## UNITEDHEALTHCARE OF NEW ENGLAND

## 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 Unitedhealthcare of New England (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 UNITEDHEALTHCARE OF NEW ENGLAND 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**

 This Attachment is amended by <u>DELETING</u> the Attachment in its entirety and <u>REPLACING</u> 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

 This Attachment is amended by <u>DELETING</u> the Attachment in its entirety and <u>REPLACING</u> 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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									ealthcare sted Rates							
	January 2022	Effective Rate Less CTC	Adjusted Risk	Initial Risk	Neutrality	Budget Neutral Risk Adjusted	Vaccine Assessment			Risk Adjusted	Budget Neutrality	Final Adjusted	0.5%	Adjusted Rate	Baseline Medical Expense Less	Adjusted Baseline Medical
Rate Cell	Enrollment	PMPM	Score	Adjusted Rate	Adjustment	Rate	PMPM	PMPM	PMPM	Full Rate	Adjustment	Rate	Withhold	Less Withhold	CTC	Expense
Rite Care																
RC - MF<1	1,415	\$ 634.85	1.0000	\$ 634.85	1.0000	\$ 634.85	\$ 0.00	\$ 2.22	\$ 13.00	\$ 650.07	1.0001	\$ 650.14	\$ 3.25	\$ 646.89	\$ 577.71	\$ 579.99
RC - MF 1-5	8,571	225.21	1.0191	229.51	1.0026	230.11	-	2.22	4.74	237.07	1.0001	237.09	1.19	235.90	204.94	211.63
RC - MF 6-14	16,079	208.10	1.0191	212.07	0.9985	211.75	-	2.22	4.37	218.34	0.9999	218.32	1.09	217.23	189.37	194.9
RC - M 15-44	6,677	266.57	1.0423	277.85	1.0004	277.96	1.71	0.88	5.73	286.28	1.0000	286.28	1.43	284.85	244.58	255.91
RC - F 15-44	15,720	411.86	1.0423	429.28	1.0010	429.71	2.79	0.37	8.83	441.70	1.0000	441.70	2.21	439.49	377.88	394.62
RC - MF 45+	4,301	587.11	1.0423	611.94	0.9969	610.04	3.56	-	12.52	626.12	1.0000	626.12	3.13	622.99	538.68	559.73
RC - EFP	276	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	53,039	\$ 319.75		\$ 330.24		\$ 330.23	\$ 1.33	\$ 1.31	\$ 6.79	\$ 339.66		\$ 339.66	\$ 1.70	\$ 337.96	\$ 292.49	\$ 303.40
Children with Special Healthcare Needs																
CSHCN - Adoption Subsidy	484	\$ 756,70	1.0033	\$ 759.20	1.0000	\$ 759.20	\$ 0.18	\$ 2.03	\$ 15.54	\$ 776.95	0,9999	\$ 776.87	\$ 3.88	\$ 772.99	\$ 677.25	\$ 681.44
CSHCN - Katie Beckett	36	4,474,68	0.8653	3.871.94	1.0603	4,105.42	0.22	2.00	83.83	4,191.47	1.0000	4,191,47	20.96	4,170.51	4.094.33	3,758,45
CSHCN - SSI < 15	806	1,981,19	0.8653	1,714.32	0.9998	1,713.98	-	2.22	35.02	1,751.22	1.0000	1,751.22	8.76	1,742.46	1,812.79	1,570.52
CSHCN - SSI >= 15	560	1,375.97	0.8653	1,190.63	0.9938	1,183.25	1.48	0.95	24.20		1.0000	1,209.88	6.05	1,203.83	1,259.01	1,083.62
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
CSHCN - Composite	1,886	\$ 1,534.84		\$ 1,354.90		\$ 1,357.02	\$ 0.49	\$ 1.79	\$ 27.74			\$ 1,387.02	\$ 6.94	\$ 1,380.08	\$ 1,400.50	\$ 1,239.55
Medicaid Expansion																
ME - F 19-24	3.472	\$ 323.42	1.0215	\$ 330.37	0.9987	\$ 329.94	\$ 3.56	\$ 0.00	\$ 6.81	\$ 340.31	1.0000	\$ 340.31	\$ 1.70	\$ 338.61	\$ 296,74	\$ 302.73
ME - F 25-29	2.257	472.71	1.0215	482.87	1.0025	484.08	3.56	• • • • •	9.95	497.59	1.0000	497.59	2.49	495.10	433.71	444.14
ME - F 30-39	2,470	719.82	1.0215	735.30	1.0014	736.33	3.56		15.10		1.0000	754.99	3.77	751.22	660.44	675.58
ME - F 40-49	2,141	859.30	1.0215	877.77	0.9986	876.54	3.56	-	17.96	898.06	1.0000	898.06	4.49	893.57	788.41	804.23
ME - F 50-64	6.582	814.07	1.0215	831.57	0.9971	829.16	3.56		16.99	849.71	1.0000	849.71	4.25	845.46	746.91	760.76
ME - M 19-24	3,581	245.78	1.0215	251.06	1.0002	251.11	3.56		5.20	259.87	1.0000	259.87	1.30	258.57	225.51	230.41
ME - M 25-29	2,831	409.42	1.0215	418.22	1.0059	420.69	3.56		8.66	432.91	1.0000	432.91	2.16	430.75	375.64	385,98
ME - M 30-39	4,559	646.39	1.0215	660.29	1.0046	663.33	3.56		13.61	680.50	1.0000	680.50	3.40	677.10	593.07	608.61
ME - M 40-49	2,839	840.40	1.0215	858.47	1.0006	858.99	3.56		17.60	880.15	1.0000	880.15	4.40	875.75	771.07	788.12
ME - M 50-64	5,812	938.06	1.0215	958.23	0.9982	956.51	3.56		19.59	979.66	1.0000	979.66	4.90	974.76	860.67	877.59
Medicaid Expansion - Composite	36,544	\$ 656.46	1.0210	\$ 670.57	0.8802	\$ 670.51	\$ 3.56	\$ 0.00	\$ 13.76		1.0000	\$ 687.83	\$ 3.44	\$ 684.39	\$ 602.31	\$ 615.20
Rhody Health Partners																
RHP - ID	369	\$ 1,318,26	0.9899	\$ 1,304.95	0.9976	\$ 1,301.82	\$ 3.56	\$ 0.00	\$ 26.64	\$ 1,332.02	1.0000	\$ 1,332.02	\$ 6.66	\$ 1,325.36	\$ 1,219.39	\$ 1,204.17
RHP - ID RHP - SPMI	1,164	\$ 1,318.20	0.9899	\$ 1,304.95	0.9975	\$ 1,301.82	\$ 3.50 3.56	\$ 0.00	\$ 20.04 62.71	3.135.53	1.0000	\$ 1,332.02	\$ 0.00 15.68	\$ 1,325.30	\$ 1,219.39	\$ 1,204.17 2,839.06
RHP - SPMI RHP - Other Disabled 21-44	1,104	3,108.34				3,009.20	3.50		27.36				15.08		2,875.22	2,839.06
RHP - Other Disabled 21-44 RHP - Other Disabled 45+	1,470	1,340.59	0.9899	1,327.05 1,960.22	1.0077	1,337.27	3.56	-	40.03	1,368.19 2.001.46	1.0000	1,368.19 2.001.46	0.84	1,361.35 1,991.45	1,240.05	1,236.98
RHP - Other Disabled 404 RHP - Composite	6,275	\$ 2,000.10	0.8688	\$ 1,979.90	0.8999	\$ 1,957.87	\$ 3.56	\$ 0.00	\$ 40.03	\$ 2,001.40	1.0000	\$ 2,023.50	\$ 10.12	\$ 2,013.39	\$ 1,850.10	\$ 1,811.02
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
			1.0000		1.0000		-	-			1.0000		-			
All Populations - Composite Notes:	97,744	\$ 576.96		\$ 583.16		\$ 583.14	\$ 2.29	\$ 0.75	\$ 11.96	\$ 598.14		\$ 598.14	\$ 2.99	\$ 595.15	\$ 529.70	\$ 536.11

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:	UNITEDHEALTHCARE OF NEV ENGLAND:						
BY:	BY:						
(Signature)	(Signature)						
(Printed Name)	(Printed Name)						
(Title)	(Title)						
(Date)	(Date)						