

NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND

AMENDMENT NO. 11

THIS AGREEMENT, AMENDMENT NO. 11, is made and entered into effective July 1, 2023, 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. 11.

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

ARTICLE I: DEFINITIONS

1. **Section 1.27 Conflict Free Case Management (CFCM)** is amended by ***INSERTING*** the following definition, “Conflict-free case management (CFCM) means that the entity assisting a participant to gain access to services is different and separate from the entity providing those services (e.g., a home and community-based (HCBS) provider agency), as a potential conflict may exist if the same entity is providing both case management and the referred service(s). The Centers for Medicare and Medicaid (CMS) established CFCM to promote participant choice and independence by limiting conscious or unconscious bias by a case manager when assisting a participant to access services.”
2. **Section 1.85 Mental Health Benefits** is amended by ***DELETING*** “Section 3.4, “Behavioral Health” in the second sentence and ***REPLACING*** it with the following: “Attachment O – Mental Health, Substance Use and Developmental Disability Services for Children and Attachment P – Behavioral Health and Substance Use Services for Adults.”

ARTICLE II: HEALTH PLAN PROGRAM STANDARDS

3. **Section 2.04.01.01.05 Eligibility of Children with Special Health Care Needs** is amended by ***DELETING*** the following sentence: “(2) children eligible under Section 1902(e)(3) of the Social Security Act (“Katie Beckett” children) up to age 19;”
4. **Section 2.06.01.02 Medical Services** is amended by ***DELETING*** the section in its entirety and ***REPLACING*** with the following:
“The Contractor is required to comply with the requirements of ATTACHMENT A in-plan benefits for medically necessary services. These services will be provided by the Contractor as in-plan benefits.”

5. **Section 2.08.02.02 Operational Requirements for Management of APM Subcontracts with Accountable Entitles** is amended by **UPDATING** the section with the following:

“Oversight and Monitoring of Member Access to Care

The Contractor will:

- Ensure that AE Attributed Members are not limited to obtaining services only from AE Participating Providers;
- Ensure Participating AE providers are permitted to make referrals to any provider, as appropriate, including non-AE Participating Providers;
- Prohibit additional requirements for referrals to non-AE Participating Providers;
- Maintain Attributed Members’ access to or freedom of choice of providers;
- Maintain open access to Medically Necessary services;
- Ensure that AE Attributed Members may obtain emergency services from any provider, including non-AE Participating Providers; and
- Ensure that AEs implement a contract compliance program to include at least the following:
 - Designated compliance official who is not legal counsel
 - Mechanism for identifying, and addressing compliance problem.”

6. **New Section 2.16.04 Audited Financial Reports** is **ADDED**; with the following text **INSERTED**:

Effective for the rating year beginning July 1, 2023, plans must provide EOHHS with audited financial reports **specific to the Medicaid contract** on an annual **state fiscal year** basis. The audit must be conducted in accordance with generally accepted accounting principles and generally accepted auditing standards, pursuant to [42 CFR 438.3\(m\)](#). For purposes of complying with this requirement, each year plans will provide EOHHS with an audited version of the Financial Data Cost Report (FDCR) by September 30 for the state fiscal year ending June 30. For example, on September 30, 2024, plans will provide EOHHS with an audited FDCR that covers the FY 2024 period.

7. **New Section 2.16.06 Periodic Financial Audit** is **ADDED**; with the following text **INSERTED**:

Effective for the rating year beginning July 1, 2023, and every third year thereafter, EOHHS will contract with an external firm to conduct an independent audit of plan-submitted Financial Data Cost Reporting. The first audit will be done in FY 2025, followed by FY 2028, FY 2031 and so forth. The focus of the audit will be to ensure that supporting documentation is available for all Financial Data Cost Report (FDCR) inputs. [[42 CFR 438.3\(m\)](#)]

ATTACHMENT A: SCHEDULE OF IN-PLAN BENEFITS

8. This Attachment is amended by **ADDING** the following to the Family Planning Services Scope of Benefit language: “Abortion Services, as medically necessary.”
9. This Attachment is amended by **DELETING** the following from the Court-ordered mental health and substance use treatment – civil court Scope of Benefit section, “Court-ordered treatment that is not an in-plan benefit, is not the responsibility of the Contractor.”

ATTACHMENT C: SCHEDULE OF NON-COVERED SERVICES

10. This Attachment is amended by **DELETING** the second bulleted item as follows:
“Abortion, except to preserve the life of the woman, or in cases of rape or incest.”

ATTACHMENT J: CONTRACTOR’S CAPITATION RATES

11. This Attachment is amended by **DELETING** the Attachment in its entirety and **REPLACING** it with a new ATTACHMENT J “State Fiscal Year 2024 Risk Adjustment Medicaid Managed Care Program dated June 23, 2023” and the Attachment is now titled “**ATTACHMENT J: CONTRACTOR’S CAPITATION RATES SFY 2024.**”

[please see table on page 8]

ATTACHMENT L: RATE-SETTING PROCESS

12. This Attachment is amended by **DELETING** the Attachment in its entirety and **REPLACING** it with a new ATTACHMENT L “State Fiscal Year 2024 Medicaid Managed Care Capitation Rate Certification – July 1, 2023 through June 30, 2024 – Dated June 23, 2023 and State Fiscal Year 2024 Risk Adjustment Medicaid Managed Care Program dated June 23, 2023”.

ATTACHMENT O: MENTAL HEALTH, SUBSTANCE USE AND DEVELOPMENTAL DISABILITY SERVICES FOR CHILDREN

13. This Attachment is amended by **UPDATING** the last sentence of the **COURT ORDERED BEHAVIORAL HEALTH BENEFITS** section to the following: “The Contractor is required to cover court-ordered covered treatment services provided by Out-of- Network Providers.”

ATTACHMENT N: SPECIAL TERMS & CONDITIONS

14. **New Section 4 – Certified Community Behavioral Health Clinics (CCBHCs) Risk Mitigation** is **ADDED**; with the following text **INSERTED**:

For the rating period beginning July 1, 2023, the State is implementing a separate one-hundred percent (100%) risk share/gain share arrangement for Prospective Payment System (PPS)-eligible services rendered at CCBHCs, to begin billing no sooner than February 1, 2024. This separate risk share/gain share arrangement is intended to address uncertainty around total utilization and expenditures under this new model of delivering behavioral health services, funding for which will be fully incorporated into the managed care rates. The results of this separate risk share arrangement will then be incorporated, by product, into the existing global risk share arrangement between the State and the Managed Care Organizations (MCO).

Mechanics of the separate CCBHC risk corridor

In late 2023, the State will issue an MCO Contract amendment amending the managed care rates by incorporating the CCBHC service delivery model rates into the MCO rate structure. This MCO Contract amendment will add incremental funding for CCBHC services and isolate the total amount of funding by rate cell included in the medical component of the revised rate certification for CCBHC services. This funding amount (PMPM) will be used to calculate the total CCBHC revenues received by each MCO plan for the purposes of determining the separate CCBHC risk share settlements. Any expenditures above or below one hundred percent (100%) of the medical baseline that will be reimbursed or /recouped by the State.

Table 1. Risk/Gain Share Corridors for CCBHC Separate Risk Arrangement

Risk Sharing Provisions	Plan Share of Excess	EOHHS Share of Excess
Risk Share when CCBHC expenses exceed 100% of Baseline CCBHC Revenue.	0%	100%
Gain Sharing Provisions	Plan Share of Gains	EOHHS Share of Gains
Gain Share when CCBHC expenses are less than 100% of Baseline CCBHC Revenue.	0%	100%

The table below illustrates how total CCBHC revenue and expenses will be used to determine the amount due to/from the MCOs. Values illustrated in the below table do not represent actual funding amounts and are solely used for illustrative purposes.

Table 2. Calculation Example: Determination of CCBHC Risk Share Basis

Step 1. Calculation of CCBHC Medical Component Revenue				
Total Member Months	Times	CCBHC Revenue included in Medical Component of Premium (PMPM)	Equals	Baseline CCBHC Revenue
1,000,000	×	\$10	=	\$10,000,000
Step 2. Calculation of CCBHC Medical Expenses				
CCBHC Attributed Member Months	Times	PPS Rate for each CCBHC for each attributed member with a qualifying visit by month	Equals	CCBHC PPS Medical Expenses Paid
25,000	×	Varies by CCBHC [1]	=	\$12,500,000
Step 3. Calculation of Gain/Risk Share Basis				
Baseline CCBHC Revenue	Minus	CCBHC PPS Payments	Equals	Gain/(Risk) Share Basis
\$10,000,000	-	\$12,500,000	=	\$(2,500,000)

Notes:

[1] Each CCBHC will have its own approved PPS Rate. MCOs must reimburse the CCBHCs the full PPS.

Incorporation into global risk corridor

The results of the CCBHC separate risk corridor will be incorporated into the global risk share settlement. Any additional payment to/ (recoupment from) the MCO will be reflected in medical baseline. Total expenses in the global risk corridor will reflect total expenses, inclusive of CCBHC PPS payments. The table below provides illustrative examples of implementation impact under two (2) scenarios: 1) a plan gain on the CCBHC component: and 2) a plan loss on the CCBHC component. Under both scenarios, total medical expense is unchanged.

MCO PRODUCT	EXAMPLE CCBHC EXP > REV	EXAMPLE CCBHC EXP < REV
FTE Member Months	1,000,000	1,000,000
CCBHC Risk Corridor Reconciliation		
CCBHC PMPM	\$10	\$10
CCBHC PPS Revenue to Plan	\$ 10,000,000.00	\$ 10,000,000.00
CCBHC PPS Expenses Paid by Plan	\$ 12,500,000.00	\$ 7,500,000.00
Due to / (From Plan) CCBHC Risk Corridor	\$ 2,500,000.00	\$ (2,500,000.00)
Global Risk Corridor Reconciliation		
Medical Premiums		
Premiums @ Certified Rates	\$ 300,000,000.00	\$ 300,000,000.00
CCBHC Risk Corridor Adjustment	\$ 2,500,000.00	\$ (2,500,000.00)
Net Medical Premiums for Risk Share	\$ 302,500,000.00	\$ 297,500,000.00
Net Medical Expense Recognized (FDCR)	\$ 330,000,000.00	\$ 330,000,000.00
Medical Premium Above / (Below) Medical Expense	\$ (27,500,000.00)	\$ (32,500,000.00)
Risk Share Pool		
Excess of 105%	\$ 12,375,000.00	\$ 17,625,000.00
Between 103%-105%	6,050,000.00	5,950,000.00
Baseline and 103%	311,575,000.00	306,425,000.00
Global Risk Corridor EOHHS Payment / (Recoupment)	\$ 14,767,500.00	\$ 19,432,500.00
Plus CCBHC Risk Corridor	2,500,000.00	(2,500,000.00)
Grand Total EOHHS Payment / (Recoupment)	\$ 17,267,500.00	\$ 16,932,500.00

15. **Section 7 – Payments to Certified Patient Centered Medical Homes** is amended by **UPDATING** the three references to ATTACHMENT J: CONTRACTOR’S CAPITATION RATES SFY 2022 to “ATTACHMENT J: CONTRACTOR’S CAPITATION RATES SFY 2024”.

16. **Section 8 – Stop Loss Claiming** is **DELETED**.

ATTACHMENT P: BEHAVIORAL HEALTH AND SUBSTANCE USE SERVICES FOR ADULTS

17. This Attachment is amended by **UPDATING** the last sentence of section 4. COURT ORDERED BEHAVIORAL HEALTH BENEFITS to the following: “The Contractor is required to cover court-ordered covered treatment services provided by Out-of- Network Providers.”

ATTACHMENT Q: CARE MANAGEMENT PROTOCOLS FOR ALL MEMBERS

18. Section 3.07.03 Provisions for Members who are eligible for the Katie Beckett Waiver is amended by **RENAMING** the section “Additional Provisions for Members who are Eligible for the Katie Beckett Waiver”.
19. Section 3.07.03 is further amended by **DELETING** the body of the section in whole and **REPLACING** it with the following:

“For those members who are eligible for Medicaid benefits through the Katie Beckett eligibility pathway, the Contractor will provide the following additional provisions:

- Individualized assessment of concerns and needs with family and child, using the existing Health Risk Assessment, as further defined in Section 2.1 of this Attachment:
- Person-centered planning, as defined in 1.97;
- Development of a Family Care Plan that includes a “crisis support care plan”
 - A “crisis support care plan” details individuals or agencies (e.g., child’s Primary Care Physician (PCP), local mental health center) for the family to contact in the event of a specific crisis and actions to take to ensure the safety of the child and family.
- Care coordination and assistance in accessing services, including multiple provider care coordination if it is determined that more than one provider is required to provide services.
- Support during transitions through levels of care; and entry into the adult service of care.
- Implementation of the multiple provider policy ([*HBTS/ABA Certification Standards addendum, June 8, 2021*](#));
- Advocate and assist in ensuring that a beneficiary and family’s service needs are met;
- Serve as the coordinator/manager of services to facilitate and coordinate services when families need to access home-based community services;
- Navigate the Medicaid children’s services system; and
- Provide oversight of service delivery to Members and their families to ensure accountability and delivery of medically necessary covered services.

The Contractor shall provide Members, Members’ families, or responsible representatives of Members with the EOHHS Ombudsman e-mail and phone number to contact in the event that they have any concerns about the services received.

EOHHS shall engage the MCOs in the Active Contract Management Process by:

- Collecting relevant data on a quarterly cadence, this data includes, but is not limited to:

- Data related to family care plan goals being met;
 - Family care plan coordination;
 - Annual family satisfaction surveys; and
 - Complaints and resolutions.
- Meeting with Contractor, on a monthly basis, to review the following:
 - Performance;
 - Utilization of services;
 - Compliance;
 - Quality assurance; and
 - Continuous quality improvement."

State of Rhode Island
Executive Office of Health and Human Services
SFY 2024 Risk Adjustment
Neighborhood Health Plan
Risk Adjusted Rates

Rate Cell	January 2023 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	Baseline Medical Expense Less CTC	Adjusted Baseline Medical Expense
Rite Care																
RC - MF-1	3,076	\$ 765.10	1.0000	\$ 765.10	1.0000	\$ 765.10	\$ 0.00	\$ 2.31	\$ 15.66	\$ 783.07	1.0001	\$ 783.15	\$ 3.92	\$ 779.23	\$ 692.42	\$ 694.80
RC - MF 1-5	17,929	230.66	0.9974	230.06	1.0023	230.59	-	2.31	4.75	237.65	1.0002	237.70	1.19	236.51	208.75	211.04
RC - MF 6-14	33,620	210.88	0.9974	210.33	0.9985	210.01	-	2.31	4.33	216.65	1.0000	216.65	1.08	215.57	190.84	192.36
RC - M 15-44	13,833	257.54	0.9896	254.86	1.0005	254.99	3.05	0.90	5.28	264.22	1.0000	264.22	1.32	262.90	235.00	233.58
RC - F 15-44	33,787	393.30	0.9896	389.21	1.0009	389.56	4.91	0.37	8.06	402.90	1.0000	402.90	2.01	400.89	358.89	355.85
RC - MF 45+	7,493	608.14	0.9896	601.82	0.9972	600.13	6.24	-	12.37	618.74	1.0000	618.74	3.09	615.65	554.93	547.62
RC - EFP	825	16.85	1.0000	16.85	1.0000	16.85	-	-	0.34	17.19	1.0000	17.19	-	17.19	14.91	14.91
Rite Care - Composite	110,563	\$ 316.57		\$ 314.29		\$ 314.28	\$ 2.30	\$ 1.37	\$ 6.49	\$ 324.44		\$ 324.45	\$ 1.62	\$ 322.83	\$ 287.94	\$ 287.24
Children with Special Healthcare Needs																
CSHCN - Adoption Subsidy	1,912	\$ 794.74	1.0159	\$ 807.38	1.0000	\$ 807.38	\$ 0.39	\$ 2.05	\$ 16.53	\$ 826.35	0.9999	\$ 826.27	\$ 4.13	\$ 822.14	\$ 711.29	\$ 724.58
CSHCN - Katie Beckett	30	4,036.13	1.0840	4,375.16	1.0811	4,729.99	0.56	1.96	96.58	4,829.09	1.0000	4,829.09	24.15	4,804.94	3,693.06	4,329.91
CSHCN - Katie Beckett Case Management	n/a	116.81	1.0000	116.81	1.0000	116.81	-	-	2.38	119.19	1.0000	119.19	-	119.19	106.88	106.88
CSHCN - SSI < 15	1,939	1,989.47	1.0840	2,156.59	1.0005	2,157.67	-	2.31	44.08	2,204.06	1.0000	2,204.06	11.02	2,193.04	1,820.36	1,976.57
CSHCN - SSI >= 15	1,580	1,399.70	1.0840	1,517.27	0.9915	1,504.37	2.86	0.93	30.78	1,538.94	1.0000	1,538.94	7.69	1,531.25	1,280.73	1,377.44
CSHCN - Substitute Care	2,379	1,001.43	1.0000	1,001.43	1.0000	1,001.43	1.78	1.50	20.50	1,025.21	1.0000	1,025.21	5.13	1,020.08	896.28	897.78
CSHCN - Composite	7,840	\$ 1,287.26		\$ 1,356.67		\$ 1,355.69	\$ 1.21	\$ 1.72	\$ 27.73	\$ 1,386.36		\$ 1,386.34	\$ 6.93	\$ 1,379.40	\$ 1,167.89	\$ 1,232.15
Medicaid Expansion																
ME - F 19-24	6,574	\$ 331.29	0.9984	\$ 330.76	0.9985	\$ 330.26	\$ 6.24	\$ 0.00	\$ 6.87	\$ 343.37	1.0000	\$ 343.37	\$ 1.72	\$ 341.65	\$ 302.30	\$ 301.37
ME - F 25-29	3,913	482.80	0.9984	482.03	1.0027	483.33	6.24	-	9.99	499.56	1.0000	499.56	2.50	497.06	440.55	441.04
ME - F 30-39	4,052	637.48	0.9984	636.46	1.0020	637.73	6.24	-	13.14	657.11	1.0000	657.11	3.29	653.82	581.70	581.93
ME - F 40-49	3,587	786.07	0.9984	784.81	0.9985	783.63	6.24	-	16.12	805.99	1.0000	805.99	4.03	801.96	717.29	715.07
ME - F 50-64	10,342	867.09	0.9984	865.70	0.9965	862.67	6.24	-	17.73	886.64	1.0000	886.64	4.43	882.21	791.22	787.19
ME - M 19-24	7,156	228.80	0.9984	228.43	0.9997	228.36	6.24	-	4.79	239.39	1.0001	239.41	1.20	238.21	208.78	208.41
ME - M 25-29	5,170	370.46	0.9984	369.87	1.0070	372.46	6.24	-	7.73	386.43	1.0000	386.43	1.93	384.50	338.05	339.87
ME - M 30-39	8,145	570.35	0.9984	569.44	1.0058	572.74	6.24	-	11.82	590.80	1.0000	590.80	2.95	587.85	520.45	522.63
ME - M 40-49	5,041	796.97	0.9984	795.69	1.0013	796.72	6.24	-	16.39	819.35	1.0000	819.35	4.10	815.25	727.23	727.01
ME - M 50-64	8,412	897.66	0.9984	896.22	0.9977	894.16	6.24	-	18.38	918.78	1.0000	918.78	4.59	914.19	819.11	815.92
Medicaid Expansion - Composite	62,392	\$ 612.32		\$ 611.34		\$ 611.32	\$ 6.24	\$ 0.00	\$ 12.60	\$ 630.17		\$ 630.17	\$ 3.15	\$ 627.02	\$ 558.74	\$ 557.84
Rhody Health Partners																
RHP - ID	571	\$ 1,358.19	1.0111	\$ 1,373.27	1.0002	\$ 1,373.54	\$ 6.24	\$ 0.00	\$ 28.16	\$ 1,407.94	1.0000	\$ 1,407.94	\$ 7.04	\$ 1,400.90	\$ 1,249.53	\$ 1,263.65
RHP - SPMI	1,226	3,076.01	1.0111	3,110.15	0.9975	3,102.37	6.24	-	63.44	3,172.05	1.0000	3,172.05	15.86	3,156.19	2,829.93	2,854.19
RHP - Other Disabled 21-44	2,035	1,404.78	1.0111	1,420.37	1.0077	1,431.31	6.24	-	29.34	1,466.89	1.0000	1,466.89	7.33	1,459.56	1,292.40	1,316.81
RHP - Other Disabled 45+	3,547	2,021.04	1.0111	2,043.47	0.9983	2,040.00	6.24	-	41.76	2,088.00	1.0000	2,088.00	10.44	2,077.56	1,859.36	1,876.80
RHP - Composite	7,379	\$ 1,975.07		\$ 1,996.99		\$ 1,997.07	\$ 6.24	\$ 0.00	\$ 40.88	\$ 2,044.20		\$ 2,044.20	\$ 10.22	\$ 2,033.98	\$ 1,817.07	\$ 1,837.31
SOBRA																
SOBRA	n/a	16,993.25	1.0000	16,993.25	1.0000	16,993.25	-	-	346.80	17,340.05	1.0000	17,340.05	-	17,340.05	16,398.48	16,398.48
All Populations - Composite	188,174	\$ 520.11		\$ 522.20		\$ 522.15	\$ 3.72	\$ 0.88	\$ 10.75	\$ 537.49		\$ 537.50	\$ 2.69	\$ 534.81	\$ 474.35	\$ 477.11

Notes:

1. January 2023 Enrollment reflects all members fully eligible as of January 2023, including those who were not scored.
2. SOBRA Payments are excluded for purposes of the illustrated January 2023 composites.
3. Values have been rounded.

IN WITNESS HERETO, the parties have caused this Amendment 11 to the Agreement to be executed under Seal by their duly authorized officers or representatives as of the day and year stated below:

**STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF
HEALTH AND HUMAN SERVICES:**

**NEIGHBORHOOD HEALTHPLAN OF
RHODE ISLAND:**

BY:

BY:

(Signature)

(Signature)

Kristin Pono Sousa

(Printed Name)

(Printed Name)

Medicaid Program Director

(Title)

(Title)

(Date)

(Date)