

Neighborhood Health Plan of Rhode Island

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 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. 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.”

Neighborhood Health Plan Risk Adjusted Rates																
Rate Cell	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	Baseline Medical Expense Less CTC	Adjusted Baseline Medical Expense
Rite Care																
RC - MF <1	3,324	\$ 634.85	1.0000	\$ 634.85	1.0000	\$ 634.85	\$ 0.00	\$ 2.29	\$ 13.00	\$ 650.14	1.0001	\$ 650.21	\$ 3.26	\$ 646.96	\$ 577.71	\$ 590.05
RC - MF 1-5	17,703	225.21	1.0004	225.30	1.0026	225.89	-	2.29	4.66	232.84	1.0001	232.86	1.16	231.70	204.94	207.86
RC - MF 6-14	32,810	208.10	1.0004	208.18	0.9995	207.87	-	2.29	4.29	214.45	0.9999	214.43	1.07	213.36	189.37	191.44
RC - M 15-44	12,602	266.57	0.9838	262.26	1.0004	262.35	1.71	0.90	5.41	270.37	1.0000	270.37	1.35	269.02	244.68	241.62
RC - F 15-44	31,263	411.86	0.9838	405.19	1.0010	405.60	2.79	0.38	8.34	417.11	1.0000	417.11	2.09	415.02	377.88	372.51
RC - MF 45+	6,738	587.11	0.9838	577.60	0.9969	575.81	3.56	-	11.82	591.19	1.0000	591.19	2.96	588.23	538.68	528.31
RC - EFP	948	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	106,388	\$ 314.38		\$ 311.33		\$ 311.36	\$ 1.28	\$ 1.38	\$ 8.41	\$ 320.41		\$ 320.41	\$ 1.80	\$ 318.61	\$ 287.63	\$ 288.13
Children with Special Healthcare Needs																
CSHCN - Adoption Subsidy	1,747	\$ 756.57	0.9996	\$ 756.27	1.0000	\$ 756.27	\$ 0.18	\$ 2.09	\$ 15.48	\$ 774.02	0.9999	\$ 773.94	\$ 3.87	\$ 770.07	\$ 677.13	\$ 678.88
CSHCN - Katie Beckett	30	4,474.68	1.0594	4,740.48	1.0504	5,026.80	0.22	2.06	102.63	5,131.71	1.0000	5,131.71	25.66	5,106.05	4,094.33	4,601.58
CSHCN - SSI < 15	1,926	1,981.19	1.0594	2,098.87	0.9989	2,098.66	-	2.29	42.88	2,143.83	0.9999	2,143.62	10.72	2,132.90	1,812.79	1,922.38
CSHCN - SSI >= 15	1,528	1,374.84	1.0594	1,456.51	0.9939	1,447.63	1.48	0.98	29.59	1,479.68	0.9999	1,479.53	7.40	1,472.13	1,257.98	1,325.42
CSHCN - Substitute Care	2,541	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	7,771	\$ 1,263.89		\$ 1,280.08		\$ 1,289.87	\$ 0.82	\$ 1.76	\$ 28.67	\$ 1,328.31		\$ 1,328.21	\$ 8.84	\$ 1,321.67	\$ 1,197.80	\$ 1,181.08
Medicaid Expansion																
ME - F 19-24	6,271	\$ 323.42	1.0045	\$ 324.88	0.9987	\$ 324.46	\$ 3.56	\$ 0.00	\$ 6.69	\$ 334.71	1.0000	\$ 334.71	\$ 1.67	\$ 333.04	\$ 296.74	\$ 297.69
ME - F 25-29	3,936	472.71	1.0045	474.84	1.0026	476.03	3.56	-	9.79	489.38	1.0000	489.38	2.45	486.93	433.71	436.75
ME - F 30-39	3,959	719.82	1.0045	723.06	1.0014	724.07	3.56	-	14.85	742.48	1.0000	742.48	3.71	738.77	650.44	654.34
ME - F 40-49	3,247	859.30	1.0045	863.17	0.9986	861.96	3.56	-	17.66	883.18	1.0000	883.18	4.42	878.76	788.41	790.85
ME - F 50-64	9,288	814.07	1.0045	817.73	0.9971	815.36	3.56	-	16.71	835.63	1.0000	835.63	4.18	831.45	748.09	748.09
ME - M 19-24	6,999	245.78	1.0045	246.89	1.0002	246.94	3.56	-	5.11	255.61	1.0000	255.61	1.28	254.33	225.51	226.57
ME - M 25-29	4,777	409.42	1.0045	411.26	1.0059	413.69	3.56	-	8.52	425.77	1.0000	425.77	2.13	423.64	375.64	379.56
ME - M 30-39	7,124	646.39	1.0045	649.30	1.0046	652.29	3.56	-	13.38	669.23	1.0000	669.23	3.35	665.88	593.07	598.48
ME - M 40-49	4,542	840.40	1.0045	844.18	1.0006	844.69	3.56	-	17.31	865.56	1.0000	865.56	4.33	861.23	771.07	775.00
ME - M 50-64	7,457	938.06	1.0045	942.28	0.9982	940.58	3.56	-	19.27	963.41	1.0000	963.41	4.82	958.59	860.67	862.98
Medicaid Expansion - Composite	68,618	\$ 690.71		\$ 693.66		\$ 693.68	\$ 3.68	\$ 0.00	\$ 19.00	\$ 860.16		\$ 860.16	\$ 3.26	\$ 848.88	\$ 678.88	\$ 681.31
Rhody Health Partners																
RHP - ID	540	\$ 1,317.73	1.0252	\$ 1,350.94	0.9976	\$ 1,347.70	\$ 3.56	\$ 0.00	\$ 27.58	\$ 1,378.84	1.0000	\$ 1,378.84	\$ 6.89	\$ 1,371.95	\$ 1,218.90	\$ 1,246.62
RHP - SPMI	1,323	3,108.11	1.0252	3,186.43	0.9976	3,178.46	3.56	-	64.94	3,246.96	1.0000	3,246.96	16.23	3,230.73	2,875.00	2,940.08
RHP - Other Disabled 21-44	2,047	1,338.76	1.0252	1,372.50	1.0077	1,383.07	3.56	-	28.30	1,414.93	1.0000	1,414.93	7.07	1,407.86	1,238.35	1,279.34
RHP - Other Disabled 45+	3,648	1,980.22	1.0252	2,030.12	0.9988	2,027.68	3.56	-	41.45	2,072.69	1.0000	2,072.69	10.36	2,062.33	1,831.70	1,875.51
RHP - Composite	7,668	\$ 1,868.68		\$ 2,006.88		\$ 2,006.86	\$ 3.68	\$ 0.00	\$ 41.01	\$ 2,060.62		\$ 2,060.62	\$ 10.26	\$ 2,040.27	\$ 1,808.84	\$ 1,866.61
SOBRA																
SOBRA	n/a	16,778.21	1.0000	16,778.21	1.0000	16,778.21	-	-	322.00	18,100.21	1.0000	18,100.21	-	18,100.21	16,226.87	16,226.87
All Populations - Composite	177,288	\$ 628.48		\$ 629.70		\$ 629.69	\$ 2.08	\$ 0.90	\$ 10.87	\$ 643.63		\$ 643.63	\$ 2.72	\$ 640.81	\$ 482.67	\$ 488.42

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:

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

9/28/2022

DATE

**Reviewed by
Legal - DDB**