

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year 2024 Capitation Rate Development Medicaid Managed Care Program Rate Change Summary									
Region: Statewide	Projected Exposure	Base Benefit Expense	CTC Adjustment	Care Coordination	Administrative Cost Allowance	Underwriting Margin	SFY 2024 Effective Rate	Prior Effective Rate	% Change
Rite Care									
RC - MF<1	65,509	\$ 681.76	\$ 2.22	\$ 11.49	\$ 61.28	\$ 11.49	\$ 768.24	\$ 767.32	0.1%
RC - MF 1-5	344,352	205.69	2.22	3.47	18.49	3.46	233.33	232.88	0.2%
RC - MF 6-14	637,233	187.99	2.22	3.17	16.90	3.16	213.44	213.10	0.2%
RC - M 15-44	276,312	231.87	0.86	3.88	18.73	3.87	259.21	258.40	0.3%
RC - F 15-44	659,135	354.11	0.36	5.92	28.60	5.92	394.91	393.66	0.3%
RC - MF 45+	158,706	546.89	-	9.14	44.18	9.14	609.35	608.14	0.2%
RC - EFP	11,470	14.68	-	0.25	1.69	0.25	16.87	16.85	0.1%
Subtotal Rite Care	2,152,717	\$ 287.88	\$ 1.30	\$ 4.83	\$ 24.25	\$ 4.82	\$ 323.08	\$ 322.31	0.2%
Children with Special Healthcare Needs									
CSHCN - Adoption Subsidy	31,520	\$ 700.86	\$ 1.97	\$ 11.95	\$ 71.68	\$ 11.94	\$ 798.40	\$ 796.71	0.2%
CSHCN - Katie Beckett	960	3,633.25	1.88	60.55	282.59	60.55	4,038.82	4,038.01	0.0%
CSHCN - Katie Beckett Case Management	9,000	106.88	-	-	8.18	1.75	116.81	116.81	0.0%
CSHCN - SSI < 15	34,190	1,792.25	2.22	29.87	139.40	29.87	1,993.61	1,991.69	0.1%
CSHCN - SSI >= 15	26,276	1,263.41	0.89	21.06	98.27	21.05	1,404.68	1,400.59	0.3%
CSHCN - Substitute Care	28,962	886.14	1.50	15.10	90.63	15.11	1,008.48	1,002.93	0.6%
Subtotal Children with Special Healthcare Needs	130,908	\$ 1,120.48	\$ 1.58	\$ 18.69	\$ 96.08	\$ 18.81	\$ 1,255.63	\$ 1,252.67	0.2%
Medicaid Expansion									
ME - F 19-24	115,750	\$ 298.61	\$ 0.00	\$ 4.99	\$ 24.12	\$ 4.99	\$ 332.71	\$ 331.29	0.4%
ME - F 25-29	75,071	434.69	-	7.26	35.11	7.27	484.33	482.80	0.3%
ME - F 30-39	83,706	574.56	-	9.60	46.41	9.61	640.18	637.48	0.4%
ME - F 40-49	68,366	707.68	-	11.83	57.17	11.82	788.50	786.07	0.3%
ME - F 50-64	186,610	779.86	-	13.03	63.00	13.03	868.92	867.09	0.2%
ME - M 19-24	127,269	206.36	-	3.45	16.67	3.45	229.93	228.80	0.5%
ME - M 25-29	102,899	334.20	-	5.59	27.00	5.58	372.37	370.46	0.5%
ME - M 30-39	169,380	514.55	-	8.60	41.56	8.60	573.31	570.35	0.5%
ME - M 40-49	102,496	718.44	-	12.01	58.04	12.00	800.49	796.97	0.4%
ME - M 50-64	165,977	808.27	-	13.51	65.29	13.51	900.58	897.66	0.3%
Subtotal Medicaid Expansion	1,197,524	\$ 555.15	\$ 0.00	\$ 9.28	\$ 44.84	\$ 9.28	\$ 618.54	\$ 616.29	0.4%
Rhody Health Partners									
RHP - ID	12,848	\$ 1,234.01	\$ 0.00	\$ 20.45	\$ 88.63	\$ 20.46	\$ 1,363.55	\$ 1,358.19	0.4%
RHP - SPMI	28,558	2,797.86	-	46.37	200.95	46.38	3,091.56	3,076.01	0.5%
RHP - Other Disabled 21-44	46,049	1,278.98	-	21.20	91.86	21.20	1,413.24	1,404.78	0.6%
RHP - Other Disabled 45+	83,239	1,835.85	-	30.43	131.86	30.42	2,028.56	2,021.04	0.4%
Subtotal Rhody Health Partners	170,694	\$ 1,801.27	\$ 0.00	\$ 29.86	\$ 129.37	\$ 29.85	\$ 1,990.35	\$ 1,981.40	0.5%
SOBRA									
SOBRA	4,672	\$ 17,362.02	\$ 0.00	\$ 181.80	\$ 363.60	\$ 272.71	\$ 18,180.13	\$ 16,993.25	7.0%
Total	3,651,843	\$ 498.32	\$ 0.82	\$ 8.19	\$ 38.96	\$ 8.30	\$ 554.59	\$ 551.35	0.6%

1. Baseline medical expense for risk corridor reflects the sum of the base benefit expense, CTC adjustment, and care coordination.
2. The care coordination, administrative cost, and underwriting margin are illustrated as a percentage of the capitation effective rate (less the Care Transformation Collaborative PMPM add-on). Premium tax is applied as a percentage of the total capitation.
3. Prior capitation rates reflect the capitation rates contained in the "State Fiscal Year 2024 Medicaid Managed Care Capitation Rate Certification" dated June 23, 2023.

**State of Rhode Island
Executive Office of Health and Human Services
State Fiscal Year 2024 Capitation Rate Development
Medicaid Managed Care Program
Rate Change Summary**

Region: Statewide	SFY 2024 Effective Rate	Vaccine Assessment	Premium Tax	SFY 2024 Capitation Rate	Prior Capitation Rate	% Change	Withhold	SFY 2024 Net Capitation Rate	Hospital Directed Payment	Premium Tax Increase	SFY 2024 Capitation Rate with Separate Payment Term	Baseline Medical Expense for Risk Corridor
Rite Care												
RC - MF<1	\$ 768.24	\$ 0.00	\$ 15.68	\$ 783.92	\$ 782.98	0.1%	\$ (3.92)	\$ 780.00	\$ 138.82	\$ 2.83	\$ 925.57	\$ 695.47
RC - MF 1-5	233.33	-	4.76	238.09	237.63	0.2%	(1.19)	236.90	20.97	0.43	259.49	211.38
RC - MF 6-14	213.44	-	4.36	217.80	217.45	0.2%	(1.09)	216.71	25.98	0.53	244.31	193.38
RC - M 15-44	259.21	3.05	5.35	267.61	266.79	0.3%	(1.34)	266.27	35.76	0.73	304.10	236.61
RC - F 15-44	394.91	4.91	8.16	407.98	406.70	0.3%	(2.04)	405.94	49.24	1.00	458.22	360.39
RC - MF 45+	609.35	6.24	12.56	628.15	626.92	0.2%	(3.14)	625.01	72.97	1.49	702.61	556.03
RC - EFP	16.87	-	0.34	17.21	17.19	0.1%	-	17.21	1.11	0.03	18.35	14.93
Subtotal Rite Care	\$ 323.08	\$ 2.35	\$ 6.64	\$ 332.08	\$ 331.29	0.2%	\$ (1.66)	\$ 330.42	\$ 40.32	\$ 0.82	\$ 373.22	\$ 294.01
Children with Special Healthcare Needs												
CSHCN - Adoption Subsidy	\$ 798.40	\$ 0.39	\$ 16.30	\$ 815.09	\$ 813.37	0.2%	\$ (4.08)	\$ 811.01	\$ 130.06	\$ 2.66	\$ 947.81	\$ 714.78
CSHCN - Katie Beckett	4,038.82	0.56	82.44	4,121.82	4,120.99	0.0%	(20.61)	4,101.21	529.74	10.81	4,662.37	3,695.68
CSHCN - Katie Beckett Case Management	116.81	-	2.38	119.19	119.19	0.0%	-	119.19	-	-	119.19	106.88
CSHCN - SSI < 15	1,993.61	-	40.69	2,034.30	2,032.34	0.1%	(10.17)	2,024.13	247.23	5.04	2,286.57	1,824.34
CSHCN - SSI >= 15	1,404.68	2.86	28.73	1,436.27	1,432.09	0.3%	(7.18)	1,429.09	167.98	3.42	1,607.67	1,285.36
CSHCN - Substitute Care	1,008.48	1.78	20.62	1,030.88	1,025.21	0.6%	(5.15)	1,025.73	247.57	5.05	1,283.50	902.74
Subtotal Children with Special Healthcare Needs	\$ 1,255.63	\$ 1.07	\$ 25.65	\$ 1,282.35	\$ 1,279.32	0.2%	\$ (6.37)	\$ 1,275.98	\$ 188.26	\$ 3.84	\$ 1,474.45	\$ 1,140.75
Medicaid Expansion												
ME - F 19-24	\$ 332.71	\$ 6.24	\$ 6.92	\$ 345.87	\$ 344.42	0.4%	\$ (1.73)	\$ 344.14	\$ 34.75	\$ 0.71	\$ 381.33	\$ 303.60
ME - F 25-29	484.33	6.24	10.01	500.58	499.02	0.3%	(2.50)	498.08	53.82	1.10	555.50	441.95
ME - F 30-39	640.18	6.24	13.19	659.61	656.86	0.4%	(3.30)	656.31	85.01	1.74	746.36	584.16
ME - F 40-49	788.50	6.24	16.22	810.96	808.48	0.3%	(4.05)	806.91	99.64	2.03	912.63	719.51
ME - F 50-64	868.92	6.24	17.86	893.02	891.15	0.2%	(4.47)	888.55	110.85	2.26	1,006.13	792.89
ME - M 19-24	229.93	6.24	4.82	240.99	239.84	0.5%	(1.20)	239.79	29.04	0.59	270.62	209.81
ME - M 25-29	372.37	6.24	7.73	386.34	384.39	0.5%	(1.93)	384.41	50.11	1.02	437.47	339.79
ME - M 30-39	573.31	6.24	11.83	591.38	588.36	0.5%	(2.96)	588.42	85.00	1.73	678.11	523.15
ME - M 40-49	800.49	6.24	16.46	823.19	819.60	0.4%	(4.12)	819.07	129.14	2.64	954.97	730.45
ME - M 50-64	900.58	6.24	18.51	925.33	922.35	0.3%	(4.63)	920.70	134.88	2.75	1,062.96	821.78
Subtotal Medicaid Expansion	\$ 618.54	\$ 6.24	\$ 12.75	\$ 637.54	\$ 635.24	0.4%	\$ (3.19)	\$ 634.35	\$ 84.80	\$ 1.73	\$ 724.06	\$ 564.42
Rhody Health Partners												
RHP - ID	\$ 1,363.55	\$ 6.24	\$ 27.95	\$ 1,397.74	\$ 1,392.28	0.4%	\$ (6.99)	\$ 1,390.75	\$ 138.82	\$ 2.84	\$ 1,539.40	\$ 1,254.46
RHP - SPMI	3,091.56	6.24	63.22	3,161.02	3,145.15	0.5%	(15.81)	3,145.21	407.78	8.32	3,577.12	2,844.23
RHP - Other Disabled 21-44	1,413.24	6.24	28.97	1,448.45	1,439.82	0.6%	(7.24)	1,441.21	191.48	3.91	1,643.84	1,300.18
RHP - Other Disabled 45+	2,028.56	6.24	41.53	2,076.33	2,068.65	0.4%	(10.38)	2,065.95	309.41	6.31	2,392.05	1,866.28
Subtotal Rhody Health Partners	\$ 1,990.35	\$ 6.24	\$ 40.75	\$ 2,037.34	\$ 2,028.20	0.5%	\$ (10.19)	\$ 2,027.15	\$ 281.21	\$ 5.74	\$ 2,324.29	\$ 1,831.13
SOBRA												
SOBRA	\$ 18,180.13	\$ 0.00	\$ 371.02	\$ 18,551.15	\$ 17,340.05	7.0%	\$ 0.00	\$ 18,551.15	\$ 5,764.93	\$ 117.65	\$ 24,433.73	\$ 17,543.82
Total	\$ 554.59	\$ 3.76	\$ 11.40	\$ 569.75	\$ 566.44	0.6%	\$ (2.73)	\$ 567.02	\$ 78.84	\$ 1.61	\$ 650.20	\$ 507.33

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