

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 SFY 2024 Risk Adjustment Tuition 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	424	\$ 766.02	1.0000	\$ 766.02	1.0000	\$ 766.02	\$ 0.00	\$ 0.52	\$ 15.64	\$ 782.18	1.0001	\$ 782.26	\$ 3.91	\$ 778.35	\$ 693.25	\$ 693.84
RC - MF 1-5	2,353	231.11	0.9065	209.50	1.0023	209.98	-	0.52	4.30	214.80	1.0002	214.84	1.07	213.77	209.16	190.60
RC - MF 6-14	2,444	211.22	0.9065	191.47	0.9986	191.20	-	0.52	3.91	195.63	0.9999	195.61	0.98	194.63	191.16	173.55
RC - M 15-44	1,173	258.35	0.9053	233.88	1.0004	233.97	3.05	0.20	4.84	242.06	1.0000	242.06	1.21	240.85	235.75	213.71
RC - F 15-44	2,846	394.55	0.9053	357.19	1.0009	357.51	4.91	0.08	7.40	369.90	1.0000	369.90	1.85	368.05	360.03	326.31
RC - MF 45+	519	609.35	0.9053	551.64	0.9971	550.04	6.24	-	11.35	567.63	1.0000	567.63	2.84	564.79	556.03	501.91
RC - EFP	33	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	9,792	\$ 319.40		\$ 292.43		\$ 292.50	\$ 2.12	\$ 0.32	\$ 6.02	\$ 300.96		\$ 300.97	\$ 1.50	\$ 299.47	\$ 290.39	\$ 266.26
Children with Special Healthcare Needs																
CSHCN - Adoption Subsidy	20	\$ 796.43	0.9548	\$ 760.43	1.0000	\$ 760.43	\$ 0.39	\$ 0.46	\$ 15.54	\$ 776.82	0.9999	\$ 776.74	\$ 3.88	\$ 772.86	\$ 712.81	\$ 680.98
CSHCN - Katie Beckett	8	4,036.94	0.9244	3,731.75	1.0811	4,034.39	0.56	0.44	82.35	4,117.74	1.0000	4,117.74	20.59	4,097.15	3,693.80	3,691.91
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	56	1,991.39	0.9244	1,840.84	1.0006	1,841.94	-	0.52	37.60	1,880.06	0.9999	1,879.87	9.40	1,870.47	1,822.12	1,685.73
CSHCN - SSI → 15	16	1,403.79	0.9244	1,297.66	0.9916	1,286.76	2.86	0.21	26.32	1,316.15	1.0000	1,316.15	6.58	1,309.57	1,284.47	1,177.60
CSHCN - Substitute Care	-	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	100	\$ 1,822.03		\$ 1,689.12		\$ 1,712.21	\$ 0.58	\$ 0.45	\$ 34.96	\$ 1,748.20		\$ 1,748.08	\$ 8.74	\$ 1,739.34	\$ 1,663.97	\$ 1,563.97
Medicaid Expansion																
ME - F 19-24	675	\$ 332.71	0.8657	\$ 288.03	0.9986	\$ 287.63	\$ 6.24	\$ 0.00	\$ 6.00	\$ 299.87	1.0000	\$ 299.87	\$ 1.50	\$ 298.37	\$ 303.60	\$ 262.46
ME - F 25-29	671	484.33	0.8657	419.28	1.0027	420.41	6.24	-	8.71	435.36	1.0000	435.36	2.18	433.18	441.95	383.63
ME - F 30-39	733	640.18	0.8657	554.20	1.0020	555.31	6.24	-	11.46	573.01	1.0000	573.01	2.87	570.14	584.16	506.72
ME - F 40-49	440	788.50	0.8657	682.60	0.9985	681.58	6.24	-	14.04	701.86	1.0000	701.86	3.51	698.35	719.51	621.95
ME - F 50-64	1,145	868.92	0.8657	752.22	0.9965	749.59	6.24	-	15.43	771.26	1.0000	771.26	3.86	767.40	792.89	684.00
ME - M 19-24	805	229.93	0.8657	199.05	0.9997	198.99	6.24	-	4.19	209.42	1.0001	209.44	1.05	208.39	209.81	181.60
ME - M 25-29	1,145	372.37	0.8657	322.36	1.0070	324.62	6.24	-	6.75	337.61	1.0000	337.61	1.69	335.92	339.79	296.22
ME - M 30-39	1,749	573.31	0.8657	496.31	1.0058	499.19	6.24	-	10.31	515.74	1.0000	515.74	2.58	513.16	523.15	455.52
ME - M 40-49	798	800.49	0.8657	692.98	1.0013	693.88	6.24	-	14.29	714.41	1.0000	714.41	3.57	710.84	730.45	633.17
ME - M 50-64	1,180	900.58	0.8657	779.63	0.9977	777.84	6.24	-	16.00	800.08	1.0000	800.08	4.00	796.08	821.78	709.77
Medicaid Expansion - Composite	9,341	\$ 607.68		\$ 526.06		\$ 526.50	\$ 6.24	\$ 0.00	\$ 10.87	\$ 543.61		\$ 543.61	\$ 2.72	\$ 540.89	\$ 554.51	\$ 480.43
Rhody Health Partners																
RHP - ID	51	\$ 1,363.55	0.8448	\$ 1,151.93	1.0003	\$ 1,152.28	\$ 6.24	\$ 0.00	\$ 23.64	\$ 1,182.16	1.0000	\$ 1,182.16	\$ 5.91	\$ 1,176.25	\$ 1,254.46	\$ 1,060.09
RHP - SPMI	74	3,091.56	0.8448	2,611.75	0.9975	2,605.22	6.24	-	53.30	2,664.76	1.0000	2,664.76	13.32	2,651.44	2,844.23	2,396.80
RHP - Other Disabled 21-44	366	1,413.24	0.8448	1,193.91	1.0078	1,203.22	6.24	-	24.58	1,234.14	1.0000	1,234.14	6.17	1,227.97	1,300.18	1,106.96
RHP - Other Disabled 45+	248	2,028.56	0.8448	1,713.73	0.9963	1,710.82	6.24	-	35.04	1,752.10	1.0000	1,752.10	8.76	1,743.34	1,866.26	1,573.95
RHP - Composite	739	\$ 1,784.36		\$ 1,507.43		\$ 1,510.44	\$ 6.24	\$ 0.00	\$ 30.55	\$ 1,547.63		\$ 1,547.63	\$ 7.74	\$ 1,539.89	\$ 1,641.62	\$ 1,389.60
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	19,972	\$ 515.96		\$ 453.65		\$ 454.12	\$ 4.19	\$ 0.16	\$ 9.36	\$ 467.82		\$ 467.83	\$ 2.34	\$ 465.49	\$ 470.80	\$ 414.43

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:**

TUFTS HEALTH PUBLIC PLANS:

BY:

BY:

(Signature)

(Signature)

(Printed Name)

(Printed Name)

(Title)

(Title)

(Date)

(Date)