

NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND

AMENDMENT NO. 15B

THIS AGREEMENT, AMENDMENT NO. 15B, 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. 15B.

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

ATTACHMENT J: CONTRACTOR’S CAPITATION RATES SFY 2025

1. This Attachment is amended by **DELETING** the text in its entirety and **REPLACING** it with the following:

“Please see the attached Rate Book and Table:

State Fiscal Year 2025 Risk Adjustment Medicaid Managed Care Program Second Amendment dated February 5, 2025; and

July 2024 – September 2024 Risk Adjustment Second Amendment – Neighborhood Health Plan-Risk Adjusted Rates”.

[Please see Attachment A]

ATTACHMENT L: RATE-SETTING PROCESS

2. This Attachment is amended by **DELETING** the text in its entirety and **REPLACING** it with the following:

“Please see the attached Rate Books:

State Fiscal Year 2025 Medicaid Managed Care Capitation Rates Second Amendment – July 1, 2024 through June 30, 2025 – Dated February 5, 2025; and

State Fiscal Year 2025, Risk Adjustment Medicaid Managed Care Program Second Amendment dated February 5, 2025”.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK.

SIGNATURE PAGE TO FOLLOW.

IN WITNESS HERETO, the parties have caused this Amendment 15B 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)

(Title)

(Title)

(Date)

(Date)

Attachment A

July 2024 – September 2024

Risk Adjustment Second Amendment

Neighborhood Health Plan

Risk Adjusted Rates

State of Rhode Island
Executive Office of Health and Human Services
July 2024 - September 2024 Risk Adjustment Second Amendment
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
Rite Care																
RC - MF<1	3,211	\$ 844.24	1.0000	\$ 844.24	1.0000	\$ 844.24	\$ 0.00	\$ 2.41	\$ 17.28	\$ 863.93	1.0000	\$ 863.93	\$ 4.32	\$ 859.61	\$ 764.47	\$ 766.88
RC - MF 1-5	17,370	283.16	1.0056	284.75	1.0040	285.89	-	2.41	5.88	294.18	1.0002	294.24	1.47	292.77	256.37	261.30
RC - MF 6-14	34,106	228.60	1.0056	229.88	0.9974	229.28	-	2.41	4.73	236.42	0.9999	236.40	1.18	235.22	206.96	209.97
RC - M 15-44	12,285	280.71	0.9911	278.21	1.0005	278.35	2.45	0.94	5.75	287.49	1.0000	287.49	1.44	286.05	256.32	255.11
RC - F 15-44	30,228	424.26	0.9911	420.48	1.0010	420.90	3.94	0.40	8.68	433.92	1.0000	433.92	2.17	431.75	387.39	384.72
RC - MF 45+	6,149	626.77	0.9911	621.19	0.9965	619.02	5.04	-	12.74	636.80	1.0000	636.80	3.18	633.62	572.42	565.34
RC - EFP	999	13.56	1.0000	13.56	1.0000	13.56	-	-	0.28	13.84	1.0000	13.84	-	13.84	12.04	12.04
Rite Care - Composite	104,348	\$ 340.85		\$ 339.81		\$ 339.81	\$ 1.73	\$ 1.49	\$ 7.00	\$ 350.03		\$ 350.04	\$ 1.75	\$ 348.29	\$ 310.09	\$ 310.63
Children with Special Healthcare Needs																
CSHCN - Adoption Subsidy	2,013	\$ 752.82	1.0239	\$ 770.81	1.0000	\$ 770.81	\$ 0.46	\$ 2.11	\$ 15.78	\$ 789.16	0.9999	\$ 789.08	\$ 3.95	\$ 785.13	\$ 673.92	\$ 692.07
CSHCN - Katie Beckett	35	4,178.50	1.0539	4,403.72	1.0180	4,482.99	0.44	2.04	91.54	4,577.01	1.0000	4,577.01	22.89	4,554.12	3,823.94	4,104.63
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	2,254.15	1.0539	2,375.65	1.0010	2,378.03	-	2.41	48.58	2,429.02	0.9999	2,428.78	12.14	2,416.64	2,062.94	2,178.49
CSHCN - SSI >= 15	1,295	1,488.41	1.0539	1,568.64	0.9959	1,562.21	2.24	0.97	31.95	1,597.37	0.9999	1,597.21	7.99	1,589.22	1,362.15	1,430.51
CSHCN - Substitute Care	2,034	973.64	1.0000	973.64	1.0000	973.64	1.42	1.52	19.93	996.51	1.0000	996.51	4.98	991.53	871.52	873.04
CSHCN - Composite	7,222	\$ 1,347.06		\$ 1,398.59		\$ 1,398.43	\$ 0.93	\$ 1.82	\$ 28.59	\$ 1,429.77		\$ 1,429.66	\$ 7.15	\$ 1,422.51	\$ 1,223.10	\$ 1,271.72
Medicaid Expansion																
ME - F 19-24	5,232	\$ 343.69	1.0036	\$ 344.93	0.9967	\$ 343.79	\$ 5.04	\$ 0.00	\$ 7.12	\$ 355.95	1.0000	\$ 355.95	\$ 1.78	\$ 354.17	\$ 314.05	\$ 314.14
ME - F 25-29	2,906	470.98	1.0036	472.68	1.0020	473.63	5.04	-	9.77	488.44	1.0000	488.44	2.44	486.00	430.40	432.81
ME - F 30-39	3,273	677.62	1.0036	680.06	1.0013	680.94	5.04	-	14.00	699.98	1.0000	699.98	3.50	696.48	619.06	622.10
ME - F 40-49	2,849	870.95	1.0036	874.09	0.9982	872.52	5.04	-	17.91	895.47	1.0000	895.47	4.48	890.99	795.74	797.16
ME - F 50-64	7,703	904.50	1.0036	907.76	0.9976	905.58	5.04	-	18.58	929.20	1.0000	929.20	4.65	924.55	826.66	827.65
ME - M 19-24	5,678	206.80	1.0036	207.54	0.9979	207.10	5.04	-	4.33	216.47	1.0000	216.47	1.08	215.39	188.97	189.25
ME - M 25-29	4,073	364.88	1.0036	366.19	1.0045	367.84	5.04	-	7.61	380.49	1.0000	380.49	1.90	378.59	333.41	336.12
ME - M 30-39	6,852	548.04	1.0036	550.01	1.0055	553.04	5.04	-	11.39	569.47	1.0000	569.47	2.85	566.62	500.58	505.14
ME - M 40-49	4,455	785.89	1.0036	788.72	1.0010	789.51	5.04	-	16.22	810.77	1.0000	810.77	4.05	806.72	717.74	721.04
ME - M 50-64	6,482	910.62	1.0036	913.90	0.9987	912.71	5.04	-	18.73	936.48	1.0000	936.48	4.68	931.80	832.10	834.01
Medicaid Expansion - Composite	49,503	\$ 619.21		\$ 621.44		\$ 621.42	\$ 5.04	\$ 0.00	\$ 12.79	\$ 639.25		\$ 639.25	\$ 3.20	\$ 636.05	\$ 565.76	\$ 567.78
Rhody Health Partners																
RHP - ID	621	\$ 1,276.48	1.0145	\$ 1,294.99	1.0007	\$ 1,295.90	\$ 5.04	\$ 0.00	\$ 26.55	\$ 1,327.49	1.0000	\$ 1,327.49	\$ 6.64	\$ 1,320.85	\$ 1,177.59	\$ 1,195.51
RHP - SPMI	1,078	3,118.49	1.0145	3,163.71	0.9987	3,159.60	5.04	-	64.58	3,229.22	1.0000	3,229.22	16.15	3,213.07	2,876.91	2,914.84
RHP - Other Disabled 21-44	1,880	1,465.07	1.0145	1,486.31	1.0065	1,495.97	5.04	-	30.63	1,531.64	1.0000	1,531.64	7.66	1,523.98	1,351.58	1,380.09
RHP - Other Disabled 45+	3,289	2,106.86	1.0145	2,137.41	0.9981	2,133.35	5.04	-	43.64	2,182.03	1.0000	2,182.03	10.91	2,171.12	1,943.68	1,968.11
RHP - Composite	6,868	\$ 2,014.88		\$ 2,044.10		\$ 2,044.24	\$ 5.04	\$ 0.00	\$ 41.82	\$ 2,091.10		\$ 2,091.10	\$ 10.46	\$ 2,080.64	\$ 1,858.81	\$ 1,885.89
SOBRA																
SOBRA	n/a	18,475.38	1.0000	18,475.38	1.0000	18,475.38	-	-	377.05	18,852.43	1.0000	18,852.43	-	18,852.43	17,830.50	17,830.50
All Populations - Composite	167,941	\$ 534.63		\$ 538.05		\$ 538.05	\$ 2.81	\$ 1.00	\$ 11.06	\$ 552.92		\$ 552.92	\$ 2.77	\$ 550.15	\$ 488.05	\$ 492.18

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.