -	\$ -	3.00%	0.00%	-25.00%	-	\$ -	\$ -
Family Planning	370	\$ 322.32	\$ 9.93	3.00%	0.00%	-25.00%	286	\$ 322.32	\$ 7.67
All Other	1,324	\$ 123.93	\$ 13.68	3.00%	0.00%	-25.00%	1,023	\$ 123.93	\$ 10.57
<b>Gross Benefit Total</b>			<b>\$ 568.94</b>	<b>3.00%</b>	<b>0.00%</b>	<b>-14.44%</b>			<b>\$ 501.40</b>

**Notes:**

- Totals may differ due to rounding.
- Base data used for Expansion rates include TANF Parent/Caretaker projected expense for the corresponding age cohort and region.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 38.36
Underwriting Gain	1.50%	\$ 8.22
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 547.98</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 669.14</b>
Premium Based Taxes	2.25%	\$ 15.40
<b>Draft Capitation PMPM</b>		<b>\$ 684.55</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 684.55</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

Expansion, < 45 Years, Adult Female, Non-TPL, Non-Voluntary

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	68,097

OKC Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	857	\$ 1,048.43	\$ 74.91	3.00%	0.00%	-25.00%	662	\$ 1,048.43	\$ 57.87
Outpatient Hospital - ER	1,054	\$ 537.62	\$ 47.22	3.00%	0.00%	-10.00%	977	\$ 537.62	\$ 43.77
Outpatient Hospital - Non-ER	1,484	\$ 316.74	\$ 39.17	3.00%	0.00%	-10.00%	1,375	\$ 316.74	\$ 36.31
Physician/Professional	9,006	\$ 241.52	\$ 181.25	3.00%	0.00%	-10.00%	8,348	\$ 241.52	\$ 168.02
Clinics (w/FQHC/RHC)	774	\$ 199.61	\$ 12.87	3.00%	0.00%	-10.00%	717	\$ 199.61	\$ 11.93
Laboratory/Radiology/Pathology	7,410	\$ 32.91	\$ 20.32	3.00%	0.00%	-25.00%	5,724	\$ 32.91	\$ 15.70
Dental	3	\$ 2,270.83	\$ 0.66	3.00%	0.00%	-10.00%	3	\$ 2,270.83	\$ 0.61
DME and Supplies	298	\$ 107.85	\$ 2.68	3.00%	0.00%	-25.00%	230	\$ 107.85	\$ 2.07
Home Health/Hospice	64	\$ 69.74	\$ 0.37	3.00%	0.00%	-25.00%	50	\$ 69.74	\$ 0.29
Physical/Occupational Therapy	19	\$ 57.81	\$ 0.09	3.00%	0.00%	-25.00%	15	\$ 57.81	\$ 0.07
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	-25.00%	-	\$ -	\$ -
Nursing Facility	16	\$ 148.10	\$ 0.19	3.00%	0.00%	-25.00%	12	\$ 148.10	\$ 0.15
Pharmacy	13,931	\$ 106.29	\$ 123.39	3.00%	0.00%	-10.00%	12,914	\$ 106.29	\$ 114.38
Non-Emergency Transportation	851	\$ 11.04	\$ 0.78	3.00%	0.00%	-35.00%	569	\$ 11.04	\$ 0.52
Behavioral Health	5,582	\$ 97.84	\$ 45.51	3.00%	0.00%	-20.00%	4,599	\$ 97.84	\$ 37.50
Indian Health Services	-	\$ -	\$ -	3.00%	0.00%	-25.00%	-	\$ -	\$ -
Family Planning	350	\$ 381.01	\$ 11.10	3.00%	0.00%	-25.00%	270	\$ 381.01	\$ 8.57
All Other	1,379	\$ 110.71	\$ 12.72	3.00%	0.00%	-25.00%	1,065	\$ 110.71	\$ 9.83
<b>Gross Benefit Total</b>			<b>\$ 573.25</b>	<b>3.00%</b>	<b>0.00%</b>	<b>-14.03%</b>			<b>\$ 507.60</b>

**Notes:**

- Totals may differ due to rounding.
- Base data used for Expansion rates include TANF Parent/Caretaker projected expense for the corresponding age cohort and region.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 38.83
Underwriting Gain	1.50%	\$ 8.32
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 554.75</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 675.92</b>
Premium Based Taxes	2.25%	\$ 15.56
<b>Draft Capitation PMPM</b>		<b>\$ 691.48</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 691.48</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

Expansion, < 45 Years, Adult Female, Non-TPL, Non-Voluntary

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	51,839

TULSA Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	804	\$ 1,153.71	\$ 77.32	3.00%	0.00%	-25.00%	621	\$ 1,153.71	\$ 59.73
Outpatient Hospital - ER	706	\$ 593.93	\$ 34.92	3.00%	0.00%	-10.00%	654	\$ 593.93	\$ 32.37
Outpatient Hospital - Non-ER	881	\$ 525.56	\$ 38.60	3.00%	0.00%	-10.00%	817	\$ 525.56	\$ 35.78
Physician/Professional	9,690	\$ 262.92	\$ 212.31	3.00%	0.00%	-10.00%	8,983	\$ 262.92	\$ 196.81
Clinics (w/FQHC/RHC)	338	\$ 157.63	\$ 4.44	3.00%	0.00%	-10.00%	314	\$ 157.63	\$ 4.12
Laboratory/Radiology/Pathology	11,301	\$ 28.08	\$ 26.44	3.00%	0.00%	-25.00%	8,730	\$ 28.08	\$ 20.43
Dental	1	\$ 229.54	\$ 0.02	3.00%	0.00%	-10.00%	1	\$ 229.54	\$ 0.01
DME and Supplies	245	\$ 95.99	\$ 1.96	3.00%	0.00%	-25.00%	189	\$ 95.99	\$ 1.51
Home Health/Hospice	44	\$ 65.81	\$ 0.24	3.00%	0.00%	-25.00%	34	\$ 65.81	\$ 0.19
Physical/Occupational Therapy	0	\$ 111.58	\$ 0.00	3.00%	0.00%	-25.00%	0	\$ 111.58	\$ 0.00
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	-25.00%	-	\$ -	\$ -
Nursing Facility	31	\$ 168.10	\$ 0.43	3.00%	0.00%	-25.00%	24	\$ 168.10	\$ 0.33
Pharmacy	13,752	\$ 92.69	\$ 106.21	3.00%	0.00%	-10.00%	12,748	\$ 92.69	\$ 98.46
Non-Emergency Transportation	472	\$ 13.53	\$ 0.53	3.00%	0.00%	-35.00%	316	\$ 13.53	\$ 0.36
Behavioral Health	7,286	\$ 80.85	\$ 49.08	3.00%	0.00%	-20.00%	6,003	\$ 80.85	\$ 40.45
Indian Health Services	-	\$ -	\$ -	3.00%	0.00%	-25.00%	-	\$ -	\$ -
Family Planning	358	\$ 363.58	\$ 10.86	3.00%	0.00%	-25.00%	277	\$ 363.58	\$ 8.39
All Other	1,395	\$ 106.04	\$ 12.32	3.00%	0.00%	-25.00%	1,077	\$ 106.04	\$ 9.52
<b>Gross Benefit Total</b>			<b>\$ 575.69</b>	<b>3.00%</b>	<b>0.00%</b>	<b>-14.25%</b>			<b>\$ 508.45</b>

**Notes:**

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- Base data used for Expansion rates include TANF Parent/Caretaker projected expense for the corresponding age cohort and region.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 38.90
Underwriting Gain	1.50%	\$ 8.34
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 555.69</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 676.86</b>
Premium Based Taxes	2.25%	\$ 15.58
<b>Draft Capitation PMPM</b>		<b>\$ 692.44</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 692.44</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, < 45 Years, Adult Female, Non-TPL, Non-Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	125,186

WEST Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	706	\$ 1,154.27	\$ 67.88	3.00%	0.00%	-25.00%	545	\$ 1,154.27	\$ 52.44
Outpatient Hospital - ER	981	\$ 538.97	\$ 44.04	3.00%	0.00%	-10.00%	909	\$ 538.97	\$ 40.83
Outpatient Hospital - Non-ER	1,939	\$ 260.01	\$ 42.02	3.00%	0.00%	-10.00%	1,798	\$ 260.01	\$ 38.95
Physician/Professional	8,589	\$ 235.88	\$ 168.84	3.00%	0.00%	-10.00%	7,962	\$ 235.88	\$ 156.51
Clinics (w/FQHC/RHC)	1,412	\$ 224.06	\$ 26.37	3.00%	0.00%	-10.00%	1,309	\$ 224.06	\$ 24.44
Laboratory/Radiology/Pathology	6,397	\$ 34.26	\$ 18.26	3.00%	0.00%	-25.00%	4,941	\$ 34.26	\$ 14.11
Dental	7	\$ 2,603.11	\$ 1.51	3.00%	0.00%	-10.00%	6	\$ 2,603.11	\$ 1.40
DME and Supplies	269	\$ 88.60	\$ 1.99	3.00%	0.00%	-25.00%	208	\$ 88.60	\$ 1.53
Home Health/Hospice	43	\$ 66.01	\$ 0.24	3.00%	0.00%	-25.00%	34	\$ 66.01	\$ 0.18
Physical/Occupational Therapy	6	\$ 64.18	\$ 0.03	3.00%	0.00%	-25.00%	5	\$ 64.18	\$ 0.03
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	-25.00%	-	\$ -	\$ -
Nursing Facility	7	\$ 155.33	\$ 0.09	3.00%	0.00%	-25.00%	5	\$ 155.33	\$ 0.07
Pharmacy	15,443	\$ 98.99	\$ 127.39	3.00%	0.00%	-10.00%	14,315	\$ 98.99	\$ 118.09
Non-Emergency Transportation	4,543	\$ 3.06	\$ 1.16	3.00%	0.00%	-35.00%	3,042	\$ 3.06	\$ 0.78
Behavioral Health	5,991	\$ 92.85	\$ 46.35	3.00%	0.00%	-20.00%	4,936	\$ 92.85	\$ 38.20
Indian Health Services	-	\$ -	\$ -	3.00%	0.00%	-25.00%	-	\$ -	\$ -
Family Planning	372	\$ 375.84	\$ 11.66	3.00%	0.00%	-25.00%	288	\$ 375.84	\$ 9.00
All Other	1,186	\$ 137.14	\$ 13.55	3.00%	0.00%	-25.00%	916	\$ 137.14	\$ 10.47
<b>Gross Benefit Total</b>			<b>\$ 571.37</b>	<b>3.00%</b>	<b>0.00%</b>	<b>-13.85%</b>			<b>\$ 507.02</b>

**Notes:**

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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 38.79
Underwriting Gain	1.50%	\$ 8.31
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 554.12</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 675.29</b>
Premium Based Taxes	2.25%	\$ 15.54
<b>Draft Capitation PMPM</b>		<b>\$ 690.83</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 690.83</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

Expansion, < 45 Years, Adult Female, Non-TPL, Voluntary

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	9,729

East Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	677	\$ 1,154.33	\$ 65.10	3.00%	0.00%	-25.00%	523	\$ 1,154.33	\$ 50.29
Outpatient Hospital - ER	684	\$ 547.58	\$ 31.21	3.00%	0.00%	-10.00%	634	\$ 547.58	\$ 28.93
Outpatient Hospital - Non-ER	1,009	\$ 334.78	\$ 28.15	3.00%	0.00%	-10.00%	935	\$ 334.78	\$ 26.09
Physician/Professional	6,336	\$ 248.08	\$ 130.98	3.00%	0.00%	-10.00%	5,873	\$ 248.08	\$ 121.42
Clinics (w/FQHC/RHC)	1,107	\$ 187.29	\$ 17.28	3.00%	0.00%	-10.00%	1,026	\$ 187.29	\$ 16.02
Laboratory/Radiology/Pathology	6,680	\$ 32.46	\$ 18.07	3.00%	0.00%	-25.00%	5,160	\$ 32.46	\$ 13.96
Dental	1	\$ 2,363.43	\$ 0.18	3.00%	0.00%	-10.00%	1	\$ 2,363.43	\$ 0.17
DME and Supplies	260	\$ 113.59	\$ 2.46	3.00%	0.00%	-25.00%	201	\$ 113.59	\$ 1.90
Home Health/Hospice	47	\$ 74.09	\$ 0.29	3.00%	0.00%	-25.00%	37	\$ 74.09	\$ 0.23
Physical/Occupational Therapy	0	\$ 62.52	\$ 0.00	3.00%	0.00%	-25.00%	0	\$ 62.52	\$ 0.00
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	-25.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	3.00%	0.00%	-25.00%	-	\$ -	\$ -
Pharmacy	14,837	\$ 154.96	\$ 191.59	3.00%	0.00%	-10.00%	13,754	\$ 154.96	\$ 177.61
Non-Emergency Transportation	6,137	\$ 3.16	\$ 1.61	3.00%	0.00%	-35.00%	4,109	\$ 3.16	\$ 1.08
Behavioral Health	9,765	\$ 90.22	\$ 73.42	3.00%	0.00%	-20.00%	8,047	\$ 90.22	\$ 60.50
Indian Health Services	22	\$ 153.31	\$ 0.29	3.00%	0.00%	-25.00%	17	\$ 153.31	\$ 0.22
Family Planning	282	\$ 315.84	\$ 7.43	3.00%	0.00%	-25.00%	218	\$ 315.84	\$ 5.74
All Other	1,260	\$ 177.18	\$ 18.60	3.00%	0.00%	-25.00%	973	\$ 177.18	\$ 14.37
<b>Gross Benefit Total</b>			<b>\$ 586.66</b>	<b>3.00%</b>	<b>0.00%</b>	<b>-14.19%</b>			<b>\$ 518.51</b>

**Notes:**

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- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 39.67
Underwriting Gain	1.50%	\$ 8.50
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 566.68</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 687.85</b>
Premium Based Taxes	2.25%	\$ 15.83
<b>Draft Capitation PMPM</b>		<b>\$ 703.68</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 703.68</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, < 45 Years, Adult Female, Non-TPL, Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	1,133

OKC Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	957	\$ 947.85	\$ 75.56	3.00%	0.00%	-25.00%	739	\$ 947.85	\$ 58.37
Outpatient Hospital - ER	1,264	\$ 520.31	\$ 54.81	3.00%	0.00%	-10.00%	1,172	\$ 520.31	\$ 50.81
Outpatient Hospital - Non-ER	1,388	\$ 298.97	\$ 34.58	3.00%	0.00%	-10.00%	1,287	\$ 298.97	\$ 32.06
Physician/Professional	7,730	\$ 275.11	\$ 177.22	3.00%	0.00%	-10.00%	7,166	\$ 275.11	\$ 164.28
Clinics (w/FQHC/RHC)	398	\$ 194.88	\$ 6.46	3.00%	0.00%	-10.00%	369	\$ 194.88	\$ 5.99
Laboratory/Radiology/Pathology	6,311	\$ 33.64	\$ 17.69	3.00%	0.00%	-25.00%	4,875	\$ 33.64	\$ 13.67
Dental	-	\$ -	\$ -	3.00%	0.00%	-10.00%	-	\$ -	\$ -
DME and Supplies	373	\$ 145.13	\$ 4.51	3.00%	0.00%	-25.00%	288	\$ 145.13	\$ 3.48
Home Health/Hospice	45	\$ 70.49	\$ 0.26	3.00%	0.00%	-25.00%	35	\$ 70.49	\$ 0.20
Physical/Occupational Therapy	-	\$ -	\$ -	3.00%	0.00%	-25.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	-25.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	3.00%	0.00%	-25.00%	-	\$ -	\$ -
Pharmacy	14,487	\$ 137.11	\$ 165.52	3.00%	0.00%	-10.00%	13,429	\$ 137.11	\$ 153.44
Non-Emergency Transportation	615	\$ 9.94	\$ 0.51	3.00%	0.00%	-35.00%	412	\$ 9.94	\$ 0.34
Behavioral Health	7,625	\$ 90.79	\$ 57.69	3.00%	0.00%	-20.00%	6,283	\$ 90.79	\$ 47.53
Indian Health Services	-	\$ -	\$ -	3.00%	0.00%	-25.00%	-	\$ -	\$ -
Family Planning	246	\$ 496.51	\$ 10.17	3.00%	0.00%	-25.00%	190	\$ 496.51	\$ 7.85
All Other	2,236	\$ 119.78	\$ 22.32	3.00%	0.00%	-25.00%	1,727	\$ 119.78	\$ 17.24
<b>Gross Benefit Total</b>			<b>\$ 627.30</b>	<b>3.00%</b>	<b>0.00%</b>	<b>-14.06%</b>			<b>\$ 555.28</b>

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- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 42.48
Underwriting Gain	1.50%	\$ 9.10
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 606.86</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 728.03</b>
Premium Based Taxes	2.25%	\$ 16.76
<b>Draft Capitation PMPM</b>		<b>\$ 744.78</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 744.78</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

Expansion, < 45 Years, Adult Female, Non-TPL, Voluntary

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	1,634

Tulsa Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	845	\$ 1,147.25	\$ 80.81	3.00%	0.00%	-25.00%	653	\$ 1,147.25	\$ 62.43
Outpatient Hospital - ER	864	\$ 577.03	\$ 41.56	3.00%	0.00%	-10.00%	801	\$ 577.03	\$ 38.53
Outpatient Hospital - Non-ER	766	\$ 400.17	\$ 25.55	3.00%	0.00%	-10.00%	710	\$ 400.17	\$ 23.69
Physician/Professional	9,162	\$ 288.72	\$ 220.43	3.00%	0.00%	-10.00%	8,493	\$ 288.72	\$ 204.34
Clinics (w/FQHC/RHC)	224	\$ 159.64	\$ 2.98	3.00%	0.00%	-10.00%	208	\$ 159.64	\$ 2.77
Laboratory/Radiology/Pathology	11,178	\$ 28.82	\$ 26.85	3.00%	0.00%	-25.00%	8,635	\$ 28.82	\$ 20.74
Dental	-	\$ -	\$ -	3.00%	0.00%	-10.00%	-	\$ -	\$ -
DME and Supplies	230	\$ 115.25	\$ 2.20	3.00%	0.00%	-25.00%	177	\$ 115.25	\$ 1.70
Home Health/Hospice	22	\$ 71.47	\$ 0.13	3.00%	0.00%	-25.00%	17	\$ 71.47	\$ 0.10
Physical/Occupational Therapy	-	\$ -	\$ -	3.00%	0.00%	-25.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	-25.00%	-	\$ -	\$ -
Nursing Facility	98	\$ 80.89	\$ 0.66	3.00%	0.00%	-25.00%	76	\$ 80.89	\$ 0.51
Pharmacy	15,569	\$ 118.94	\$ 154.31	3.00%	0.00%	-10.00%	14,433	\$ 118.94	\$ 143.05
Non-Emergency Transportation	3,632	\$ 2.82	\$ 0.85	3.00%	0.00%	-35.00%	2,432	\$ 2.82	\$ 0.57
Behavioral Health	22,016	\$ 77.44	\$ 142.08	3.00%	0.00%	-20.00%	18,141	\$ 77.44	\$ 117.07
Indian Health Services	-	\$ -	\$ -	3.00%	0.00%	-25.00%	-	\$ -	\$ -
Family Planning	298	\$ 353.27	\$ 8.77	3.00%	0.00%	-25.00%	230	\$ 353.27	\$ 6.77
All Other	2,060	\$ 166.46	\$ 28.58	3.00%	0.00%	-25.00%	1,591	\$ 166.46	\$ 22.08
<b>Gross Benefit Total</b>			<b>\$ 735.78</b>	<b>3.00%</b>	<b>0.00%</b>	<b>-14.98%</b>			<b>\$ 644.35</b>

**Notes:**

- Totals may differ due to rounding.
- Base data used for Expansion rates include TANF Parent/Caretaker projected expense for the corresponding age cohort and region.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 49.29
Underwriting Gain	1.50%	\$ 10.56
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 704.21</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 825.37</b>
Premium Based Taxes	2.25%	\$ 19.00
<b>Draft Capitation PMPM</b>		<b>\$ 844.37</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 844.37</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

Expansion, < 45 Years, Adult Female, Non-TPL, Voluntary

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	3,640

West Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	864	\$ 1,078.28	\$ 77.66	3.00%	0.00%	-25.00%	668	\$ 1,078.28	\$ 60.00
Outpatient Hospital - ER	947	\$ 532.46	\$ 42.01	3.00%	0.00%	-10.00%	878	\$ 532.46	\$ 38.94
Outpatient Hospital - Non-ER	1,656	\$ 268.93	\$ 37.11	3.00%	0.00%	-10.00%	1,535	\$ 268.93	\$ 34.40
Physician/Professional	7,530	\$ 273.57	\$ 171.66	3.00%	0.00%	-10.00%	6,980	\$ 273.57	\$ 159.13
Clinics (w/FQHC/RHC)	637	\$ 216.97	\$ 11.51	3.00%	0.00%	-10.00%	590	\$ 216.97	\$ 10.67
Laboratory/Radiology/Pathology	5,203	\$ 35.25	\$ 15.29	3.00%	0.00%	-25.00%	4,020	\$ 35.25	\$ 11.81
Dental	5	\$ 3,595.98	\$ 1.44	3.00%	0.00%	-10.00%	4	\$ 3,595.98	\$ 1.34
DME and Supplies	234	\$ 107.51	\$ 2.10	3.00%	0.00%	-25.00%	181	\$ 107.51	\$ 1.62
Home Health/Hospice	61	\$ 85.72	\$ 0.43	3.00%	0.00%	-25.00%	47	\$ 85.72	\$ 0.34
Physical/Occupational Therapy	6	\$ 61.93	\$ 0.03	3.00%	0.00%	-25.00%	4	\$ 61.93	\$ 0.02
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	-25.00%	-	\$ -	\$ -
Nursing Facility	43	\$ 55.12	\$ 0.20	3.00%	0.00%	-25.00%	33	\$ 55.12	\$ 0.15
Pharmacy	14,924	\$ 164.84	\$ 205.00	3.00%	0.00%	-10.00%	13,834	\$ 164.84	\$ 190.03
Non-Emergency Transportation	3,063	\$ 3.36	\$ 0.86	3.00%	0.00%	-35.00%	2,051	\$ 3.36	\$ 0.57
Behavioral Health	5,650	\$ 92.68	\$ 43.64	3.00%	0.00%	-20.00%	4,656	\$ 92.68	\$ 35.96
Indian Health Services	23	\$ 204.91	\$ 0.40	3.00%	0.00%	-25.00%	18	\$ 204.91	\$ 0.31
Family Planning	287	\$ 448.79	\$ 10.74	3.00%	0.00%	-25.00%	222	\$ 448.79	\$ 8.30
All Other	1,363	\$ 145.95	\$ 16.57	3.00%	0.00%	-25.00%	1,053	\$ 145.95	\$ 12.80
<b>Gross Benefit Total</b>			<b>\$ 636.65</b>	<b>3.00%</b>	<b>0.00%</b>	<b>-13.63%</b>			<b>\$ 566.39</b>

**Notes:**

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- Base data used for Expansion rates include TANF Parent/Caretaker projected expense for the corresponding age cohort and region.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 43.33
Underwriting Gain	1.50%	\$ 9.29
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 619.01</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 740.18</b>
Premium Based Taxes	2.25%	\$ 17.04
<b>Draft Capitation PMPM</b>		<b>\$ 757.21</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 757.21</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, < 45 Years, Adult Female, with TPL, Non-Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	46,059

Statewide Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	1,477	\$ 287.29	\$ 35.35	3.00%	0.00%	-25.00%	1,141	\$ 287.29	\$ 27.31
Outpatient Hospital - ER	740	\$ 246.49	\$ 15.21	3.00%	0.00%	-10.00%	686	\$ 246.49	\$ 14.10
Outpatient Hospital - Non-ER	1,517	\$ 79.86	\$ 10.10	3.00%	0.00%	-10.00%	1,407	\$ 79.86	\$ 9.36
Physician/Professional	4,605	\$ 200.21	\$ 76.83	3.00%	0.00%	-10.00%	4,269	\$ 200.21	\$ 71.22
Clinics (w/FQHC/RHC)	449	\$ 158.82	\$ 5.94	3.00%	0.00%	-10.00%	416	\$ 158.82	\$ 5.51
Laboratory/Radiology/Pathology	2,450	\$ 23.55	\$ 4.81	3.00%	0.00%	-25.00%	1,892	\$ 23.55	\$ 3.71
Dental	1	\$ 3,592.36	\$ 0.40	3.00%	0.00%	-10.00%	1	\$ 3,592.36	\$ 0.37
DME and Supplies	172	\$ 66.11	\$ 0.95	3.00%	0.00%	-25.00%	133	\$ 66.11	\$ 0.73
Home Health/Hospice	40	\$ 72.94	\$ 0.24	3.00%	0.00%	-25.00%	31	\$ 72.94	\$ 0.19
Physical/Occupational Therapy	1	\$ 52.75	\$ 0.00	3.00%	0.00%	-25.00%	1	\$ 52.75	\$ 0.00
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	6,669	\$ 69.63	\$ 38.70	3.00%	0.00%	-10.00%	6,182	\$ 69.63	\$ 35.87
Non-Emergency Transportation	2,457	\$ 1.06	\$ 0.22	3.00%	0.00%	-35.00%	1,645	\$ 1.06	\$ 0.15
Behavioral Health	2,260	\$ 91.41	\$ 17.22	3.00%	0.00%	-20.00%	1,862	\$ 91.41	\$ 14.19
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	140	\$ 202.55	\$ 2.36	3.00%	0.00%	-25.00%	108	\$ 202.55	\$ 1.82
All Other	365	\$ 94.32	\$ 2.87	3.00%	0.00%	-25.00%	282	\$ 94.32	\$ 2.22
<b>Gross Benefit Total</b>			<b>\$ 211.19</b>	<b>3.00%</b>	<b>0.00%</b>	<b>-14.15%</b>			<b>\$ 186.74</b>

**Notes:**

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- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 18.78
Underwriting Gain	1.50%	\$ 3.13
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 208.65</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 329.82</b>
Premium Based Taxes	2.25%	\$ 7.59
<b>Draft Capitation PMPM</b>		<b>\$ 337.41</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 337.41</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, < 45 Years, Adult Female, with TPL, Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	1,543

Statewide Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	1,214	\$ 292.98	\$ 29.63	3.00%	0.00%	-25.00%	938	\$ 292.98	\$ 22.89
Outpatient Hospital - ER	737	\$ 231.23	\$ 14.20	3.00%	0.00%	-10.00%	683	\$ 231.23	\$ 13.16
Outpatient Hospital - Non-ER	1,094	\$ 84.27	\$ 7.69	3.00%	0.00%	-10.00%	1,015	\$ 84.27	\$ 7.12
Physician/Professional	3,716	\$ 197.31	\$ 61.10	3.00%	0.00%	-10.00%	3,445	\$ 197.31	\$ 56.64
Clinics (w/FQHC/RHC)	354	\$ 131.53	\$ 3.88	3.00%	0.00%	-10.00%	328	\$ 131.53	\$ 3.60
Laboratory/Radiology/Pathology	2,068	\$ 22.86	\$ 3.94	3.00%	0.00%	-25.00%	1,598	\$ 22.86	\$ 3.04
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	126	\$ 93.77	\$ 0.98	3.00%	0.00%	-25.00%	97	\$ 93.77	\$ 0.76
Home Health/Hospice	8	\$ 71.47	\$ 0.05	3.00%	0.00%	-25.00%	6	\$ 71.47	\$ 0.04
Physical/Occupational Therapy	1	\$ 192.75	\$ 0.02	3.00%	0.00%	-25.00%	1	\$ 192.75	\$ 0.02
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	6,101	\$ 116.88	\$ 59.43	3.00%	0.00%	-10.00%	5,656	\$ 116.88	\$ 55.09
Non-Emergency Transportation	6,059	\$ 1.49	\$ 0.75	3.00%	0.00%	-35.00%	4,057	\$ 1.49	\$ 0.50
Behavioral Health	4,591	\$ 82.07	\$ 31.40	3.00%	0.00%	-20.00%	3,783	\$ 82.07	\$ 25.87
Indian Health Services	13	\$ 6.53	\$ 0.01	3.00%	0.00%	-25.00%	10	\$ 6.53	\$ 0.01
Family Planning	98	\$ 287.92	\$ 2.34	3.00%	0.00%	-25.00%	75	\$ 287.92	\$ 1.81
All Other	498	\$ 114.21	\$ 4.74	3.00%	0.00%	-25.00%	385	\$ 114.21	\$ 3.66
<b>Gross Benefit Total</b>			<b>\$ 220.16</b>	<b>3.00%</b>	<b>0.00%</b>	<b>-14.35%</b>			<b>\$ 194.22</b>

**Notes:**

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- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 19.53
Underwriting Gain	1.50%	\$ 3.26
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 217.00</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 338.17</b>
Premium Based Taxes	2.25%	\$ 7.78
<b>Draft Capitation PMPM</b>		<b>\$ 345.95</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 345.95</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, < 45 Years, Adult Male, Non-TPL, Non-Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	149,927

EAST Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	215	\$ 1,777.57	\$ 31.91	3.00%	0.00%	50.00%	333	\$ 1,777.57	\$ 49.30
Outpatient Hospital - ER	528	\$ 567.72	\$ 24.98	3.00%	0.00%	15.00%	625	\$ 567.72	\$ 29.59
Outpatient Hospital - Non-ER	549	\$ 782.69	\$ 35.84	3.00%	0.00%	15.00%	651	\$ 782.69	\$ 42.45
Physician/Professional	4,533	\$ 125.42	\$ 47.38	3.00%	0.00%	10.00%	5,135	\$ 125.42	\$ 53.68
Clinics (w/FQHC/RHC)	701	\$ 196.54	\$ 11.49	3.00%	0.00%	10.00%	795	\$ 196.54	\$ 13.02
Laboratory/Radiology/Pathology	3,419	\$ 33.42	\$ 9.52	3.00%	0.00%	-10.00%	3,170	\$ 33.42	\$ 8.83
Dental	3	\$ 3,579.79	\$ 0.76	3.00%	0.00%	10.00%	3	\$ 3,579.79	\$ 0.86
DME and Supplies	199	\$ 87.14	\$ 1.45	3.00%	0.00%	-10.00%	185	\$ 87.14	\$ 1.34
Home Health/Hospice	47	\$ 65.44	\$ 0.26	3.00%	0.00%	-10.00%	43	\$ 65.44	\$ 0.24
Physical/Occupational Therapy	-	\$ -	\$ -	3.00%	0.00%	-10.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Nursing Facility	27	\$ 153.27	\$ 0.35	3.00%	0.00%	50.00%	42	\$ 153.27	\$ 0.54
Pharmacy	9,910	\$ 106.11	\$ 87.63	3.00%	0.00%	30.00%	13,270	\$ 106.11	\$ 117.34
Non-Emergency Transportation	4,157	\$ 2.65	\$ 0.92	3.00%	0.00%	-10.00%	3,853	\$ 2.65	\$ 0.85
Behavioral Health	4,328	\$ 102.79	\$ 37.07	3.00%	0.00%	50.00%	6,686	\$ 102.79	\$ 57.27
Indian Health Services	-	\$ -	\$ -	3.00%	0.00%	-10.00%	-	\$ -	\$ -
Family Planning	5	\$ 319.37	\$ 0.14	3.00%	0.00%	-10.00%	5	\$ 319.37	\$ 0.13
All Other	854	\$ 119.52	\$ 8.50	3.00%	0.00%	-10.00%	791	\$ 119.52	\$ 7.88
<b>Gross Benefit Total</b>			<b>\$ 298.18</b>	<b>3.00%</b>	<b>0.00%</b>	<b>24.80%</b>			<b>\$ 383.31</b>

**Notes:**

- Totals may differ due to rounding.
- Base data used for Expansion rates include TANF Parent/Caretaker projected expense for the corresponding age cohort and region.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.00%	\$ 33.88
Underwriting Gain	1.50%	\$ 6.35
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 423.54</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 544.71</b>
Premium Based Taxes	2.25%	\$ 12.54
<b>Draft Capitation PMPM</b>		<b>\$ 557.25</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 557.25</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, < 45 Years, Adult Male, Non-TPL, Non-Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	52,396

OKC Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	269	\$ 1,566.74	\$ 35.19	3.00%	0.00%	50.00%	416	\$ 1,566.74	\$ 54.36
Outpatient Hospital - ER	629	\$ 543.71	\$ 28.49	3.00%	0.00%	15.00%	745	\$ 543.71	\$ 33.75
Outpatient Hospital - Non-ER	538	\$ 444.34	\$ 19.91	3.00%	0.00%	15.00%	637	\$ 444.34	\$ 23.58
Physician/Professional	4,970	\$ 128.59	\$ 53.25	3.00%	0.00%	10.00%	5,631	\$ 128.59	\$ 60.34
Clinics (w/FQHC/RHC)	194	\$ 205.39	\$ 3.33	3.00%	0.00%	10.00%	220	\$ 205.39	\$ 3.77
Laboratory/Radiology/Pathology	3,202	\$ 31.75	\$ 8.47	3.00%	0.00%	-10.00%	2,969	\$ 31.75	\$ 7.85
Dental	-	\$ -	\$ -	3.00%	0.00%	10.00%	-	\$ -	\$ -
DME and Supplies	550	\$ 120.13	\$ 5.51	3.00%	0.00%	-10.00%	510	\$ 120.13	\$ 5.10
Home Health/Hospice	147	\$ 64.65	\$ 0.79	3.00%	0.00%	-10.00%	136	\$ 64.65	\$ 0.74
Physical/Occupational Therapy	9	\$ 57.69	\$ 0.04	3.00%	0.00%	-10.00%	8	\$ 57.69	\$ 0.04
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Pharmacy	8,591	\$ 136.95	\$ 98.04	3.00%	0.00%	30.00%	11,503	\$ 136.95	\$ 131.28
Non-Emergency Transportation	184	\$ 20.15	\$ 0.31	3.00%	0.00%	-10.00%	170	\$ 20.15	\$ 0.29
Behavioral Health	3,705	\$ 97.37	\$ 30.07	3.00%	0.00%	50.00%	5,725	\$ 97.37	\$ 46.45
Indian Health Services	-	\$ -	\$ -	3.00%	0.00%	-10.00%	-	\$ -	\$ -
Family Planning	6	\$ 336.30	\$ 0.18	3.00%	0.00%	-10.00%	6	\$ 336.30	\$ 0.17
All Other	609	\$ 137.30	\$ 6.97	3.00%	0.00%	-10.00%	565	\$ 137.30	\$ 6.46
<b>Gross Benefit Total</b>			<b>\$ 290.55</b>	<b>3.00%</b>	<b>0.00%</b>	<b>25.03%</b>			<b>\$ 374.18</b>

**Notes:**

- Totals may differ due to rounding.
- Base data used for Expansion rates include TANF Parent/Caretaker projected expense for the corresponding age cohort and region.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.00%	\$ 33.08
Underwriting Gain	1.50%	\$ 6.20
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 413.46</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 534.63</b>
Premium Based Taxes	2.25%	\$ 12.31
<b>Draft Capitation PMPM</b>		<b>\$ 546.93</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 546.93</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, < 45 Years, Adult Male, Non-TPL, Non-Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	48,631

TULSA Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	310	\$ 1,452.49	\$ 37.50	3.00%	0.00%	50.00%	479	\$ 1,452.49	\$ 57.94
Outpatient Hospital - ER	426	\$ 593.69	\$ 21.07	3.00%	0.00%	15.00%	505	\$ 593.69	\$ 24.96
Outpatient Hospital - Non-ER	369	\$ 579.08	\$ 17.79	3.00%	0.00%	15.00%	437	\$ 579.08	\$ 21.07
Physician/Professional	5,217	\$ 133.73	\$ 58.13	3.00%	0.00%	10.00%	5,910	\$ 133.73	\$ 65.87
Clinics (w/FQHC/RHC)	103	\$ 160.12	\$ 1.37	3.00%	0.00%	10.00%	117	\$ 160.12	\$ 1.56
Laboratory/Radiology/Pathology	4,518	\$ 29.63	\$ 11.16	3.00%	0.00%	-10.00%	4,188	\$ 29.63	\$ 10.34
Dental	-	\$ -	\$ -	3.00%	0.00%	10.00%	-	\$ -	\$ -
DME and Supplies	214	\$ 182.07	\$ 3.25	3.00%	0.00%	-10.00%	199	\$ 182.07	\$ 3.01
Home Health/Hospice	25	\$ 55.93	\$ 0.12	3.00%	0.00%	-10.00%	24	\$ 55.93	\$ 0.11
Physical/Occupational Therapy	-	\$ -	\$ -	3.00%	0.00%	-10.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Nursing Facility	190	\$ 81.52	\$ 1.29	3.00%	0.00%	50.00%	293	\$ 81.52	\$ 1.99
Pharmacy	8,448	\$ 180.33	\$ 126.95	3.00%	0.00%	30.00%	11,311	\$ 180.33	\$ 169.98
Non-Emergency Transportation	130	\$ 21.96	\$ 0.24	3.00%	0.00%	-10.00%	120	\$ 21.96	\$ 0.22
Behavioral Health	3,815	\$ 77.37	\$ 24.60	3.00%	0.00%	50.00%	5,894	\$ 77.37	\$ 38.01
Indian Health Services	-	\$ -	\$ -	3.00%	0.00%	-10.00%	-	\$ -	\$ -
Family Planning	3	\$ 597.11	\$ 0.17	3.00%	0.00%	-10.00%	3	\$ 597.11	\$ 0.16
All Other	995	\$ 122.79	\$ 10.18	3.00%	0.00%	-10.00%	923	\$ 122.79	\$ 9.44
<b>Gross Benefit Total</b>			<b>\$ 313.83</b>	<b>3.00%</b>	<b>0.00%</b>	<b>25.19%</b>			<b>\$ 404.66</b>

**Notes:**

- Totals may differ due to rounding.
- Base data used for Expansion rates include TANF Parent/Caretaker projected expense for the corresponding age cohort and region.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.50%	\$ 33.35
Underwriting Gain	1.50%	\$ 6.67
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 444.68</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 565.85</b>
Premium Based Taxes	2.25%	\$ 13.02
<b>Draft Capitation PMPM</b>		<b>\$ 578.87</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 578.87</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, < 45 Years, Adult Male, Non-TPL, Non-Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	130,111

WEST Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	210	\$ 1,660.87	\$ 29.01	3.00%	0.00%	50.00%	324	\$ 1,660.87	\$ 44.82
Outpatient Hospital - ER	601	\$ 534.34	\$ 26.75	3.00%	0.00%	15.00%	712	\$ 534.34	\$ 31.68
Outpatient Hospital - Non-ER	705	\$ 357.15	\$ 20.97	3.00%	0.00%	15.00%	835	\$ 357.15	\$ 24.84
Physician/Professional	4,414	\$ 131.76	\$ 48.47	3.00%	0.00%	10.00%	5,001	\$ 131.76	\$ 54.91
Clinics (w/FQHC/RHC)	602	\$ 214.66	\$ 10.77	3.00%	0.00%	10.00%	682	\$ 214.66	\$ 12.20
Laboratory/Radiology/Pathology	2,511	\$ 35.52	\$ 7.43	3.00%	0.00%	-10.00%	2,327	\$ 35.52	\$ 6.89
Dental	4	\$ 2,941.01	\$ 0.91	3.00%	0.00%	10.00%	4	\$ 2,941.01	\$ 1.04
DME and Supplies	255	\$ 100.40	\$ 2.14	3.00%	0.00%	-10.00%	237	\$ 100.40	\$ 1.98
Home Health/Hospice	45	\$ 65.19	\$ 0.25	3.00%	0.00%	-10.00%	42	\$ 65.19	\$ 0.23
Physical/Occupational Therapy	4	\$ 51.50	\$ 0.02	3.00%	0.00%	-10.00%	4	\$ 51.50	\$ 0.02
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Pharmacy	9,908	\$ 107.06	\$ 88.39	3.00%	0.00%	30.00%	13,266	\$ 107.06	\$ 118.36
Non-Emergency Transportation	3,556	\$ 2.49	\$ 0.74	3.00%	0.00%	-10.00%	3,296	\$ 2.49	\$ 0.69
Behavioral Health	4,549	\$ 91.00	\$ 34.49	3.00%	0.00%	50.00%	7,027	\$ 91.00	\$ 53.29
Indian Health Services	-	\$ -	\$ -	3.00%	0.00%	-10.00%	-	\$ -	\$ -
Family Planning	6	\$ 396.54	\$ 0.20	3.00%	0.00%	-10.00%	6	\$ 396.54	\$ 0.19
All Other	837	\$ 135.01	\$ 9.42	3.00%	0.00%	-10.00%	776	\$ 135.01	\$ 8.73
<b>Gross Benefit Total</b>			<b>\$ 279.94</b>	<b>3.00%</b>	<b>0.00%</b>	<b>24.80%</b>			<b>\$ 359.84</b>

**Notes:**

- Totals may differ due to rounding.
- Base data used for Expansion rates include TANF Parent/Caretaker projected expense for the corresponding age cohort and region.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.00%	\$ 31.81
Underwriting Gain	1.50%	\$ 5.96
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 397.62</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 518.79</b>
Premium Based Taxes	2.25%	\$ 11.94
<b>Draft Capitation PMPM</b>		<b>\$ 530.73</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 530.73</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

Expansion, < 45 Years, Adult Male, Non-TPL, Voluntary

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	12,085

East Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	295	\$ 1,694.66	\$ 41.71	3.00%	0.00%	50.00%	456	\$ 1,694.66	\$ 64.44
Outpatient Hospital - ER	506	\$ 549.22	\$ 23.16	3.00%	0.00%	15.00%	599	\$ 549.22	\$ 27.43
Outpatient Hospital - Non-ER	389	\$ 609.58	\$ 19.78	3.00%	0.00%	15.00%	461	\$ 609.58	\$ 23.43
Physician/Professional	3,923	\$ 131.76	\$ 43.08	3.00%	0.00%	10.00%	4,445	\$ 131.76	\$ 48.81
Clinics (w/FQHC/RHC)	530	\$ 186.04	\$ 8.22	3.00%	0.00%	10.00%	600	\$ 186.04	\$ 9.31
Laboratory/Radiology/Pathology	2,876	\$ 35.43	\$ 8.49	3.00%	0.00%	-10.00%	2,666	\$ 35.43	\$ 7.87
Dental	-	\$ -	\$ -	3.00%	0.00%	10.00%	-	\$ -	\$ -
DME and Supplies	323	\$ 102.93	\$ 2.77	3.00%	0.00%	-10.00%	299	\$ 102.93	\$ 2.57
Home Health/Hospice	38	\$ 142.60	\$ 0.45	3.00%	0.00%	-10.00%	35	\$ 142.60	\$ 0.42
Physical/Occupational Therapy	-	\$ -	\$ -	3.00%	0.00%	-10.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Nursing Facility	177	\$ 71.68	\$ 1.06	3.00%	0.00%	50.00%	274	\$ 71.68	\$ 1.63
Pharmacy	11,918	\$ 169.84	\$ 168.68	3.00%	0.00%	30.00%	15,958	\$ 169.84	\$ 225.87
Non-Emergency Transportation	6,421	\$ 2.12	\$ 1.13	3.00%	0.00%	-10.00%	5,953	\$ 2.12	\$ 1.05
Behavioral Health	3,555	\$ 94.95	\$ 28.13	3.00%	0.00%	50.00%	5,493	\$ 94.95	\$ 43.46
Indian Health Services	12	\$ 72.06	\$ 0.07	3.00%	0.00%	-10.00%	11	\$ 72.06	\$ 0.07
Family Planning	3	\$ 343.67	\$ 0.08	3.00%	0.00%	-10.00%	3	\$ 343.67	\$ 0.08
All Other	821	\$ 150.03	\$ 10.27	3.00%	0.00%	-10.00%	761	\$ 150.03	\$ 9.52
<b>Gross Benefit Total</b>			<b>\$ 357.08</b>	<b>3.00%</b>	<b>0.00%</b>	<b>26.69%</b>			<b>\$ 465.96</b>

**Notes:**

- Totals may differ due to rounding.
- Base data used for Expansion rates include TANF Parent/Caretaker projected expense for the corresponding age cohort and region.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.50%	\$ 38.40
Underwriting Gain	1.50%	\$ 7.68
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 512.04</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 633.21</b>
Premium Based Taxes	2.25%	\$ 14.58
<b>Draft Capitation PMPM</b>		<b>\$ 647.78</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 647.78</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, < 45 Years, Adult Male, Non-TPL, Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	791

OKC Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	158	\$ 3,657.19	\$ 48.04	3.00%	0.00%	50.00%	244	\$ 3,657.19	\$ 74.23
Outpatient Hospital - ER	645	\$ 548.41	\$ 29.50	3.00%	0.00%	15.00%	764	\$ 548.41	\$ 34.94
Outpatient Hospital - Non-ER	609	\$ 657.15	\$ 33.36	3.00%	0.00%	15.00%	722	\$ 657.15	\$ 39.51
Physician/Professional	5,479	\$ 172.47	\$ 78.75	3.00%	0.00%	10.00%	6,208	\$ 172.47	\$ 89.23
Clinics (w/FQHC/RHC)	378	\$ 215.44	\$ 6.79	3.00%	0.00%	10.00%	428	\$ 215.44	\$ 7.69
Laboratory/Radiology/Pathology	3,537	\$ 29.66	\$ 8.74	3.00%	0.00%	-10.00%	3,279	\$ 29.66	\$ 8.10
Dental	22	\$ 1,986.98	\$ 3.68	3.00%	0.00%	10.00%	25	\$ 1,986.98	\$ 4.17
DME and Supplies	491	\$ 97.47	\$ 3.99	3.00%	0.00%	-10.00%	455	\$ 97.47	\$ 3.70
Home Health/Hospice	22	\$ -	\$ -	3.00%	0.00%	-10.00%	21	\$ -	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	3.00%	0.00%	-10.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Pharmacy	12,771	\$ 120.59	\$ 128.34	3.00%	0.00%	30.00%	17,100	\$ 120.59	\$ 171.84
Non-Emergency Transportation	335	\$ 17.18	\$ 0.48	3.00%	0.00%	-10.00%	311	\$ 17.18	\$ 0.44
Behavioral Health	4,791	\$ 107.28	\$ 42.83	3.00%	0.00%	50.00%	7,402	\$ 107.28	\$ 66.17
Indian Health Services	-	\$ -	\$ -	3.00%	0.00%	-10.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	3.00%	0.00%	-10.00%	-	\$ -	\$ -
All Other	400	\$ 101.47	\$ 3.38	3.00%	0.00%	-10.00%	371	\$ 101.47	\$ 3.14
<b>Gross Benefit Total</b>			<b>\$ 387.88</b>	<b>3.00%</b>	<b>0.00%</b>	<b>25.94%</b>			<b>\$ 503.16</b>

**Notes:**

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- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 38.49
Underwriting Gain	1.50%	\$ 8.25
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 549.91</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 671.07</b>
Premium Based Taxes	2.25%	\$ 15.45
<b>Draft Capitation PMPM</b>		<b>\$ 686.52</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 686.52</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, < 45 Years, Adult Male, Non-TPL, Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	1,402

Tulsa Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	574	\$ 1,451.41	\$ 69.45	3.00%	0.00%	50.00%	887	\$ 1,451.41	\$ 107.29
Outpatient Hospital - ER	673	\$ 520.20	\$ 29.17	3.00%	0.00%	15.00%	797	\$ 520.20	\$ 34.55
Outpatient Hospital - Non-ER	523	\$ 174.01	\$ 7.59	3.00%	0.00%	15.00%	620	\$ 174.01	\$ 8.99
Physician/Professional	6,915	\$ 135.37	\$ 78.00	3.00%	0.00%	10.00%	7,834	\$ 135.37	\$ 88.38
Clinics (w/FQHC/RHC)	139	\$ 214.12	\$ 2.48	3.00%	0.00%	10.00%	157	\$ 214.12	\$ 2.81
Laboratory/Radiology/Pathology	5,572	\$ 33.96	\$ 15.77	3.00%	0.00%	-10.00%	5,165	\$ 33.96	\$ 14.62
Dental	-	\$ -	\$ -	3.00%	0.00%	10.00%	-	\$ -	\$ -
DME and Supplies	418	\$ 154.03	\$ 5.37	3.00%	0.00%	-10.00%	388	\$ 154.03	\$ 4.98
Home Health/Hospice	164	\$ 71.47	\$ 0.98	3.00%	0.00%	-10.00%	152	\$ 71.47	\$ 0.91
Physical/Occupational Therapy	-	\$ -	\$ -	3.00%	0.00%	-10.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Pharmacy	14,362	\$ 157.01	\$ 187.91	3.00%	0.00%	30.00%	19,230	\$ 157.01	\$ 251.61
Non-Emergency Transportation	231	\$ 28.76	\$ 0.55	3.00%	0.00%	-10.00%	214	\$ 28.76	\$ 0.51
Behavioral Health	6,640	\$ 52.40	\$ 28.99	3.00%	0.00%	50.00%	10,259	\$ 52.40	\$ 44.80
Indian Health Services	-	\$ -	\$ -	3.00%	0.00%	-10.00%	-	\$ -	\$ -
Family Planning	13	\$ 710.54	\$ 0.78	3.00%	0.00%	-10.00%	12	\$ 710.54	\$ 0.73
All Other	1,045	\$ 102.81	\$ 8.95	3.00%	0.00%	-10.00%	968	\$ 102.81	\$ 8.30
<b>Gross Benefit Total</b>			<b>\$ 435.99</b>	<b>3.00%</b>	<b>0.00%</b>	<b>26.59%</b>			<b>\$ 568.46</b>

**Notes:**

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- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.00%	\$ 43.49
Underwriting Gain	1.50%	\$ 9.32
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 621.27</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 742.44</b>
Premium Based Taxes	2.25%	\$ 17.09
<b>Draft Capitation PMPM</b>		<b>\$ 759.53</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 759.53</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

Expansion, < 45 Years, Adult Male, Non-TPL, Voluntary

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	3,576

West Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	223	\$ 2,459.69	\$ 45.73	3.00%	0.00%	50.00%	345	\$ 2,459.69	\$ 70.66
Outpatient Hospital - ER	730	\$ 539.42	\$ 32.81	3.00%	0.00%	15.00%	865	\$ 539.42	\$ 38.87
Outpatient Hospital - Non-ER	500	\$ 629.65	\$ 26.26	3.00%	0.00%	15.00%	593	\$ 629.65	\$ 31.10
Physician/Professional	4,187	\$ 193.89	\$ 67.66	3.00%	0.00%	10.00%	4,744	\$ 193.89	\$ 76.66
Clinics (w/FQHC/RHC)	278	\$ 224.15	\$ 5.20	3.00%	0.00%	10.00%	315	\$ 224.15	\$ 5.89
Laboratory/Radiology/Pathology	2,194	\$ 38.80	\$ 7.09	3.00%	0.00%	-10.00%	2,034	\$ 38.80	\$ 6.58
Dental	10	\$ 2,126.61	\$ 1.76	3.00%	0.00%	10.00%	11	\$ 2,126.61	\$ 2.00
DME and Supplies	726	\$ 71.92	\$ 4.35	3.00%	0.00%	-10.00%	673	\$ 71.92	\$ 4.03
Home Health/Hospice	318	\$ 64.83	\$ 1.72	3.00%	0.00%	-10.00%	295	\$ 64.83	\$ 1.59
Physical/Occupational Therapy	-	\$ -	\$ -	3.00%	0.00%	-10.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Pharmacy	11,182	\$ 132.88	\$ 123.83	3.00%	0.00%	30.00%	14,973	\$ 132.88	\$ 165.80
Non-Emergency Transportation	332	\$ 17.69	\$ 0.49	3.00%	0.00%	-10.00%	307	\$ 17.69	\$ 0.45
Behavioral Health	1,099	\$ 75.90	\$ 6.95	3.00%	0.00%	50.00%	1,698	\$ 75.90	\$ 10.74
Indian Health Services	25	\$ 143.05	\$ 0.30	3.00%	0.00%	-10.00%	23	\$ 143.05	\$ 0.27
Family Planning	-	\$ -	\$ -	3.00%	0.00%	-10.00%	-	\$ -	\$ -
All Other	876	\$ 158.22	\$ 11.55	3.00%	0.00%	-10.00%	812	\$ 158.22	\$ 10.71
<b>Gross Benefit Total</b>			<b>\$ 335.71</b>	<b>3.00%</b>	<b>0.00%</b>	<b>23.02%</b>			<b>\$ 425.36</b>

**Notes:**

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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	7.50%	\$ 35.06
Underwriting Gain	1.50%	\$ 7.01
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 467.43</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 588.59</b>
Premium Based Taxes	2.25%	\$ 13.55
<b>Draft Capitation PMPM</b>		<b>\$ 602.14</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 602.14</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, < 45 Years, Adult Male, with TPL, Non-Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	34,179

Statewide Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	76	\$ 1,035.94	\$ 6.60	3.00%	0.00%	50.00%	118	\$ 1,035.94	\$ 10.19
Outpatient Hospital - ER	428	\$ 306.02	\$ 10.92	3.00%	0.00%	15.00%	507	\$ 306.02	\$ 12.94
Outpatient Hospital - Non-ER	363	\$ 183.34	\$ 5.55	3.00%	0.00%	15.00%	430	\$ 183.34	\$ 6.57
Physician/Professional	1,770	\$ 101.65	\$ 14.99	3.00%	0.00%	10.00%	2,005	\$ 101.65	\$ 16.98
Clinics (w/FQHC/RHC)	196	\$ 193.53	\$ 3.17	3.00%	0.00%	10.00%	223	\$ 193.53	\$ 3.59
Laboratory/Radiology/Pathology	976	\$ 27.82	\$ 2.26	3.00%	0.00%	-10.00%	904	\$ 27.82	\$ 2.10
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	78	\$ 49.92	\$ 0.32	3.00%	0.00%	-10.00%	72	\$ 49.92	\$ 0.30
Home Health/Hospice	12	\$ 71.47	\$ 0.07	3.00%	0.00%	-10.00%	12	\$ 71.47	\$ 0.07
Physical/Occupational Therapy	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	4,295	\$ 122.43	\$ 43.82	3.00%	0.00%	30.00%	5,751	\$ 122.43	\$ 58.67
Non-Emergency Transportation	236	\$ 6.49	\$ 0.13	3.00%	0.00%	-10.00%	219	\$ 6.49	\$ 0.12
Behavioral Health	1,766	\$ 79.50	\$ 11.70	3.00%	0.00%	50.00%	2,729	\$ 79.50	\$ 18.08
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	2	\$ 361.76	\$ 0.05	3.00%	0.00%	-10.00%	1	\$ 361.76	\$ 0.04
All Other	648	\$ 49.95	\$ 2.70	3.00%	0.00%	-10.00%	601	\$ 49.95	\$ 2.50
<b>Gross Benefit Total</b>			<b>\$ 102.28</b>	<b>3.00%</b>	<b>0.00%</b>	<b>25.45%</b>			<b>\$ 132.15</b>

**Notes:**

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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 13.29
Underwriting Gain	1.50%	\$ 2.21
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 147.66</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 268.83</b>
Premium Based Taxes	2.25%	\$ 6.19
<b>Draft Capitation PMPM</b>		<b>\$ 275.01</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 275.01</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

Expansion, < 45 Years, Adult Male, with TPL, Voluntary

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	863

Statewide Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	79	\$ 84.27	\$ 0.56	3.00%	0.00%	50.00%	122	\$ 84.27	\$ 0.86
Outpatient Hospital - ER	394	\$ 361.24	\$ 11.86	3.00%	0.00%	15.00%	467	\$ 361.24	\$ 14.05
Outpatient Hospital - Non-ER	126	\$ 117.68	\$ 1.24	3.00%	0.00%	15.00%	149	\$ 117.68	\$ 1.46
Physician/Professional	971	\$ 74.00	\$ 5.99	3.00%	0.00%	10.00%	1,100	\$ 74.00	\$ 6.79
Clinics (w/FQHC/RHC)	303	\$ 103.30	\$ 2.60	3.00%	0.00%	10.00%	343	\$ 103.30	\$ 2.95
Laboratory/Radiology/Pathology	580	\$ 23.42	\$ 1.13	3.00%	0.00%	-10.00%	538	\$ 23.42	\$ 1.05
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Home Health/Hospice	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	4,628	\$ 228.24	\$ 88.03	3.00%	0.00%	30.00%	6,197	\$ 228.24	\$ 117.87
Non-Emergency Transportation	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Behavioral Health	2,521	\$ 70.58	\$ 14.83	3.00%	0.00%	50.00%	3,895	\$ 70.58	\$ 22.91
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
All Other	338	\$ 38.63	\$ 1.09	3.00%	0.00%	-10.00%	314	\$ 38.63	\$ 1.01
<b>Gross Benefit Total</b>			<b>\$ 127.32</b>	<b>3.00%</b>	<b>0.00%</b>	<b>28.83%</b>			<b>\$ 168.94</b>

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  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	9.00%	\$ 16.99
Underwriting Gain	1.50%	\$ 2.83
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 188.76</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 309.93</b>
Premium Based Taxes	2.25%	\$ 7.13
<b>Draft Capitation PMPM</b>		<b>\$ 317.06</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 317.06</b>

**Expansion, 45+ Years, Male and Female, Non-TPL, Non-Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	139,860

EAST Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	476	\$ 2,190.71	\$ 86.90	3.00%	0.00%	50.00%	735	\$ 2,190.71	\$ 134.27
Outpatient Hospital - ER	539	\$ 622.79	\$ 27.97	3.00%	0.00%	15.00%	638	\$ 622.79	\$ 33.14
Outpatient Hospital - Non-ER	1,430	\$ 405.95	\$ 48.38	3.00%	0.00%	15.00%	1,694	\$ 405.95	\$ 57.31
Physician/Professional	10,210	\$ 150.23	\$ 127.82	3.00%	0.00%	10.00%	11,568	\$ 150.23	\$ 144.82
Clinics (w/FQHC/RHC)	1,483	\$ 195.41	\$ 24.16	3.00%	0.00%	10.00%	1,681	\$ 195.41	\$ 27.37
Laboratory/Radiology/Pathology	7,760	\$ 33.88	\$ 21.91	3.00%	0.00%	5.00%	8,393	\$ 33.88	\$ 23.70
Dental	-	\$ -	\$ -	3.00%	0.00%	10.00%	-	\$ -	\$ -
DME and Supplies	645	\$ 104.44	\$ 5.61	3.00%	0.00%	5.00%	698	\$ 104.44	\$ 6.07
Home Health/Hospice	151	\$ 74.78	\$ 0.94	3.00%	0.00%	5.00%	163	\$ 74.78	\$ 1.02
Physical/Occupational Therapy	-	\$ -	\$ -	3.00%	0.00%	5.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Nursing Facility	48	\$ 82.38	\$ 0.33	3.00%	0.00%	50.00%	75	\$ 82.38	\$ 0.51
Pharmacy	23,410	\$ 95.09	\$ 185.51	3.00%	0.00%	20.00%	28,934	\$ 95.09	\$ 229.29
Non-Emergency Transportation	14,978	\$ 2.25	\$ 2.80	3.00%	0.00%	0.00%	15,427	\$ 2.25	\$ 2.89
Behavioral Health	4,214	\$ 108.43	\$ 38.08	3.00%	0.00%	50.00%	6,511	\$ 108.43	\$ 58.83
Indian Health Services	-	\$ -	\$ -	3.00%	0.00%	5.00%	-	\$ -	\$ -
Family Planning	16	\$ 199.73	\$ 0.27	3.00%	0.00%	5.00%	18	\$ 199.73	\$ 0.29
All Other	1,193	\$ 117.59	\$ 11.69	3.00%	0.00%	5.00%	1,290	\$ 117.59	\$ 12.64
<b>Gross Benefit Total</b>			<b>\$ 582.39</b>	<b>3.00%</b>	<b>0.00%</b>	<b>22.05%</b>			<b>\$ 732.14</b>

**Notes:**

- Totals may differ due to rounding.
- Base data used for Expansion rates include TANF Parent/Caretaker projected expense for the corresponding age cohort and region.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	6.50%	\$ 51.73
Underwriting Gain	1.50%	\$ 11.94
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 795.81</b>

  

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

  

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 916.97</b>
Premium Based Taxes	2.25%	\$ 21.11
<b>Draft Capitation PMPM</b>		<b>\$ 938.08</b>

  

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 938.08</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, 45+ Years, Male and Female, Non-TPL, Non-Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	68,250

OKC Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	530	\$ 1,848.75	\$ 81.62	3.00%	0.00%	50.00%	818	\$ 1,848.75	\$ 126.10
Outpatient Hospital - ER	810	\$ 592.76	\$ 40.03	3.00%	0.00%	15.00%	960	\$ 592.76	\$ 47.41
Outpatient Hospital - Non-ER	2,215	\$ 413.28	\$ 76.28	3.00%	0.00%	15.00%	2,623	\$ 413.28	\$ 90.35
Physician/Professional	11,553	\$ 142.37	\$ 137.07	3.00%	0.00%	10.00%	13,089	\$ 142.37	\$ 155.30
Clinics (w/FQHC/RHC)	716	\$ 206.79	\$ 12.33	3.00%	0.00%	10.00%	811	\$ 206.79	\$ 13.97
Laboratory/Radiology/Pathology	6,832	\$ 36.31	\$ 20.67	3.00%	0.00%	5.00%	7,389	\$ 36.31	\$ 22.36
Dental	2	\$ 1,401.31	\$ 0.25	3.00%	0.00%	10.00%	2	\$ 1,401.31	\$ 0.29
DME and Supplies	756	\$ 103.48	\$ 6.52	3.00%	0.00%	5.00%	818	\$ 103.48	\$ 7.05
Home Health/Hospice	250	\$ 54.14	\$ 1.13	3.00%	0.00%	5.00%	270	\$ 54.14	\$ 1.22
Physical/Occupational Therapy	2	\$ 53.28	\$ 0.01	3.00%	0.00%	5.00%	2	\$ 53.28	\$ 0.01
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Nursing Facility	356	\$ 98.32	\$ 2.91	3.00%	0.00%	50.00%	549	\$ 98.32	\$ 4.50
Pharmacy	23,470	\$ 122.61	\$ 239.80	3.00%	0.00%	20.00%	29,009	\$ 122.61	\$ 296.39
Non-Emergency Transportation	1,043	\$ 15.19	\$ 1.32	3.00%	0.00%	0.00%	1,074	\$ 15.19	\$ 1.36
Behavioral Health	4,084	\$ 101.87	\$ 34.67	3.00%	0.00%	50.00%	6,310	\$ 101.87	\$ 53.57
Indian Health Services	-	\$ -	\$ -	3.00%	0.00%	5.00%	-	\$ -	\$ -
Family Planning	24	\$ 74.63	\$ 0.15	3.00%	0.00%	5.00%	26	\$ 74.63	\$ 0.16
All Other	1,254	\$ 116.24	\$ 12.15	3.00%	0.00%	5.00%	1,356	\$ 116.24	\$ 13.14
<b>Gross Benefit Total</b>			<b>\$ 666.90</b>	<b>3.00%</b>	<b>0.00%</b>	<b>21.29%</b>			<b>\$ 833.17</b>

Notes:
1. Totals may differ due to rounding.
2. Base data used for Expansion rates include TANF Parent/Caretaker projected expense for the corresponding age cohort and region.
3. With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
4. The Supplemental Payment PMPM Add-on amount includes estimates for the following programs: <ul style="list-style-type: none"> <li>a. Supplemental Hospital Offset Payment Program (SHOPP)</li> <li>b. Level 1 Trauma</li> <li>c. Enhanced Tier Payment System (ETPS)</li> <li>d. Ground Emergency Medical Transportation (GEMT)</li> </ul>
5. Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	6.50%	\$ 58.87
Underwriting Gain	1.50%	\$ 13.58
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 905.62</b>
Supplemental Payments		
	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>
Premium Tax		
	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 1,026.79</b>
Premium Based Taxes	2.25%	\$ 23.63
<b>Draft Capitation PMPM</b>		<b>\$ 1,050.42</b>
Capitation Withhold		
	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 1,050.42</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, 45+ Years, Male and Female, Non-TPL, Non-Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	61,015

TULSA Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	533	\$ 1,815.64	\$ 80.64	3.00%	0.00%	50.00%	823	\$ 1,815.64	\$ 124.60
Outpatient Hospital - ER	530	\$ 673.32	\$ 29.74	3.00%	0.00%	15.00%	628	\$ 673.32	\$ 35.23
Outpatient Hospital - Non-ER	1,207	\$ 490.84	\$ 49.37	3.00%	0.00%	15.00%	1,430	\$ 490.84	\$ 58.48
Physician/Professional	12,389	\$ 155.07	\$ 160.10	3.00%	0.00%	10.00%	14,037	\$ 155.07	\$ 181.39
Clinics (w/FQHC/RHC)	426	\$ 167.74	\$ 5.95	3.00%	0.00%	10.00%	483	\$ 167.74	\$ 6.75
Laboratory/Radiology/Pathology	9,281	\$ 30.76	\$ 23.79	3.00%	0.00%	5.00%	10,037	\$ 30.76	\$ 25.73
Dental	-	\$ -	\$ -	3.00%	0.00%	10.00%	-	\$ -	\$ -
DME and Supplies	921	\$ 78.32	\$ 6.01	3.00%	0.00%	5.00%	996	\$ 78.32	\$ 6.50
Home Health/Hospice	179	\$ 58.65	\$ 0.88	3.00%	0.00%	5.00%	194	\$ 58.65	\$ 0.95
Physical/Occupational Therapy	-	\$ -	\$ -	3.00%	0.00%	5.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Nursing Facility	53	\$ 74.61	\$ 0.33	3.00%	0.00%	50.00%	82	\$ 74.61	\$ 0.51
Pharmacy	22,769	\$ 104.44	\$ 198.17	3.00%	0.00%	20.00%	28,142	\$ 104.44	\$ 244.94
Non-Emergency Transportation	3,081	\$ 5.51	\$ 1.41	3.00%	0.00%	0.00%	3,173	\$ 5.51	\$ 1.46
Behavioral Health	3,888	\$ 90.63	\$ 29.37	3.00%	0.00%	50.00%	6,007	\$ 90.63	\$ 45.37
Indian Health Services	-	\$ -	\$ -	3.00%	0.00%	5.00%	-	\$ -	\$ -
Family Planning	24	\$ 302.73	\$ 0.62	3.00%	0.00%	5.00%	26	\$ 302.73	\$ 0.67
All Other	1,292	\$ 65.40	\$ 7.04	3.00%	0.00%	5.00%	1,397	\$ 65.40	\$ 7.62
<b>Gross Benefit Total</b>			<b>\$ 593.42</b>	<b>3.00%</b>	<b>0.00%</b>	<b>21.10%</b>			<b>\$ 740.17</b>

**Notes:**

- Totals may differ due to rounding.
- Base data used for Expansion rates include TANF Parent/Caretaker projected expense for the corresponding age cohort and region.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	6.50%	\$ 52.29
Underwriting Gain	1.50%	\$ 12.07
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 804.53</b>

  

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

  

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 925.70</b>
Premium Based Taxes	2.25%	\$ 21.31
<b>Draft Capitation PMPM</b>		<b>\$ 947.01</b>

  

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 947.01</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, 45+ Years, Male and Female, Non-TPL, Non-Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	131,110

WEST Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	518	\$ 1,835.18	\$ 79.16	3.00%	0.00%	50.00%	800	\$ 1,835.18	\$ 122.30
Outpatient Hospital - ER	697	\$ 652.29	\$ 37.90	3.00%	0.00%	15.00%	826	\$ 652.29	\$ 44.89
Outpatient Hospital - Non-ER	2,277	\$ 393.14	\$ 74.60	3.00%	0.00%	15.00%	2,697	\$ 393.14	\$ 88.37
Physician/Professional	10,556	\$ 146.16	\$ 128.58	3.00%	0.00%	10.00%	11,960	\$ 146.16	\$ 145.68
Clinics (w/FQHC/RHC)	1,299	\$ 217.64	\$ 23.56	3.00%	0.00%	10.00%	1,472	\$ 217.64	\$ 26.69
Laboratory/Radiology/Pathology	5,319	\$ 37.65	\$ 16.69	3.00%	0.00%	5.00%	5,752	\$ 37.65	\$ 18.05
Dental	3	\$ 2,377.95	\$ 0.57	3.00%	0.00%	10.00%	3	\$ 2,377.95	\$ 0.64
DME and Supplies	739	\$ 102.56	\$ 6.32	3.00%	0.00%	5.00%	799	\$ 102.56	\$ 6.83
Home Health/Hospice	172	\$ 72.32	\$ 1.04	3.00%	0.00%	5.00%	186	\$ 72.32	\$ 1.12
Physical/Occupational Therapy	23	\$ 105.24	\$ 0.20	3.00%	0.00%	5.00%	25	\$ 105.24	\$ 0.22
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Nursing Facility	112	\$ 84.96	\$ 0.79	3.00%	0.00%	50.00%	173	\$ 84.96	\$ 1.22
Pharmacy	24,380	\$ 107.80	\$ 219.03	3.00%	0.00%	20.00%	30,134	\$ 107.80	\$ 270.72
Non-Emergency Transportation	16,910	\$ 2.22	\$ 3.13	3.00%	0.00%	0.00%	17,417	\$ 2.22	\$ 3.23
Behavioral Health	2,691	\$ 107.21	\$ 24.04	3.00%	0.00%	50.00%	4,158	\$ 107.21	\$ 37.15
Indian Health Services	-	\$ -	\$ -	3.00%	0.00%	5.00%	-	\$ -	\$ -
Family Planning	25	\$ 62.02	\$ 0.13	3.00%	0.00%	5.00%	27	\$ 62.02	\$ 0.14
All Other	1,076	\$ 93.25	\$ 8.36	3.00%	0.00%	5.00%	1,164	\$ 93.25	\$ 9.04
<b>Gross Benefit Total</b>			<b>\$ 624.09</b>	<b>3.00%</b>	<b>0.00%</b>	<b>20.76%</b>			<b>\$ 776.28</b>

Notes:
1. Totals may differ due to rounding.
2. Base data used for Expansion rates include TANF Parent/Caretaker projected expense for the corresponding age cohort and region.
3. With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
4. The Supplemental Payment PMPM Add-on amount includes estimates for the following programs: <ul style="list-style-type: none"> <li>a. Supplemental Hospital Offset Payment Program (SHOPP)</li> <li>b. Level 1 Trauma</li> <li>c. Enhanced Tier Payment System (ETPS)</li> <li>d. Ground Emergency Medical Transportation (GEMT)</li> </ul>
5. Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	6.50%	\$ 54.85
Underwriting Gain	1.50%	\$ 12.66
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 843.79</b>
Supplemental Payments		
	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>
Premium Tax		
	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 964.95</b>
Premium Based Taxes	2.25%	\$ 22.21
<b>Draft Capitation PMPM</b>		<b>\$ 987.17</b>
Capitation Withhold		
	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 987.17</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, 45+ Years, Male and Female, Non-TPL, Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	11,111

East Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	662	\$ 2,186.68	\$ 120.58	3.00%	0.00%	50.00%	1,022	\$ 2,186.68	\$ 186.30
Outpatient Hospital - ER	571	\$ 682.90	\$ 32.51	3.00%	0.00%	15.00%	677	\$ 682.90	\$ 38.50
Outpatient Hospital - Non-ER	1,076	\$ 539.33	\$ 48.38	3.00%	0.00%	15.00%	1,275	\$ 539.33	\$ 57.31
Physician/Professional	9,056	\$ 196.79	\$ 148.50	3.00%	0.00%	10.00%	10,260	\$ 196.79	\$ 168.25
Clinics (w/FQHC/RHC)	1,107	\$ 175.39	\$ 16.18	3.00%	0.00%	10.00%	1,254	\$ 175.39	\$ 18.33
Laboratory/Radiology/Pathology	6,096	\$ 36.25	\$ 18.42	3.00%	0.00%	5.00%	6,592	\$ 36.25	\$ 19.92
Dental	-	\$ -	\$ -	3.00%	0.00%	10.00%	-	\$ -	\$ -
DME and Supplies	958	\$ 115.40	\$ 9.21	3.00%	0.00%	5.00%	1,036	\$ 115.40	\$ 9.96
Home Health/Hospice	434	\$ 67.86	\$ 2.45	3.00%	0.00%	5.00%	469	\$ 67.86	\$ 2.65
Physical/Occupational Therapy	-	\$ -	\$ -	3.00%	0.00%	5.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Pharmacy	28,230	\$ 202.18	\$ 475.63	3.00%	0.00%	20.00%	34,892	\$ 202.18	\$ 587.88
Non-Emergency Transportation	11,172	\$ 7.80	\$ 7.26	3.00%	0.00%	0.00%	11,507	\$ 7.80	\$ 7.48
Behavioral Health	4,427	\$ 115.87	\$ 42.74	3.00%	0.00%	50.00%	6,839	\$ 115.87	\$ 66.04
Indian Health Services	98	\$ 210.66	\$ 1.72	3.00%	0.00%	5.00%	106	\$ 210.66	\$ 1.87
Family Planning	23	\$ 15.18	\$ 0.03	3.00%	0.00%	5.00%	25	\$ 15.18	\$ 0.03
All Other	1,830	\$ 105.81	\$ 16.14	3.00%	0.00%	5.00%	1,979	\$ 105.81	\$ 17.45
<b>Gross Benefit Total</b>			<b>\$ 939.76</b>	<b>3.00%</b>	<b>0.00%</b>	<b>22.11%</b>			<b>\$ 1,181.98</b>

**Notes:**

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- Base data used for Expansion rates include TANF Parent/Caretaker projected expense for the corresponding age cohort and region.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	6.00%	\$ 76.67
Underwriting Gain	1.50%	\$ 19.17
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 1,277.82</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 1,398.98</b>
Premium Based Taxes	2.25%	\$ 32.20
<b>Draft Capitation PMPM</b>		<b>\$ 1,431.19</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 1,431.19</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, 45+ Years, Male and Female, Non-TPL, Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	967

OKC Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	766	\$ 2,099.56	\$ 134.08	3.00%	0.00%	50.00%	1,184	\$ 2,099.56	\$ 207.16
Outpatient Hospital - ER	1,549	\$ 618.32	\$ 79.80	3.00%	0.00%	15.00%	1,835	\$ 618.32	\$ 94.53
Outpatient Hospital - Non-ER	1,411	\$ 609.21	\$ 71.62	3.00%	0.00%	15.00%	1,671	\$ 609.21	\$ 84.83
Physician/Professional	12,464	\$ 141.31	\$ 146.78	3.00%	0.00%	10.00%	14,122	\$ 141.31	\$ 166.30
Clinics (w/FQHC/RHC)	203	\$ 206.60	\$ 3.49	3.00%	0.00%	10.00%	230	\$ 206.60	\$ 3.95
Laboratory/Radiology/Pathology	7,646	\$ 35.80	\$ 22.81	3.00%	0.00%	5.00%	8,269	\$ 35.80	\$ 24.67
Dental	-	\$ -	\$ -	3.00%	0.00%	10.00%	-	\$ -	\$ -
DME and Supplies	758	\$ 65.15	\$ 4.11	3.00%	0.00%	5.00%	819	\$ 65.15	\$ 4.45
Home Health/Hospice	405	\$ 103.66	\$ 3.50	3.00%	0.00%	5.00%	438	\$ 103.66	\$ 3.79
Physical/Occupational Therapy	-	\$ -	\$ -	3.00%	0.00%	5.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Pharmacy	28,457	\$ 172.90	\$ 410.02	3.00%	0.00%	20.00%	35,173	\$ 172.90	\$ 506.79
Non-Emergency Transportation	3,643	\$ 22.99	\$ 6.98	3.00%	0.00%	0.00%	3,752	\$ 22.99	\$ 7.19
Behavioral Health	14,365	\$ 88.58	\$ 106.04	3.00%	0.00%	50.00%	22,194	\$ 88.58	\$ 163.83
Indian Health Services	-	\$ -	\$ -	3.00%	0.00%	5.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	3.00%	0.00%	5.00%	-	\$ -	\$ -
All Other	3,136	\$ 128.80	\$ 33.66	3.00%	0.00%	5.00%	3,392	\$ 128.80	\$ 36.41
<b>Gross Benefit Total</b>			<b>\$ 1,022.90</b>	<b>3.00%</b>	<b>0.00%</b>	<b>23.76%</b>			<b>\$ 1,303.89</b>

**Notes:**

- Totals may differ due to rounding.
- Base data used for Expansion rates include TANF Parent/Caretaker projected expense for the corresponding age cohort and region.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	6.00%	\$ 84.58
Underwriting Gain	1.50%	\$ 21.14
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 1,409.61</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 1,530.78</b>
Premium Based Taxes	2.25%	\$ 35.24
<b>Draft Capitation PMPM</b>		<b>\$ 1,566.01</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 1,566.01</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, 45+ Years, Male and Female, Non-TPL, Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	1,428

Tulsa Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	912	\$ 2,573.95	\$ 195.66	3.00%	0.00%	50.00%	1,409	\$ 2,573.95	\$ 302.29
Outpatient Hospital - ER	430	\$ 704.36	\$ 25.24	3.00%	0.00%	15.00%	509	\$ 704.36	\$ 29.89
Outpatient Hospital - Non-ER	1,495	\$ 669.61	\$ 83.42	3.00%	0.00%	15.00%	1,771	\$ 669.61	\$ 98.81
Physician/Professional	11,788	\$ 194.47	\$ 191.04	3.00%	0.00%	10.00%	13,356	\$ 194.47	\$ 216.45
Clinics (w/FQHC/RHC)	290	\$ 130.03	\$ 3.15	3.00%	0.00%	10.00%	329	\$ 130.03	\$ 3.56
Laboratory/Radiology/Pathology	6,257	\$ 43.17	\$ 22.51	3.00%	0.00%	5.00%	6,766	\$ 43.17	\$ 24.34
Dental	-	\$ -	\$ -	3.00%	0.00%	10.00%	-	\$ -	\$ -
DME and Supplies	583	\$ 201.12	\$ 9.77	3.00%	0.00%	5.00%	631	\$ 201.12	\$ 10.57
Home Health/Hospice	40	\$ 71.47	\$ 0.24	3.00%	0.00%	5.00%	43	\$ 71.47	\$ 0.25
Physical/Occupational Therapy	-	\$ -	\$ -	3.00%	0.00%	5.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Pharmacy	22,686	\$ 243.40	\$ 460.15	3.00%	0.00%	20.00%	28,039	\$ 243.40	\$ 568.74
Non-Emergency Transportation	1,378	\$ 32.93	\$ 3.78	3.00%	0.00%	0.00%	1,419	\$ 32.93	\$ 3.89
Behavioral Health	6,620	\$ 63.45	\$ 35.00	3.00%	0.00%	50.00%	10,227	\$ 63.45	\$ 54.07
Indian Health Services	-	\$ -	\$ -	3.00%	0.00%	5.00%	-	\$ -	\$ -
Family Planning	14	\$ 87.32	\$ 0.10	3.00%	0.00%	5.00%	15	\$ 87.32	\$ 0.11
All Other	1,994	\$ 85.57	\$ 14.22	3.00%	0.00%	5.00%	2,157	\$ 85.57	\$ 15.38
<b>Gross Benefit Total</b>			<b>\$ 1,044.27</b>	<b>3.00%</b>	<b>0.00%</b>	<b>23.50%</b>			<b>\$ 1,328.38</b>

Notes:
1. Totals may differ due to rounding.
2. Base data used for Expansion rates include TANF Parent/Caretaker projected expense for the corresponding age cohort and region.
3. With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
4. The Supplemental Payment PMPM Add-on amount includes estimates for the following programs: <ul style="list-style-type: none"> <li>a. Supplemental Hospital Offset Payment Program (SHOPP)</li> <li>b. Level 1 Trauma</li> <li>c. Enhanced Tier Payment System (ETPS)</li> <li>d. Ground Emergency Medical Transportation (GEMT)</li> </ul>
5. Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	6.00%	\$ 86.17
Underwriting Gain	1.50%	\$ 21.54
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 1,436.09</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 1,557.25</b>
Premium Based Taxes	2.25%	\$ 35.84
<b>Draft Capitation PMPM</b>		<b>\$ 1,593.10</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 1,593.10</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, 45+ Years, Male and Female, Non-TPL, Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	4,611

West Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	632	\$ 2,686.37	\$ 141.59	3.00%	0.00%	50.00%	977	\$ 2,686.37	\$ 218.75
Outpatient Hospital - ER	724	\$ 629.13	\$ 37.95	3.00%	0.00%	15.00%	857	\$ 629.13	\$ 44.95
Outpatient Hospital - Non-ER	1,443	\$ 431.29	\$ 51.87	3.00%	0.00%	15.00%	1,710	\$ 431.29	\$ 61.44
Physician/Professional	9,144	\$ 151.81	\$ 115.68	3.00%	0.00%	10.00%	10,360	\$ 151.81	\$ 131.06
Clinics (w/FQHC/RHC)	520	\$ 207.30	\$ 8.99	3.00%	0.00%	10.00%	589	\$ 207.30	\$ 10.18
Laboratory/Radiology/Pathology	5,298	\$ 37.56	\$ 16.58	3.00%	0.00%	5.00%	5,730	\$ 37.56	\$ 17.93
Dental	-	\$ -	\$ -	3.00%	0.00%	10.00%	-	\$ -	\$ -
DME and Supplies	729	\$ 206.12	\$ 12.53	3.00%	0.00%	5.00%	789	\$ 206.12	\$ 13.55
Home Health/Hospice	96	\$ 71.47	\$ 0.57	3.00%	0.00%	5.00%	104	\$ 71.47	\$ 0.62
Physical/Occupational Therapy	-	\$ -	\$ -	3.00%	0.00%	5.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	3.00%	0.00%	50.00%	-	\$ -	\$ -
Pharmacy	30,336	\$ 205.46	\$ 519.40	3.00%	0.00%	20.00%	37,495	\$ 205.46	\$ 641.98
Non-Emergency Transportation	2,375	\$ 12.25	\$ 2.42	3.00%	0.00%	0.00%	2,446	\$ 12.25	\$ 2.50
Behavioral Health	5,322	\$ 92.54	\$ 41.04	3.00%	0.00%	50.00%	8,222	\$ 92.54	\$ 63.41
Indian Health Services	15	\$ 90.56	\$ 0.11	3.00%	0.00%	5.00%	16	\$ 90.56	\$ 0.12
Family Planning	16	\$ 116.66	\$ 0.15	3.00%	0.00%	5.00%	17	\$ 116.66	\$ 0.17
All Other	827	\$ 219.66	\$ 15.13	3.00%	0.00%	5.00%	894	\$ 219.66	\$ 16.37
<b>Gross Benefit Total</b>			<b>\$ 964.02</b>	<b>3.00%</b>	<b>0.00%</b>	<b>23.17%</b>			<b>\$ 1,223.03</b>

**Notes:**

- Totals may differ due to rounding.
- Base data used for Expansion rates include TANF Parent/Caretaker projected expense for the corresponding age cohort and region.
- With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	6.00%	\$ 79.33
Underwriting Gain	1.50%	\$ 19.83
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 1,322.19</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 1,443.36</b>
Premium Based Taxes	2.25%	\$ 33.22
<b>Draft Capitation PMPM</b>		<b>\$ 1,476.58</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 1,476.58</b>





SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
 Draft and Confidential  
 Subject to Revision

**Expansion, 45+ Years, Male and Female, with TPL, Non-Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	21,303

Statewide Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	373	\$ 824.75	\$ 25.66	3.00%	0.00%	50.00%	577	\$ 824.75	\$ 39.65
Outpatient Hospital - ER	612	\$ 317.09	\$ 16.17	3.00%	0.00%	15.00%	725	\$ 317.09	\$ 19.16
Outpatient Hospital - Non-ER	1,204	\$ 126.17	\$ 12.66	3.00%	0.00%	15.00%	1,427	\$ 126.17	\$ 15.00
Physician/Professional	4,451	\$ 84.49	\$ 31.34	3.00%	0.00%	10.00%	5,042	\$ 84.49	\$ 35.50
Clinics (w/FQHC/RHC)	638	\$ 153.48	\$ 8.16	3.00%	0.00%	10.00%	723	\$ 153.48	\$ 9.25
Laboratory/Radiology/Pathology	2,131	\$ 27.68	\$ 4.91	3.00%	0.00%	5.00%	2,304	\$ 27.68	\$ 5.31
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	499	\$ 91.07	\$ 3.79	3.00%	0.00%	5.00%	540	\$ 91.07	\$ 4.10
Home Health/Hospice	70	\$ 60.51	\$ 0.35	3.00%	0.00%	5.00%	76	\$ 60.51	\$ 0.38
Physical/Occupational Therapy	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	12,307	\$ 68.73	\$ 70.48	3.00%	0.00%	20.00%	15,211	\$ 68.73	\$ 87.12
Non-Emergency Transportation	1,344	\$ 8.27	\$ 0.93	3.00%	0.00%	0.00%	1,384	\$ 8.27	\$ 0.95
Behavioral Health	2,266	\$ 100.70	\$ 19.01	3.00%	0.00%	50.00%	3,501	\$ 100.70	\$ 29.38
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	7	\$ 49.52	\$ 0.03	3.00%	0.00%	5.00%	7	\$ 49.52	\$ 0.03
All Other	519	\$ 37.24	\$ 1.61	3.00%	0.00%	5.00%	562	\$ 37.24	\$ 1.74
<b>Gross Benefit Total</b>			<b>\$ 195.12</b>	<b>3.00%</b>	<b>0.00%</b>	<b>23.19%</b>			<b>\$ 247.58</b>

Notes:
1. Totals may differ due to rounding.
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3. With the exception of Supplemental Payment PMPM Add-ons, PMPM values contained on this capitation rate calculation sheet are based on SFY 2019 member months.
4. The Supplemental Payment PMPM Add-on amount includes estimates for the following programs: <ul style="list-style-type: none"> <li>a. Supplemental Hospital Offset Payment Program (SHOPP)</li> <li>b. Level 1 Trauma</li> <li>c. Enhanced Tier Payment System (ETPS)</li> <li>d. Ground Emergency Medical Transportation (GEMT)</li> </ul>
5. Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 23.38
Underwriting Gain	1.50%	\$ 4.13
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 275.09</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 396.25</b>
Premium Based Taxes	2.25%	\$ 9.12
<b>Draft Capitation PMPM</b>		<b>\$ 405.37</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 405.37</b>



SoonerSelect and SoonerSelect Children's Specialty Plan  
 October 1, 2021 – June 30, 2022  
 Expansion Rate Sheet

State of Oklahoma  
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**Expansion, 45+ Years, Male and Female, with TPL, Voluntary**

Base Period:	
Base Member Months:	
Trend Months (No Seasonality):	

Contract Period:	October 1, 2021 to June 30, 2022
Projected Member Months:	640

Statewide Category of Service	TANF Parent/Caretaker Projected Medical Expenses			Pent-Up Demand		PMPM Relativity	Projected Medical Expenses		
	Util/1,000	Unit Cost	PMPM	Util/1000 %	Unit Cost %	PMPM %	Util/1,000	Unit Cost	PMPM
Inpatient Hospital	104	\$ 198.98	\$ 1.72	3.00%	0.00%	50.00%	161	\$ 198.98	\$ 2.66
Outpatient Hospital - ER	181	\$ 402.17	\$ 6.06	3.00%	0.00%	15.00%	214	\$ 402.17	\$ 7.17
Outpatient Hospital - Non-ER	852	\$ 906.74	\$ 64.37	3.00%	0.00%	15.00%	1,009	\$ 906.74	\$ 76.24
Physician/Professional	1,878	\$ 139.48	\$ 21.83	3.00%	0.00%	10.00%	2,128	\$ 139.48	\$ 24.73
Clinics (w/FQHC/RHC)	235	\$ 83.36	\$ 1.63	3.00%	0.00%	10.00%	266	\$ 83.36	\$ 1.85
Laboratory/Radiology/Pathology	686	\$ 37.37	\$ 2.14	3.00%	0.00%	5.00%	742	\$ 37.37	\$ 2.31
Dental	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
DME and Supplies	26	\$ 38.00	\$ 0.08	3.00%	0.00%	5.00%	29	\$ 38.00	\$ 0.09
Home Health/Hospice	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Physical/Occupational Therapy	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
ICF/MR Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Nursing Facility	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Pharmacy	9,563	\$ 167.52	\$ 133.50	3.00%	0.00%	20.00%	11,820	\$ 167.52	\$ 165.00
Non-Emergency Transportation	28	\$ 46.23	\$ 0.11	3.00%	0.00%	0.00%	29	\$ 46.23	\$ 0.11
Behavioral Health	182	\$ 424.22	\$ 6.43	3.00%	0.00%	50.00%	281	\$ 424.22	\$ 9.93
Indian Health Services	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
Family Planning	-	\$ -	\$ -	0.00%	0.00%	0.00%	-	\$ -	\$ -
All Other	158	\$ 181.96	\$ 2.40	3.00%	0.00%	5.00%	171	\$ 181.96	\$ 2.60
<b>Gross Benefit Total</b>			<b>\$ 240.26</b>	<b>3.00%</b>	<b>0.00%</b>	<b>18.28%</b>			<b>\$ 292.70</b>

**Notes:**

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- The Supplemental Payment PMPM Add-on amount includes estimates for the following programs:
  - Supplemental Hospital Offset Payment Program (SHOPP)
  - Level 1 Trauma
  - Enhanced Tier Payment System (ETPS)
  - Ground Emergency Medical Transportation (GEMT)
- Directed payments for University-affiliated and State-employed physicians are currently included in the above category of service calculation section. These payments will ultimately be included in the Supplemental Payment PMPM Add-on PMPM, and will be subject to Supplemental Payment Administrative Expenses and Underwriting Gain.

Rate Calculation Summary		
Non-Benefit Expenses	%	PMPM
Administrative Expenses	8.50%	\$ 27.64
Underwriting Gain	1.50%	\$ 4.88
<b>Total Benefit and Non-Benefit PMPM</b>		<b>\$ 325.22</b>

Supplemental Payments	%	PMPM
Supplemental Payment PMPM Add-on		\$ 119.96
Supplemental Payment Administrative Expenses	0.50%	\$ 0.61
Supplemental Payment Underwriting Gain	0.50%	\$ 0.61
<b>Total Supplemental Payment PMPM</b>		<b>\$ 121.17</b>

Premium Tax	%	PMPM
<b>Subtotal Prior to Premium Tax</b>		<b>\$ 446.39</b>
Premium Based Taxes	2.25%	\$ 10.27
<b>Draft Capitation PMPM</b>		<b>\$ 456.66</b>

Capitation Withhold	%	PMPM
Capitation Withhold		
<b>Draft Capitation PMPM After Withhold</b>		<b>\$ 456.66</b>