

NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND

AMENDMENT NO. 12

THIS AGREEMENT, AMENDMENT NO. 12, 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. 12.

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

ARTICLE II: HEALTH PLAN PROGRAM STANDARDS

- Section 2.15.01.01 - Fee Schedule Increase, Adoption of Minimum/Maximum Fee Schedule and State Directed Payment Requirements** is amended by REPLACING the State directed payments table with the table shown below:

| State Directed Payment Description | State Directed Payment Requirement | Effective Date | | | | | | | | | | |
|---|---|-----------------------|----------------------|-----------------------|----------|---------------------------|----------|-----------------------|----------|----------------------------|----------|----------|
| Ambulance rates | Pay no less than the fee-for-service fee schedule for the following non-emergency ambulance rates: <table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">CODE</td> <td style="text-align: right;">Minimum Fee Schedule</td> </tr> <tr> <td>A0426 - NEMT ALS.....</td> <td style="text-align: right;">\$134.67</td> </tr> <tr> <td>A0427 - Emergency AL.....</td> <td style="text-align: right;">\$213.23</td> </tr> <tr> <td>A0428 - NEMT BLS.....</td> <td style="text-align: right;">\$112.22</td> </tr> <tr> <td>A0429 - Emergency BLS.....</td> <td style="text-align: right;">\$179.56</td> </tr> </table> | CODE | Minimum Fee Schedule | A0426 - NEMT ALS..... | \$134.67 | A0427 - Emergency AL..... | \$213.23 | A0428 - NEMT BLS..... | \$112.22 | A0429 - Emergency BLS..... | \$179.56 | 7/1/2023 |
| CODE | Minimum Fee Schedule | | | | | | | | | | | |
| A0426 - NEMT ALS..... | \$134.67 | | | | | | | | | | | |
| A0427 - Emergency AL..... | \$213.23 | | | | | | | | | | | |
| A0428 - NEMT BLS..... | \$112.22 | | | | | | | | | | | |
| A0429 - Emergency BLS..... | \$179.56 | | | | | | | | | | | |
| Case Management Services for Kids | Pay no less than the fee-for service fee schedule | 7/1/2023 | | | | | | | | | | |
| Children’s Therapeutic | Pay no less than the fee-for-service fee schedule | 7/1/2023 | | | | | | | | | | |

| State Directed Payment Description | State Directed Payment Requirement | Effective Date |
|---|---|-----------------------|
| CTC payment | \$0.81 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. | 7/1/2023 |
| Early Intervention | Pay no less than the fee-for-service fee schedule | 7/1/2023 |
| Home Delivered Meals | Pay no less than the fee-for-service fee schedule | 7/1/2023 |
| Home Health | Pay no less than the fee-for-service fee schedule | 7/1/2023 |
| Hospital Inpatient and Outpatient Rates | 3.8% increase over prior year rates, including Level IV alcohol and drug detoxification program rates as described in the pre-print | 7/1/2023 |
| Hospital Separate Payment Term | Following CMS approval of this separate payment term, EOHHS will issue quarterly payments to the MCOs outside of the capitation rates, to be paid to hospitals in Rhode Island pursuant to the preprint. The payment will be based upon a uniform percentage increase based upon the estimated difference between Medicaid and the average commercial rate (ACR), adjusted downwards for available funding. The first three quarters will be paid out in an amount equal to 100% of the quarterly value. The last quarter will be paid out at 80% of the quarterly value, with the balance distributed to plans with the final reconciliation for the fiscal year, which will be completed in October, allowing for three full months of claims run-out. The final reconciliation will tie payments to actual utilization during the rating period. | 7/1/2023 |
| Labor and Delivery to hospitals | Pay no less than the fee-for-service base rate as illustrated in the inpatient fee schedule for the following AP-DRGs: 540-1 to 540-4, 541-1 to 541-4, 542-1 to 542-4, and 560-1 to 560-4. This adjustment replaces the previous legislatively directed 20% increase to these services. | 7/1/2022 |
| Nursing Home Rates | 6.9% increase over prior year rates, of which 1.5% is attributable to the provisions of 40-8-19(vi) related to minimum staffing, as described in the pre-print | 10/1/2023 |

| State Directed Payment Description | State Directed Payment Requirement | Effective Date |
|---|--|----------------|
| PCMH PMPM | \$3.00 PMPM for each member attributed to providers that meet the OHIC definition of PCMH as stated here . | 7/1/2023 |
| Pediatric Services | Pay no less than the fee-for-service fee schedule | 7/1/2023 |
| Personal Care Behavioral Health Certification Enhancement | Pay no less than the fee-for-service fee schedule | 7/1/2022 |
| Personal Care Shift Differential | MCOs must maintain this incremental \$0.19 per 15-minute increase to the shift differential modifier for personal care consistent with preprint. | 7/1/2022 |

ARTICLE III: CONTRACT TERMS AND CONDITIONS

2. **Section 3.07.08 Compliance Audit and Corrective Action** is amended by **REPLACING** the first sentence with the following: “The Annual Managed Care Appeals and Grievance Audit will consist of a focused review of key elements of the Contractor’s compliance program ([42 CFR § 438.608](#)) and will assess adherence to the Contractor’s written compliance plan including all relevant operating policies, procedures, workflows, and relevant chart of organization.”

ATTACHMENT A: SCHEDULE OF IN-PLAN BENEFITS

3. This Attachment is amended by **REPLACING** the second paragraph of the Family Planning Services Scope of Benefit language with the following: “Abortion Services, as medically necessary and to the extent permitted under RI General Law – RIGL §42-12.3-3.”

ATTACHMENT J: CONTRACTOR’S CAPITATION RATES SFY 2024

4. 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 August 10, 2023.”

[please see table on page 5]

ATTACHMENT L: RATE-SETTING PROCESS

5. 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

Amendment – July 1, 2023 through June 30, 2024 – Dated August 9, 2023 and State Fiscal Year 2024 Risk Adjustment Medicaid Managed Care Program dated August 10, 2023”.

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

6. This Attachment is amended by ***REPLACING*** the Triple Aim Approach table in the **Outpatient Services – Home and Community Based Services for Individuals under Age 21 Years of Age – 2. Goals** section with the table shown below:

| | |
|--------------------------------|---|
| Improve Care and Access | <ul style="list-style-type: none">• Improve overall health and quality of life of children and families• Improve family ability to manage symptoms/behaviors in the home• Improve ability for children to thrive in their communities |
| Reduce Cost | <ul style="list-style-type: none">• Decrease utilization of the ER• Decrease utilization of higher costs settings such as hospitals or residential placements• Encourage alternative payment methodologies for these services |
| Improve Quality | <ul style="list-style-type: none">• Promote evidence-based practices• Encourage provider incentives to improve quality of care |

ATTACHMENT Q: CARE MANAGEMENT PROTOCOLS FOR ALL MEMBERS

7. **Section 3.07.04 Other Special Populations** is amended by ***DELETING*** the first two (2) bullet points under the second paragraph and **REPLACING** them with the following:

- “The RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)
- The RI Department of Corrections (RIDOC)”

**State of Rhode Island
Executive Office of Health and Human Services
\$FY 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 | \$ 766.02 | 1.0000 | \$ 766.02 | 1.0000 | \$ 766.02 | \$ 0.00 | \$ 2.31 | \$ 15.68 | \$ 784.01 | 1.0001 | \$ 784.09 | \$ 3.92 | \$ 780.17 | \$ 693.25 | \$ 695.63 |
| RC - MF 1-5 | 17,929 | 231.11 | 0.9973 | 230.49 | 1.0023 | 231.02 | - | 2.31 | 4.76 | 238.09 | 1.0002 | 238.14 | 1.19 | 236.95 | 209.16 | 211.43 |
| RC - MF 6-14 | 33,620 | 211.22 | 0.9973 | 210.65 | 0.9986 | 210.36 | - | 2.31 | 4.34 | 217.01 | 0.9999 | 216.99 | 1.08 | 215.91 | 191.16 | 192.66 |
| RC - M 15-44 | 13,833 | 258.35 | 0.9896 | 255.66 | 1.0004 | 255.76 | 3.05 | 0.90 | 5.30 | 265.01 | 1.0000 | 265.01 | 1.33 | 263.68 | 235.75 | 234.29 |
| RC - F 15-44 | 33,787 | 394.55 | 0.9896 | 390.45 | 1.0009 | 390.80 | 4.91 | 0.37 | 8.08 | 404.16 | 1.0000 | 404.16 | 2.02 | 402.14 | 360.03 | 356.98 |
| RC - MF 45+ | 7,493 | 609.35 | 0.9896 | 603.01 | 0.9971 | 601.26 | 6.24 | - | 12.40 | 619.90 | 1.0000 | 619.90 | 3.10 | 616.80 | 556.03 | 548.65 |
| RC - EFP | 625 | 16.87 | 1.0000 | 16.87 | 1.0000 | 16.87 | - | - | 0.34 | 17.21 | 1.0000 | 17.21 | - | 17.21 | 14.93 | 14.93 |
| Rite Care - Composite | 110,563 | \$ 317.33 | | \$ 315.04 | | \$ 315.04 | \$ 2.30 | \$ 1.37 | \$ 6.50 | \$ 325.21 | | \$ 325.22 | \$ 1.62 | \$ 323.59 | \$ 286.64 | \$ 287.92 |
| Children with Special Healthcare Needs | | | | | | | | | | | | | | | | |
| CSHCN - Adoption Subsidy | 1,912 | \$ 796.43 | 1.0159 | \$ 809.09 | 1.0000 | \$ 809.09 | \$ 0.39 | \$ 2.05 | \$ 16.56 | \$ 828.09 | 0.9999 | \$ 828.01 | \$ 4.14 | \$ 823.87 | \$ 712.81 | \$ 726.12 |
| CSHCN - Katie Beckett | 30 | 4,036.94 | 1.0839 | 4,375.64 | 1.0811 | 4,730.50 | 0.56 | 1.96 | 96.59 | 4,829.61 | 1.0000 | 4,829.61 | 24.15 | 4,805.46 | 3,693.80 | 4,330.37 |
| 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 | 1,991.39 | 1.0839 | 2,158.47 | 1.0006 | 2,159.77 | - | 2.31 | 44.12 | 2,206.20 | 0.9999 | 2,205.98 | 11.03 | 2,194.95 | 1,822.12 | 1,978.30 |
| CSHCN - SSI >= 15 | 1,580 | 1,403.79 | 1.0839 | 1,521.57 | 0.9916 | 1,508.79 | 2.86 | 0.93 | 30.87 | 1,543.45 | 1.0000 | 1,543.45 | 7.72 | 1,535.73 | 1,284.47 | 1,381.48 |
| CSHCN - Substitute Care | 2,379 | 1,006.98 | 1.0000 | 1,006.98 | 1.0000 | 1,006.98 | 1.78 | 1.50 | 20.62 | 1,030.88 | 1.0000 | 1,030.88 | 5.15 | 1,025.73 | 901.24 | 902.74 |
| CSHCN - Composite | 7,840 | \$ 1,290.66 | | \$ 1,360.10 | | \$ 1,359.21 | \$ 1.21 | \$ 1.72 | \$ 27.80 | \$ 1,389.94 | | \$ 1,389.87 | \$ 6.95 | \$ 1,382.92 | \$ 1,170.96 | \$ 1,235.27 |
| Medicaid Expansion | | | | | | | | | | | | | | | | |
| ME - F 19-24 | 6,574 | \$ 332.71 | 0.9984 | \$ 332.18 | 0.9986 | \$ 331.71 | \$ 6.24 | \$ 0.00 | \$ 6.90 | \$ 344.85 | 1.0000 | \$ 344.85 | \$ 1.72 | \$ 343.13 | \$ 303.60 | \$ 302.69 |
| ME - F 25-29 | 3,913 | 484.33 | 0.9984 | 483.56 | 1.0027 | 484.87 | 6.24 | - | 10.02 | 501.13 | 1.0000 | 501.13 | 2.51 | 498.62 | 441.95 | 442.43 |
| ME - F 30-39 | 4,052 | 640.18 | 0.9984 | 639.16 | 1.0020 | 640.44 | 6.24 | - | 13.20 | 659.88 | 1.0000 | 659.88 | 3.30 | 656.58 | 584.16 | 584.40 |
| ME - F 40-49 | 3,587 | 788.50 | 0.9984 | 787.24 | 0.9965 | 786.06 | 6.24 | - | 16.17 | 808.47 | 1.0000 | 808.47 | 4.04 | 804.43 | 719.51 | 717.28 |
| ME - F 50-64 | 10,342 | 868.92 | 0.9984 | 867.53 | 0.9965 | 864.49 | 6.24 | - | 17.77 | 888.50 | 1.0000 | 888.50 | 4.44 | 884.06 | 792.89 | 788.85 |
| ME - M 19-24 | 7,156 | 229.93 | 0.9984 | 229.56 | 0.9997 | 229.49 | 6.24 | - | 4.81 | 240.54 | 1.0001 | 240.56 | 1.20 | 239.36 | 209.81 | 209.43 |
| ME - M 25-29 | 5,170 | 372.37 | 0.9984 | 371.77 | 1.0070 | 374.37 | 6.24 | - | 7.77 | 388.38 | 1.0000 | 388.38 | 1.94 | 386.44 | 339.79 | 341.62 |
| ME - M 30-39 | 8,145 | 573.31 | 0.9984 | 572.39 | 1.0058 | 575.71 | 6.24 | - | 11.88 | 593.63 | 1.0000 | 593.63 | 2.97 | 590.66 | 523.15 | 525.34 |
| ME - M 40-49 | 5,041 | 800.49 | 0.9984 | 799.21 | 1.0013 | 800.25 | 6.24 | - | 16.46 | 822.95 | 1.0000 | 822.95 | 4.11 | 818.84 | 730.45 | 730.23 |
| ME - M 50-64 | 8,412 | 900.58 | 0.9984 | 899.14 | 0.9977 | 897.07 | 6.24 | - | 18.43 | 921.74 | 1.0000 | 921.74 | 4.61 | 917.13 | 821.78 | 818.58 |
| Medicaid Expansion - Composite | 62,392 | \$ 614.54 | | \$ 613.55 | | \$ 613.54 | \$ 6.24 | \$ 0.00 | \$ 12.65 | \$ 632.43 | | \$ 632.44 | \$ 3.16 | \$ 629.27 | \$ 560.77 | \$ 559.86 |
| Rhody Health Partners | | | | | | | | | | | | | | | | |
| RHP - ID | 571 | \$ 1,363.55 | 1.0111 | \$ 1,378.69 | 1.0003 | \$ 1,379.10 | \$ 6.24 | \$ 0.00 | \$ 28.27 | \$ 1,413.61 | 1.0000 | \$ 1,413.61 | \$ 7.07 | \$ 1,406.54 | \$ 1,254.46 | \$ 1,268.76 |
| RHP - SPMI | 1,226 | 3,091.56 | 1.0111 | 3,125.88 | 0.9975 | 3,118.07 | 6.24 | - | 63.76 | 3,188.07 | 1.0000 | 3,188.07 | 15.94 | 3,172.13 | 2,844.23 | 2,868.61 |
| RHP - Other Disabled 21-44 | 2,035 | 1,413.24 | 1.0111 | 1,428.93 | 1.0078 | 1,440.08 | 6.24 | - | 29.52 | 1,475.84 | 1.0000 | 1,475.84 | 7.38 | 1,468.46 | 1,300.18 | 1,324.86 |
| RHP - Other Disabled 45+ | 3,547 | 2,028.56 | 1.0111 | 2,051.08 | 0.9983 | 2,047.59 | 6.24 | - | 41.91 | 2,095.74 | 1.0000 | 2,095.74 | 10.48 | 2,085.26 | 1,866.28 | 1,883.79 |
| RHP - Composite | 7,379 | \$ 1,984.02 | | \$ 2,006.05 | | \$ 2,006.18 | \$ 6.24 | \$ 0.00 | \$ 41.07 | \$ 2,053.49 | | \$ 2,053.49 | \$ 10.27 | \$ 2,043.22 | \$ 1,825.30 | \$ 1,845.68 |
| SOBRA | | | | | | | | | | | | | | | | |
| SOBRA | n/a | 18,180.13 | 1.0000 | 18,180.13 | 1.0000 | 18,180.13 | - | - | 371.02 | 18,551.15 | 1.0000 | 18,551.15 | - | 18,551.15 | 17,543.82 | 17,543.82 |
| All Populations - Composite | 188,174 | \$ 521.78 | | \$ 523.87 | | \$ 523.83 | \$ 3.72 | \$ 0.88 | \$ 10.78 | \$ 539.21 | | \$ 539.21 | \$ 2.69 | \$ 536.51 | \$ 475.89 | \$ 478.64 |

Notes:
 1. January 2023 Enrollment reflects all members fully eligible as of January 2023, including those who were not scored.
 2. CSHCN - Katie Beckett Case Management and 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 12 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)

(Printed Name)

(Printed Name)

(Title)

(Title)

(Date)

(Date)