

UnitedHealthcare of New England

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 UnitedHealthcare of New England (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 UNITEDHEALTHCARE OF NEW ENGLAND 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.

UnitedHealthcare 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	1,480	\$ 652.92	1.0000	\$ 652.92	1.0000	\$ 652.92	\$ 0.00	\$ 2.29	\$ 13.37	\$ 668.58	1.0001	\$ 668.65	\$ 3.34	\$ 665.31	\$ 594.15	\$ 596.50
RC - MF 1-5	8,980	183.99	1.0039	184.71	1.0007	184.84	-	2.29	3.82	190.95	1.0001	190.97	0.95	190.02	167.43	170.51
RC - MF 6-14	15,752	173.18	1.0039	173.86	0.9996	173.79	-	2.29	3.59	179.67	1.0000	179.67	0.90	178.77	157.60	160.44
RC - M 15-44	6,326	249.44	1.0447	260.59	1.0001	260.62	1.51	0.95	5.37	268.45	1.0000	268.45	1.34	267.11	228.86	240.06
RC - F 15-44	14,831	401.55	1.0447	419.50	1.0009	419.88	2.49	0.39	8.63	431.39	1.0000	431.39	2.16	429.23	368.42	385.63
RC - MF 45+	3,941	598.09	1.0447	624.82	0.9972	623.07	3.18	-	12.78	639.03	1.0000	639.03	3.20	635.83	548.75	571.67
RC - EFP	376	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	51,686	\$ 294.93		\$ 303.82		\$ 303.80	\$ 1.14	\$ 1.39	\$ 6.25	\$ 312.58		\$ 312.58	\$ 1.56	\$ 311.02	\$ 269.82	\$ 279.34
Children with Special Healthcare Needs																
CSHCN - Adoption Subsidy	484	\$ 644.02	0.9636	\$ 620.58	0.9999	\$ 620.52	\$ 0.12	\$ 2.20	\$ 12.71	\$ 635.55	1.0001	\$ 635.61	\$ 3.18	\$ 632.43	\$ 576.40	\$ 557.62
CSHCN - Katie Beckett	41	3,514.34	0.8880	3,120.73	1.0604	3,309.22	0.18	2.11	67.58	3,378.09	0.9999	3,378.75	18.89	3,361.86	3,215.63	3,029.76
CSHCN - SSI < 15	830	1,624.08	0.8880	1,442.18	0.9993	1,441.17	-	2.29	29.46	1,472.92	1.0000	1,472.92	7.36	1,465.56	1,486.03	1,320.96
CSHCN - SSI >= 15	544	1,256.78	0.8880	1,116.02	0.9849	1,110.33	1.33	1.05	22.71	1,135.42	1.0000	1,135.42	5.68	1,129.74	1,149.95	1,017.00
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	1,899	\$ 1,309.88		\$ 1,175.58		\$ 1,177.57	\$ 0.42	\$ 1.91	\$ 24.08	\$ 1,203.97		\$ 1,203.98	\$ 6.02	\$ 1,197.96	\$ 1,195.26	\$ 1,076.23
Medicaid Expansion																
ME - F 19-24	3,345	\$ 316.63	1.0295	\$ 325.97	1.0007	\$ 326.20	\$ 3.18	\$ 0.00	\$ 6.72	\$ 336.10	1.0000	\$ 336.10	\$ 1.68	\$ 334.42	\$ 290.51	\$ 299.29
ME - F 25-29	1,999	461.58	1.0295	475.20	1.0029	476.58	3.18	-	9.79	489.55	1.0000	489.55	2.45	487.10	423.50	437.25
ME - F 30-39	2,136	694.35	1.0295	714.83	1.0006	715.26	3.18	-	14.66	733.10	1.0001	733.17	3.67	729.50	637.07	656.32
ME - F 40-49	2,059	896.39	1.0295	922.83	0.9990	921.91	3.18	-	18.88	943.97	1.0000	943.97	4.72	939.25	822.44	845.85
ME - F 50-64	5,924	837.98	1.0295	862.70	0.9979	860.89	3.18	-	17.63	881.70	1.0000	881.70	4.41	877.29	768.85	789.87
ME - M 19-24	3,298	226.12	1.0295	232.79	1.0020	233.26	3.18	-	4.83	241.27	0.9999	241.25	1.21	240.04	207.46	213.99
ME - M 25-29	2,657	425.73	1.0295	438.29	1.0048	440.39	3.18	-	9.05	452.62	1.0000	452.62	2.26	450.36	390.61	404.06
ME - M 30-39	4,033	637.43	1.0295	656.23	1.0034	658.46	3.18	-	13.50	675.14	0.9999	675.07	3.38	671.69	584.84	604.08
ME - M 40-49	2,555	839.21	1.0295	863.97	1.0012	865.01	3.18	-	17.72	885.91	1.0000	885.91	4.43	881.48	769.98	793.64
ME - M 50-64	5,275	946.75	1.0295	974.68	0.9974	972.15	3.18	-	19.90	995.23	1.0000	995.23	4.98	990.25	868.64	891.93
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	33,281	\$ 656.85		\$ 676.23		\$ 676.15	\$ 3.18	\$ 0.00	\$ 13.86	\$ 693.19		\$ 693.19	\$ 3.47	\$ 689.72	\$ 602.66	\$ 620.36
Rhody Health Partners																
RHP - ID	380	\$ 1,348.18	0.9766	\$ 1,316.63	0.9971	\$ 1,312.81	\$ 3.18	\$ 0.00	\$ 26.86	\$ 1,342.85	1.0000	\$ 1,342.85	\$ 6.71	\$ 1,336.14	\$ 1,247.06	\$ 1,214.35
RHP - SPMI	1,220	3,089.12	0.9766	3,016.83	0.9993	3,014.72	3.18	-	61.59	3,079.49	1.0000	3,079.49	15.40	3,064.09	2,857.44	2,788.63
RHP - Other Disabled 21-44	1,509	1,215.99	0.9766	1,187.54	1.0032	1,191.34	3.18	-	24.38	1,218.90	1.0000	1,218.90	6.09	1,212.81	1,124.79	1,101.99
RHP - Other Disabled 45+	3,322	1,878.53	0.9766	1,834.57	0.9997	1,834.02	3.18	-	37.49	1,874.69	1.0000	1,874.69	9.37	1,865.32	1,737.64	1,696.47
RHP - Composite	6,431	\$ 1,921.39		\$ 1,876.43		\$ 1,876.41	\$ 3.18	\$ 0.00	\$ 38.36	\$ 1,917.94		\$ 1,917.94	\$ 9.59	\$ 1,908.36	\$ 1,777.28	\$ 1,735.68
All Populations - Composite	93,297	\$ 556.81		\$ 562.81		\$ 562.81	\$ 1.99	\$ 0.81	\$ 11.54	\$ 577.15		\$ 577.15	\$ 2.89	\$ 574.27	\$ 511.30	\$ 517.60

- 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:

UNITEDHEALTHCARE OF NEW ENGLAND:

Womazetta Jones

Patrice E. Cooper

SIGNATURE

SIGNATURE

WOMAZETTA JONES

NAME

NAME

SECRETARY

TITLE

TITLE

DATE

DATE