# UnitedHealthcare of New England

### Amendment No. 9

**THIS AGREEMENT, AMENDMENT NO. 9**, 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. 9.

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

### ARTICLE II: HEALTH PROGRAM STANDARDS

- 1. Section 2.04.01.01.02 Eligibility of Children Under Nineteen Years of Age Under 250 Percent of the FPL is amended by <u>INSERTING</u> the following sentence to the end of the paragraph, "As outlined in 210-RICR-30-00-1, this population includes all Rhode Island residents under nineteen (19) with income under 250% FPL, regardless of citizenship or immigration status."
- 2. Section 2.04.01.01.03 Eligibility of Pregnant Women Under 250% of the FPL ("SOBRA-Extension Group") is amended by *DELETING* the word "two" in the second sentence and *REPLACING* it with the following: "twelve (12)".
- 3. Section 2.04.01.01.04 Eligibility of Extended Family Planning Group is amended by <u>DELETING</u> the paragraph in its entirety and <u>REPLACING</u> with the following: "This aid category consists of women who meet the following criteria: have qualified for RIte Care; were pregnant and are now twelve (12) months postpartum or twelve (12) months post loss of pregnancy as required under 210-RICR-30-00-1; and are subject to losing eligibility for Medicaid. The group is eligible to receive a schedule of family planning related benefits for up to twenty-four (24) months, as described in ATTACHMENT F. Persons who qualify for this benefit remain with the same Health Plan they selected or to which they were assigned for comprehensive health service delivery."

- 4. Section 2.04.01.02.02 Uninsured Children Up to Age Eighteen Above 250 Percent of the FPL is amended by *INSERTING* the following sentence to the end of the paragraph, "As outlined in 210-RICR-30-00-1, this population includes all Rhode Island residents under eighteen (18) with income above 250% FPL, regardless of citizenship or immigration status."
- 5. Section 2.15.01.01 Fee Schedule Increase, Adoption of a Minimum/Maximum Fee Schedule and State Directed Payment Requirements is amended by <u>DELETING</u> the table and the last bullet point in the section and <u>REPLACING</u> with the following table:

State Directed Payment Description	State Directed Payment Requirement	Effective Date
Hospital Inpatient and Outpatient Rates	5.0% increase over prior year rates, including Level IV alcohol and drug detoxification program rates as described in the pre-print	7/1/2022
Nursing Home Rates	4% increase over prior year rates, of which 1% is attributable to the provisions of 40-8-19(vi) related to minimum staffing, as described in the pre-print	10/1/2022
РСМН РМРМ	\$3.00 PMPM for each member attributed to providers that meet the OHIC definition of PCMH as stated <a href="https://example.com/here">here</a> .	7/1/2022
CTC payment	\$0.77 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
Home Delivered Meals	Pay no less than the fee-for-service fee schedule	7/1/2022
Pediatric Services	Pay no less than the fee-for-service fee schedule	7/1/2022
Early Intervention	Pay no less than the fee-for-service fee schedule	7/1/2022
Labor and Delivery to hospitals	20% increase to prior year rates as described in the pre-print	7/1/2022
Children's Therapeutic	Pay no less than the fee-for-service fee schedule	7/1/2022
Home Health	Pay no less than the fee-for-service fee schedule	7/1/2022

State Directed Payment Description	State Directed Payment Requirement	Effective Date
Differential	Pay no less than the FY22 value of the differential; in FY22 the MCO was directed to increase shift differential modifier from FY21 levels by \$.19 per 15 mins, as described in the pre-print	7/1/2022
Personal Care Behavioral Health Certification Enhancement	Pay no less than the fee-for-service fee schedule	7/1/2022

### ATTACHMENT F EXTENDED FAMILY PLANNING PROGRAM

6. **Section 1 Eligibility Requirements**, is amended by <u>**DELETING**</u> the third sentence in the paragraph and <u>**REPLACING**</u> with the following, "Women losing Medicaid pregnancy coverage at the conclusion of twelve (12) months postpartum and who have a family income at or below 253 percent of the FPL at the time of annual redetermination are auto enrolled in the Extended Family Planning group."

# ATTACHMENT J: CONTRACTOR'S CAPITATION RATES SFY 2023

4. The Attachment is amended by <u>**DELETING**</u> and <u>**REPLACING**</u> attachment in its entirety with "State Fiscal Year 2023 Risk Adjustment Medicaid Managed Care Program dated August 15, 2022."

CSHON - Adoption Subolidy  484 \$756.57 1.0003 \$759.07 \$ 0.18 \$2.03 \$15.54 \$775.82 0.9999 \$775.74 \$3.88 \$772.86 \$677.13 \$491.35 CSHON - Sale feetest										ealthoare							
## C-MFF   1.41   \$61.45   1.000   \$63.45   1.000   \$63.45   \$0.00   \$2.22   \$1.00   \$65.07   1.001   \$65.01   \$3.25   \$64.69   \$577.71   \$579.97   \$6.06.15   \$6.06.			Less CTC			Neutrality	Rick Adjusted	Accessment	Adjusted CTC	Adjusted Premium Tax		Neutrality				Medical Expense Less	Baceline Medical
RO-MFF		Enrollment	PMPM	Soore	Adjusted Rate	Adjustment	Rate	PMPM	PMPM	PMPM	Full Rate	Adjustment	Rate	Withhold	Less Withhold	CTC	Expense
RC-MFF14																	
RC-MFF-44																	
## Composite   6,577   296.67   10423   277.85   1,0004   277.95   1,71   0.88   5.73   296.28   1,43   204.88   244.58   226.57   104.23   10.00   297.58   1,71   0.88   5.73   296.28   1,47   2.00   2.21   2.49.49   2.77.88   344.57   2.00   2.0								-									
RO-F15-44   15,720   411.86   104.23   429.28   1.0010   429.71   2.79   0.37   8.83   441.70   2.21   439.49   377.88   394.61   2.61								-									
RO-LEFF 276 1179 1.000 1779 1.000 1779 1.000 1779 1.000 1815 - 12.52 55.12 1.000 55.12 3.13 52.29 538.88 557.7 RIB-Care - Composite 68,098 \$191.76 1.000 1779 1.000 1779 1.000 1779 1.000 1779 1.000 1779 1.000 1815 1.000 1815 - 1815 15.7 15.75 15.7																	
RO_EPP																	
Risk Care - Composite									-								
Children with Special Heathnare Needs  CSHCN - Adoption Subsidy  484 \$756.57 1.003 \$759.07 1.0000 \$759.07 \$0.18 \$2.03 \$15.54 \$776.82 0.999 \$776.74 \$3.88 \$772.86 \$6.713 \$6.813  CSHCN - SIGH Betwett  36 4,474.68 0.8652 3,871.49 1.0804 4.105.33 0.22 2.00 83.83 4,191.38 1.0000 4.191.38 2.056 4,170.42 4,094.33 3,758.31  CSHCN - SIGH Betwett  36 4,474.68 0.8652 1,714.13 0.9999 1,713.50 - 2.22 3.00 83.83 4,191.38 1.0000 4.191.38 2.056 4,170.42 4,094.33 3,758.31  CSHCN - SIGH SIGH Betwett  37 5,811.9 0.8652 1,714.13 0.9999 1,713.50 - 2.22 3.00 83.83 1,191.38 1.000 8.76 1,714.25 1,127.33 1,127.79 1,127.33 1,127.79 1,127.33 1,127.79 1,127.33 1,127.79 1,127.33 1,127.79 1,127.33 1,127.79 1,127.33 1,127.79 1,				1.0000		1.0000						1.0000					
CSHON - Adoption Subolidy  484 \$756.57 1.0003 \$759.07 \$ 0.18 \$2.03 \$15.54 \$775.82 0.9999 \$775.74 \$3.88 \$772.86 \$677.13 \$491.35 CSHON - Sale feetest	Rite Care - Composite	63,038	\$ 319.76		\$ 330.24		\$ 330.23	<b>\$ 1.33</b>	\$ 1.31	\$ 6.78	\$ 339.66		\$ 338.66	<b>\$ 1.70</b>	\$ 337.96	\$ 282.48	\$ 303.40
CSHCN - Kairs Beckett 58 4,474.88 0.8552 1,714.9 1.0504 4,105.33 0.22 2.00 83.83 4,191.38 1.0000 4,191.38 20.95 4,170.42 4,094.33 3,783.13 0.30 0.30 0.30 0.30 0.30 0.30 0.30	Children with Special Healthcare Needs																
CSHCN-SSIS   506   1,981.19   0.8852   1,194.13   0.9999   1,172.195   - 2.22   35.02   1,781.20   0.9999   1,781.02   8.76   1,742.26   1,812.79   1,810.20   0.9999   1,781.02   8.76   1,742.26   1,812.79   1,810.20   0.9999   1,781.02   8.76   1,742.26   1,812.79   1,810.20   1,812.79   1,810.20   1,812.79   1,810.20   1,810.2	CSHCN - Adoption Subsidy	484	\$ 756.57	1.0033	\$ 759.07	1.0000	\$ 759.07	\$ 0.18	\$ 2.03	\$ 15.54	\$ 776.82	0.9999	\$ 776.74	\$ 3.88	\$ 772.86	\$ 677.13	\$ 681.32
CBHON - SISI > 15	CSHCN - Katle Beckett		4,474.68	0.8652	3,871.49	1.0604	4,105.33	0.22		83.83	4,191.38	1.0000	4,191.38	20.96	4,170.42	4,094.33	3,758.37
CSHCNGuposithe Core	CSHCN - SSI < 15	806	1,981.19	0.8652	1,714.13	0.9999	1,713.96	-	2.22	35.02	1,751.20	0.9999	1,751.02	8.76	1,742.26	1,812.79	1,570.33
### 1,888	CSHCN - SSI >= 15	560	1,374.84	0.8652	1,189.51	0.9939	1,182.25	1.48	0.95	24.18	1,208.86	0.9999	1,208.74	6.04	1,202.70	1,257.98	1,082.60
Me-F 19-24 3,472 \$ 323.42 1.0215 \$ 330.37 0.9987 \$ 329.94 \$ 3.56 \$ 0.00 \$ 6.81 \$ 340.31 1.0000 \$ 240.31 \$ 1.70 \$ 338.61 \$ 296.74 \$ 302.77 Me-F 25-29 2.257 472.71 1.0215 753.00 1.0014 736.33 3.56 - 15.10 754.99 1.0000 754.99 3.77 751.22 650.44 675.55 Me-F 20-49 2.470 719.82 1.0215 753.00 1.0014 736.33 3.56 - 15.10 754.99 1.0000 754.99 3.77 751.22 650.44 675.55 Me-F 20-49 1.0016 75.99 1.0010 754.99 1.0010 7	CSHCN - Substitute Care	-	934.08	1.0000	934.08	1.0000	934.08	0.89	1.57	19.11	955.65	1.0000	955.65	4.78	950.87	836.00	837.57
ME-F 19-24  3,472  3,23,42  1,0215  3,30,37  0,9987  3,229,44  3,3,55  5,0,00  5,6,81  5,340,31  1,0000  5,340,31  5,100  5,340,81  5,296,74  5,302,72  ME-F 25-29  2,257  472,71  1,0215  484,08  3,556  - 15,10  754,99  1,0000  754,99  3,77  751,02  660,44  675,58  ME-F 20-49  2,411  859,300  1,0215  871,77  0,9996  875,54  3,356  - 17,96  889,05  - 17,96  889,05  - 18,99  889,71  1,0000  898,05  4,49  893,57  788,41  804,23  ME-M 19-24  3,581  3,	CSHCN - Composite	1,888	\$ 1,534.47		\$ 1,354.44		\$ 1,366.68	\$ 0.49	\$ 1.79	\$ 27.73	\$1,386.69		\$ 1,388.68	\$ 6.93	\$1,379.83	\$ 1,400.16	\$1,239.13
ME - F 30-39	Medicald Expansion																
ME - F 30-39	ME - F 19-24	3,472	\$ 323.42	1.0215	\$ 330.37	0.9987	\$ 329.94	\$ 3.56	\$ 0.00	\$ 6.81	\$ 340.31	1.0000	\$ 340.31	\$ 1.70	\$ 338.61	\$ 296.74	\$ 302.73
ME - F 30-99	ME - F 25-29	2.257	472.71	1.0215	482.87	1.0025	484.08	3.56	-	9.95		1.0000	497.59	2.49	495.10	433.71	
ME - F 50-54 5.582 814.07 1.0215 831.57 7.77 0.9986 876.54 3.55 - 17.96 898.06 1.0000 898.06 4.49 893.57 788.41 804.22 ME - F 50-54 5.582 814.07 1.0215 831.57 1.0997 829.16 3.56 - 16.99 848.71 1.0000 898.06 4.49 893.57 788.41 76.57 ME - M 19-24 3.581 246.78 1.0215 251.06 1.0002 251.11 3.55 - 15.20 259.87 1.0000 299.87 1.30 258.57 225.51 230.44 ME - M 25-29 2.831 4.094.2 1.0215 418.2 1.0059 420.69 3.55 - 8.56 43.91 1.0000 42.91 2.16 430.75 275.54 385.99 ME - M 30-39 4.559 648.39 1.0215 650.29 1.0046 663.33 3.56 - 13.61 680.50 1.0000 680.50 3.40 677.10 593.07 608.61 ME - M 40-49 2.839 840.40 1.0215 858.47 1.0046 663.33 3.56 - 17.60 880.15 1.0000 880.15 4.40 875.75 771.07 788.11 ME - M 50-44 5.812 38.06 1.0215 858.47 1.0992 955.51 3.56 1.989.9 978.66 1.0000 979.66 4.90 874.76 860.87 777.54 860.87 777.54 860.87 777.54 860.87 777.54 860.87 777.54 860.87 777.54 860.87 777.54 860.87 777.54 860.87 877.55 877.55 87	ME - F 30-39		719.82	1.0215	735.30	1.0014	736.33	3.56		15.10	754.99	1.0000	754.99	3.77	751.22	660.44	675.58
ME - M 19-34	ME - F 40-49	2.141	859.30	1.0215	877.77	0.9986	876.54	3.56		17.96	898.06	1.0000	898.06	4.49	893.57	788.41	804.23
ME - M 19-24  ME - M 29-29  2,831  4,958  4,559  4,									-								
ME - M 40-9	ME - M 19-24	3,581	245.78	1.0215	251.06	1.0002	251.11	3.56	-	5.20	259.87	1.0000	259.87	1.30	258.57	225.51	230.41
ME - M 40-49 2,839 840,40 1,0215 858.47 1,0005 858.99 3.56 - 17.50 880.15 1,0000 880.15 4.40 875.75 771.07 788.12 Medicald Expansion - Composite 36,644 \$686.48 \$1,0215 958.23 0.9982 956.51 3.56 - 19.59 979.66 1,0000 979.66 4.90 974.76 860.67 877.56 Medicald Expansion - Composite 36,644 \$686.48 \$1,0215 958.23 0.9982 956.51 3.56 \$1,000 \$1,37.8 \$687.83 \$1,000 \$1,37.8 \$687.83 \$1,000 \$1,37.8 \$1,000 \$1,37.8 \$1,000 \$1,	ME - M 25-29	2,831	409.42	1.0215	418.22	1.0059	420.69	3.56	-	8.66	432.91	1.0000	432.91	2.16	430.75	375.64	385.98
ME H 50-54 Medicald Expansion - Composite 38,644 \$656.48 \$\$670.57 \$958.23 \$0.9982 \$956.51 \$3.56 \$- 19.59 \$978.65 \$1.000 \$978.55 \$4.90 \$974.76 \$80.57 \$877.55 \$4.000 \$18.77.52 \$1.000 \$1.	ME - M 30-39	4,559	646.39	1.0215	660.29	1.0046	663.33	3.56	-	13.61	680.50	1.0000	680.50	3.40	677.10	593.07	608.61
ME H 50-54 Medicald Expansion - Composite 38,644 \$656.48 \$\$670.57 \$958.23 \$0.9982 \$956.51 \$3.56 \$- 19.59 \$978.65 \$1.000 \$978.55 \$4.90 \$974.76 \$80.57 \$877.55 \$4.000 \$18.77.52 \$1.000 \$1.	ME - M 40-49	2.839	840.40	1.0215	858.47	1.0006	858.99	3.56	-	17.60	880.15	1.0000	880.15	4.40	875.75	771.07	788.12
Medicald Expansion - Composite  38,644 \$656.48 \$670.57 \$670.51 \$3.56 \$0.00 \$13.76 \$687.83 \$487.83 \$3.44 \$684.39 \$602.31 \$616.20  Rhody Health Partners  RHP - ID  369 \$1,317.73 0.9899 \$1,304.42 0.9976 \$1,301.29 \$3.56 \$0.00 \$25.63 \$1,331.48 1.0000 \$1,331.48 \$6.66 \$1,324.82 \$1,218.90 \$1,203.65  RHP - Other Disabled 21-44 1,476 1,338.76 0.9899 1,252.34 1.0077 1,335.44 3.56 - 62.71 3,135.30 1.0000 3,135.30 15.68 3,119.62 2,675.00 2,838.65  RHP - Other Disabled 21-44 1,476 1,338.76 0.9899 1,252.34 1.0077 1,335.44 3.56 - 27.33 1,366.33 1.0000 1,366.33 6.83 1,359.50 1,238.35 1,235.25  RHP - Composite 6,276 \$1,980.80 \$1,980.2 0.9989 1,560.2 0.9989 1,95	ME - M 50-64		938.06		958.23	0.9982	956.51	3.56	-	19.59	979.66	1.0000	979.66	4.90	974.76	860.67	877.59
RIPF - D 369 \$1,217.73 0.9899 \$1,204.22 0.9976 \$1,201.29 \$3.55 \$0.00 \$3.65.3 \$1,331.48 1.0000 \$1,331.48 \$6.65 \$1,204.82 \$1,203.65 RIPF - OPER Disabled 21-44 1,476 1,336.76 0.9899 1,325.24 1.0077 1,335.44 3.56 - 27.33 1,365.33 1.56.33 1.56.33 1.56.33 1.56.53 1,319.50 1,268.33 1.0000 1,366.33 6.83 1,359.50 1,288.35 1,256.35 RIPF - OPER Disabled 45+ 3,068.14 1,476 1,336.76 0.9899 1,325.24 1.0077 1,335.44 3.56 - 27.33 1,366.33 1.0000 1,366.33 6.83 1,359.50 1,288.35 1,256.35 RIPF - OPER Disabled 45+ 40.00 1,366.33 1	Medicald Expansion - Composite								\$ 0.00	\$ 13.76					\$ 684.39	\$ 602.31	\$ 615.20
RIPF - D 369 \$1,217.73 0.9899 \$1,204.22 0.9976 \$1,201.29 \$3.55 \$0.00 \$3.65.3 \$1,331.48 1.0000 \$1,331.48 \$6.65 \$1,204.82 \$1,203.65 RIPF - OPER Disabled 21-44 1,476 1,336.76 0.9899 1,325.24 1.0077 1,335.44 3.56 - 27.33 1,365.33 1.56.33 1.56.33 1.56.33 1.56.53 1,319.50 1,268.33 1.0000 1,366.33 6.83 1,359.50 1,288.35 1,256.35 RIPF - OPER Disabled 45+ 3,068.14 1,476 1,336.76 0.9899 1,325.24 1.0077 1,335.44 3.56 - 27.33 1,366.33 1.0000 1,366.33 6.83 1,359.50 1,288.35 1,256.35 RIPF - OPER Disabled 45+ 40.00 1,366.33 1	Rhody Health Partners																
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RIPP - Other Disabled 21-44 1,476 1,338.76 0,9899 1,325.24 1,0077 1,335.44 3,55 - 27.33 1,366.33 1,366.33 1,369.50 1,389.50 1,890.21 1,890.82 1,890.83 1,890.84 1,890																	
RHP - Other Disabled 45+ 3,255 1,980.22 0.9899 1,950.22 0.9988 1,957.87 3.55 - 40.03 2,001.45 1.0000 2,001.45 10.01 1,991.45 1,831.70 1,811.02 RHP - Other Disabled 45+ 6,275 \$1,989.80 \$1,9878.40 \$1,878.87 \$3.56 \$0.00 \$40.46 \$2,022.89 \$2,022.89 \$10.12 \$2,012.88 \$1,849.83 \$1,84																	
RHP - Composite 8,276 \$ 1,988.80 \$ 1,878.40 \$ 1,878.87 \$ 3.58 \$ 0.00 \$ 40.48 \$ 2,022.89 \$ 2,022.89 \$ 10.12 \$ 2,012.88 \$ 1,848.83 \$ 1,830.54  SOBRA																	
SOBRA n/a 16,778.21 1.0000 16,778.21 1.0000 15,778.21 322.00 18,100.21 1.0000 18,100.21 - 18,100.21 16,226.87 16,226.87	RHP - Composite								\$ 0.00								\$ 1,830.64
SOBRA n/a 16,778.21 1.0000 16,778.21 1.0000 15,778.21 322.00 18,100.21 1.0000 18,100.21 - 18,100.21 16,226.87 16,226.87	*0000																
All Populations Companie 97744 \$578.92 \$555.10 \$2.98 \$555.11 \$2.98 \$555.11 \$2.98 \$555.11 \$2.98 \$555.11		n/a	16,778.21	1.0000	16,778.21	1.0000	15,778.21	-		322.00	18,100.21	1.0000	18,100.21	-	18,100.21	16,226.97	16,226.97
	All Populations - Composite	87 744	<b>\$</b> 578 92		± 583 12		<b>\$</b> 583 10	\$ 2.29	± 0.76	± 11 88	<b>\$</b> 588 10		± 588 10	\$2.99	<b>\$</b> 595 11	± 529 88	<b>\$</b> 638.07

All Populations - Composite 97,744 \$ 678.92 \$ 683.12

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 <u>DELETING</u> and <u>REPLACING</u> attachment in its entirety with "State Fiscal Year 2023 Risk Adjustment Medicaid Managed Care Program dated August 15, 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	TITLE					
DATE	DATE					