

TUFTS HEALTH PUBLIC PLANS

AMENDMENT NO. 14

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 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 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

1. 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

- 2. 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:**

TUFTS HEALTH PUBLIC PLANS:

BY:

BY:

(Signature)

(Signature)

(Printed Name)

(Printed Name)

(Title)

(Title)

(Date)

(Date)

**State of Rhode Island
Executive Office of Health and Human Services
SFY 2025 Risk Adjustment
Tufts 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
Rite Care																
RC - MF<1	288	\$ 838.89	1.0000	\$ 838.89	1.0000	\$ 838.89	\$ 0.00	\$ 0.49	\$ 17.13	\$ 856.51	1.0000	\$ 856.51	\$ 4.28	\$ 852.23	\$ 759.19	\$ 759.68
RC - MF 1-5	2,266	281.73	0.8289	233.53	1.0040	234.46	-	0.49	4.79	239.74	1.0002	239.79	1.20	238.59	254.97	212.72
RC - MF 6-14	2,703	227.65	0.8289	188.70	0.9974	188.21	-	0.49	3.85	192.55	1.0000	192.55	0.96	191.59	206.02	170.82
RC - M 15-44	990	278.36	0.8931	248.60	1.0006	248.75	2.45	0.19	5.13	256.52	1.0000	256.52	1.28	255.24	254.01	227.19
RC - F 15-44	2,482	420.78	0.8931	375.80	1.0011	376.21	3.94	0.08	7.76	387.99	1.0000	387.99	1.94	386.05	383.96	343.37
RC - MF 45+	383	620.06	0.8931	553.78	0.9965	551.84	5.04	-	11.36	568.24	1.0000	568.24	2.84	565.40	565.80	503.55
RC - EFP	69	13.23	1.0000	13.23	1.0000	13.23	-	-	0.27	13.50	1.0000	13.50	-	13.50	11.71	11.71
Rite Care - Composite	9,181	\$ 332.61		\$ 291.11		\$ 291.24	\$ 1.54	\$ 0.32	\$ 5.98	\$ 299.09		\$ 299.10	\$ 1.49	\$ 297.60	\$ 302.28	\$ 265.04
Children with Special Healthcare Needs																
CSHCN - Adoption Subsidy	24	\$ 751.20	0.9139	\$ 686.52	1.0000	\$ 686.52	\$ 0.46	\$ 0.43	\$ 14.03	\$ 701.44	0.9999	\$ 701.37	\$ 3.51	\$ 697.86	\$ 672.33	\$ 614.81
CSHCN - Katie Beckett	7	4,169.68	1.1186	4,664.20	1.0180	4,748.16	0.44	0.41	96.92	4,845.93	1.0000	4,845.93	24.23	4,821.70	3,815.26	4,344.98
CSHCN - Katie Beckett Case Management	n/a	87.54	1.0000	87.54	1.0000	87.54	-	-	1.79	89.33	1.0000	89.33	-	89.33	80.10	80.10
CSHCN - SSI < 15	62	2,248.58	1.1186	2,515.26	1.0010	2,517.78	-	0.49	51.39	2,569.66	0.9999	2,569.40	12.85	2,556.55	2,057.45	2,304.02
CSHCN - SSI >= 15	18	1,484.77	1.1186	1,660.86	0.9959	1,654.05	2.24	0.19	33.81	1,690.29	0.9999	1,690.12	8.45	1,681.67	1,358.56	1,513.50
CSHCN - Substitute Care	-	972.41	1.0000	972.41	1.0000	972.41	1.42	-	19.91	995.26	1.0000	995.26	4.98	990.28	870.31	871.83
CSHCN - Composite	111	\$ 1,922.11		\$ 2,116.82		\$ 2,122.42	\$ 0.49	\$ 0.42	\$ 43.33	\$ 2,166.67		\$ 2,166.48	\$ 10.83	\$ 2,155.65	\$ 1,755.48	\$ 1,939.30
Medicaid Expansion																
ME - F 19-24	320	\$ 337.72	0.8746	\$ 295.37	0.9968	\$ 294.42	\$ 5.04	\$ 0.00	\$ 6.11	\$ 305.57	1.0000	\$ 305.57	\$ 1.53	\$ 304.04	\$ 308.17	\$ 268.67
ME - F 25-29	408	462.33	0.8746	404.35	1.0021	405.20	5.04	-	8.37	418.61	1.0000	418.61	2.09	416.52	421.87	369.74
ME - F 30-39	446	667.58	0.8746	583.87	1.0013	584.63	5.04	-	12.03	601.70	1.0000	601.70	3.01	598.69	609.16	533.46
ME - F 40-49	263	857.21	0.8746	749.72	0.9983	748.45	5.04	-	15.38	768.87	1.0000	768.87	3.84	765.03	782.21	682.96
ME - F 50-64	653	886.52	0.8746	775.35	0.9976	773.49	5.04	-	15.89	794.42	1.0000	794.42	3.97	790.45	808.95	705.81
ME - M 19-24	416	203.23	0.8746	177.74	0.9980	177.38	5.04	-	3.72	186.14	0.9999	186.12	0.93	185.19	185.45	161.85
ME - M 25-29	665	358.64	0.8746	313.67	1.0046	315.11	5.04	-	6.53	326.68	1.0000	326.68	1.63	325.05	327.26	287.54
ME - M 30-39	1,283	541.19	0.8746	473.32	1.0056	475.97	5.04	-	9.82	490.83	1.0000	490.83	2.45	488.38	493.84	434.33
ME - M 40-49	565	777.40	0.8746	679.91	1.0011	680.66	5.04	-	13.99	699.69	1.0000	699.69	3.50	696.19	709.38	621.10
ME - M 50-64	715	894.58	0.8746	782.40	0.9988	781.46	5.04	-	16.05	802.55	1.0000	802.55	4.01	798.54	816.31	713.08
Medicaid Expansion - Composite	5,734	\$ 609.53		\$ 533.09		\$ 533.58	\$ 5.04	\$ 0.00	\$ 10.99	\$ 549.61		\$ 549.61	\$ 2.75	\$ 546.86	\$ 556.19	\$ 486.89
Rhody Health Partners																
RHP - ID	59	\$ 1,275.76	0.8584	\$ 1,095.11	1.0007	\$ 1,095.88	\$ 5.04	\$ 0.00	\$ 22.47	\$ 1,123.39	1.0000	\$ 1,123.39	\$ 5.62	\$ 1,117.77	\$ 1,176.89	\$ 1,010.95
RHP - SPMI	65	3,116.84	0.8584	2,675.50	0.9987	2,672.02	5.04	-	54.63	2,731.69	1.0000	2,731.69	13.66	2,718.03	2,875.28	2,464.93
RHP - Other Disabled 21-44	316	1,464.15	0.8584	1,256.83	1.0065	1,265.00	5.04	-	25.92	1,295.96	1.0000	1,295.96	6.48	1,289.48	1,350.68	1,166.96
RHP - Other Disabled 45+	176	2,105.28	0.8584	1,807.17	0.9980	1,803.56	5.04	-	36.91	1,845.51	1.0001	1,845.69	9.23	1,836.46	1,942.12	1,663.96
RHP - Composite	616	\$ 1,803.68		\$ 1,548.28		\$ 1,551.14	\$ 5.04	\$ 0.00	\$ 31.76	\$ 1,587.94		\$ 1,587.99	\$ 7.94	\$ 1,580.05	\$ 1,663.89	\$ 1,430.98
SOBRA																
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
All Populations - Composite	15,642	\$ 503.33		\$ 442.28		\$ 442.69	\$ 2.95	\$ 0.19	\$ 9.10	\$ 454.93		\$ 454.94	\$ 2.27	\$ 452.66	\$ 459.29	\$ 404.16

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.