

NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND

AMENDMENT NO. 1

THIS AGREEMENT, AMENDMENT NO. 1 is made and entered into on January 1, 2026 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 Participation in the Rhode Island Medicaid Managed Care Fully Integrated Dual Special Needs Plan Program (hereinafter referred to as “Agreement”) dated January 1, 2026.

WHEREAS, the original Agreement identified above and all its terms and conditions, remain unchanged except as modified in this Amendment No. 1.

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

ARTICLE I: DEFINITIONS & ACRONYMS

1. **Section 1.315 Marketing Materials** is amended by ***INSERTING*** “in accordance with in accordance with [42 CFR § 422.2261](#) and [42 CFR § 423.2261](#).”

ARTICLE II: GENERAL TERMS & CONDITIONS

2. **Section 3.4 Changes to Capitation Payments** is amended by ***DELETING*** the text in its entirety and ***REPLACING*** it with the following:

3.4.1. The LTSS blended rate cell payment rate will be adjusted on a quarterly basis during the Rating Period in accordance with Attachment 5, “Capitation Rates and Fiscal Assurances.”

3.4.2. Except as noted in Section 3.4.1, RI Medicaid and Contractor shall use amendments to reduce or increase Capitation Payments. Annual adjustments in Capitation Payments will be actuarially sound, as required by 42 CFR § 438.6(c).

ARTICLE III: SCOPE OF WORK

3. **Section 18.1.2** is amended by ***REPLACING*** “marketing materials” with “Marketing Materials” and ***INSERTING*** “in accordance with [42 CFR § 422.2261](#) and [42 CFR § 423.2261](#).”

4. **Section 18.1.3** is amended by ***REPLACING*** “marketing materials” with “Marketing Materials” and ***INSERTING*** “and [42 CFR § 423.2261](#).”

5. **Section 18.2 State Approval** is ***DELETED***. Subsequent sections are renumbered.

6. **Section 18.2.1** is amended by ***INSERTING*** “pursuant to [42 CFR § 422.2261](#) and [42 CFR § 423.2261](#).”

7. **Section 18.3.1** is amended by ***DELETING*** “a unique Medicaid identification number that is not the Member’s Social Security Number and”.

8. **Section 18.3.1** is amended by ***REPLACING*** “greater” with “less”.

9. **Section 23.23.2** is amended by ***REPLACING*** “twelve percent (12%) per annum,” with “rate established by the Prompt Payment Act, [5 CFR §§ 1315](#), as published semiannually by the Department of Treasury. Interest shall be”.

10. Section 23.13.1.11 is amended by **DELETING** the text in its entirety and **REPLACING** it with the following:

“Medicare Advantage Part C and Part D Bid Pricing Tools (BPT) and Plan Benefit Package (PBP) submissions (including all Part C and Part D plan benefit information) to CMS (Medicare), including all supporting documentation;”

11. Section 24.18.6 State Directed Payment table is amended as follows:

- a. **INSERT** “Certified Community Behavioral Health Clinics (CCBHC) Prospective Payment System (PPS) – Pay no less than the CCBHC Demonstration Fee Schedule (PPS-2 rates)”
- b. **INSERT** “Substance Use Disorder (SUD) Residential Services - Pay no less than the Medicaid FFS Minimum Fee Schedule for SUD residential services (procedure codes H0010, H0011, and H0018).”
- c. **DELETE** “Home Care Rates,” “Hospital Inpatient,” “Hospital Labor and Delivery,” “Hospital Outpatient,” “Personal Care Behavioral Health Certification Enhancement,” and Personal Care Shift Differential”.
- d. **REPLACE** “Uniform percentage increase 6.6% increase over 10/1/23 rates” with “Pay no less than the Medicaid FFS Minimum Fee Schedule” from the “Nursing Facility” row.
- e. **DELETE** the rate table from the “Home Delivered meals” row.
- f. **DELETE** the language in the “Office of the Health Insurance Commissioner (OHIC) Recommended Rates and **REPLACE** with “Pay no less than the Medicaid FFS Minimum Fee Schedule for covered services included in the OHIC Social and Human Service Programs Rate Review.”

ATTACHMENTS

12. Attachment 4: Schedule of In Lieu of Services is amended as follows:

- a. **INSERT** “per week” to the “Home care hours” portion of the table.
- b. **INSERT** “S5125” to the Billing Codes for “Home care hours”.
- c. **DELETE** “S5120, S5121, S5131, T1028, T1019, T1020, T1000, G0299, and G0300” from the Billing Codes for “Home care hours”.

13. Attachment 5: Capitation Rates and Fiscal Assurances is amended by **DELETING** the text in its entirety and **REPLACING** it with the following:

“Please see the attached Table and Rate Book: Calendar Year 2026 Capitation Rate Development, dated October 17, 2025; and Calendar Year 2026 Fully Integrated Dual Eligible Special Needs Plan Rate Certification, January 1, 2026 through December 31, 2026, dated October 17, 2025.”
As shown in *Exhibit A*, attached hereto

IN WITNESS HERETO, the parties have caused this Amendment 1 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 5:
Capitation Rates and Fiscal Assurances

See table on next page.

Calendar Year 2026 Capitation Rate Development

dated October 17, 2025

State of Rhode Island Executive Office of Health and Human Services Calendar Year 2026 FIDE-SNP Capitation Rate Development Fully Integrated Dual Eligible Special Needs Plan Rate Change Summary												
Region: Statewide	Projected Monthly Enrollment	Medicaid Primary Base Benefit Expense	Medicare Primary Base Benefit Expense	Total Base Benefit Expense	Administrative Cost Allowance	Health Care Quality Improvement	Underwriting Margin	Subtotal CY 2026 Effective Rate	Premium Tax	Subtotal CY 2026 Capitation Rate	October 2024 MMP Capitation Rate	% Change
Fully Integrated Dual Eligible Special Needs Plan												
Dual - SPMI	864	\$ 1,918.66	\$ 68.89	\$ 1,987.55	\$ 121.79	\$ 22.22	\$ 32.46	\$ 2,164.02	\$ 44.16	\$ 2,208.18	\$ 866.57	154.8%
Dual - ID	1,236	251.56	61.57	313.13	38.76	3.25	5.41	360.55	7.36	367.91	225.66	63.0%
Dual - Community LTSS	2,415	3,508.42	115.38	3,623.80	236.50	44.03	59.46	3,963.79	80.89	4,044.68	N/A	N/A
Dual - Nursing Home	587	8,402.79	133.12	8,535.91	352.72	91.35	136.75	9,116.73	186.06	9,302.79	N/A	N/A
Dual - Blended LTSS	3,002	4,465.45	118.85	4,584.30	259.23	53.28	74.57	4,971.38	101.45	5,072.83	5,270.17	(3.7%)
Dual - Community Non-LTSS	6,709	250.17	69.35	319.52	36.35	3.30	5.47	364.64	7.44	372.08	279.91	32.9%
Composite	11,811	\$ 1,443.77	\$ 81.08	\$ 1,524.85	\$ 99.50	\$ 17.38	\$ 25.00	\$ 1,666.73	\$ 34.01	\$ 1,700.75	\$ 1,585.52	7.3%