

Neighborhood Health Plan of Rhode Island

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 Neighborhood Health Plan of Rhode Island (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 NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND 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

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

Doula Services	Covered when medically necessary.
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ATTACHMENT J: CONTRACTOR’S CAPITATION RATES SFY 2023

- 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	Neighborhood 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	3,324	\$ 599.35	1.0000	\$ 599.35	1.0000	\$ 599.35	\$ 0.00	\$ 2.29	\$ 12.28	\$ 613.92	1.0001	\$ 613.98	\$ 3.07	\$ 610.91	\$ 545.41	\$ 547.75		
RC - MF 1-5	17,703	198.72	1.0001	198.74	1.0004	199.22	-	2.29	4.11	205.62	1.0002	205.66	1.03	204.63	180.83	183.61		
RC - MF 6-14	32,810	193.15	1.0001	193.17	0.9986	192.90	-	2.29	3.98	199.17	0.9999	199.15	1.00	198.15	175.77	177.81		
RC - M 15-44	12,802	257.43	0.9839	253.29	1.0004	253.39	1.71	0.90	5.22	261.22	1.0000	261.22	1.31	259.91	235.19	235.38		
RC - F 15-44	31,263	404.24	0.9839	397.73	1.0010	398.13	2.79	0.38	8.19	409.49	1.0000	409.49	2.08	407.44	370.89	365.66		
RC - MF 45+	6,736	580.29	0.9839	570.89	0.9969	569.12	3.56	-	11.69	584.37	1.0000	584.37	2.92	581.45	532.36	522.17		
RC - EFP	948	17.62	1.0000	17.62	1.0000	17.62	-	-	0.36	17.98	1.0000	17.98	-	17.98	15.59	15.59		
Rite Care - Composite	105,388	\$ 306.37		\$ 297.36		\$ 297.37	\$ 1.26	\$ 1.39	\$ 6.12	\$ 306.14		\$ 306.15	\$ 1.53	\$ 304.61	\$ 274.74	\$ 273.38		
Children with Special Healthcare Needs																		
CSHCN - Adoption Subsidy	1,747	\$ 676.01	0.9998	\$ 675.74	1.0000	\$ 675.74	\$ 0.18	\$ 2.09	\$ 13.84	\$ 691.86	0.9999	\$ 691.78	\$ 3.48	\$ 688.32	\$ 605.03	\$ 606.62		
CSHCN - Kabe Beckett	30	3,590.73	1.0577	3,797.92	1.0569	4,014.02	0.22	2.06	81.97	4,098.27	1.0000	4,098.27	20.49	4,077.78	3,285.52	3,674.68		
CSHCN - SSI < 15	1,926	1,788.21	1.0577	1,867.06	1.0001	1,867.28	-	2.29	38.15	1,907.69	0.9999	1,907.50	9.54	1,897.96	1,615.17	1,710.68		
CSHCN - SSI >= 15	1,528	1,229.58	1.0577	1,300.51	0.9943	1,293.10	1.48	0.98	28.44	1,322.00	1.0000	1,322.00	6.81	1,315.39	1,125.04	1,184.15		
CSHCN - Subsidy Care	2,541	888.41	1.0000	888.41	1.0000	888.41	0.89	1.57	17.77	898.64	1.0000	898.64	4.44	894.20	777.23	778.80		
CSHCN - Composite	7,771	\$ 1,128.83		\$ 1,168.75		\$ 1,168.17	\$ 0.62	\$ 1.75	\$ 23.89	\$ 1,194.44		\$ 1,194.37	\$ 5.97	\$ 1,188.40	\$ 1,024.16	\$ 1,061.86		
Medicaid Expansion																		
ME - F 19-24	6,271	\$ 316.09	1.0046	\$ 317.54	0.9987	\$ 317.13	\$ 3.56	\$ 0.00	\$ 6.54	\$ 327.23	1.0000	\$ 327.23	\$ 1.64	\$ 325.59	\$ 290.01	\$ 290.96		
ME - F 25-29	3,536	466.61	1.0046	468.76	1.0025	469.93	3.56	-	9.66	483.15	1.0000	483.15	2.42	480.73	428.12	431.17		
ME - F 30-39	3,569	706.67	1.0046	713.14	1.0014	714.14	3.56	-	14.65	732.35	1.0000	732.35	3.88	728.69	651.31	655.23		
ME - F 40-49	3,247	848.17	1.0046	852.07	0.9986	850.88	3.56	-	17.44	871.88	1.0000	871.88	4.36	867.52	778.19	780.66		
ME - F 50-64	9,266	803.53	1.0046	807.23	0.9971	804.89	3.56	-	16.50	824.95	1.0000	824.95	4.12	820.83	737.24	738.46		
ME - M 19-24	6,699	240.90	1.0048	242.01	1.0001	242.03	3.56	-	5.01	250.80	1.0001	250.83	1.25	249.38	221.02	222.06		
ME - M 25-29	4,777	403.64	1.0048	406.70	1.0069	408.09	3.56	-	8.40	420.05	1.0000	420.05	2.10	417.95	374.43	374.43		
ME - M 30-39	7,124	637.36	1.0048	640.28	1.0045	643.16	3.56	-	13.20	659.92	1.0000	659.92	3.30	656.62	584.77	590.10		
ME - M 40-49	4,542	928.58	1.0048	932.39	1.0006	932.89	3.56	-	17.07	953.52	1.0000	953.52	4.27	949.25	785.22	784.18		
ME - M 50-64	7,457	924.62	1.0048	928.67	0.9962	927.20	3.56	-	19.00	949.76	1.0000	949.76	4.75	945.01	845.34	850.71		
Medicaid Expansion - Composite	66,619	\$ 621.60		\$ 624.46		\$ 624.48	\$ 3.56	\$ 0.00	\$ 12.82	\$ 649.86		\$ 649.86	\$ 3.20	\$ 637.66	\$ 570.32	\$ 572.97		
Rhode Health Partners																		
RHP - ID	540	\$ 1,302.43	1.0252	\$ 1,308.29	0.9976	\$ 1,302.05	\$ 3.56	\$ 0.00	\$ 27.26	\$ 1,362.67	1.0000	\$ 1,362.67	\$ 6.81	\$ 1,356.06	\$ 1,204.75	\$ 1,232.15		
RHP - SPM	1,323	3,071.06	1.0252	3,149.36	0.9975	3,141.49	3.56	-	64.18	3,209.23	1.0001	3,209.55	16.06	3,193.50	2,841.55	2,906.17		
RHP - Other Disabled 21-44	2,047	1,316.62	1.0252	1,349.80	1.0077	1,380.19	3.56	-	27.83	1,391.58	1.0000	1,391.58	6.96	1,384.62	1,217.67	1,258.17		
RHP - Other Disabled 45+	3,648	1,953.96	1.0252	2,003.19	0.9988	2,000.79	3.56	-	40.91	2,045.26	1.0000	2,045.26	10.23	2,035.03	1,807.40	1,850.73		
RHP - Composite	7,558	\$ 1,930.49		\$ 1,979.14		\$ 1,979.19	\$ 3.56	\$ 0.00	\$ 46.47	\$ 2,023.21		\$ 2,023.27	\$ 16.12	\$ 2,013.16	\$ 1,786.70	\$ 1,830.80		
SOBRA																		
SOBRA	n/a	14,261.41	1.0960	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	177,236	\$ 598.65		\$ 511.59		\$ 511.58	\$ 2.06	\$ 0.90	\$ 10.50	\$ 525.05		\$ 525.05	\$ 2.62	\$ 522.43	\$ 466.29	\$ 469.90		

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:

NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND:

SIGNATURE

Peter M. Marino
SIGNATURE

KRISTIN PONO SOUSA

NAME

Peter M. Marino

NAME

MEDICAID DIRECTOR

TITLE

President & CEO

TITLE

DATE

8/4/2022

DATE

**Reviewed by
Legal - DDB**