

Neighborhood Health Plan of Rhode Island

Amendment No. 6

THIS AGREEMENT, AMENDMENT NO. 6, is made and entered into effective July 1, 2022, between the State of Rhode Island (formerly known as the State of Rhode Island and Providence Plantations), Executive Office of Health and Human Services (hereinafter referred to as ‘EOHHS’ or the “State”) and Neighborhood Health Plan of Rhode Island (hereinafter referred to as “Contractor”).

WHEREAS, EOHHS and Contractor entered into a CONTRACT BETWEEN STATE OF RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES AND NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND FOR MEDICAID MANAGED CARE SERVICES dated March 1, 2017 (hereinafter referred to as “Agreement”).

WHEREAS, the original Agreement identified above, together with any and all previously executed amendments, and all its terms and conditions remain unchanged except as modified in this Amendment No. 6.

NOW THEREFORE, EOHHS and Contractor hereby agree that the Agreement shall be amended as follows:

CONTRACT EXTENSION: Parties agree to a twelve (12) month extension as described in Request for Proposals Solicitation # 7550787. Effective date of extension is July 1, 2022 through June 30, 2023.

ARTICLE II: HEALTH PLAN PROGRAM STANDARDS, Section 2.01.01.01.01 Capitation Withhold and Adjusting Payments, is amended by DELETING and REPLACING the first sentence in paragraph one, “Effective July 1, 2018 EOHHS will withhold 0.5% of monthly capitation amounts.”

ARTICLE III: CONTRACT TERMS AND CONDITIONS, Section 3.10.04 Termination for Convenience, is amended as follows:

Section 3.10.04 Termination for Convenience, is amended by DELETING the first paragraph in its entirety and REPLACING with the following, “If the Contractor intends to terminate the Agreement pursuant to this Article or allow the Agreement to expire, it must give EOHHS advance written notice at least one (1) year prior to the proposed termination or expiration. The termination date will be calculated as the last Day of the month following the one (1) year notice period. The Parties can negotiate an earlier termination date by mutual written agreement.”

ATTACHMENT J: CONTRACTOR'S CAPITATION RATES SFY 2022

Attachment is amended by **DELETING** and **REPLACING** attachment in its entirety with "State Fiscal Year 2022 Risk Adjustment Medicaid Managed Care Program" Attachment dated December 28, 2021.

Rate Cell	Neighborhood Health Plan Risk Adjusted Rates														Baseline Medical Expense Less CTC	Adjusted Baseline Medical Expense	
	January 2021 Enrollment	Effective Rate Less CTC PMPM	Adjusted Risk Score	Initial Risk Adjusted Rate	Initial Budget Neutrality Adjustment	Budget Neutral Risk Adjusted Rate	Vaccine Assessment PMPM	Adjusted CTC PMPM	Adjusted Premium Tax PMPM	Risk Adjusted Full Rate	Budget Neutrality Adjustment	Final Adjusted Rate	0.5% Withhold	Adjusted Rate Less Withhold			
Rite Care																	
RC - MF<1	3,331	\$ 652.92	1.0000	\$ 652.92	1.0000	\$ 652.92	\$ 0.00	\$ 1.59	\$ 13.36	\$ 667.87	1.0001	\$ 667.94	\$ 3.34	\$ 664.60	\$ 594.15	\$ 595.80	
RC - MF 1-5	18,074	183.99	1.0009	184.16	1.0007	184.29	-	1.59	3.79	189.67	1.0001	189.69	0.95	188.74	167.43	169.31	
RC - MF 6-14	32,282	173.18	1.0009	173.34	0.9996	173.27	-	1.59	3.57	178.43	1.0000	178.43	0.89	177.54	157.60	159.27	
RC - M 15-44	11,572	249.44	0.9802	244.50	1.0001	244.52	1.51	0.66	5.03	251.72	1.0000	251.72	1.26	250.46	228.86	225.01	
RC - F 15-44	28,739	401.55	0.9802	393.60	1.0009	393.95	2.49	0.27	8.10	404.81	1.0000	404.81	2.02	402.79	368.42	361.73	
RC - MF 45+	6,102	598.09	0.9802	586.25	0.9972	584.61	3.18	-	12.00	599.79	1.0000	599.79	3.00	596.79	548.75	536.37	
RC - EFP	1,226	18.22	1.0000	18.22	1.0000	18.22	-	-	0.37	18.59	1.0000	18.59	-	18.59	16.12	16.12	
RC - SOBRA	n/a	13,339.04	1.0000	13,339.04	1.0000	13,339.04	-	-	272.23	13,611.27	1.0000	13,611.27	-	13,611.27	12,872.17	12,872.17	
Rite Care - Composite	101,326	\$ 288.07		\$ 284.62		\$ 284.63	\$ 1.07	\$ 0.99	\$ 5.85	\$ 292.54		\$ 292.55	\$ 1.46	\$ 291.09	\$ 263.48	\$ 261.32	
Children with Special Healthcare Needs																	
CSHCN - Adoption Subsidy	1,614	\$ 644.02	1.0120	\$ 651.75	0.9999	\$ 651.68	\$ 0.12	\$ 1.53	\$ 13.33	\$ 666.66	1.0001	\$ 666.73	\$ 3.33	\$ 663.40	\$ 576.40	\$ 584.85	
CSHCN - Katie Beckett	33	3,514.34	1.0498	3,689.35	1.0604	3,912.19	0.18	1.46	79.87	3,993.70	0.9999	3,993.30	19.97	3,973.33	3,215.63	3,580.77	
CSHCN - SSI < 15	2,058	1,624.08	1.0498	1,704.96	0.9993	1,703.77	-	1.59	34.80	1,740.16	1.0000	1,740.16	8.70	1,731.46	1,486.03	1,560.53	
CSHCN - SSI >= 15	1,498	1,256.78	1.0498	1,319.37	0.9949	1,312.64	1.33	0.73	26.83	1,341.53	1.0000	1,341.53	6.71	1,334.82	1,149.95	1,201.79	
CSHCN - Substitute Care	2,819	844.22	1.0000	844.22	1.0000	844.22	0.78	1.32	17.27	863.59	1.0000	863.59	4.32	859.27	755.57	756.89	
CSHCN - Composite	8,022	\$ 1,092.03		\$ 1,126.75		\$ 1,126.09	\$ 0.55	\$ 1.32	\$ 23.02	\$ 1,150.97		\$ 1,150.99	\$ 5.76	\$ 1,145.23	\$ 990.68	\$ 1,023.14	
Medicaid Expansion																	
ME - F 19-24	5,782	\$ 316.63	0.9914	\$ 313.91	1.0007	\$ 314.13	\$ 3.18	\$ 0.00	\$ 6.48	\$ 323.79	1.0000	\$ 323.79	\$ 1.62	\$ 322.17	\$ 290.51	\$ 288.21	
ME - F 25-29	3,027	461.58	0.9914	457.61	1.0029	458.94	3.18	-	9.43	471.55	1.0000	471.55	2.36	469.19	423.50	421.08	
ME - F 30-39	3,019	694.35	0.9914	688.38	1.0006	688.79	3.18	-	14.12	706.09	1.0001	706.16	3.53	702.63	637.07	632.03	
ME - F 40-49	2,948	896.39	0.9914	888.68	0.9990	887.79	3.18	-	18.18	909.15	1.0000	909.15	4.55	904.60	822.44	814.55	
ME - F 50-64	8,188	837.98	0.9914	830.77	0.9979	829.03	3.18	-	16.98	849.19	1.0000	849.19	4.25	844.94	768.85	760.64	
ME - M 19-24	6,001	226.12	0.9914	224.18	1.0020	224.63	3.18	-	4.65	232.46	0.9999	232.44	1.16	231.28	207.46	206.07	
ME - M 25-29	4,189	425.73	0.9914	422.07	1.0048	424.10	3.18	-	8.72	436.00	1.0000	436.00	2.18	433.82	390.61	389.11	
ME - M 30-39	6,155	637.43	0.9914	631.95	1.0034	634.10	3.18	-	13.01	650.29	0.9999	650.22	3.25	646.97	584.84	581.72	
ME - M 40-49	3,955	839.21	0.9914	831.99	1.0012	832.99	3.18	-	17.06	853.23	1.0000	853.23	4.27	848.96	769.98	764.28	
ME - M 50-64	6,436	946.75	0.9914	938.61	0.9974	936.17	3.18	-	19.17	958.52	1.0000	958.52	4.79	953.73	868.64	858.93	
ME - SOBRA	n/a	13,339.04	1.0000	13,339.04	1.0000	13,339.04	-	-	272.23	13,611.27	1.0000	13,611.27	-	13,611.27	12,872.17	12,872.17	
Medicaid Expansion - Composite	49,700	\$ 629.86		\$ 624.45		\$ 624.49	\$ 3.18	\$ 0.00	\$ 12.81	\$ 640.48		\$ 640.48	\$ 3.20	\$ 637.27	\$ 577.90	\$ 572.97	
Rhody Health Partners																	
RHP - ID	531	\$ 1,348.18	1.0288	\$ 1,387.01	0.9971	\$ 1,382.99	\$ 3.18	\$ 0.00	\$ 28.29	\$ 1,414.46	1.0000	\$ 1,414.46	\$ 7.07	\$ 1,407.39	\$ 1,247.06	\$ 1,279.26	
RHP - SPMI	1,365	3,089.12	1.0288	3,178.09	0.9993	3,175.87	3.18	-	64.88	3,243.93	1.0000	3,243.93	16.22	3,227.71	2,857.44	2,937.67	
RHP - Other Disabled 21-44	1,935	1,215.99	1.0288	1,251.01	1.0032	1,255.01	3.18	-	25.68	1,283.87	1.0000	1,283.87	6.42	1,277.45	1,124.79	1,160.88	
RHP - Other Disabled 45+	3,651	1,878.53	1.0288	1,932.63	0.9997	1,932.05	3.18	-	39.49	1,974.72	1.0000	1,974.72	9.87	1,964.85	1,737.64	1,787.14	
RHP - Composite	7,482	\$ 1,890.40		\$ 1,944.85		\$ 1,944.91	\$ 3.18	\$ 0.00	\$ 39.76	\$ 1,987.84		\$ 1,987.84	\$ 9.94	\$ 1,977.90	\$ 1,748.62	\$ 1,799.03	
All Populations - Composite	166,530	\$ 500.79		\$ 501.20		\$ 501.19	\$ 1.77	\$ 0.67	\$ 10.28	\$ 513.90		\$ 513.91	\$ 2.57	\$ 511.34	\$ 459.07	\$ 460.12	

- Notes:
1. January 2021 Enrollment reflects all members fully eligible as of January 2021, including those who were not scored.
 2. SOBRA Payments are excluded for purposes of the illustrated January 2021 composites.
 3. The Final Adjusted Rate does not include the substance rehabilitation directed payment or the associated premium tax amounts.
 4. Values have been rounded.

ATTACHMENT L: RATE-SETTING PROCESS

Attachment is amended by ***DELETING*** and ***REPLACING*** attachment in its entirety with “State Fiscal Year 2022 Risk Adjustment Medicaid Managed Care Program” Attachment dated December 28, 2021.

Attachment is amended by ***DELETING*** and ***REPLACING*** attachment in its entirety with “State Fiscal Year 2022 Medicaid Managed Care Capitation Rate Amendment, July 1, 2021 through June 30, 2022.” Dated December 16, 2021.

IN WITNESS HERETO, the parties have caused this Amendment No. 6 to be executed under Seal by their duly authorized officers or representatives as of the day and year stated below:

STATE OF RHODE ISLAND:

NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND:

Womazetta Jones

Peter Marino

SIGNATURE

SIGNATURE

WOMAZETTA JONES

PETER MARINO

NAME

NAME

SECRETARY

PRESIDENT & CEO

TITLE

TITLE

3/23/2022

DATE

DATE