

Tufts Health Public Plans

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 Tufts Health Public Plans (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 TUFTS HEALTH PUBLIC PLANS 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.

| Tufts Health Plan Risk Adjusted Rates | | | | | | | | | | | | | | | | |
|---|-------------------------|------------------------------|---------------------|----------------------------|--------------------------------------|-----------------------------------|-------------------------|-------------------|---------------------------|-------------------------|------------------------------|---------------------|----------------|-----------------------------|-----------------------------------|-----------------------------------|
| Rate Cell | 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 | Baseline Medical Expense Less CTC | Adjusted Baseline Medical Expense |
| Rite Care | | | | | | | | | | | | | | | | |
| RC - MF<1 | 415 | \$ 652.92 | 1.0000 | \$ 652.92 | 1.0000 | \$ 652.92 | \$ 0.00 | \$ 0.60 | \$ 13.34 | \$ 666.86 | 1.0001 | \$ 666.93 | \$ 3.33 | \$ 663.60 | \$ 594.15 | \$ 594.81 |
| RC - MF 1-5 | 1,572 | 183.99 | 0.9548 | 175.67 | 1.0007 | 175.79 | - | 0.60 | 3.60 | 179.99 | 1.0001 | 180.01 | 0.90 | 179.11 | 167.43 | 160.59 |
| RC - MF 6-14 | 1,633 | 173.18 | 0.9548 | 165.35 | 0.9996 | 165.28 | - | 0.60 | 3.39 | 169.27 | 1.0000 | 169.27 | 0.85 | 168.42 | 157.60 | 151.02 |
| RC - M 15-44 | 769 | 249.44 | 0.9270 | 231.23 | 1.0001 | 231.25 | 1.51 | 0.25 | 4.76 | 237.77 | 1.0000 | 237.77 | 1.19 | 236.58 | 228.86 | 212.42 |
| RC - F 15-44 | 1,867 | 401.55 | 0.9270 | 372.24 | 1.0009 | 372.58 | 2.49 | 0.10 | 7.66 | 382.83 | 1.0000 | 382.83 | 1.91 | 380.92 | 368.42 | 341.94 |
| RC - MF 45+ | 352 | 598.09 | 0.9270 | 554.43 | 0.9972 | 552.88 | 3.18 | - | 11.35 | 567.41 | 1.0000 | 567.41 | 2.84 | 564.57 | 548.75 | 507.27 |
| RC - EFP | 53 | 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 | 6,661 | \$ 299.66 | | \$ 283.15 | | \$ 283.17 | \$ 1.04 | \$ 0.38 | \$ 5.81 | \$ 290.41 | | \$ 290.42 | \$ 1.45 | \$ 288.97 | \$ 273.98 | \$ 259.28 |
| Children with Special Healthcare Needs | | | | | | | | | | | | | | | | |
| CSHCN - Adoption Subsidy | 24 | \$ 644.02 | 0.9313 | \$ 599.78 | 0.9999 | \$ 599.72 | \$ 0.12 | \$ 0.57 | \$ 12.25 | \$ 612.66 | 1.0001 | \$ 612.72 | \$ 3.06 | \$ 609.66 | \$ 576.40 | \$ 537.37 |
| CSHCN - Katie Beckett | 9 | 3,514.34 | 0.8027 | 2,820.96 | 1.0604 | 2,991.35 | 0.18 | 0.55 | 61.06 | 3,053.14 | 0.9999 | 3,052.83 | 15.26 | 3,037.57 | 3,215.63 | 2,737.37 |
| CSHCN - SSI < 15 | 38 | 1,624.08 | 0.8027 | 1,303.65 | 0.9993 | 1,302.74 | - | 0.60 | 26.60 | 1,329.94 | 1.0000 | 1,329.94 | 6.65 | 1,323.29 | 1,486.03 | 1,192.61 |
| CSHCN - SSI >= 15 | 16 | 1,256.78 | 0.8027 | 1,008.82 | 0.9949 | 1,003.68 | 1.33 | 0.27 | 20.52 | 1,025.80 | 1.0000 | 1,025.80 | 5.13 | 1,020.67 | 1,149.95 | 918.62 |
| CSHCN - Substitute Care | - | 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 | 87 | \$ 1,481.71 | | \$ 1,212.22 | | \$ 1,228.49 | \$ 0.30 | \$ 0.53 | \$ 25.09 | \$ 1,254.40 | | \$ 1,254.38 | \$ 6.27 | \$ 1,248.11 | \$ 1,352.21 | \$ 1,121.27 |
| Medicaid Expansion | | | | | | | | | | | | | | | | |
| ME - F 19-24 | 622 | \$ 316.63 | 0.9110 | \$ 288.45 | 1.0007 | \$ 288.65 | \$ 3.18 | \$ 0.00 | \$ 5.96 | \$ 297.79 | 1.0000 | \$ 297.79 | \$ 1.49 | \$ 296.30 | \$ 290.51 | \$ 264.84 |
| ME - F 25-29 | 551 | 461.58 | 0.9110 | 420.50 | 1.0029 | 421.72 | 3.18 | - | 8.67 | 433.57 | 1.0000 | 433.57 | 2.17 | 431.40 | 423.50 | 386.93 |
| ME - F 30-39 | 457 | 694.35 | 0.9110 | 632.55 | 1.0006 | 632.93 | 3.18 | - | 12.98 | 649.09 | 1.0001 | 649.15 | 3.25 | 645.90 | 637.07 | 580.78 |
| ME - F 40-49 | 335 | 896.39 | 0.9110 | 816.61 | 0.9990 | 815.79 | 3.18 | - | 16.71 | 835.68 | 1.0000 | 835.68 | 4.18 | 831.50 | 822.44 | 748.49 |
| ME - F 50-64 | 823 | 837.98 | 0.9110 | 763.40 | 0.9979 | 761.80 | 3.18 | - | 15.61 | 780.59 | 1.0000 | 780.59 | 3.90 | 776.69 | 768.85 | 698.95 |
| ME - M 19-24 | 736 | 226.12 | 0.9110 | 206.00 | 1.0020 | 206.41 | 3.18 | - | 4.28 | 213.87 | 0.9999 | 213.85 | 1.07 | 212.78 | 207.46 | 189.36 |
| ME - M 25-29 | 891 | 425.73 | 0.9110 | 397.84 | 1.0048 | 399.70 | 3.18 | - | 8.02 | 400.90 | 1.0000 | 400.90 | 2.00 | 398.90 | 390.61 | 357.56 |
| ME - M 30-39 | 1,168 | 637.43 | 0.9110 | 580.70 | 1.0034 | 582.67 | 3.18 | - | 11.96 | 597.81 | 0.9999 | 597.75 | 2.99 | 594.76 | 584.84 | 534.55 |
| ME - M 40-49 | 562 | 839.21 | 0.9110 | 764.52 | 1.0012 | 765.44 | 3.18 | - | 15.69 | 784.31 | 1.0000 | 784.31 | 3.92 | 780.39 | 769.98 | 702.29 |
| ME - M 50-64 | 756 | 946.75 | 0.9110 | 862.49 | 0.9974 | 860.25 | 3.18 | - | 17.62 | 881.05 | 1.0000 | 881.05 | 4.41 | 876.64 | 868.64 | 789.27 |
| 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 | 6,901 | \$ 613.85 | | \$ 559.22 | | \$ 559.58 | \$ 3.18 | \$ 0.00 | \$ 11.49 | \$ 574.24 | | \$ 574.23 | \$ 2.87 | \$ 571.36 | \$ 563.21 | \$ 513.41 |
| Rhody Health Partners | | | | | | | | | | | | | | | | |
| RHP - ID | 35 | \$ 1,348.18 | 0.8958 | \$ 1,207.70 | 0.9971 | \$ 1,204.20 | \$ 3.18 | \$ 0.00 | \$ 24.64 | \$ 1,232.02 | 1.0000 | \$ 1,232.02 | \$ 6.16 | \$ 1,225.86 | \$ 1,247.06 | \$ 1,113.88 |
| RHP - SPMI | 85 | 3,089.12 | 0.8958 | 2,767.23 | 0.9993 | 2,765.29 | 3.18 | - | 56.50 | 2,824.97 | 1.0000 | 2,824.97 | 14.12 | 2,810.85 | 2,857.44 | 2,557.90 |
| RHP - Other Disabled 21-44 | 310 | 1,215.99 | 0.8958 | 1,089.28 | 1.0032 | 1,092.77 | 3.18 | - | 22.37 | 1,118.32 | 1.0000 | 1,118.32 | 5.59 | 1,112.73 | 1,124.79 | 1,010.81 |
| RHP - Other Disabled 45+ | 241 | 1,878.53 | 0.8958 | 1,682.79 | 0.9997 | 1,682.29 | 3.18 | - | 34.40 | 1,719.87 | 1.0000 | 1,719.87 | 8.60 | 1,711.27 | 1,737.64 | 1,556.11 |
| RHP - Composite | 671 | \$ 1,698.13 | | \$ 1,521.18 | | \$ 1,522.19 | \$ 3.18 | \$ 0.00 | \$ 31.13 | \$ 1,556.50 | | \$ 1,556.50 | \$ 7.78 | \$ 1,548.72 | \$ 1,570.77 | \$ 1,408.02 |
| All Populations - Composite | 14,320 | \$ 523.78 | | \$ 479.85 | | \$ 480.18 | \$ 2.17 | \$ 0.18 | \$ 9.85 | \$ 492.37 | | \$ 492.37 | \$ 2.46 | \$ 489.91 | \$ 480.68 | \$ 440.81 |

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:

TUFTS HEALTH PUBLIC PLANS:

SIGNATURE

WOMAZETTA JONES

NAME

SECRETARY

TITLE

DATE

SIGNATURE

NAME

TITLE

DATE