

## Tufts Health Public Plans

### Amendment No. 7

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**THIS AGREEMENT, AMENDMENT NO. 7**, 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. 7.

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

#### **ATTACHMENT J: CONTRACTOR’S CAPITATION RATES SFY 2022**

1. The Attachment is amended by **DELETING** and **REPLACING** attachment in its entirety with “State Fiscal Year 2022 Risk Adjustment Medicaid Managed Care Program dated June 17, 2022.”

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
<b>Rate Care</b>																
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	\$ 594.21
RC - MF 1-5	1,572	183.99	0.9548	175.67	1.0007	175.79	-	0.60	3.60	179.09	1.0001	180.01	0.90	179.11	157.43	160.59
RC - MF 6-14	1,633	173.19	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	4.78	237.77	1.0000	237.77	1.19	236.58	226.66	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	388.42	341.94
RC - MF 45+	352	598.08	0.9270	554.42	0.9972	552.87	3.18	-	11.35	567.40	1.0000	567.40	2.84	564.56	548.74	507.26
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	13,339.05	1.0000	13,339.05	1.0000	13,339.05	-	-	272.23	13,611.28	1.0000	13,611.28	-	13,611.28	12,872.18	12,872.18
<b>Rate Care - Composite</b>	<b>6,661</b>	<b>\$ 299.65</b>		<b>\$ 283.15</b>		<b>\$ 283.17</b>	<b>\$ 1.04</b>	<b>\$ 0.36</b>	<b>\$ 5.81</b>	<b>\$ 290.41</b>		<b>\$ 290.42</b>	<b>\$ 1.45</b>	<b>\$ 288.97</b>	<b>\$ 273.95</b>	<b>\$ 259.28</b>
<b>Children with Special Healthcare Needs</b>																
CSHCN - Adoption Subsidy	24	\$ 644.18	0.9313	\$ 599.02	1.0000	\$ 599.02	\$ 0.12	\$ 0.57	\$ 12.28	\$ 612.87	1.0000	\$ 612.87	\$ 3.06	\$ 609.81	\$ 576.54	\$ 537.50
CSHCN - Katie Beckwith	9	3,514.34	0.8028	2,821.31	1.0603	2,991.43	0.18	0.55	61.06	3,053.22	1.0000	3,053.22	15.27	3,037.95	3,215.63	2,737.73
CSHCN - SSI < 15	38	1,624.49	0.8028	1,304.14	0.9993	1,303.23	-	0.60	26.61	1,330.44	1.0000	1,330.44	6.65	1,323.79	1,486.41	1,193.05
CSHCN - SSI >= 15	16	1,257.48	0.8028	1,009.50	0.9949	1,004.35	1.33	0.27	20.53	1,026.48	1.0000	1,026.48	5.13	1,021.35	1,150.59	919.25
CSHCN - Substitute Care	-	844.23	1.0000	844.23	1.0000	844.23	0.78	1.32	17.27	863.60	1.0000	863.60	4.32	859.28	755.56	756.90
<b>CSHCN - Composite</b>	<b>87</b>	<b>\$ 1,482.07</b>		<b>\$ 1,212.63</b>		<b>\$ 1,228.89</b>	<b>\$ 0.30</b>	<b>\$ 0.53</b>	<b>\$ 25.10</b>	<b>\$ 1,254.81</b>		<b>\$ 1,254.81</b>	<b>\$ 6.27</b>	<b>\$ 1,248.54</b>	<b>\$ 1,352.54</b>	<b>\$ 1,121.65</b>
<b>Medicaid Expansion</b>																
ME - F 19-24	622	\$ 316.62	0.9110	\$ 288.44	1.0007	\$ 288.64	\$ 3.18	\$ 0.00	\$ 5.96	\$ 297.78	1.0000	\$ 297.78	\$ 1.40	\$ 296.29	\$ 290.50	\$ 284.84
ME - F 25-29	551	461.56	0.9110	420.48	1.0029	421.70	3.18	-	8.67	433.55	1.0000	433.55	2.17	431.38	423.48	386.91
ME - F 30-39	457	694.32	0.9110	632.53	1.0006	632.91	3.18	-	12.98	646.07	1.0000	646.07	3.25	642.82	637.03	580.68
ME - F 40-49	335	896.30	0.9110	816.53	0.9990	815.71	3.18	-	16.71	835.60	1.0000	835.60	4.18	831.42	822.35	748.41
ME - F 50-64	623	838.01	0.9110	763.43	0.9979	761.83	3.18	-	15.61	780.62	1.0000	780.62	3.90	776.72	768.67	698.97
ME - M 19-24	736	226.11	0.9110	205.99	1.0020	206.40	3.18	-	4.28	213.86	0.9999	213.84	1.07	212.77	207.45	189.35
ME - M 25-29	691	425.71	0.9110	387.82	1.0048	389.68	3.18	-	8.02	400.88	1.0000	400.88	2.00	398.88	390.59	357.54
ME - M 30-39	1,168	637.35	0.9110	580.63	1.0033	582.55	3.18	-	11.95	597.68	1.0000	597.68	2.99	594.69	584.77	534.49
ME - M 40-49	562	839.08	0.9110	784.40	1.0012	785.32	3.18	-	15.66	784.18	1.0000	784.18	3.32	780.86	789.66	702.18
ME - M 50-64	756	946.69	0.9110	862.43	0.9974	860.19	3.18	-	17.62	880.99	1.0000	880.99	4.40	876.59	868.59	789.23
ME - SOBRA	n/a	13,339.05	1.0000	13,339.05	1.0000	13,339.05	-	-	272.23	13,611.28	1.0000	13,611.28	-	13,611.28	12,872.18	12,872.18
<b>Medicaid Expansion - Composite</b>	<b>6,901</b>	<b>\$ 613.81</b>		<b>\$ 559.18</b>		<b>\$ 559.53</b>	<b>\$ 3.18</b>	<b>\$ 0.00</b>	<b>\$ 11.48</b>	<b>\$ 574.19</b>		<b>\$ 574.19</b>	<b>\$ 2.87</b>	<b>\$ 571.32</b>	<b>\$ 563.17</b>	<b>\$ 513.37</b>
<b>Rhody Health Partners</b>																
RHP - ID	35	\$ 1,348.31	0.8958	\$ 1,207.82	0.9971	\$ 1,204.52	\$ 3.18	\$ 0.00	\$ 24.64	\$ 1,232.14	1.0000	\$ 1,232.14	\$ 6.16	\$ 1,225.98	\$ 1,247.18	\$ 1,113.98
RHP - SPMI	65	3,089.30	0.8958	2,767.39	0.9993	2,765.45	3.18	-	56.50	2,825.13	1.0000	2,825.13	14.13	2,811.00	2,857.60	2,558.05
RHP - Other Disabled 21-44	310	1,219.20	0.8958	1,089.47	1.0032	1,092.98	3.18	-	22.37	1,116.51	1.0000	1,116.51	5.59	1,110.92	1,124.98	1,010.98
RHP - Other Disabled 45+	241	1,878.89	0.8958	1,683.11	0.9997	1,682.81	3.18	-	34.40	1,720.19	1.0000	1,720.19	8.60	1,711.59	1,737.07	1,556.40
<b>RHP - Composite</b>	<b>671</b>	<b>\$ 1,898.38</b>		<b>\$ 1,521.41</b>		<b>\$ 1,522.42</b>	<b>\$ 3.18</b>	<b>\$ 0.00</b>	<b>\$ 31.13</b>	<b>\$ 1,556.73</b>		<b>\$ 1,556.73</b>	<b>\$ 7.78</b>	<b>\$ 1,548.95</b>	<b>\$ 1,571.00</b>	<b>\$ 1,408.23</b>
<b>All Populations - Composite</b>	<b>14,320</b>	<b>\$ 523.77</b>		<b>\$ 479.84</b>		<b>\$ 480.17</b>	<b>\$ 2.17</b>	<b>\$ 0.18</b>	<b>\$ 9.85</b>	<b>\$ 492.36</b>		<b>\$ 492.37</b>	<b>\$ 2.46</b>	<b>\$ 489.91</b>	<b>\$ 480.67</b>	<b>\$ 440.81</b>

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 state directed payments funded via a separate payment term (substance use rehabilitation and enhanced outpatient services) or the associated premium tax amounts.  
 4. Values have been rounded.

**ATTACHMENT L: RATE-SETTING PROCESS**

1. The Attachment is amended by **DELETING** and **REPLACING** attachment in its entirety with “State Fiscal Year 2022 Risk Adjustment Medicaid Managed Care Program dated June 17, 2022”.

**IN WITNESS HERETO**, the parties have caused this Amendment No. 7 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:**

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SIGNATURE

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SIGNATURE

KRISTIN PONO SOUSA  
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MEDICAID DIRECTOR  
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