

NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND

AMENDMENT NO. 9B

THIS AGREEMENT, AMENDMENT NO. 9B, 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. 9B.

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

ATTACHMENT J: CONTRACTOR’S CAPITATION RATES

1. This Attachment is amended by **DELETING** the Attachment in its entirety and **REPLACING** it with a new ATTACHMENT J “State Fiscal Year 2023 Risk Adjustment Medicaid Managed Care Program dated August 10, 2023”.

[please see table on next page]

ATTACHMENT L: RATE-SETTING PROCESS

2. This Attachment is amended by **DELETING** the Attachment in its entirety and **REPLACING** it with a new ATTACHMENT L “State Fiscal Year 2023 Medicaid Managed Care Capitation Rate Second Amendment – July 1, 2022 through June 30, 2023 – Dated August 9, 2023” and “State Fiscal Year 2023 Risk Adjustment Medicaid Managed Care Program dated August 10, 2023”.

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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	0.5% 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	\$ 3.25	\$ 646.96	\$ 577.71	\$ 580.06
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	0.9985	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	262.25	1.0004	262.35	1.71	0.90	5.41	270.37	1.0000	270.37	1.35	269.02	244.58	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	105,388	\$ 314.39		\$ 311.33		\$ 311.35	\$ 1.26	\$ 1.39	\$ 6.41	\$ 320.41		\$ 320.41	\$ 1.60	\$ 318.81	\$ 287.53	\$ 286.13
Children with Special Healthcare Needs																
CSHCN - Adoption Subsidy	1,747	\$ 756.70	0.9996	\$ 756.40	1.0000	\$ 756.40	\$ 0.18	\$ 2.09	\$ 15.48	\$ 774.15	0.9999	\$ 774.07	\$ 3.87	\$ 770.20	\$ 677.25	\$ 679.00
CSHCN - Katie Beckett	30	4,474.68	1.0594	4,740.48	1.0603	5,026.33	0.22	2.06	102.62	5,131.23	1.0000	5,131.23	25.66	5,105.57	4,094.33	4,601.14
CSHCN - SSI < 15	1,925	1,981.19	1.0594	2,098.87	0.9998	2,098.45	-	2.29	42.87	2,143.61	1.0000	2,143.61	10.72	2,132.89	1,812.79	1,922.38
CSHCN - SSI >= 15	1,528	1,375.97	1.0594	1,457.70	0.9938	1,448.66	1.48	0.98	29.61	1,480.73	1.0000	1,480.73	7.40	1,473.33	1,259.01	1,326.51
CSHCN - Substitute Care	2,541	934.52	1.0000	934.52	1.0000	934.52	0.89	1.57	19.12	956.10	1.0000	956.10	4.78	951.32	836.40	837.97
CSHCN - Composite	7,771	\$ 1,254.29		\$ 1,300.47		\$ 1,299.69	\$ 0.62	\$ 1.75	\$ 26.57	\$ 1,328.64		\$ 1,328.62	\$ 6.64	\$ 1,321.98	\$ 1,138.16	\$ 1,181.45
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	3,535	472.71	1.0045	474.84	1.0025	476.03	3.56	-	9.79	489.38	1.0000	489.38	2.45	486.93	433.71	436.75
ME - F 30-39	3,569	719.82	1.0045	723.06	1.0014	724.07	3.56	-	14.85	742.48	1.0000	742.48	3.71	738.77	660.44	664.34
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	9,298	814.07	1.0045	817.73	0.9971	815.36	3.56	-	16.71	835.63	1.0000	835.63	4.18	831.45	746.91	748.09
ME - M 19-24	6,699	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	56,519	\$ 630.71		\$ 633.55		\$ 633.58	\$ 3.56	\$ 0.00	\$ 13.00	\$ 650.15		\$ 650.15	\$ 3.25	\$ 646.89	\$ 578.68	\$ 581.31
Rhody Health Partners																
RHP - ID	540	\$ 1,318.26	1.0252	\$ 1,351.48	0.9976	\$ 1,348.24	\$ 3.56	\$ 0.00	\$ 27.59	\$ 1,379.39	1.0000	\$ 1,379.39	\$ 6.90	\$ 1,372.49	\$ 1,219.39	\$ 1,247.12
RHP - SPMI	1,323	3,108.34	1.0252	3,186.67	0.9975	3,178.70	3.56	-	64.94	3,247.20	1.0000	3,247.20	16.24	3,230.96	2,875.22	2,940.31
RHP - Other Disabled 21-44	2,047	1,340.59	1.0252	1,374.37	1.0077	1,384.95	3.56	-	28.34	1,416.85	1.0000	1,416.85	7.08	1,409.77	1,240.05	1,281.09
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	1,875.61
RHP - Composite	7,558	\$ 1,957.16		\$ 2,006.48		\$ 2,006.54	\$ 3.56	\$ 0.00	\$ 41.02	\$ 2,051.12		\$ 2,051.12	\$ 10.25	\$ 2,040.87	\$ 1,810.37	\$ 1,856.06
SOBRA																
SOBRA	n/a	16,358.07	1.0000	16,358.07	1.0000	16,358.07	-	-	333.84	16,691.91	1.0000	16,691.91	-	16,691.91	15,785.54	15,785.54
All Populations - Composite	177,236	\$ 526.53		\$ 529.74		\$ 529.73	\$ 2.06	\$ 0.90	\$ 10.87	\$ 543.57		\$ 543.57	\$ 2.72	\$ 540.85	\$ 482.61	\$ 486.46

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.

IN WITNESS HERETO, the parties have caused this Amendment 9B 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)