

**UnitedHealthcare of New England**

**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 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. 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:

<b>Pre-Print Description</b>	<b>Pre-Print Payment Requirement</b>	<b>Effective Date</b>
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 <a href="#">here</a> .	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:

<b>Doula Services</b>	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	UnmedHealthcare 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			
<b>Rite Care</b>																	
RC - MF <1	1,415	\$ 599.35	1.0000	\$ 599.35	1.0000	\$ 599.35	\$ 0.00	\$ 2.22	\$ 12.28	\$ 613.85	1.0001	\$ 613.91	\$ 3.07	\$ 610.84	\$ 545.41	\$ 547.68	
RC - MF 1-5	5,571	198.72	1.0187	202.44	1.0024	202.93	-	2.22	4.19	209.34	1.0002	209.38	1.05	208.33	180.83	186.91	
RC - MF 5-14	16,079	193.15	1.0187	196.76	0.9966	196.48	-	2.22	4.05	202.76	0.9999	202.74	1.01	201.73	175.77	181.01	
RC - M 15-44	6,577	287.43	1.0421	288.27	1.0004	288.38	1.71	0.88	5.53	276.50	1.0000	276.50	1.38	275.12	236.19	247.11	
RC - F 15-44	15,720	404.24	1.0421	421.26	1.0010	421.88	2.70	0.37	8.67	433.51	1.0000	433.51	2.17	431.34	370.89	387.26	
RC - MF 45+	4,301	580.23	1.0421	604.66	0.9969	602.79	3.56	-	12.37	618.72	1.0000	618.72	3.09	615.63	532.36	553.06	
RC - EFP	276	17.62	1.0000	17.62	1.0000	17.62	-	-	0.36	17.98	1.0000	17.98	-	17.98	15.59	15.59	
<b>Rite Care - Composite</b>	<b>53,039</b>	<b>\$ 306.62</b>		<b>\$ 316.10</b>		<b>\$ 316.09</b>	<b>\$ 1.33</b>	<b>\$ 1.31</b>	<b>\$ 6.51</b>	<b>\$ 325.23</b>		<b>\$ 325.24</b>	<b>\$ 1.63</b>	<b>\$ 323.61</b>	<b>\$ 279.97</b>	<b>\$ 290.60</b>	
<b>Children with Special Healthcare Needs</b>																	
CSHCN - Adoption Subsidy	484	\$ 676.01	1.0033	\$ 678.24	1.0000	\$ 678.24	\$ 0.18	\$ 2.03	\$ 13.89	\$ 694.34	0.9999	\$ 694.27	\$ 3.47	\$ 690.80	\$ 605.03	\$ 609.00	
CSHCN - Katie Beckett	36	3,590.73	0.8675	3,114.98	1.0569	3,292.20	0.22	2.00	67.23	3,361.65	1.0000	3,361.65	16.81	3,344.84	3,285.52	3,014.37	
CSHCN - SSI < 15	806	1,785.21	0.8675	1,531.32	1.0001	1,531.47	-	2.22	31.30	1,564.96	0.9999	1,564.83	7.82	1,557.01	1,615.17	1,403.38	
CSHCN - SSI >= 15	560	1,229.58	0.8675	1,068.64	0.9943	1,060.56	1.48	0.95	21.69	1,084.68	1.0000	1,084.68	5.42	1,079.26	1,125.04	971.36	
CSHCN - Subsidy Care	-	888.41	1.0000	888.41	1.0000	888.41	0.89	1.57	17.77	888.54	1.0000	888.54	4.44	884.20	777.23	778.80	
<b>CSHCN - Composite</b>	<b>1,886</b>	<b>\$ 1,361.49</b>		<b>\$ 1,204.65</b>		<b>\$ 1,206.29</b>	<b>\$ 0.49</b>	<b>\$ 1.79</b>	<b>\$ 24.66</b>	<b>\$ 1,233.24</b>		<b>\$ 1,233.15</b>	<b>\$ 6.16</b>	<b>\$ 1,226.99</b>	<b>\$ 1,242.29</b>	<b>\$ 1,101.99</b>	
<b>Medicaid Expansion</b>																	
ME - F 19-24	3,472	\$ 316.09	1.0214	\$ 322.85	0.9987	\$ 322.43	\$ 3.56	\$ 0.00	\$ 6.65	\$ 332.64	1.0000	\$ 332.64	\$ 1.88	\$ 330.76	\$ 290.01	\$ 295.83	
ME - F 25-29	2,257	466.61	1.0214	476.60	1.0025	477.79	3.56	-	9.82	491.17	1.0000	491.17	2.46	488.71	428.12	438.37	
ME - F 30-39	2,470	709.67	1.0214	726.06	1.0014	726.08	3.56	-	14.89	744.53	1.0000	744.53	3.72	740.81	651.31	698.18	
ME - F 40-49	2,141	846.17	1.0214	866.32	0.9966	865.11	3.56	-	17.73	886.40	1.0000	886.40	4.43	881.97	778.19	793.73	
ME - F 50-64	6,562	803.53	1.0214	820.73	0.9971	818.35	3.56	-	16.77	838.68	1.0000	838.68	4.19	834.49	737.24	750.84	
ME - M 19-24	3,581	240.90	1.0214	246.06	1.0001	246.08	3.56	-	5.09	254.73	1.0001	254.76	1.27	253.49	221.02	225.79	
ME - M 25-29	2,831	403.84	1.0214	412.48	1.0059	414.91	3.56	-	8.54	427.01	1.0000	427.01	2.14	424.87	370.53	380.69	
ME - M 30-39	4,559	637.35	1.0214	660.99	1.0045	663.92	3.56	-	13.42	670.90	1.0000	670.90	3.35	667.55	584.77	599.97	
ME - M 40-49	2,839	828.58	1.0214	846.31	1.0006	846.52	3.56	-	17.35	867.73	1.0000	867.73	4.34	863.39	760.22	775.96	
ME - M 50-64	5,812	924.62	1.0214	944.41	0.9962	942.71	3.56	-	19.31	965.58	1.0000	965.58	4.83	960.75	848.34	864.93	
<b>Medicaid Expansion - Composite</b>	<b>36,544</b>	<b>\$ 647.67</b>		<b>\$ 660.92</b>		<b>\$ 660.85</b>	<b>\$ 3.56</b>	<b>\$ 0.00</b>	<b>\$ 13.56</b>	<b>\$ 677.97</b>		<b>\$ 677.97</b>	<b>\$ 3.39</b>	<b>\$ 674.58</b>	<b>\$ 593.69</b>	<b>\$ 606.33</b>	
<b>Rhody Health Partners</b>																	
RHP - ID	369	\$ 1,302.43	0.9686	\$ 1,269.15	0.9976	\$ 1,266.06	\$ 3.56	\$ 0.00	\$ 26.32	\$ 1,315.94	1.0000	\$ 1,315.94	\$ 5.58	\$ 1,309.36	\$ 1,204.75	\$ 1,189.60	
RHP - SPM	1,164	3,071.95	0.9686	3,040.62	0.9975	3,033.02	3.56	-	61.97	3,098.55	1.0001	3,098.55	15.49	3,083.07	2,841.55	2,805.62	
RHP - Other Disabled 21-44	1,476	1,316.62	0.9686	1,303.19	1.0077	1,313.22	3.56	-	26.67	1,343.65	1.0000	1,343.65	6.72	1,336.93	1,217.67	1,214.73	
RHP - Other Disabled 45+	3,266	1,953.95	0.9686	1,934.02	0.9988	1,931.70	3.56	-	39.50	1,974.76	1.0000	1,974.76	9.67	1,964.89	1,807.40	1,796.81	
<b>RHP - Composite</b>	<b>6,275</b>	<b>\$ 1,973.11</b>		<b>\$ 1,952.99</b>		<b>\$ 1,952.55</b>	<b>\$ 3.56</b>	<b>\$ 0.00</b>	<b>\$ 38.92</b>	<b>\$ 1,996.03</b>		<b>\$ 1,996.09</b>	<b>\$ 9.98</b>	<b>\$ 1,986.11</b>	<b>\$ 1,825.13</b>	<b>\$ 1,806.15</b>	
<b>SOBRA</b>																	
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	
<b>All Populations - Composite</b>	<b>97,744</b>	<b>\$ 566.92</b>		<b>\$ 567.25</b>		<b>\$ 567.22</b>	<b>\$ 2.29</b>	<b>\$ 0.75</b>	<b>\$ 11.64</b>	<b>\$ 581.89</b>		<b>\$ 581.90</b>	<b>\$ 2.91</b>	<b>\$ 578.99</b>	<b>\$ 515.03</b>	<b>\$ 521.54</b>	

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:**

**UNITEDHEALTHCARE OF NEW ENGLAND:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

KRISTIN PONO SOUSA  
\_\_\_\_\_

\_\_\_\_\_  
NAME

NAME  
MEDICAID DIRECTOR

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE