

NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND

AMENDMENT NO. 18

THIS AGREEMENT, AMENDMENT NO. 18, is made and entered into on July 1, 2025, 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 the State of Rhode Island Executive Office of Health and Human Services and Neighborhood Health Plan of Rhode Island for Medicaid Managed Care Services (hereinafter referred to as “Agreement”) dated March 1, 2017.

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. 18.

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

ARTICLE II: HEALTH PLAN PROGRAM STANDARDS

1. **Section 2.05.02 Health Plan Enrollment Procedures** is amended by **REPLACING** the word “gender” with “sex”.

2. **Section 2.06.01.01 General** is amended by **DELETING** the sentence “The Contractor will provide comprehensive treatment for gender dysphoria for all into the list of services included in the comprehensive benefit package.”

3. **Section 2.06.01.08 Enhanced Services** is amended by **DELETING** the section on **Nutrition Services** and **REPLACING** with the following:

“The Contractor agrees to incorporate comprehensive nutrition assessments, education, and counseling into preventive medical care, including prenatal and preventive pediatric visits. Referrals will be made to a licensed dietitian for therapeutic nutrition counseling for certain conditions in as referred by a Health Plan provider.”

4. **Section 2.06.05.04 Care Management Program** is amended by **REPLACING** the word “gender” with “sex”.

5. **Section 2.10.04 Cultural Competency** is amended by **REPLACING** the word “gender” with “sex”.

6. **Section 2.12.03.02.01 Drug Utilization Review** is amended by **UPDATING** the reference to RI General Assembly H-8313 to RI Gen. Laws § 21-28-3.20(h)(2).

7. **Section 2.13.01 General** is amended by **REPLACING** the word “gender” with “sex”.

8. **Section 2.15.01 Acceptance of State Capitation Payments** is amended by **REPLACING** the word “gender” with “sex”.

ARTICLE III: CONTRACT TERMS AND CONDITIONS

9. Section 3.01.01 – **Contract Composition and Order of Precedence** is amended by UPDATING the list of Attachments to match those shown in *Exhibit B*.

10. Section 3.06.01 **Employment Practices** is amended by REPLACING the word “gender” with “sex” throughout.

ATTACHMENTS

11. **Attachment A: Schedule of In-Plan Benefits** is amended by DELETING the Scope of Benefit of Nutrition Services and REPLACING with the following: “Covered as delivered by a registered or licensed dietitian for certain medical conditions as referred by a Health Plan provider.”

12. **Attachment A: Schedule of In-Plan Benefits** is amended by DELETING “Treatment for Gender Dysphoria” in its entirety.

13. **Attachment A: Schedule of In-Plan Benefits** is amended by DELETING the section on “In Lieu of Services” in its entirety.

14. New **Attachment B: In Lieu of Services** is ADDED, as shown in *Exhibit A*, attached hereto.

15. **Attachment E: Rhode Island Nutrition Standards** is DELETED it in its entirety.

16. Current **Attachments B, C, D, F, G, I, J, K, L, N, O, P, Q, U, and V** are RENUMBERED due to the above addition and deletion, as shown in *Exhibit B*, attached hereto. All references to the Attachments have been updated in the body of the Contract.

17. **Attachment H: Contractor’s Capitation Rates SFY 2025** is amended by RENAMING it “Contractor’s Capitation Rates SFY 2026” and DELETING the text in its entirety and REPLACING it with the following:

“Please see the attached Rate Book and Table: State Fiscal Year 2026 Risk Adjustment Medicaid Managed Care Program, dated April 25, 2025.” As shown in *Exhibit C*, attached hereto

18. **Attachment I: Rate-Setting Process** is amended by DELETING the text in its entirety and replacing it with the following:

“Please see the attached Rate Books and attachments:

State Fiscal Year 2026 Medicaid Managed Care Capitation Rate Certification, July 1, 2025 through June 30, 2026, dated April 25, 2025 and State Fiscal Year 2026 Risk Adjustment Medicaid Managed Care Program, dated April 25, 2025.”

19. Attachment L: Behavioral Health and Substance Use Services for Adults is amended by **REPLACING** the word “gender” with “sex.”

20. Attachment N: Claims Based Data Elements is amended by **REPLACING** the word “gender” with “sex.”

ADDENDA

21. This Section is amended by **DELETING** all current Addendums and **REPLACING** them with the new **Addenda**, as outlined in *Exhibit D*, attached hereto.

IN WITNESS HERETO, the parties have caused this Amendment 18 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)

Exhibit A

Attachment B: Schedule of In Lieu of Services

“In lieu of services (ILOS)” are in-plan alternative services in a setting that is not included in the state plan or otherwise covered by the contract but are medically appropriate, cost-effective substitutes for state plan services included within a contract. EOHHS identifies the following services as those services which the Contractor may provide to members without obtaining prior approval from EOHHS. If the Contractor seeks to provide cost-effective alternative services not listed below, it must obtain prior written approval from EOHHS.

Please see table on next page.

Exhibit A – Attachment B: Schedule of In Lieu of Services

Name of ILOS	Definition of ILOS	Covered Medicaid State plan service or setting for which each ILOS is a substitute	Clinically oriented definition(s) for the target population(s) for each ILOS	Specific coding for each ILOS to be used on claims and encounter data
Acupuncture, Massage Therapy, and Meditation classes for purpose of pain management	Evidence based integrative therapies utilized for pain management	Medications for treating pain; Invasive procedures including surgical procedures	Individuals experiencing chronic pain	97810 97811 97813 97814 97124 97110 97112 97124 97140
Home care hours greater than 6 hours	Home care services to prevent increases in level of care or institutionalization	Long Term Care placements	Individuals at risk for hospitalization, or institutionalization in a nursing facility; or • Individuals with functional deficits and no other adequate support system	S5120 S5121 S5130 S5131 T1028 T1019 T1020 T1000 G0299 G0300
Meals on Wheels	Meals prepared outside the Medicaid members residence and delivered to their residence	Preventive homecare services; Homemaking services up to 6 hours a week	Individuals who are in danger of malnutrition and/or have limited mobility or access to transportation, including postpartum individuals	S5170
Medication Management Services	Ensuring compliance with medication regime, prepacking medication boxes, creating reference guide describing medication and dosages	Extended Skilled Nursing	Individuals identified as needing support to manage medications and enhance compliance with medication regimen	Not being offered by any of the MCOs. MCO to apply for ILOS.
Medically Appropriate Smart Phone Applications	Applications that the Food and Drug Administration (FDA) define as a medical device.	Face to Face medical office visit with a licensed provider	Based on medical necessity	Not being offered by any of the MCOs.

Exhibit A – Attachment B: Schedule of In Lieu of Services

Name of ILOS	Definition of ILOS	Covered Medicaid State plan service or setting for which each ILOS is a substitute	Clinically oriented definition(s) for the target population(s) for each ILOS	Specific coding for each ILOS to be used on claims and encounter data
(aka Mobile Medical Applications)	MMAs can be accessories to a regulated medical device, or downloads that transform any smartphone, laptop computer, or tablet into a regulated medical device. MMAs are used to treat or diagnose disease, support clinical decisions, and/or inform patient care management.			MCO to apply for ILOS.
Nutritional Programs	Weight reduction programs for obesity, therapeutic counseling, group supports programs	Gastric By-pass Surgery Weight Reduction Medications prescribed by a licensed provider	Individuals who meet medical necessity for weight reduction services and supports	97802 97803 97804 S9470 S9452 G0270 G0271 S9451 S9454
Therapeutic Light Boxes	Light therapy, also known as phototherapy or bright light therapy, uses artificial light to help treat seasonal affective disorder	Antidepressant medication management for seasonal depression	Individuals with a history of winter depressive episodes with seasonal onset that substantially outnumber any non-seasonal depressive episodes.	E0203

Exhibit B

Attachments

Attachment A	Schedule of In-Plan Benefits
Attachment B	Schedule of In Lieu of Services
Attachment C	Schedule of Out-of-Plan Benefits
Attachment D	Schedule of Non-Covered Services
Attachment E	Rhode Island EPSDT Periodicity Schedule
Attachment F	Extended Family Planning Program
Attachment G	FQHC and RHC Services
Attachment H	Contractor's Capitation Rates SFY2026
Attachment I	Rate Setting Process
Attachment J	Special Terms and Conditions
Attachment K	Mental Health, Substance Use and Developmental Disability Services for Children
Attachment L	Behavioral Health and Substance Use Services for Adults
Attachment M	Care Management Protocols for All Members
Attachment N	Claims-Based Data Elements
Attachment O	Contractor's Locations
Attachment P	Contractor's Insurance Certificates
Attachment Q	Core Staff
Attachment R	COVID-19 Public Health Emergency

Exhibit C
Contractor's Capitation Rates SFY 2026

See table on next page.

Exhibit C – Attachment H: Contractor’s Capitation Rates SFY 2026

State of Rhode Island Executive Office of Health and Human Services SFY 2026 Risk Adjustment Neighborhood Health Plan Risk Adjusted Rates																	
Rate Cell	January 2025 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	Adjusted Baseline Medical Expense
Rite Care Children																	
RC - MF<1	3,003	\$ 686.27	1.0000	\$ 686.27	1.0000	\$ 686.27	\$ 0.00	\$ 0.00	\$ 2.23	\$ 14.05	\$ 702.55	1.0000	\$ 702.55	\$ 3.51	\$ 699.04	\$ 621.07	\$ 623.30
RC - MF 1-5	17,889	323.19	1.0066	325.32	1.0016	325.84	-	3.51	2.23	6.77	338.35	1.0001	338.38	1.69	336.69	292.22	300.39
RC - MF 6-14	35,794	238.13	1.0066	239.70	0.9988	239.41	-	11.94	2.23	5.18	258.76	1.0000	258.76	1.29	257.47	214.47	229.80
Rite Care Children - Composite	56,686	\$ 288.71		\$ 290.38		\$ 290.36	\$ 0.00	\$ 8.65	\$ 2.23	\$ 6.15	\$ 307.39		\$ 307.40	\$ 1.53	\$ 305.86	\$ 260.55	\$ 272.92
Rite Care Adults																	
RC - M 15-44	12,091	298.97	0.9924	296.70	1.0006	296.88	2.45	10.41	1.11	6.34	317.19	1.0000	317.19	1.59	315.60	272.72	282.33
RC - F 15-44	29,325	449.69	0.9924	446.27	1.0009	446.67	3.94	15.76	0.46	9.53	476.36	1.0000	476.36	2.38	473.98	410.24	423.71
RC - MF 45+	5,833	680.11	0.9924	674.94	0.9968	672.78	5.04	16.05	-	14.16	708.03	1.0000	708.03	3.54	704.49	621.06	630.42
RC - EFP	1,689	25.49	1.0000	25.49	1.0000	25.49	-	-	-	0.52	26.01	1.0000	26.01	-	26.01	22.56	22.56
Rite Care Adults - Composite	48,938	\$ 425.28		\$ 422.05		\$ 422.08	\$ 3.57	\$ 13.93	\$ 0.55	\$ 8.98	\$ 449.10		\$ 449.10	\$ 2.24	\$ 446.86	\$ 388.01	\$ 399.57
Children with Special Healthcare Needs																	
CSHCN - Adoption Subsidy	2,027	\$ 883.74	1.0360	\$ 915.55	1.0000	\$ 915.55	\$ 0.46	\$ 40.45	\$ 2.00	\$ 19.56	\$ 978.02	0.9999	\$ 977.92	\$ 4.89	\$ 973.03	\$ 786.80	\$ 857.48
CSHCN - Katie Beckett	35	4,185.30	1.0604	4,438.09	1.0037	4,454.51	0.44	39.01	2.05	91.76	4,587.77	1.0000	4,587.77	22.94	4,564.83	3,828.05	4,115.34
CSHCN - Katie Beckett Case Management	257	90.86	1.0000	90.86	1.0000	90.86	-	-	-	1.85	92.71	1.0000	92.71	0.46	92.25	83.14	83.14
CSHCN - SSI < 15	1,901	2,611.79	1.0604	2,769.54	1.0010	2,772.31	-	38.80	2.23	57.42	2,870.76	1.0000	2,870.76	14.35	2,856.41	2,386.93	2,574.66
CSHCN - SSI >= 15	1,308	1,696.37	1.0604	1,798.83	0.9973	1,793.97	2.24	75.03	1.05	38.21	1,910.50	1.0000	1,910.50	9.55	1,900.95	1,546.17	1,711.21
CSHCN - Substitute Care	1,878	1,047.80	1.0000	1,047.80	1.0000	1,047.80	1.42	55.76	1.40	22.58	1,128.96	1.0000	1,128.96	5.64	1,123.32	931.92	989.08
CSHCN - Composite	7,406	\$ 1,500.51		\$ 1,569.00		\$ 1,568.93	\$ 0.88	\$ 48.61	\$ 1.67	\$ 33.06	\$ 1,653.16		\$ 1,653.13	\$ 8.26	\$ 1,644.87	\$ 1,358.40	\$ 1,470.93
Medicaid Expansion																	
ME - F 19-24	4,974	\$ 361.54	1.0043	\$ 363.09	0.9970	\$ 362.00	\$ 5.04	\$ 18.17	\$ 0.00	\$ 7.86	\$ 393.07	1.0000	\$ 393.07	\$ 1.97	\$ 391.10	\$ 329.29	\$ 347.89
ME - F 25-29	2,712	506.06	1.0043	508.24	1.0010	508.75	5.04	25.81	-	11.01	550.61	1.0000	550.61	2.75	547.86	461.00	489.25
ME - F 30-39	3,233	743.92	1.0043	747.12	1.0009	747.79	5.04	40.56	-	16.19	809.58	1.0000	809.58	4.05	805.53	677.65	721.73
ME - F 40-49	2,759	950.28	1.0043	954.37	0.9988	953.22	5.04	40.67	-	20.39	1,019.32	1.0000	1,019.32	5.10	1,014.22	866.13	909.48
ME - F 50-64	7,210	968.19	1.0043	972.35	0.9974	969.82	5.04	28.30	-	20.47	1,023.63	1.0000	1,023.63	5.12	1,018.51	883.82	913.61
ME - M 19-24	5,107	268.69	1.0043	269.85	0.9973	269.12	5.04	20.49	-	6.01	300.66	1.0000	300.66	1.50	299.16	244.21	265.09
ME - M 25-29	3,639	407.50	1.0043	409.25	1.0047	411.17	5.04	31.63	-	9.14	456.98	1.0000	456.98	2.28	454.70	370.24	405.21
ME - M 30-39	6,647	608.60	1.0043	611.22	1.0053	614.46	5.04	35.35	-	13.36	668.21	1.0000	668.21	3.34	664.87	553.97	594.65
ME - M 40-49	4,355	874.34	1.0043	878.10	1.0014	879.33	5.04	40.40	-	18.87	943.64	1.0000	943.64	4.72	938.92	797.04	841.99
ME - M 50-64	6,190	1,016.40	1.0043	1,020.77	0.9985	1,019.24	5.04	28.33	-	21.48	1,074.09	1.0000	1,074.09	5.37	1,068.72	927.91	958.83
Medicaid Expansion - Composite	46,826	\$ 687.18		\$ 690.14		\$ 690.08	\$ 5.04	\$ 30.19	\$ 0.00	\$ 14.80	\$ 740.11		\$ 740.11	\$ 3.70	\$ 736.41	\$ 626.42	\$ 659.25
Rhody Health Partners																	
RHP - ID	646	\$ 1,411.11	1.0075	\$ 1,421.69	1.0028	\$ 1,425.67	\$ 5.04	\$ 67.58	\$ 0.00	\$ 30.58	\$ 1,528.87	1.0000	\$ 1,528.87	\$ 7.64	\$ 1,521.23	\$ 1,296.33	\$ 1,377.29
RHP - SPMI	1,011	2,958.95	1.0075	2,981.14	0.9985	2,976.67	5.04	730.97	-	75.77	3,788.45	1.0000	3,788.45	18.94	3,769.51	2,674.58	3,421.57
RHP - Other Disabled 21-44	1,933	1,510.78	1.0075	1,522.11	1.0060	1,531.24	5.04	174.85	-	34.92	1,746.05	1.0000	1,746.05	8.73	1,737.32	1,381.40	1,574.96
RHP - Other Disabled 45+	3,209	2,279.24	1.0075	2,296.33	0.9979	2,291.51	5.04	136.59	-	49.66	2,482.80	1.0000	2,482.80	12.41	2,470.39	2,093.56	2,241.42
RHP - Composite	6,799	\$ 2,079.35		\$ 2,094.94		\$ 2,094.98	\$ 5.04	\$ 229.29	\$ 0.00	\$ 47.54	\$ 2,376.85		\$ 2,376.85	\$ 11.88	\$ 2,364.97	\$ 1,901.74	\$ 2,145.32
SOBRA																	
SOBRA	n/a	20,202.72	1.0000	20,202.72	1.0000	20,202.72	-	-	-	412.30	20,615.02	1.0000	20,615.02	-	20,615.02	19,495.63	19,495.63
All Populations - Composite	166,655	\$ 567.68		\$ 571.81		\$ 571.79	\$ 2.71	\$ 27.03	\$ 0.99	\$ 12.30	\$ 614.82		\$ 614.82	\$ 3.07	\$ 611.75	\$ 516.52	\$ 548.29

Notes:

1. January 2025 Enrollment reflects all members fully eligible as of January 2025, including those who were not scored.
2. SOBRA Payments are excluded for purposes of the illustrated January 2025 composites.
3. Values have been rounded.

Exhibit D

Addenda

Addendum I	Agency-Specific Federal Funding Requirements <i>Provides any requirements imposed by Federal partners. All Federal Requirements are included in Addendum I and are hereby incorporated by reference into the Agreement.</i>
Exhibit 1:	Fiscal Assurances
Exhibit 2:	Rhode Island EOHHS Notice to Vendors on Their Responsibilities Under Title VI Of the Civil Rights Act Of 1964
Exhibit 3:	Rhode Island EOHHS Notice to Vendors on Their Responsibilities Under Section 504 of The Rehabilitation Act of 1973
Exhibit 4:	Drug-Free Workplace Policy
Exhibit 5:	Drug-Free Workplace Policy Vendor Certificate Of Compliance
Exhibit 6:	Certification Regarding Environmental Tobacco Smoke
Exhibit 7:	Instructions For Certification Regarding Debarment, Suspension, and Other Responsibility Matters -- Primary Covered Transactions
Exhibit 8:	Certification Regarding Debarment, Suspension, and Other Responsibility Matters – Primary Covered Transactions
Exhibit 9:	Equal Employment Opportunity
Exhibit 10:	Byrd Anti-Lobbying Amendment
Addendum II	Subcontractor Compliance
Addendum III	American Recovery and Reinvestment Act of 2009, PUB. L. NO. 111-5
Addendum IV	Bid Proposal
Addendum V	Budget
Addendum VI	Federal Subaward Reporting
Addendum VII	Liquidated Damages
Addendum VIII	Business Associates Agreement