Tufts Health Public Plans

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 Tufts Health Public Plans (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 TUFTS HEALTH PUBLIC PLANS 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

- 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 <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 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 <u>here</u> .	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	Home HealthPay no less than the fee-for-service fee schedule				

State Directed Payment Description	· · ·	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

 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."

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HilP - SPMI 78 3,108,11 0.8050 2,502.03 0.9975 2,495.77 3.56 - 51.01 2,550.34 12.75 2,37.59 2,875.00 2,875.00 2,975.00 1,983.95 1,0000 1,62.05 1,103.10 1,4 RHP - Composite 715< \$1,782.10 \$1,418.49 \$1,420.82 \$3.66 \$0.00 \$28.07 \$1,458.66 \$7.27 \$1,448.29 \$1,928.94 \$1,355 <t< td=""><td>Rhody Health Partners</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Rhody Health Partners																
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RHP - Other Disabled 45+ 258 1,980.22 0.8050 1,594.08 0.9988 1,592.17 3.55 - 32.57 1,628.30 8.14 1,620.16 1,831.70 1,4 RHP - Other Disabled 45+ 716 \$1,782.10 \$1,418.48 \$1,420.82 \$3.68 \$0.00 \$28.07 \$1,463.68 \$1,463.68 \$7.27 \$1,448.28 \$1,828.84 \$1,3 SOBRA SCBRA n/a 16,778.21 1.0000 16,778.21 - - 322.00 18,100.21 18,100.21 - 16,226.87 16,2									-								2,308.59
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SOBRA SCBRA 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 16,3	RHP - Other Disabled 45+		1,980.22	0.8050	1,594.08	0.9988	1,592.17	3.56	-	32.57	1,628.30	1.0000	1,628.30	8.14	1,620.16	1,831.70	1,472.75
SCBRA 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 16,226.97 16,2	RHP - Composite	716	\$ 1,782.10		\$ 1,418.49		\$ 1,420.82	\$ 3.58	\$ 0.00	\$ 28.07	\$ 1,453.58		\$ 1,463.68	\$ 7.27	\$ 1,448.29	\$ 1,629.84	\$ 1,314.35
	SOBRA																
All Banulakinger Commontike 17,450 4,514,50 4,514,50 4,450,57 4,457,44 4,545 4,545 4,545 4,475,55 4,475,55 4,475,55 4,475,55	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	16,226.97	16,226.87
Mill Opulations - Computing 17,400 € 004.02 € 480.52 € 480.52 € 480.52 € 480.52 € 4	All Populations - Composite	17,460	\$ 534.82		\$ 468.97		\$ 467.41	\$ 2.43	\$ 0.16	\$ 8.68	\$ 478.59		\$ 479.69	\$ 2.40	\$ 477.18	\$ 490.62	\$ 428.98

1. January 2022 Enrolment 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.

8/15/2022

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ATTACHMENT L: RATE-SETTING PROCESS

 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:	TUFTS HEALTH PUBLIC PLANS:					
	Pluil Barr					
SIGNATURE	SIGNATURE					
KRISTIN PONO SOUSA	Philip Barr					
NAME	NAME					
MEDICAID DIRECTOR	President, Markets					
TITLE	TITLE					
	9/26/2022					
DATE	DATE					