

Tufts Health Public Plans

Amendment No. 8

THIS AGREEMENT, AMENDMENT NO. 8, 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. 8.

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

ARTICLE II: HEALTH PROGRAM STANDARDS

1. **Section 2.07.08 Level IV Alcohol and Drug Detoxification Program** section is amended by **DELETING** the section in its entirety. Subsequent sections are renumbered.
2. **Section 2.15.01.01 Fee Schedule Increase, Adoption of a Minimum/Maximum Fee Schedule and State Directed Payment Requirements** is amended by **DELETING** the table in the section and **REPLACING** with the following:

| Pre-Print Description | Pre-Print Payment Requirement | Effective Date |
|---|--|-----------------------|
| Hospital Inpatient and Outpatient Rates | 2.0% increase over prior year rates, including Level IV alcohol and drug detoxification program rates. | 7/1/2022 |
| Nursing Home Rates | 2.9% increase over prior year rates, of which 1.0% is attributable to the provisions of 40-8-19(vi) related to minimum staffing. | 10/1/2022 |
| PCMH PMPM | \$3.00 PMPM for each member attributed to providers that meet the OHIC definition of PCMH as stated here . | 7/1/2022 |

| Pre-Print Description | Pre-Print Payment Requirement | Effective Date |
|-----------------------|--|----------------|
| CTC payment | \$1.15 PMPM paid to the Care Transformation Collaborative for administration of the program, for each member attributed to providers that meet the OHIC definition of PCMH. Administration includes such activities as: practice facilitation, technical assistance, coaching, and learning collaboratives to support practices in achieving the necessary requirements to become NCQA and OHIC recognized as a PCMH upon completion of the program. | 7/1/2022 |

ATTACHMENT A SCHEDULE OF IN-PLAN BENEFITS

3. Section is amended by **DELETING** the row of Doula Services and **REPLACING** with the following:

| | |
|-----------------------|-----------------------------------|
| Doula Services | Covered when medically necessary. |
|-----------------------|-----------------------------------|

ATTACHMENT J: CONTRACTOR’S CAPITATION RATES SFY 2023

4. The Attachment is amended by **DELETING** and **REPLACING** attachment in its entirety with “State Fiscal Year 2023 Risk Adjustment Medicaid Managed Care Program dated June 27, 2022.”

| Rate Cell | Total Health Plan Risk Adjusted Rates | | | | | | | | | | | | | | Baseline Medical Expense Less CTC | Adjusted Baseline Medical Expense | |
|---|---------------------------------------|------------------------------|---------------------|----------------------------|--------------------------------------|-----------------------------------|-------------------------|-------------------|---------------------------|-------------------------|------------------------------|---------------------|----------------|-----------------------------|-----------------------------------|-----------------------------------|--|
| | January 2022 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 | 450 | \$ 509.35 | 1.0000 | \$ 509.35 | 1.0000 | \$ 509.35 | \$ 0.00 | \$ 0.53 | \$ 12.24 | \$ 612.12 | 1.0001 | \$ 612.18 | \$ 3.06 | \$ 609.12 | \$ 545.41 | \$ 545.09 | |
| RC - MF 1-5 | 1,967 | 196.72 | 0.9836 | 175.59 | 1.0024 | 176.01 | - | 0.53 | 3.60 | 180.14 | 1.0002 | 180.18 | 0.90 | 179.28 | 180.83 | 180.72 | |
| RC - MF 6-14 | 1,970 | 193.15 | 0.9836 | 170.67 | 0.9966 | 170.43 | - | 0.53 | 3.49 | 174.45 | 0.9999 | 174.43 | 0.87 | 173.56 | 175.77 | 155.60 | |
| RC - M 15-44 | 969 | 257.43 | 0.9105 | 234.39 | 1.0004 | 234.48 | 1.71 | 0.21 | 4.82 | 241.22 | 1.0000 | 241.22 | 1.21 | 240.01 | 236.19 | 215.35 | |
| RC - F 15-44 | 2,312 | 404.24 | 0.9105 | 368.06 | 1.0010 | 368.43 | 2.70 | 0.09 | 7.58 | 378.89 | 1.0000 | 378.89 | 1.89 | 377.00 | 370.89 | 338.13 | |
| RC - MF 45+ | 409 | 580.23 | 0.9105 | 528.30 | 0.9969 | 526.66 | 3.56 | - | 10.82 | 541.04 | 1.0000 | 541.04 | 2.71 | 538.33 | 532.36 | 483.21 | |
| RC - EFP | 39 | 17.62 | 1.0000 | 17.62 | 1.0000 | 17.62 | - | - | 0.36 | 17.98 | 1.0000 | 17.98 | - | 17.98 | 15.59 | 15.50 | |
| Rite Care - Composite | 8,154 | \$ 303.44 | | \$ 276.75 | | \$ 276.82 | \$ 1.17 | \$ 0.34 | \$ 5.68 | \$ 284.02 | | \$ 284.02 | \$ 1.42 | \$ 282.61 | \$ 277.44 | \$ 253.44 | |
| Children with Special Healthcare Needs | | | | | | | | | | | | | | | | | |
| CSHCN - Adoption Subsidy | 21 | \$ 676.01 | 0.9600 | \$ 648.97 | 1.0000 | \$ 648.97 | \$ 0.18 | \$ 0.45 | \$ 13.25 | \$ 662.80 | 0.9999 | \$ 662.82 | \$ 3.31 | \$ 659.51 | \$ 605.03 | \$ 581.25 | |
| CSHCN - Katie Beckett | 9 | 3,590.73 | 0.8889 | 3,191.80 | 1.0589 | 3,373.41 | 0.22 | 0.47 | 66.86 | 3,442.96 | 1.0000 | 3,442.96 | 17.21 | 3,425.75 | 3,285.82 | 3,087.15 | |
| CSHCN - SSI < 15 | 40 | 1,755.21 | 0.8889 | 1,589.10 | 1.0001 | 1,589.26 | - | 0.53 | 32.04 | 1,601.83 | 0.9999 | 1,601.87 | 8.01 | 1,593.86 | 1,615.17 | 1,436.25 | |
| CSHCN - SSI >= 15 | 17 | 1,229.56 | 0.8889 | 1,092.96 | 0.9943 | 1,086.73 | 1.48 | 0.22 | 22.21 | 1,110.64 | 1.0000 | 1,110.64 | 5.55 | 1,105.09 | 1,125.04 | 994.57 | |
| CSHCN - Subsidy Care | - | 868.41 | 1.0000 | 868.41 | 1.0000 | 868.41 | 0.89 | 1.57 | 17.77 | 886.64 | 1.0000 | 886.64 | 4.44 | 884.20 | 777.23 | 778.80 | |
| CSHCN - Composite | 87 | \$ 1,586.48 | | \$ 1,421.83 | | \$ 1,439.47 | \$ 0.36 | \$ 0.45 | \$ 29.40 | \$ 1,469.67 | | \$ 1,469.58 | \$ 7.35 | \$ 1,462.23 | \$ 1,448.37 | \$ 1,314.35 | |
| Medicaid Expansion | | | | | | | | | | | | | | | | | |
| ME - F 19-24 | 698 | \$ 316.09 | 0.8721 | \$ 275.66 | 0.9987 | \$ 275.30 | \$ 3.56 | \$ 0.00 | \$ 5.69 | \$ 284.55 | 1.0000 | \$ 284.55 | \$ 1.42 | \$ 283.13 | \$ 290.01 | \$ 252.59 | |
| ME - F 25-29 | 629 | 486.61 | 0.8721 | 406.93 | 1.0026 | 407.95 | 3.56 | - | 8.40 | 419.91 | 1.0000 | 419.91 | 2.10 | 417.81 | 428.12 | 374.29 | |
| ME - F 30-39 | 613 | 709.67 | 0.8721 | 619.08 | 1.0014 | 619.95 | 3.56 | - | 12.72 | 636.23 | 1.0000 | 636.23 | 3.18 | 633.05 | 661.31 | 568.81 | |
| ME - F 40-49 | 412 | 848.17 | 0.8721 | 739.89 | 0.9966 | 738.85 | 3.56 | - | 15.15 | 757.36 | 1.0000 | 757.36 | 3.79 | 753.57 | 778.19 | 677.71 | |
| ME - F 50-54 | 1,047 | 823.53 | 0.8721 | 700.76 | 0.9971 | 698.73 | 3.56 | - | 14.33 | 716.62 | 1.0000 | 716.62 | 3.56 | 713.04 | 737.24 | 641.09 | |
| ME - M 19-24 | 854 | 240.90 | 0.8721 | 210.09 | 1.0001 | 210.11 | 3.56 | - | 4.36 | 218.03 | 1.0001 | 218.05 | 1.09 | 216.96 | 221.02 | 192.79 | |
| ME - M 25-29 | 1,043 | 423.64 | 0.8721 | 352.19 | 1.0069 | 354.27 | 3.56 | - | 7.30 | 365.13 | 1.0000 | 365.13 | 1.83 | 363.30 | 370.53 | 326.06 | |
| ME - M 30-39 | 1,485 | 637.36 | 0.8721 | 565.83 | 1.0045 | 568.33 | 3.56 | - | 11.47 | 573.36 | 1.0000 | 573.36 | 2.87 | 570.49 | 584.77 | 512.27 | |
| ME - M 40-49 | 676 | 828.58 | 0.8721 | 723.60 | 1.0006 | 723.03 | 3.56 | - | 14.83 | 741.42 | 1.0000 | 741.42 | 3.71 | 737.71 | 760.22 | 683.39 | |
| ME - M 50-54 | 1,037 | 924.62 | 0.8721 | 806.36 | 0.9962 | 804.91 | 3.56 | - | 16.50 | 824.97 | 1.0000 | 824.97 | 4.12 | 820.85 | 848.34 | 738.51 | |
| Medicaid Expansion - Composite | 8,494 | \$ 616.01 | | \$ 537.22 | | \$ 537.58 | \$ 3.56 | \$ 0.00 | \$ 11.04 | \$ 552.18 | | \$ 552.19 | \$ 2.76 | \$ 549.42 | \$ 565.19 | \$ 493.23 | |
| Rhode Health Partners | | | | | | | | | | | | | | | | | |
| RHP - ID | 39 | \$ 1,302.43 | 0.8056 | \$ 1,049.24 | 0.9976 | \$ 1,046.72 | \$ 3.56 | \$ 0.00 | \$ 21.43 | \$ 1,071.71 | 1.0000 | \$ 1,071.71 | \$ 5.36 | \$ 1,066.35 | \$ 1,204.75 | \$ 968.22 | |
| RHP - SPMI | 78 | 3,071.95 | 0.8056 | 2,474.76 | 0.9975 | 2,468.57 | 3.56 | - | 50.45 | 2,522.98 | 1.0001 | 2,522.83 | 12.61 | 2,510.22 | 2,841.55 | 2,283.66 | |
| RHP - Other Disabled 21-44 | 340 | 1,316.62 | 0.8056 | 1,060.67 | 1.0077 | 1,068.84 | 3.56 | - | 21.89 | 1,094.29 | 1.0000 | 1,094.29 | 5.47 | 1,088.82 | 1,217.67 | 986.67 | |
| RHP - Other Disabled 45+ | 258 | 1,953.95 | 0.8056 | 1,574.10 | 0.9988 | 1,572.21 | 3.56 | - | 32.16 | 1,607.93 | 1.0000 | 1,607.93 | 8.04 | 1,599.89 | 1,807.40 | 1,454.29 | |
| RHP - Composite | 715 | \$ 1,737.31 | | \$ 1,399.58 | | \$ 1,401.97 | \$ 3.56 | \$ 0.00 | \$ 28.69 | \$ 1,434.21 | | \$ 1,434.24 | \$ 7.17 | \$ 1,427.07 | \$ 1,607.01 | \$ 1,296.64 | |
| SOBRA | | | | | | | | | | | | | | | | | |
| SOBRA | n/a | 14,261.41 | 1.0000 | 14,261.41 | 1.0000 | 14,261.41 | - | - | 291.05 | 14,552.46 | 1.0000 | 14,552.46 | - | 14,552.46 | 13,762.26 | 13,762.26 | |
| All Populations - Composite | 17,450 | \$ 520.74 | | \$ 455.25 | | \$ 455.65 | \$ 2.43 | \$ 0.16 | \$ 9.35 | \$ 467.89 | | \$ 467.60 | \$ 2.34 | \$ 465.26 | \$ 477.62 | \$ 416.20 | |

Notes:
1. January 2022 Enrollment reflects all members fully eligible as of January 2022, including those who were not scored.
2. SOBRA Payments are excluded for purposes of the illustrated January 2022 composites.
3. Values have been rounded.

ATTACHMENT L: RATE-SETTING PROCESS

- 5. The Attachment is amended by **DELETING** and **REPLACING** attachment in its entirety with “State Fiscal Year 2023 Risk Adjustment Medicaid Managed Care Program dated June 27, 2022”.

IN WITNESS HERETO, the parties have caused this Amendment No. 8 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

SIGNATURE

KRISTIN PONO SOUSA

NAME

NAME
MEDICAID DIRECTOR

NAME

TITLE

TITLE

DATE

DATE