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

WHEREAS, the Oklahoma Health Care Authority (OHCA) and Oklahoma Complete Health, Inc. (Contractor) also desire to clarify, refine, and update certain Contract provisions to align with current program operations and administrative practices;

WHEREAS, the annual term of the Contract for State Fiscal Year (SFY) 2026 will expire on June 30, 2026; and

WHEREAS, the Contract has four remaining options to renew that OHCA may exercise; and

WHEREAS, the capitation rates require adjustment for SFY 2026.

NOW THEREFORE, this Amendment Nine to the Contract under Purchase Order Number 8079004728:

(1) formally incorporates and codifies additional clarifications, refinements, and administrative updates necessary to align the Contract with current operations; and
(2) Updates capitation rates for SFY 2026.

SoonerSelect Children's Specialty Program Capitation Rates

The attached Appendix B serves to provide updated capitation rates for the State's SoonerSelect Children's Specialty Program benefits for the period of July 1, 2025 through June 30, 2026.

The Oklahoma Health Care Authority (OHCA) and the Contractor mutually consent to the capitated rates provided in Appendix B, which is attached and incorporated herein, replacing the existing Appendix B insofar as it concerns capitated rates for State Fiscal Year 2026.

In the event of any conflict between the terms of this Amendment and any prior version of the Contract, the terms of this Amendment shall control. Except as expressly amended by this Amendment, all other terms and conditions of the Contract shall remain in full force and effect.

Nothing in this Amendment shall be construed to waive federal Medicaid requirements, State Plan provisions, or applicable federal regulations, all of which shall supersede Contract terms where required by law, nor shall this Amendment be interpreted to waive or limit any rights, remedies, or enforcement authority of OHCA under the Contract, applicable State law, or federal Medicaid regulations.

The parties executing this Amendment represent that they are duly authorized to bind their respective organizations to the terms of this Amendment. This Amendment may be executed in counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same instrument.

This Amendment shall become effective on July 1, 2026, or upon the date of the last signature by both parties, whichever occurs first. All other terms and provisions of the Agreement shall remain unchanged and in full force and effect.

EXECUTED

Clayton Franklin
Clayton Franklin (Jun 24, 2026 16:28:02 CDT)

Jun 24, 2026

Clayton Franklin, President and CEO
(Or his Authorized Designee)
Oklahoma Complete Health, Inc.

Jun 26, 2026

Clay Bullard, Chief Executive Officer
(Or his Authorized Designee)
Oklahoma Health Care Authority

Appendix B

Oklahoma Health Care Authority

SoonerSelect Children's Specialty Program Managed Care Capitation Rates

MY26 (July 1, 2025 - June 30, 2026)

Estimate IDP: $1,231,458

Withhold: 1%

Withhold NRA: 0.4%

Exhibit 1

DRAFT

					a	*b*	*c = a + b*	*d = c x (1-1%)*	*e = c x (1-0.4%)*		
Region	**Population Group**	**Age/Gender**	**Voluntary**	**Projected Member Months**	**MY26 Rates before Integrated DPs**	**Integrated Directed Payments w/ admin and risk margin**	**MY26 Rates Including Integrated DPs**	**MY26 Rates incl Integrated DPs, Net of Withhold**	**MY26 Certified Rates incl Integrated DPs before Withhold**	**SFY26 Rates before Integrated DPs**	**Difference (SFY26 vs. MY26 before Integrated DPs)**
STATEWIDE	CUST/Adoption	Newborn < 1 Year	N	3,562	$ 2,626.01	$ 37.45	$ 2,663.46	$ 2,636.82	$ 2,652.80	$ 2,360.58	11%
STATEWIDE	CUST/Adoption	Newborn < 1 Year	Y	1,747	$ 2,626.01	$ 90.81	$ 2,716.82	$ 2,689.65	$ 2,705.95	$ 2,360.58	11%
STATEWIDE	CUST/Adoption	Ages 1+, Male and Female	N	180,197	$ 896.58	$ 4.13	$ 900.71	$ 891.70	$ 897.10	$ 771.27	16%
STATEWIDE	CUST/Adoption	Ages 1+, Male and Female	Y	24,530	$ 836.76	$ 6.73	$ 843.49	$ 835.06	$ 840.12	$ 719.82	16%
STATEWIDE	FFC	19+ Years, Female	N	1,776	$ 594.61	$ 10.86	$ 605.47	$ 599.41	$ 603.04	$ 574.22	4%
STATEWIDE	FFC	19+ Years, Female	Y	120	$ 594.61	$ 61.44	$ 656.05	$ 649.49	$ 653.43	$ 574.22	4%
STATEWIDE	FFC	19+ Years, Male	N	1,617	$ 479.05	$ 2.58	$ 481.63	$ 476.81	$ 479.70	$ 492.12	-3%
STATEWIDE	FFC	19+ Years, Male	Y	87	$ 479.05	$ -	$ 479.05	$ 474.26	$ 477.13	$ 492.12	-3%
STATEWIDE	**ALL**	**ALL**	**ALL**	**213,636**	**$ 926.68**	**$ 5.76**	**$ 932.45**	**$ 923.12**	**$ 928.71**	**$ 800.89**	**15.7%**