

UNITED HEALTHCARE OF NEW ENGLAND

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 United Healthcare 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 UNITED HEALTHCARE 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. 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:**

**UNITED HEALTHCARE OF NEW
ENGLAND:**

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
UnitedHealthcare
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	1,115	\$ 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	7,032	281.73	1.0262	289.11	1.0040	290.27	-	2.41	5.97	298.65	1.0002	298.71	1.49	297.22	254.97	265.16
RC - MF 6-14	15,603	227.65	1.0262	233.61	0.9974	233.00	-	2.41	4.80	240.21	1.0000	240.21	1.20	239.01	206.02	213.28
RC - M 15-44	5,638	278.36	1.0365	288.52	1.0006	288.69	2.45	0.94	5.96	298.04	1.0000	298.04	1.49	296.55	254.01	264.38
RC - F 15-44	13,394	420.78	1.0365	436.14	1.0011	436.62	3.94	0.40	9.00	449.96	1.0000	449.96	2.25	447.71	383.96	398.81
RC - MF 45+	3,611	620.06	1.0365	642.69	0.9965	640.44	5.04	-	13.17	658.65	1.0000	658.65	3.29	655.36	565.80	584.40
RC - EFP	267	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	46,660	\$ 341.11		\$ 351.61		\$ 351.56	\$ 1.82	\$ 1.46	\$ 7.24	\$ 362.07		\$ 362.08	\$ 1.81	\$ 360.27	\$ 310.22	\$ 321.20
Children with Special Healthcare Needs																
CSHCN - Adoption Subsidy	500	\$ 751.20	0.9080	\$ 682.09	1.0000	\$ 682.09	\$ 0.46	\$ 2.11	\$ 13.97	\$ 698.63	0.9999	\$ 698.56	\$ 3.49	\$ 695.07	\$ 672.33	\$ 612.53
CSHCN - Katie Beckett	28	4,169.68	0.8587	3,580.50	1.0180	3,644.95	0.44	2.03	74.44	3,721.86	1.0000	3,721.86	18.61	3,703.25	3,815.26	3,337.16
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	774	2,248.58	0.8587	1,930.86	1.0010	1,932.79	-	2.41	39.49	1,974.69	0.9999	1,974.49	9.87	1,964.62	2,057.45	1,770.73
CSHCN - SSI >= 15	457	1,484.77	0.8587	1,274.97	0.9959	1,269.74	2.24	0.96	25.98	1,298.92	0.9999	1,298.79	6.49	1,292.30	1,358.56	1,162.66
CSHCN - Substitute Care	-	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
CSHCN - Composite	1,759	\$ 1,655.08		\$ 1,431.75		\$ 1,432.27	\$ 0.72	\$ 1.94	\$ 29.28	\$ 1,464.21		\$ 1,464.07	\$ 7.32	\$ 1,456.75	\$ 1,510.13	\$ 1,308.46
Medicaid Expansion																
ME - F 19-24	2,650	\$ 337.72	1.0181	\$ 343.83	0.9968	\$ 342.73	\$ 5.04	\$ 0.00	\$ 7.10	\$ 354.87	1.0000	\$ 354.87	\$ 1.77	\$ 353.10	\$ 308.17	\$ 312.75
ME - F 25-29	1,675	462.33	1.0181	470.70	1.0021	471.69	5.04	-	9.73	486.46	1.0000	486.46	2.43	484.03	421.87	430.41
ME - F 30-39	2,018	667.58	1.0181	679.66	1.0013	680.54	5.04	-	13.99	699.57	1.0000	699.57	3.50	696.07	609.16	621.00
ME - F 40-49	1,717	857.21	1.0181	872.73	0.9983	871.25	5.04	-	17.88	894.17	1.0000	894.17	4.47	889.70	782.21	795.02
ME - F 50-64	4,732	886.52	1.0181	902.57	0.9976	900.40	5.04	-	18.48	923.92	1.0000	923.92	4.62	919.30	808.95	821.61
ME - M 19-24	2,755	203.23	1.0181	206.91	0.9980	206.50	5.04	-	4.32	215.86	0.9999	215.84	1.08	214.76	185.45	188.41
ME - M 25-29	2,087	358.64	1.0181	365.13	1.0046	366.81	5.04	-	7.59	379.44	1.0000	379.44	1.90	377.54	327.26	334.71
ME - M 30-39	3,862	541.19	1.0181	550.99	1.0056	554.08	5.04	-	11.41	570.53	1.0000	570.53	2.85	567.68	493.84	505.60
ME - M 40-49	2,585	777.40	1.0181	791.47	1.0011	792.34	5.04	-	16.27	813.65	1.0000	813.65	4.07	809.58	709.38	723.01
ME - M 50-64	4,461	894.58	1.0181	910.77	0.9988	909.68	5.04	-	18.67	933.39	1.0000	933.39	4.67	928.72	816.31	830.09
Medicaid Expansion - Composite	28,542	\$ 633.53		\$ 644.99		\$ 644.97	\$ 5.04	\$ 0.00	\$ 13.27	\$ 663.28		\$ 663.28	\$ 3.32	\$ 659.96	\$ 578.10	\$ 588.54
Rhody Health Partners																
RHP - ID	358	\$ 1,275.76	0.9961	\$ 1,270.78	1.0007	\$ 1,271.67	\$ 5.04	\$ 0.00	\$ 26.06	\$ 1,302.77	1.0000	\$ 1,302.77	\$ 6.51	\$ 1,296.26	\$ 1,176.89	\$ 1,173.12
RHP - SPMI	956	3,116.84	0.9961	3,104.68	0.9987	3,100.64	5.04	-	63.38	3,169.06	1.0000	3,169.06	15.85	3,153.21	2,875.28	2,860.35
RHP - Other Disabled 21-44	1,271	1,464.15	0.9961	1,458.44	1.0065	1,467.92	5.04	-	30.06	1,503.02	1.0000	1,503.02	7.52	1,495.50	1,350.68	1,354.16
RHP - Other Disabled 45+	2,734	2,105.28	0.9961	2,097.07	0.9980	2,092.88	5.04	-	42.81	2,140.73	1.0001	2,140.94	10.70	2,130.24	1,942.12	1,930.87
RHP - Composite	5,319	\$ 2,078.06		\$ 2,069.95		\$ 2,069.40	\$ 5.04	\$ 0.00	\$ 42.33	\$ 2,116.77		\$ 2,116.88	\$ 10.58	\$ 2,106.30	\$ 1,917.01	\$ 1,909.12
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	82,280	\$ 582.92		\$ 587.55		\$ 587.49	\$ 3.12	\$ 0.87	\$ 12.07	\$ 603.55		\$ 603.56	\$ 3.02	\$ 600.54	\$ 532.67	\$ 537.69

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.