

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 ***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 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 ***DELETING*** the paragraph in its entirety and ***REPLACING*** 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 ***DELETING*** the table and the last bullet point in the section and ***REPLACING*** 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
PCMH PMPM	\$3.00 PMPM for each member attributed to providers that meet the OHIC definition of PCMH as stated here .	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
Personal Care Shift 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 **DELETING** the third sentence in the paragraph and **REPLACING** 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 **DELETING** and **REPLACING** attachment in its entirety with “State Fiscal Year 2023 Risk Adjustment Medicaid Managed Care Program dated August 15, 2022.”

Rate Cell	UnifiedHealthcare 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	0.6% Withhold	Adjusted Rate Less Withhold			
Rite Care																	
RC - MF<1	1,415	\$ 634.85	1.0000	\$ 634.85	1.0000	\$ 634.85	\$ 0.00	\$ 2.22	\$ 13.00	\$ 650.07	1.0001	\$ 650.14	\$ 3.25	\$ 646.89	\$ 577.71	\$ 579.99	
RC - MF 1-5	8,571	225.21	1.0191	229.51	1.0026	230.11	-	2.22	4.74	237.07	1.0001	237.09	1.19	235.90	204.94	211.63	
RC - MF 6-14	16,079	208.10	1.0191	212.07	0.9985	211.75	-	2.22	4.37	218.34	0.9999	218.32	1.09	217.23	189.37	194.90	
RC - M 15-44	6,677	266.57	1.0423	277.85	1.0004	277.96	1.71	0.88	5.73	286.28	1.0000	286.28	1.43	284.85	244.58	255.91	
RC - F 15-44	15,720	411.86	1.0423	429.28	1.0010	429.71	2.79	0.37	8.83	441.70	1.0000	441.70	2.21	439.49	377.88	394.62	
RC - MF 45+	4,301	587.11	1.0423	611.94	0.9969	610.04	3.56	-	12.52	626.12	1.0000	626.12	3.13	622.99	538.68	559.73	
RC - EFP	275	17.79	1.0000	17.79	1.0000	17.79	-	-	0.36	18.15	1.0000	18.15	-	18.15	15.75	15.75	
Rite Care - Composite	63,038	\$ 319.76		\$ 330.24		\$ 330.23	\$ 1.33	\$ 1.31	\$ 6.78	\$ 338.86		\$ 338.86	\$ 1.70	\$ 337.86	\$ 282.48	\$ 303.40	
Children with Special Healthcare Needs																	
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	
CSHCN - Katie Beckett	36	4,474.68	0.8652	3,871.49	1.0604	4,105.33	0.22	2.00	83.83	4,191.38	1.0000	4,191.38	20.96	4,170.42	4,094.33	3,758.37	
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	
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	
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	
CSHCN - Composite	1,888	\$ 1,634.47		\$ 1,364.44		\$ 1,368.88	\$ 0.48	\$ 1.79	\$ 27.73	\$ 1,388.89		\$ 1,388.68	\$ 8.83	\$ 1,379.83	\$ 1,400.16	\$ 1,238.13	
Medicaid Expansion																	
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 25-29	2,257	472.71	1.0215	482.87	1.0025	484.08	3.56	-	9.95	497.59	1.0000	497.59	2.49	495.10	433.71	444.14	
ME - F 30-39	2,470	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 - 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 - F 50-64	6,582	814.07	1.0215	831.57	0.9971	829.16	3.56	-	16.99	849.71	1.0000	849.71	4.25	845.46	746.91	760.76	
ME - M 19-24	3,581	345.78	1.0215	351.06	1.0002	351.11	3.56	-	5.20	359.87	1.0000	359.87	1.30	358.57	225.51	230.41	
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 - 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 - 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	
ME - M 50-64	5,812	938.06	1.0215	958.23	0.9982	956.51	3.56	-	19.59	979.66	1.0000	979.66	4.90	974.76	860.57	877.59	
Medicaid Expansion - Composite	38,544	\$ 658.48		\$ 670.57		\$ 670.61	\$ 3.58	\$ 0.00	\$ 13.78	\$ 687.83		\$ 687.83	\$ 3.44	\$ 684.39	\$ 602.91	\$ 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	\$ 26.63	\$ 1,331.48	1.0000	\$ 1,331.48	\$ 6.66	\$ 1,324.82	\$ 1,218.90	\$ 1,203.69	
RHP - SPMI	1,164	3,108.11	0.9899	3,076.72	0.9975	3,069.03	3.56	-	62.71	3,135.30	1.0000	3,135.30	15.68	3,119.62	2,875.00	2,838.85	
RHP - Other Disabled 21-44	1,476	1,338.76	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	1,238.35	1,235.28	
RHP - Other Disabled 45+	3,266	1,980.22	0.9899	1,960.22	0.9988	1,957.87	3.56	-	40.03	2,001.46	1.0000	2,001.46	10.01	1,991.45	1,831.70	1,811.02	
RHP - Composite	6,276	\$ 1,898.80		\$ 1,878.40		\$ 1,878.97	\$ 3.68	\$ 0.00	\$ 40.48	\$ 2,022.98		\$ 2,022.98	\$ 10.12	\$ 2,012.88	\$ 1,848.68	\$ 1,830.64	
SOBRA																	
SOBRA	n/a	16,778.21	1.0000	16,778.21	1.0000	16,778.21	-	-	322.00	16,100.21	1.0000	16,100.21	-	16,100.21	16,226.87	16,226.87	
All Populations - Composite	87,744	\$ 678.82		\$ 683.12		\$ 683.10	\$ 2.29	\$ 0.75	\$ 11.88	\$ 688.10		\$ 688.10	\$ 2.89	\$ 685.11	\$ 628.88	\$ 638.07	

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 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