#### UNITEDHEALTHCARE OF NEW ENGLAND

#### **AMENDMENT NO. 16B**

THIS AGREEMENT, AMENDMENT NO. 16B, is made and entered into effective October 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. 16B.

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

### ARTICLE II: HEALTH PLAN PROGRAM STANDARDS

1. Section 2.06.01.12 Coverage of Complementary Alternative Medicine Services (CAM) is amended by <u>DELETING</u> the term "Chiropractor" from the first sentence.

#### ATTACHMENT A: SCHEDULE OF IN-PLAN BENEFITS

2. This Attachment is amended by <u>**DELETING**</u> the definition of Complementary Alternative Medicine Services and **REPLACING** with the following:

"Treatment from an acupuncturist, and/or massage therapist for the treatment of chronic pain as specified in section 2.06.01.12."

#### ATTACHMENT J: CONTRACTOR'S CAPITATION RATES SFY 2025

3. This Attachment is amended by <u>**DELETING**</u> the text in its entirety and <u>**REPLACING**</u> 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

October 2024 – June 2025 Risk Adjustment Second Amendment – UnitedHealthcare-Risk Adjusted Rates".

[Please see Attachment A]

#### ATTACHMENT L: RATE-SETTING PROCESS

4. This Attachment is amended by <u>**DELETING**</u> 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".

**IN WITNESS HERETO**, the parties have caused this Amendment 16B 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**

October 2024 – June 2025
Risk Adjustment Second Amendment
UnitedHealthcare of New England
Risk Adjusted Rates

# State of Rhode Island Executive Office of Health and Human Services October 2024 - June 2025 Risk Adjustment Second Amendment UnitedHealthcare

	Risk Adjusted Rates																	
Rate Cell	May 2024 Enrollment	Effective Rate Less CTC and CCBHC PPS PMPM	Adjusted Risk Score	Initial Risk Adjusted Rate	Initial Budget Neutrality Adjustment	Budget Neutral Risk Adjusted Rate	Vaccine Assessment PMPM	Adjusted CCBHC PPS 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 CCBHC PPS and CTC	Baseline Benefit Expense for Global Risk Corridor	Baseline Benefit Expense for CCBHC Risk Corridor
Rite Care																		
RC - MF<1	1.115	\$ 846.11	1.0000	\$ 846.11	1.0000	\$ 846.11	\$ 0.00	\$ 0.00	\$ 2.41	\$ 17.32	\$ 865.84	1.0000	\$ 865.84	\$ 4.33	\$ 861.51	\$ 766.16	\$ 768.57	\$ 0.00
RC - MF 1-5	7.032	292.06	1.0259	299.62	1.0040	300.82	-	2.73	2.41	6.24	312.20	1.0001	312.24	1.56	310.68	264.19	277.28	2.73
RC - MF 6-14	15,603	230.03	1.0259	235.99	0.9974	235.38	_	8.63	2.41	5.03	251.45	0.9998	251.40	1.26	250.14	207.29	223.11	8.63
RC - M 15-44	5,638	287.41	1.0353	297.56	1.0005	297.71	2.45	10.87	0.94	6.37	318.34	1.0000	318.34	1.59	316.75	261.82	283.01	10.87
RC - F 15-44	13.394	436.46	1.0353	451.87	1.0010	452.32	3.94	13.68	0.40	9.60	479.94	0.9999	479.90	2.40	477.50	397.82	426.31	13.68
RC - MF 45+	3.611	651.26	1.0353	674.25	0.9966	671.96	5.04	15.88	-	14.14	707.02	0.9999	706.95	3.53	703.42	594.54	629.26	15.88
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	-
RIte Care - Composite	46,660	\$ 351.65		\$ 362.21		\$ 362.16	\$ 1.82	\$ 9.77	\$ 1.46	\$ 7.66	\$ 382.86		\$ 382.83	\$ 1.91	\$ 380.91	\$ 319.35	\$ 340.10	\$ 9.77
Children with Special Healthcare Needs																		
CSHCN - Adoption Subsidy	500	\$ 764.52	0.9063	\$ 692.88	1.0000	\$ 692.88	\$ 0.46	\$ 11.77	\$ 2.11	\$ 14.43	\$ 721.65	0.9999	\$ 721.58	\$ 3.61	\$ 717.97	\$ 681.55	\$ 631.51	\$ 11.77
CSHCN - Katie Beckett	28	4,290.41	0.8595	3,687.61	1.0182	3,754.72	0.44	V	2.03	76.68	3,833.87	0.9983	3,827.35	19.14	3,808.21	3,924.16	3,430.40	· · · · · ·
CSHCN - Katie Beckett Case Management	n/a	92.10	1.0000	92.10	1.0000	92.10	-	-	-	1.88	93.98	1.0000	93.98	-	93.98	84.27	84.27	_
CSHCN - SSI < 15	774	2.355.31	0.8595	2.024.39	1.0009	2.026.21	_	29.08	2.41	41.99	2.099.69	1.0000	2.099.69	10.50	2.089.19	2.151.66	1.882.50	29.08
CSHCN - SSI >= 15	457	1.518.34	0.8595	1,305.01	0.9958	1,299,53	2.24	65.00	0.96	27.91	1,395.64	1.0001	1.395.78	6.98	1,388.80	1,383.10	1,249.86	65.01
CSHCN - Substitute Care	-	983.74	1.0000	983.74	1.0000	983.74	1.42	-	1.52	20.14	1.006.82	1.0000	1.006.82	5.03	1.001.79	874.67	876.19	-
CSHCN - Composite	1,759	\$ 1,716.48	1.0000	\$ 1,485.48	1.0000	\$ 1,485.93	\$ 0.72	\$ 33.03	\$ 1.94	\$ 31.05	\$ 1,552.67	1.0000	\$ 1,552.58	\$ 7.76	\$ 1,544.81	\$ 1,562.32	\$ 1,387.18	\$ 33.03
Medicaid Expansion																		
ME - F 19-24	2.650	\$ 354.95	1.0181	\$ 361.37	0.9966	\$ 360.14	\$ 5.04	\$ 17.95	\$ 0.00	\$ 7.82	\$ 390.95	1.0000	\$ 390.95	\$ 1.95	\$ 389.00	\$ 323.50	\$ 346.19	\$ 17.95
ME - F 25-29	1.675	499.94	1.0181	508.99	1.0020	510.01	5.04	16.58	-	10.85	542.48	1.0000	542.48	2.71	539.77	456.22	481.99	16.58
ME - F 30-39	2.018	711.33	1.0181	724.21	1.0013	725.15	5.04	39.38		15.71	785.28	0.9999	785.21	3.93	781.28	647.26	699.15	39.38
ME - F 40-49	1,717	909.70	1.0181	926.17	0.9981	924.41	5.04	43.67	-	19.86	992.98	1.0000	992.98	4.96	988.02	828.18	885.24	43.67
ME - F 50-64	4,732	938.27	1.0181	955.25	0.9975	952.86	5.04	18.26	-	19.92	996.08	0.9998	995.88	4.98	990.90	857.07	888.48	18.26
ME - M 19-24	2,755	213.96	1.0181	217.83	0.9978	217.35	5.04	14.82	-	4.84	242.05	0.9999	242.03	1.21	240.82	194.46	212.34	14.82
ME - M 25-29	2,087	382.23	1.0181	389.15	1.0045	390.90	5.04	30.76	-	8.71	435.41	1.0001	435.45	2.18	433.27	347.26	385.94	30.76
ME - M 30-39	3,862	581.08	1.0181	591.60	1.0056	594.91	5.04	36.40	-	12.99	649.34	0.9999	649.28	3.25	646.03	528.63	577.56	36.40
ME - M 40-49	2,585	824.83	1.0181	839.76	1.0010	840.60	5.04	42.17	-	18.12	905.93	0.9998	905.75	4.53	901.22	750.56	806.92	42.16
ME - M 50-64	4,461	946.21	1.0181	963.34	0.9987	962.09	5.04	23.51	-	20.22	1,010.86	0.9999	1,010.76	5.05	1,005.71	863.95	901.87	23.51
Medicaid Expansion - Composite	28,542	\$ 672.69		\$ 684.86		\$ 684.78	\$ 5.04	\$ 27.18	\$ 0.00	\$ 14.63	\$ 731.64		\$ 731.56	\$ 3.66	\$ 727.90	\$ 613.19	\$ 651.32	\$ 27.18
Rhody Health Partners																		
RHP - ID	358	\$ 1,287.99	0.9965	\$ 1,283.48	1.0008	\$ 1,284.51	\$ 5.04	\$ 78.48	\$ 0.00	\$ 27.92	\$ 1,395.95	1.0000	\$ 1,395.95	\$ 6.98	\$ 1,388.97	\$ 1,182.60	\$ 1,257.88	\$ 78.48
RHP - SPMI	956	2,896.30	0.9965	2,886.16	0.9986	2,882.12	5.04	734.45	-	73.91	3,695.52	1.0001	3,695.89	18.48	3,677.41	2,613.84	3,335.83	734.53
RHP - Other Disabled 21-44	1,271	1,442.94	0.9965	1,437.89	1.0067	1,447.52	5.04	183.25	-	33.38	1,669.19	1.0000	1,669.19	8.35	1,660.84	1,315.74	1,503.16	183.25
RHP - Other Disabled 45+	2,734	2,125.36	0.9965	2,117.92	0.9980	2,113.68	5.04	121.28	-	45.71	2,285.71	0.9998	2,285.25	11.43	2,273.82	1,949.36	2,059.52	121.26
RHP - Composite	5,319	\$ 2,044.50		\$ 2,037.34		\$ 2,036.80	\$ 5.04	\$ 243.42	\$ 0.00	\$ 46.63	\$ 2,331.89		\$ 2,331.72	\$ 11.66	\$ 2,320.06	\$ 1,865.78	\$ 2,102.02	\$ 243.42
SOBRA																		
SOBRA	n/a	\$ 18,482.93	1.0000	\$ 18,482.93	1.0000	\$ 18,482.93	\$ 0.00	\$ 0.00	\$ 0.00	\$ 377.20	\$ 18,860.13	1.0000	\$ 18,860.13	\$ 0.00	\$ 18,860.13	\$ 17,837.81	\$ 17,837.81	\$ 0.00
All Populations - Composite	82,280	\$ 601.63		\$ 606.44		\$ 606.35	\$ 3.12	\$ 31.41	\$ 0.87	\$ 13.10	\$ 654.85		\$ 654.79	\$ 3.27	\$ 651.52	\$ 547.82	\$ 584.34	\$ 31.41

Notes: 0. SoBRA Payments are excluded for purposes of the illustrated May 2024 composites.

3. Values have been rounded.