

## TUFTS HEALTH PUBLIC PLANS

### AMENDMENT NO. 9B

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**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 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. 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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Tufts Health Plan Risk Adjusted Rates																
Rate Cell	January 2022 Enrollment	Effective Rate Less CTC PMPM	Adjusted Risk Score	Initial Risk Adjusted Rate	Initial 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
<b>Rite Care</b>																
RC - MF<1	469	\$ 634.85	1.0000	\$ 634.85	1.0000	\$ 634.85	\$ 0.00	\$ 0.53	\$ 12.97	\$ 648.35	1.0001	\$ 648.41	\$ 3.24	\$ 645.17	\$ 577.71	\$ 578.30
RC - MF 1-5	1,987	225.21	0.8771	197.53	1.0026	198.04	-	0.53	4.06	202.62	1.0001	202.64	1.01	201.63	204.94	180.77
RC - MF 6-14	1,970	208.10	0.8771	182.52	0.9985	182.26	-	0.53	3.73	186.51	0.9999	186.40	0.93	185.56	189.37	166.36
RC - M 15-44	980	266.57	0.9100	242.58	1.0004	242.88	1.71	0.21	4.99	249.59	1.0000	249.59	1.25	248.34	244.58	222.87
RC - F 15-44	2,312	411.86	0.9100	374.79	1.0010	375.16	2.79	0.09	7.72	385.78	1.0000	385.76	1.93	383.83	377.88	344.30
RC - MF 45+	409	587.11	0.9100	534.27	0.9969	532.81	3.56	-	10.94	547.11	1.0000	547.11	2.74	544.37	538.68	488.88
RC - EFP	39	17.79	1.0000	17.79	1.0000	17.79	-	-	0.38	18.15	1.0000	18.15	-	18.15	15.75	15.75
<b>Rite Care - Composite</b>	<b>8,154</b>	<b>\$ 319.12</b>		<b>\$ 290.15</b>		<b>\$ 290.24</b>	<b>\$ 1.17</b>	<b>\$ 0.34</b>	<b>\$ 5.95</b>	<b>\$ 297.71</b>		<b>\$ 297.71</b>	<b>\$ 1.49</b>	<b>\$ 296.22</b>	<b>\$ 291.73</b>	<b>\$ 265.68</b>
<b>Children with Special Healthcare Needs</b>																
CSHCN - Adoption Subsidy	21	\$ 756.70	0.9600	\$ 726.43	1.0000	\$ 726.43	\$ 0.18	\$ 0.48	\$ 14.84	\$ 741.93	0.9999	\$ 741.86	\$ 3.71	\$ 738.15	\$ 677.25	\$ 650.57
CSHCN - Katie Beckett	9	4,474.68	0.8668	3,878.85	1.0603	4,112.53	0.22	0.47	83.94	4,197.16	1.0000	4,197.16	20.99	4,176.17	4,094.33	3,763.44
CSHCN - SSI < 15	40	1,981.19	0.8668	1,717.30	0.9998	1,716.96	-	0.53	38.05	1,752.54	1.0000	1,752.54	8.76	1,743.78	1,812.79	1,571.55
CSHCN - SSI >= 15	17	1,375.97	0.8668	1,192.89	0.9938	1,185.30	1.48	0.22	24.22	1,211.22	1.0000	1,211.22	6.06	1,205.16	1,256.01	1,084.76
CSHCN - Substitute Care	-	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
<b>CSHCN - Composite</b>	<b>87</b>	<b>\$ 1,825.31</b>		<b>\$ 1,599.20</b>		<b>\$ 1,621.80</b>	<b>\$ 0.36</b>	<b>\$ 0.45</b>	<b>\$ 33.11</b>	<b>\$ 1,655.72</b>		<b>\$ 1,655.70</b>	<b>\$ 8.28</b>	<b>\$ 1,647.42</b>	<b>\$ 1,666.51</b>	<b>\$ 1,480.87</b>
<b>Medicaid Expansion</b>																
ME - F 19-24	698	\$ 323.42	0.8721	\$ 282.05	0.9987	\$ 281.68	\$ 3.56	\$ 0.00	\$ 5.82	\$ 291.06	1.0000	\$ 291.06	\$ 1.46	\$ 289.60	\$ 296.74	\$ 258.45
ME - F 25-29	629	472.71	0.8721	412.25	1.0025	413.28	3.56	-	8.51	425.35	1.0000	425.35	2.13	423.22	433.71	379.19
ME - F 30-39	613	719.82	0.8721	627.78	1.0014	628.64	3.56	-	12.90	645.10	1.0000	645.10	3.23	641.87	660.44	576.78
ME - F 40-49	412	859.30	0.8721	749.40	0.9980	748.35	3.56	-	15.35	767.26	1.0000	767.26	3.84	763.42	788.41	686.61
ME - F 50-64	1,047	814.07	0.8721	709.95	0.9971	707.89	3.56	-	14.52	725.87	1.0000	725.87	3.63	722.34	746.91	649.49
ME - M 19-24	654	245.78	0.8721	214.34	1.0002	214.38	3.56	-	4.45	222.39	1.0000	222.39	1.11	221.28	225.51	196.71
ME - M 25-29	1,043	409.42	0.8721	357.06	1.0059	359.17	3.56	-	7.40	370.13	1.0000	370.13	1.85	368.28	375.64	329.53
ME - M 30-39	1,485	646.39	0.8721	563.72	1.0046	566.31	3.56	-	11.63	581.50	1.0000	581.50	2.91	578.59	593.07	519.80
ME - M 40-49	676	840.40	0.8721	732.91	1.0006	733.35	3.56	-	15.04	751.95	1.0000	751.95	3.76	748.19	771.07	672.85
ME - M 50-64	1,037	938.06	0.8721	818.08	0.9982	816.61	3.56	-	18.74	836.81	1.0000	836.81	4.18	832.73	860.67	749.24
<b>Medicaid Expansion - Composite</b>	<b>8,494</b>	<b>\$ 624.96</b>		<b>\$ 545.03</b>		<b>\$ 545.40</b>	<b>\$ 3.56</b>	<b>\$ 0.00</b>	<b>\$ 11.20</b>	<b>\$ 560.16</b>		<b>\$ 560.16</b>	<b>\$ 2.80</b>	<b>\$ 557.36</b>	<b>\$ 573.40</b>	<b>\$ 500.41</b>
<b>Rhody Health Partners</b>																
RHP - ID	39	\$ 1,318.26	0.8048	\$ 1,060.94	0.9976	\$ 1,058.39	\$ 3.56	\$ 0.00	\$ 21.67	\$ 1,083.62	1.0000	\$ 1,083.62	\$ 5.42	\$ 1,078.20	\$ 1,219.39	\$ 979.01
RHP - SPMI	78	3,108.34	0.8048	2,501.59	0.9975	2,495.34	3.56	-	51.00	2,549.90	1.0000	2,549.90	12.75	2,537.15	2,875.22	2,308.20
RHP - Other Disabled 21-44	340	1,340.59	0.8048	1,078.91	1.0077	1,087.22	3.56	-	22.26	1,113.04	1.0000	1,113.04	5.57	1,107.47	1,240.05	1,005.67
RHP - Other Disabled 45+	258	1,980.22	0.8048	1,593.68	0.9988	1,591.77	3.56	-	32.56	1,627.89	1.0000	1,627.89	8.14	1,619.75	1,831.70	1,472.38
<b>RHP - Composite</b>	<b>715</b>	<b>\$ 1,763.02</b>		<b>\$ 1,418.88</b>		<b>\$ 1,421.32</b>	<b>\$ 3.56</b>	<b>\$ 0.00</b>	<b>\$ 29.08</b>	<b>\$ 1,453.96</b>		<b>\$ 1,453.96</b>	<b>\$ 7.27</b>	<b>\$ 1,446.69</b>	<b>\$ 1,630.80</b>	<b>\$ 1,314.72</b>
<b>SOBRA</b>																
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
<b>All Populations - Composite</b>	<b>17,450</b>	<b>\$ 334.66</b>		<b>\$ 466.99</b>		<b>\$ 467.43</b>	<b>\$ 2.43</b>	<b>\$ 0.16</b>	<b>\$ 9.59</b>	<b>\$ 479.61</b>		<b>\$ 479.61</b>	<b>\$ 2.40</b>	<b>\$ 477.21</b>	<b>\$ 490.56</b>	<b>\$ 428.98</b>

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:**

**TUFTS HEALTH PUBLIC PLANS:**

BY:

BY:

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(Signature)

\_\_\_\_\_  
(Signature)

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(Printed Name)

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(Printed Name)

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