UnitedHealthcare Insurance Company for the Medicaid RIte Smiles Program Amendment No. 5

THIS AMENDMENT No. 5 is made and entered into the 1st day of July 2023 between the State of Rhode Island Executive Office of Health and Human Services (herein after called "EOHHS") and UnitedHealthcare Insurance Company (the "Contractor").

WHEREAS, EOHHS and Contractor entered into an Agreement for Medicaid Managed Care Dental Services for the Medicaid Rite Smiles Program on the basis for Agreement in <u>LOI</u> #7599917 on July 1, 2020.

WHEREAS, as of effective date of this Amendment No. 5, the Agreement is hereby amended as follows:

ATTACHMENT E: CONTRACTOR'S MONTHLY CAPITATATION RATES FOR SFY2023

- 1. This Attachment is amended by <u>DELETING</u> the Attachment in its entirety and <u>REPLACING</u> it with a new ATTACHMENT E dated June 16, 2023 and the Attachment is now titled "ATTACHMENT E: CONTRACTOR'S MONTHLY CAPITATION RATES SFY 2024."
- 2. This Section is further amended by ADDING the capitation rate table, found on the next page, to ATTACHMENT E:

ATTACHMENT F: ACTUARIAL BASIS FOR CAPITATION RATES

3. This Attachment is amended by <u>DELETING</u> the Attachment in its entirety and <u>REPLACING</u> it with a new Attachment F dated June 16, 2023.

	% Change	9.0% (0.3%) 5.1% 8.7% 11.7% (36.2%) 3.9%
	SFY 2023 Capitation Rate	\$ 4.07 45.28 21.38 23.21 23.21 15.08 16.74 \$ 16.74
	SFY 2024 Capitation Rate	5.4.46 15.22 25.22 25.22 16.85 6.79 8.17.39
	emium Tax	\$ 0.08 0.30 0.50 0.50 0.34 0.14 \$ 0.35
	SFY 2024 Effective Rate Pr	\$4.37 14.93 22.52 24.72 16.51 6.65 \$17.05
ain Services Opment on	% Change	9.5% (0.3%) 5.1% 8.7% 11.7% (38.3%)
of Rhode Island If Health and Hun flation Rate Deve lies Dental Progre Change Summary	SFY 2023 Effective Rate	\$3.99 14.97 21.42 22.75 14.78 16.41
State SPY 2024 Cap Rite Str Rate	SFY 2024 Effective Rute	\$ 4.37 14.93 22.52 24.72 16.51 6.65 \$ 17.05
Δ.	Inderwriting Margin Ef	\$ 0.00 0.20 0.40 0.40 0.33 0.34 0.34
	Administrative Cost	\$0.44 1.52 2.23 2.53 2.53 1.68 0.67 \$1.73
		\$3.84 13.12 19.78 21.72 21.72 15.50 5.84 5.84
	est. Average Montfily Base Benefil Encolment Expense	16,383 18,507 32,050 32,661 30,478 15,674 145,743
	Perion: Statewide	Nte Smiles Age 0.2 Age 3.5 Age 6.10 Age 1115 Age 16-20 Age 16-20 Age 1724 Total Nte Smiles

Note: Values are rounded:

Milliman Amendment 5 – Effective Date July 1, 2023 Page 2 of 3

Page 1

Appendix 4

IN WITNESS HERETO, the parties have caused this Amendment 5 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 INSURANCE COMPANY:
Richard Charest Obate: 2023.07.18 09:16:37	Linda Thiery (Jul 6, 2023 09:29 (DT)
SIGNATURE	SIGNATURE
Richard Charest	Linda Thiery
NAME	NAME
Secretary	UHIC CFO
TITLE	TITLE
	07/06/2023
DATE	DATE