

# NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND

## AMENDMENT NO. 14

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**THIS AGREEMENT, AMENDMENT NO. 14**, is made and entered into effective July 1, 2024, 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. 14.

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

### **ARTICLE II: HEALTH PLAN PROGRAM STANDARDS**

1. **Section 2.01.01.01.01 – Capitation Withhold and Adjusting Payments** is amended by **UPDATING** the first paragraph of the Section to the following:

“Effective July 1, 2018 EOHHS will withhold zero point five percent (0.5%) of monthly capitation amounts. EOHHS will consider the withhold, for the prorated period of July 1, 2018 through December 31, 2018, as earned due to the Contractor’s efforts in advancing the development of APMs. The withheld amounts will be repaid annually subject to the Contractor’s demonstration that it has achieved the threshold values in APM payments for the reporting period as set forth in Transitioning to Alternative Payment Methodologies: Requirements for Medicaid Managed Care Partners (for all contract periods beyond Contract Period 6 the thresholds for Contract Period 6 shall apply). Such demonstration will be based on the annual submission of the “Alternative Payment Methodology Reporting Template for Managed Care Organizations” (included as ATTACHMENT D to Transitioning to Alternative Payment Methodologies: Requirements for Medicaid Managed Care Partners) and EOHHS review of the submitted report. If the Contractor does not achieve the threshold value within the prescribed period, EOHHS will consider the amount forfeited and retained accordingly. Quarterly submissions and adjusting payments will be based on cumulative performance for the Contract Period.”

### **ATTACHMENT J: CONTRACTOR’S CAPITATION RATES SFY 2024**

2. This Attachment is amended by **DELETING** the Attachment in its entirety and **REPLACING** it with a new ATTACHMENT J “State Fiscal Year 2025 Risk Adjustment Medicaid Managed Care Program dated June 21, 2024” and the Attachment is now titled **“ATTACHMENT J; CONTRACTOR’S CAPITATION RATES SFY 2025.”**

*[please see table on page 3]*

**ATTACHMENT L: RATE-SETTING PROCESS**

- 3. This Attachment is amended by **DELETING** the Attachment in its entirety and **REPLACING** it with a new ATTACHMENT L “State Fiscal Year 2025 Medicaid Managed Care Capitation Rate Certification – July 1, 2024 through June 30, 2025 – Dated June 21, 2024 and State Fiscal Year 2025 Risk Adjustment Medicaid Managed Care Program dated June 21, 2024”.

**IN WITNESS HERETO**, the parties have caused this Amendment 14 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)

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(Title)

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(Title)

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(Date)

\_\_\_\_\_  
(Date)

**State of Rhode Island  
Executive Office of Health and Human Services  
SFY 2025 Risk Adjustment  
Neighborhood Health Plan  
Risk Adjusted Rates**

Rate Cell	May 2024 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
<b>Rite Care</b>																
RC - MF<1	3,211	\$ 838.89	1.0000	\$ 838.89	1.0000	\$ 838.89	\$ 0.00	\$ 2.41	\$ 17.17	\$ 858.47	1.0000	\$ 858.47	\$ 4.29	\$ 854.18	\$ 759.19	\$ 761.60
RC - MF 1-5	17,370	281.73	1.0056	283.31	1.0040	284.44	-	2.41	5.85	292.70	1.0002	292.76	1.46	291.30	254.97	259.89
RC - MF 6-14	34,106	227.65	1.0056	228.92	0.9974	228.32	-	2.41	4.71	235.44	1.0000	235.44	1.18	234.26	206.02	209.04
RC - M 15-44	12,285	278.36	0.9910	275.85	1.0006	276.02	2.45	0.94	5.70	285.11	1.0000	285.11	1.43	283.68	254.01	252.81
RC - F 15-44	30,228	420.78	0.9910	416.99	1.0011	417.45	3.94	0.40	8.61	430.40	1.0000	430.40	2.15	428.25	383.96	381.32
RC - MF 45+	6,149	620.06	0.9910	614.48	0.9965	612.33	5.04	-	12.60	629.97	1.0000	629.97	3.15	626.82	565.80	568.75
RC - EFP	999	13.23	1.0000	13.23	1.0000	13.23	-	-	0.27	13.50	1.0000	13.50	-	13.50	11.71	11.71
<b>Rite Care - Composite</b>	<b>104,348</b>	<b>\$ 338.45</b>		<b>\$ 337.41</b>		<b>\$ 337.42</b>	<b>\$ 1.73</b>	<b>\$ 1.49</b>	<b>\$ 6.95</b>	<b>\$ 347.59</b>		<b>\$ 347.60</b>	<b>\$ 1.74</b>	<b>\$ 345.86</b>	<b>\$ 307.73</b>	<b>\$ 308.29</b>
<b>Children with Special Healthcare Needs</b>																
CSHCN - Adoption Subsidy	2,013	\$ 751.20	1.0239	\$ 769.15	1.0000	\$ 769.15	\$ 0.46	\$ 2.11	\$ 15.75	\$ 787.47	0.9999	\$ 787.39	\$ 3.94	\$ 783.45	\$ 672.33	\$ 690.44
CSHCN - Katie Beckett	35	4,169.68	1.0539	4,394.43	1.0180	4,473.53	0.44	2.04	91.35	4,567.36	1.0000	4,567.36	22.84	4,544.52	3,815.26	4,095.32
CSHCN - Katie Beckett Case Management	n/a	87.54	1.0000	87.54	1.0000	87.54	-	1.79	89.33	89.33	1.0000	89.33	-	89.33	80.10	80.10
CSHCN - SSI < 15	1,845	2,248.58	1.0539	2,369.78	1.0010	2,372.15	-	2.41	48.46	2,423.02	0.9999	2,422.78	12.11	2,410.67	2,057.45	2,172.71
CSHCN - SSI >= 15	1,295	1,484.77	1.0539	1,564.80	0.9959	1,558.38	2.24	0.97	31.87	1,593.46	0.9999	1,593.30	7.97	1,585.33	1,358.56	1,426.75
CSHCN - Substitute Care	2,034	972.41	1.0000	972.41	1.0000	972.41	1.42	1.52	19.91	995.26	1.0000	995.26	4.98	990.28	870.31	871.83
<b>CSHCN - Composite</b>	<b>7,222</b>	<b>\$ 1,344.14</b>		<b>\$ 1,395.55</b>		<b>\$ 1,395.39</b>	<b>\$ 0.93</b>	<b>\$ 1.82</b>	<b>\$ 28.53</b>	<b>\$ 1,426.67</b>		<b>\$ 1,426.56</b>	<b>\$ 7.13</b>	<b>\$ 1,419.42</b>	<b>\$ 1,220.23</b>	<b>\$ 1,268.73</b>
<b>Medicaid Expansion</b>																
ME - F 19-24	5,232	\$ 337.72	1.0036	\$ 338.94	0.9968	\$ 337.86	\$ 5.04	\$ 0.00	\$ 7.00	\$ 349.90	1.0000	\$ 349.90	\$ 1.75	\$ 348.15	\$ 308.17	\$ 308.29
ME - F 25-29	2,906	462.33	1.0036	463.99	1.0021	464.96	5.04	-	9.59	479.59	1.0000	479.59	2.40	477.19	421.87	424.28
ME - F 30-39	3,273	667.58	1.0036	669.98	1.0013	670.85	5.04	-	13.79	689.68	1.0000	689.68	3.45	686.23	609.16	612.14
ME - F 40-49	2,849	857.21	1.0036	860.30	0.9983	858.84	5.04	-	17.63	881.51	1.0000	881.51	4.41	877.10	782.21	783.70
ME - F 50-64	7,703	886.52	1.0036	889.71	0.9976	887.57	5.04	-	18.22	910.83	1.0000	910.83	4.55	906.28	808.95	809.91
ME - M 19-24	5,678	203.23	1.0036	203.96	0.9980	203.55	5.04	-	4.26	212.85	0.9999	212.83	1.06	211.77	185.45	185.73
ME - M 25-29	4,073	358.64	1.0036	359.93	1.0046	361.59	5.04	-	7.48	374.11	1.0000	374.11	1.87	372.24	327.26	329.95
ME - M 30-39	6,852	541.19	1.0036	543.14	1.0056	546.18	5.04	-	11.25	562.47	1.0000	562.47	2.81	559.66	493.84	498.40
ME - M 40-49	4,455	777.40	1.0036	780.20	1.0011	781.06	5.04	-	16.04	802.14	1.0000	802.14	4.01	798.13	709.38	712.71
ME - M 50-64	6,482	894.58	1.0036	897.80	0.9988	896.72	5.04	-	18.40	920.16	1.0000	920.16	4.60	915.56	816.31	818.27
<b>Medicaid Expansion - Composite</b>	<b>49,503</b>	<b>\$ 609.08</b>		<b>\$ 611.28</b>		<b>\$ 611.31</b>	<b>\$ 5.04</b>	<b>\$ 0.00</b>	<b>\$ 12.58</b>	<b>\$ 628.92</b>		<b>\$ 628.92</b>	<b>\$ 3.14</b>	<b>\$ 625.78</b>	<b>\$ 555.79</b>	<b>\$ 557.82</b>
<b>Rhody Health Partners</b>																
RHP - ID	621	\$ 1,275.76	1.0145	\$ 1,294.26	1.0007	\$ 1,295.17	\$ 5.04	\$ 0.00	\$ 26.53	\$ 1,326.74	1.0000	\$ 1,326.74	\$ 6.63	\$ 1,320.11	\$ 1,176.89	\$ 1,194.79
RHP - SPMI	1,078	3,116.84	1.0145	3,162.03	0.9987	3,157.92	5.04	-	64.55	3,227.51	1.0000	3,227.51	16.14	3,211.37	2,875.28	2,913.18
RHP - Other Disabled 21-44	1,880	1,464.15	1.0145	1,485.38	1.0065	1,495.03	5.04	-	30.61	1,530.68	1.0000	1,530.68	7.65	1,523.03	1,350.68	1,379.17
RHP - Other Disabled 45+	3,289	2,105.28	1.0145	2,135.81	0.9980	2,131.54	5.04	-	43.60	2,180.18	1.0001	2,180.40	10.90	2,169.50	1,942.12	1,966.54
<b>RHP - Composite</b>	<b>6,868</b>	<b>\$ 2,013.55</b>		<b>\$ 2,042.75</b>		<b>\$ 2,042.78</b>	<b>\$ 5.04</b>	<b>\$ 0.00</b>	<b>\$ 41.79</b>	<b>\$ 2,089.61</b>		<b>\$ 2,089.72</b>	<b>\$ 10.45</b>	<b>\$ 2,079.27</b>	<b>\$ 1,857.50</b>	<b>\$ 1,884.56</b>
<b>SOBRA</b>																
SOBRA	n/a	18,387.57	1.0000	18,387.57	1.0000	18,387.57	-	-	375.26	18,762.83	1.0000	18,762.83	-	18,762.83	17,744.01	17,744.01
<b>All Populations - Composite</b>	<b>167,941</b>	<b>\$ 529.97</b>		<b>\$ 533.38</b>		<b>\$ 533.39</b>	<b>\$ 2.81</b>	<b>\$ 1.00</b>	<b>\$ 10.96</b>	<b>\$ 548.16</b>		<b>\$ 548.17</b>	<b>\$ 2.74</b>	<b>\$ 545.43</b>	<b>\$ 483.47</b>	<b>\$ 487.61</b>

Notes:  
 1. May 2024 Enrollment reflects all members fully eligible as of May 2024, including those who were not scored.  
 2. SOBRA Payments are excluded for purposes of the illustrated May 2024 composites.  
 3. Values have been rounded.