

**UNITEDHEALTHCARE OF NEW ENGLAND**

**AMENDMENT NO. 15B**

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**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 UnitedHealthcare 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 UnitedHealthcare 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. 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 – UnitedHealthcare- 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:**

**UNITEDHEALTHCARE OF NEW  
ENGLAND**

BY:

BY:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title)

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

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

## **Attachment A**

*July 2024 – September 2024*

*Risk Adjustment Second Amendment*

*UnitedHealthcare of New England*

*Risk Adjusted Rates*

**State of Rhode Island**  
**Executive Office of Health and Human Services**  
**July 2024 - September 2024 Risk Adjustment Second Amendment**  
**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
<b>Rite Care</b>																
RC - MF<1	1,115	\$ 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	7,032	283.16	1.0262	290.58	1.0040	291.74	-	2.41	6.00	300.15	1.0002	300.21	1.50	298.71	256.37	266.60
RC - MF 6-14	15,603	228.60	1.0262	234.59	0.9974	233.98	-	2.41	4.82	241.21	0.9999	241.19	1.21	239.98	206.96	214.22
RC - M 15-44	5,638	280.71	1.0364	290.93	1.0005	291.08	2.45	0.94	6.01	300.48	1.0000	300.48	1.50	298.98	256.32	266.72
RC - F 15-44	13,394	424.26	1.0364	439.70	1.0010	440.14	3.94	0.40	9.07	453.55	1.0000	453.55	2.27	451.28	387.39	402.29
RC - MF 45+	3,611	626.77	1.0364	649.58	0.9965	647.31	5.04	-	13.31	665.66	1.0000	665.66	3.33	662.33	572.42	591.18
RC - EFP	267	13.56	1.0000	13.56	1.0000	13.56	-	-	0.28	13.84	1.0000	13.84	-	13.84	12.04	12.04
<b>Rite Care - Composite</b>	<b>46,660</b>	<b>\$ 343.58</b>		<b>\$ 354.13</b>		<b>\$ 354.07</b>	<b>\$ 1.82</b>	<b>\$ 1.46</b>	<b>\$ 7.29</b>	<b>\$ 364.64</b>		<b>\$ 364.64</b>	<b>\$ 1.82</b>	<b>\$ 362.81</b>	<b>\$ 312.65</b>	<b>\$ 323.67</b>
<b>Children with Special Healthcare Needs</b>																
CSHCN - Adoption Subsidy	500	\$ 752.82	0.9080	\$ 683.56	1.0000	\$ 683.56	\$ 0.46	\$ 2.11	\$ 14.00	\$ 700.13	0.9999	\$ 700.06	\$ 3.50	\$ 696.56	\$ 673.92	\$ 613.97
CSHCN - Katie Beckett	28	4,178.50	0.8587	3,588.08	1.0180	3,652.67	0.44	2.03	74.59	3,729.73	1.0000	3,729.73	18.65	3,711.08	3,823.94	3,344.76
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	2,254.15	0.8587	1,935.64	1.0010	1,937.58	-	2.41	39.59	1,979.58	0.9999	1,979.38	9.90	1,969.48	2,062.94	1,775.45
CSHCN - SSI >= 15	457	1,488.41	0.8587	1,278.10	0.9959	1,272.86	2.24	0.96	26.04	1,302.10	0.9999	1,301.97	6.51	1,295.46	1,362.15	1,165.72
CSHCN - Substitute Care	-	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
<b>CSHCN - Composite</b>	<b>1,759</b>	<b>\$ 1,659.08</b>		<b>\$ 1,435.20</b>		<b>\$ 1,435.72</b>	<b>\$ 0.72</b>	<b>\$ 1.94</b>	<b>\$ 29.35</b>	<b>\$ 1,467.74</b>		<b>\$ 1,467.60</b>	<b>\$ 7.34</b>	<b>\$ 1,460.26</b>	<b>\$ 1,514.07</b>	<b>\$ 1,311.87</b>
<b>Medicaid Expansion</b>																
ME - F 19-24	2,650	\$ 343.69	1.0181	\$ 349.91	0.9967	\$ 348.76	\$ 5.04	\$ 0.00	\$ 7.22	\$ 361.02	1.0000	\$ 361.02	\$ 1.81	\$ 359.21	\$ 314.05	\$ 318.67
ME - F 25-29	1,675	470.98	1.0181	479.50	1.0020	480.46	5.04	-	9.91	495.41	1.0000	495.41	2.48	492.93	430.40	439.07
ME - F 30-39	2,018	677.62	1.0181	689.88	1.0013	690.78	5.04	-	14.20	710.02	1.0000	710.02	3.55	706.47	619.06	631.08
ME - F 40-49	1,717	870.95	1.0181	886.71	0.9982	885.11	5.04	-	18.17	908.32	1.0000	908.32	4.54	903.78	795.74	808.68
ME - F 50-64	4,732	904.50	1.0181	920.87	0.9976	918.66	5.04	-	18.85	942.55	1.0000	942.55	4.71	937.84	826.66	839.60
ME - M 19-24	2,755	206.80	1.0181	210.54	0.9979	210.10	5.04	-	4.39	219.53	1.0000	219.53	1.10	218.43	188.97	191.99
ME - M 25-29	2,087	364.88	1.0181	371.48	1.0045	373.15	5.04	-	7.72	385.91	1.0000	385.91	1.93	383.98	333.41	340.97
ME - M 30-39	3,862	548.04	1.0181	557.96	1.0055	561.03	5.04	-	11.55	577.62	1.0000	577.62	2.89	574.73	500.58	512.44
ME - M 40-49	2,585	785.89	1.0181	800.11	1.0010	800.91	5.04	-	16.45	822.40	1.0000	822.40	4.11	818.29	717.74	731.46
ME - M 50-64	4,461	910.62	1.0181	927.10	0.9987	925.89	5.04	-	19.00	949.93	1.0000	949.93	4.75	945.18	832.10	846.06
<b>Medicaid Expansion - Composite</b>	<b>28,542</b>	<b>\$ 644.11</b>		<b>\$ 655.77</b>		<b>\$ 655.69</b>	<b>\$ 5.04</b>	<b>\$ 0.00</b>	<b>\$ 13.48</b>	<b>\$ 674.22</b>		<b>\$ 674.22</b>	<b>\$ 3.37</b>	<b>\$ 670.85</b>	<b>\$ 588.52</b>	<b>\$ 599.10</b>
<b>Rhody Health Partners</b>																
RHP - ID	358	\$ 1,276.48	0.9961	\$ 1,271.50	1.0007	\$ 1,272.39	\$ 5.04	\$ 0.00	\$ 26.07	\$ 1,303.50	1.0000	\$ 1,303.50	\$ 6.52	\$ 1,296.98	\$ 1,177.59	\$ 1,173.82
RHP - SPMI	956	3,118.49	0.9961	3,106.33	0.9987	3,102.29	5.04	-	63.41	3,170.74	1.0000	3,170.74	15.85	3,154.89	2,876.91	2,861.96
RHP - Other Disabled 21-44	1,271	1,465.07	0.9961	1,459.36	1.0065	1,468.85	5.04	-	30.08	1,503.97	1.0000	1,503.97	7.52	1,496.45	1,351.58	1,355.06
RHP - Other Disabled 45+	2,734	2,106.86	0.9961	2,098.64	0.9981	2,094.65	5.04	-	42.85	2,142.54	1.0000	2,142.54	10.71	2,131.83	1,943.68	1,932.42
<b>RHP - Composite</b>	<b>5,319</b>	<b>\$ 2,079.44</b>		<b>\$ 2,071.32</b>		<b>\$ 2,070.88</b>	<b>\$ 5.04</b>	<b>\$ 0.00</b>	<b>\$ 42.36</b>	<b>\$ 2,118.28</b>		<b>\$ 2,118.28</b>	<b>\$ 10.59</b>	<b>\$ 2,107.69</b>	<b>\$ 1,918.36</b>	<b>\$ 1,910.47</b>
<b>SOBRA</b>																
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
<b>All Populations - Composite</b>	<b>82,280</b>	<b>\$ 588.17</b>		<b>\$ 592.88</b>		<b>\$ 592.81</b>	<b>\$ 3.12</b>	<b>\$ 0.87</b>	<b>\$ 12.18</b>	<b>\$ 608.98</b>		<b>\$ 608.97</b>	<b>\$ 3.04</b>	<b>\$ 605.93</b>	<b>\$ 537.83</b>	<b>\$ 542.92</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.