

Social and human service programs review: Medicaid rate comparison

Rhode Island, Office of the Health Insurance Commissioner

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Background

Milliman has been retained by the State of Rhode Island Office of the Health Insurance Commissioner (OHIC) to conduct a comprehensive review of all social and human service programs having a contract with or licensed by the state, inclusive of the State of Rhode Island Executive Office of Health and Human Services (EOHHS) and the state agencies under its purview. This review is required by State of Rhode Island General Laws (RIGL) § 42-14.5-3(t). This statute requires 10 assessments covering various rate and programmatic elements of the social and human service programs, with the 10th assessment being a culmination of the prior nine assessments that may be used to inform the recommended rate adjustments. Social and human service programs include services in the following subject areas: social, mental health, developmental disability, child welfare, juvenile justice, prevention services, habilitative, rehabilitative, substance use disorder treatment, residential care, adult/adolescent day services, vocational, employment and training, and aging.

The assessments will be completed in two phases with Phase One published in May 2023 and Phase Two published by September 1, 2023. The first phase includes the first nine assessments with a limited scope of services. The second phase will include updates of the first nine assessments with additional services as well as the 10th report. Milliman is currently working with OHIC to determine the breadth of services that may be included in each assessment in Phase Two of the social and human service programs review.

This Phase One report addresses RIGL § 42-14.5-3(t) task 8: “an assessment and reporting of national and regional Medicaid rates in comparison to Rhode Island social and human service provider rates.” All references to “rates” in this report are provider reimbursement rates. This report provides a comparison of certain Rhode Island social and human service provider rates to comparable rates for services provided in Connecticut, Maine, Massachusetts, New Hampshire, and Vermont. To assist with illustrating meaningful comparisons, we adjust the comparator Medicaid rates to control for variations in billed service type, units of service, modifier use, provider credentials, and other relevant factors to the extent possible. Given the manual nature of this review, this report does not include comparison to Medicaid provider reimbursement rates across all states and territories nationally. A national context is included in report #9 with Medicare and national commercial reimbursement levels.

Executive Summary

For this report, we focused the analysis on a select set of codes for home care and substance use disorder (SUD) services based on stakeholder feedback and the criteria outlined in the “Selection of Services for Rate Comparison” section. The provider rate comparison research conducted for this analysis revealed many variations in service delivery requirements, billing units, codes used, required provider credentials, and reimbursement structures across the comparator states, which limited the available comparisons. When feasible, we applied adjustments to the Rhode Island and comparator state fee schedules to enable this comparative analysis.

Even after rates are adjusted for variation, we observe significant differences when comparing rates across states. These differences may be due to a number of factors, including underlying cost and wage variances across geographies, regulatory complexity and requirements, differences in provider supply and availability, varying demand for services, and the timing and structure of rate-setting processes in other state Medicaid programs. Figure 1 provides a comparison of the Rhode Island (RI) Medicaid provider reimbursement rates and adjusted rates for comparable services in the New England states of Connecticut (CT), Maine (ME), Massachusetts (MA), New Hampshire (NH), and Vermont (VT), when available. The selection of these comparator states is discussed in further detail in the Methodology section of this report.

FIGURE 1: SUMMARY OF AVAILABLE MEDICAID RATE COMPARISONS

CODE	DESCRIPTION	RI RATES	COMPARATOR RATES					PERCENTAGE VARIANCE (RHODE ISLAND / COMPARATOR)					SFY 2022 AVERAGE MONTHLY UTILIZERS	
		RI	CT	ME	MA	NH	VT	CT	ME	MA	NH	VT	FFS	MCO
Home Care Services														
S5125 Composite	Attendant Care Services	\$6.96	\$5.80	\$6.64	N/A	N/A	\$8.75	20.0%	4.8%	N/A	N/A	(20.5%)	245	444
S5130 Composite	Homemaker Services	\$6.56	\$5.00	N/A	\$6.93	N/A	N/A	31.2%	N/A	(5.3%)	N/A	N/A	405	481
T1001	Nursing Assess/Eval	\$103.84	\$98.53	N/A	N/A	N/A	N/A	5.4%	N/A	N/A	N/A	N/A	510	138
T1000	Private Duty/Independent Nursing	\$14.35	\$24.63	\$15.61	\$14.65	\$14.96	\$11.76	(41.7%)	(8.1%)	(2.0%)	(4.1%)	22.0%	46	15
T1000-TE	Private Duty/Independent Nursing (LPN)	\$11.62	\$24.08	\$11.07	\$12.20	\$13.76	\$10.00	(51.7%)	5.0%	(4.8%)	(15.6%)	16.2%	36	-
Substance Use Disorder Services														
H0001	Alcohol and/or drug assessment	\$97.00	N/A	N/A	\$115.76	\$169.94	N/A	N/A	N/A	(16.2%)	(42.9%)	N/A	9	29
H0004-HO	SUD counseling/therapy – Masters credentialed	\$16.25	N/A	\$25.73	N/A	N/A	N/A	N/A	(36.8%)	N/A	N/A	N/A	6	7
H0004-HQ-HO	SUD counseling/therapy – Group	\$5.00	N/A	\$8.41	N/A	N/A	N/A	N/A	(40.5%)	N/A	N/A	N/A	-	-
H0004 Composite	SUD counseling/therapy	\$17.54	N/A	N/A	\$28.94	\$33.76	\$29.16	N/A	N/A	(39.4%)	(48.0%)	(39.8%)	43	347
H0005	Group counseling	\$32.30	N/A	N/A	\$34.72	\$28.26	N/A	N/A	N/A	(7.0%)	14.3%	N/A	9	32
H0020	Methadone admin/service	\$84.98	\$88.52	\$171.30	N/A	N/A	\$105.00	(4.0%)	(50.4%)	N/A	N/A	(19.1%)	95	3,378

Notes:

- Cases where an equivalent service and reimbursement rate that could be reasonably adjusted for comparison to the Rhode Island Medicaid service was not available are marked as "N/A".
- Where the Rhode Island rates varied in structure, billed units, the use of modifiers, or other factors, we developed composite rates for comparison. Composite rates represent a normalized comparison against available state Medicaid rates.
 - S5125 Composite – Normalized for the use of rate modifiers and enhancements by calculating the weighted average based upon Rhode Island Medicaid fee-for-service (FFS) utilization of rate modifiers and enhancements. Combined personal care and homemaker services (S5125 U1) were reviewed but excluded from the analysis based on a lack of comparable services in other New England state Medicaid programs.
 - S5130 Composite – Normalized for the use of modifiers indicating LPN or certified nursing assistant (CNA) delivering the service by calculating the weighted average based upon Rhode Island Medicaid FFS utilization of rate modifiers and enhancements.
 - H0004 Composite – Normalized for the use of modifiers indicating different professional credentialing status for providers. Also adjusted to normalize for variance in billing units (15- vs 30-, 45-, and 60-minute values).
 - The development of composite rates is described more fully in the detailed observations and results of this report.
- SFY 2022 Average Monthly Utilizers represents the unique users of each service covered under either the FFS or Medicaid managed care organization (MCO) program.
- Rhode Island and comparator rates are based on the observed rate as of April 1, 2023.
- Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) fee-for-service billing transitioned from H0001, H0004, and H0005 to psychiatric diagnostic evaluation and psychotherapy services codes in 2016. These codes will be reviewed in the Phase Two report.

The summary table in Figure 1 only includes rate comparisons for which we identified a comparable reimbursement rate in the other New England Medicaid programs. In some cases, the procedure code listed is a weighted average "composite" that most closely aligns with the available comparators. Figure 1 also includes a column containing state fiscal year (SFY) 2022 Rhode Island fee-for-service (FFS) and managed care organization (MCO) total utilizer values to illustrate the magnitude of use for each code within the state of Rhode Island. MCO data is used in this figure to provide context. However, further MCO provider reimbursement rate comparison is outside of the scope of this report. The unique nature and state-level decision making involved in the services included within the scope of the social and human service program review results in several services where similar comparative rate information was not always identified.

Figure 2 illustrates the percentage of service expenditures covered by this report for home care and substance use disorder treatment services relative to the total scope of social and human service programs Medicaid expenditures summarized in the Phase One “Social and Human Service Programs Review: Utilization Trends” report.

FIGURE 2: SFY 2022 FFS AND MCO COMBINED ANNUAL EXPENDITURES (IN MILLIONS)

SERVICE CATAGORIES	HOME CARE AND SUD SERVICES	TOTAL	PERCENTAGE IN SCOPE
Behavioral Health	\$ 15.8	\$ 177.4	8.9%
Children’s Services	\$ 0.0	\$ 41.7	0.0%
Home and Community-Based Services	\$ 108.1	\$ 165.8	65.2%
Intellectual and Developmental Disability Services	\$ 13.7	\$ 292.0	4.7%
Total	\$ 137.6	\$ 676.9	20.3%

As illustrated by Figure 2, home care services comprise 65.2% of overall home and community-based services (HCBS) expenditures and 4.7% of intellectual and development disability (I/DD) services. The substance use disorder treatment services covered in this report represent approximately 8.9% of behavioral health services. Additional services will be compared in the Phase Two version of this report, including consideration for the breadth of services analyzed, as described in the “Selection of Services for Rate Comparison” section below.

Observations and results

For purposes of this and other reports on reimbursement rates required by RIGL § 42-14.5-3(t), we define social and human service program rates as those in which the state has a contract with a nonstate entity to provide social and human services on an FFS basis. Rhode Island Medicaid managed care program rates paid to providers and services provided under those reimbursement rates are outside the scope of this report. The private payer, Medicare, and Medicaid MCO rate comparisons performed under task 9 of the social and human service program review illustrates such information.

KEY OBSERVATIONS

We documented key observations for each service and code considered within this report. Those observations include discussion of billing units, credentialing variations, adjustments made to develop normalized rates, rate comparisons, and service-specific limitations of the analysis. Further details, data sources, and comparisons by state can be found in the appendices of this report.

Home care services

Attendant care services; per 15 minutes (S5125)

- **Billing units.** Services are reimbursed in 15-minute increments.
- **Variations.** S5125 may be billed with multiple provider enhancements and modifiers. Rate enhancements are provider specific and allow for additional reimbursement based upon client/worker satisfaction, education and training, accreditation status, and behavioral health training. S5125 may also be billed with a U1 modifier to indicate if homemaker services were also provided. In addition, modifiers offer additional compensation for the acuity of the patient, exceptional needs of an individual with intellectual or development disabilities, and “shift differential” rate increases for services provided during evenings, nights, weekends, and holidays.
- **Adjustments to develop normalized rates.** To establish a comparable Rhode Island rate, we adjusted for the utilization of rate modifiers and enhancements by calculating a weighted average rate of the various S5125 rates using SFY 2022 Rhode Island Medicaid FFS utilization. We developed this composite rate for comparison to the available comparators because other New England states appear to pay a single rate without the use of modifiers, based on our fee schedule review.
- **Rate comparison.** When comparing the composite Rhode Island rate for S5125 (taking into account the use of modifiers and enhancements), the Rhode Island rate is 20.0% higher than the rate from Connecticut, 4.8% higher than the rate from Maine, and 20.5% lower than the Vermont rate.

- **Service-specific limitations.** For S5125, we did not identify comparable service rates for New Hampshire or Massachusetts. We did not identify any of the other New England states to have a distinct rate for combined personal care and homemaker services (S5125-U1).

Homemaker service; per 15 minutes (S5130)

- **Billing units.** Services are reimbursed in 15-minute increments.
- **Variations.** S5130 may be billed with a modifier that indicates the credentials of the provider and a modifier that indicates the prior approval of supplemental funding to service the exceptional needs of an individual with intellectual or development disabilities.¹ If a provider has Licensed Practical Nurse (LPN) credentials, and uses the appropriate rate modifier, or if they use the supplemental funding modifier, they will receive a higher reimbursement rate for services rendered. In addition, providers may also bill S5130 with the client/work satisfaction and behavioral health care training enhancements.
- **Adjustments to develop normalized rates.** Consistent with the S5125 rate, we adjusted for the utilization of rate modifiers and enhancements by calculating a weighted average rate of the various S5130 rates using SFY 2022 Rhode Island Medicaid FFS utilization.
- **Rate comparison.** The composite Rhode Island rate for S5130 is 31.2% higher than the rate for Connecticut and 5.3% lower than the rate for Massachusetts.
- **Service-specific limitations.** We did not identify comparable service rates for Maine, New Hampshire, or Vermont.

Nursing assessment/evaluation (T1001)

- **Billing units.** Services are reimbursed per assessment.
- **Variations.** No observed variations by provider credentials.
- **Adjustments to develop normalized rates.** To establish a comparable rate for Rhode Island and Connecticut, we assumed each Rhode Island assessment was equivalent to 60 minutes and then multiplied the Massachusetts rate by four to establish an equivalent rate.
- **Rate comparison.** The composite Rhode Island rate for T1001 is 5.4% higher than the rate for Connecticut.
- **Service-specific limitations.** We did not identify a comparable service rate for Maine, Massachusetts, New Hampshire, or Vermont.

Private duty/independent nursing service(s) – licensed, up to 15 minutes (T1000 and T1000 TE)

- **Billing units.** Services are reimbursed in 15-minute increments.
- **Variations.** We observed variance in reimbursement by provider credentials where services provided by an LPN are reimbursed at a lower rate than those provided by a provider with Registered Nurse (RN) credentials. When billing for an LPN-credentialed provider, the code T1000 TE is used. We also observed multiple modifiers available to indicate shift differentials. However, those modifiers did not result in actual rate differences. We also identified variation in the actual codes used to bill for the services. In Rhode Island, T1000 and a series of modifiers are used. In Connecticut, Massachusetts, and Vermont, T1002 and T1003 are used to delineate between the varying provider for RN and LPN credentials.
- **Adjustments to develop normalized rates.** To establish comparable rates, we matched the reimbursement rates for the varying codes based upon a comparison of their service descriptions.
- **Rate comparison.** The Rhode Island rate for T1000 is lower than most comparators, but higher than the Vermont comparison rate. The rate is 41.7% lower than the rate for Connecticut, 8.1% lower than the rate for Maine, 2.0% lower than the rate for Massachusetts, and 4.1% lower than the rate for New Hampshire. However, the rate is 22.0% higher than the rate for Vermont. There's material variance in comparisons for the Rhode Island rate for T1000 TE as well. Results range from 51.7% lower than the available comparator for Connecticut to 16.2% higher than the rate for Vermont.

¹ Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (January 17, 2020). Billing Policy Manual: Division of Developmental Disabilities Retrieved May 23, 2023, from https://bhddh.ri.gov/sites/g/files/xkqbur411/files/documents/DD-Billing-Manual_4.8.2020_.pdf.

- **Service-specific limitations.** No limitations were identified in available comparator states.

Substance use disorder treatment services

Alcohol and/or drug assessment, 60-90 minutes (H0001)

- **Billing units.** This is reimbursed as fee-for-service for a 60- to 90-minute session.
- **Variations.** No observed variations by provider credentials. We observed variations in the units, which are represented by the comparator rates. While Rhode Island reimburses for a 60- to 90-minute session, Massachusetts reimburses for 15-minute increments, and Vermont pays a monthly case rate.
- **Adjustments to develop normalized rates.** To provide an equivalent comparison with the Massachusetts rate, we assumed the average time for Rhode Island's 60- to 90-minute time range was 60 minutes and then calculated a multiplier with the 15-minute Massachusetts rate to reach a 60-minute equivalent unit of service. We were unable to determine the volume of services included in Vermont's case rate and therefore did not include it in the comparison.
- **Rate comparison.** The Rhode Island rate for H0001 is lower than available comparators at 16.2% lower than Massachusetts and 42.9% lower than New Hampshire.
- **Service-specific limitations.** We did not identify comparable service rates for Connecticut, Maine, and Vermont for H0001.

Substance abuse counseling and therapy (H0004)

- **Billing units.** Services are reimbursed in 15-minute increments.
- **Variations.** In Rhode Island, rates for H0004 vary based upon the credentials of the provider. Rates are billed with modifiers to indicate the professional credentials of the provider. Providers with master's-level credentials can use modifiers that result in higher reimbursement. In addition, services provided in a group setting are reimbursed at a lower rate per 15 minutes than those rendered in an individual setting. We identified variation in rates for New Hampshire, which reimburses in 30-, 45-, and 60-minute intervals. We found that, like Rhode Island, Maine does allow billing with modifiers to indicate varying provider credentials.
- **Adjustments to develop normalized rates.** To effectively control for the rate variation observed in Rhode Island due to provider credentials, we calculated a weighted average of all H0004 billing using actual utilization derived from Rhode Island SFY 2022 fee-for-service claims data. This composite rate facilitates comparison to other states that do not appear to use the same credential-based modifiers as Rhode Island. To control for the variation in New Hampshire billing units, we calculated a 15-minute equivalent comparison rate based upon the average of the 30-, 45-, and 60-minute New Hampshire reimbursement rates. For Maine, which allows billing with modifiers to indicate provider credentials, we were unable to compare against the Rhode Island composite rate but were able to make direct comparisons for the use of modifiers HO and HQ, which indicate the level of provider credentials and whether the service is performed with a group or not.
- **Rate comparison.** After calculating the composite and normalizing the New Hampshire rates, we find that Rhode Island rates are consistently lower than comparators. We observed the Rhode Island composite rate to be 39.4% lower than the Massachusetts rate, 48.0% lower than the New Hampshire rate, and 39.8% lower than the Vermont rate. For Maine, we observed that Rhode Island rates are 36.8% lower for H0004-HO and 40.5% lower for H0004-HQ-HO.
- **Service-specific limitations.** We did not identify comparable service rates for Connecticut for H0004.

Alcohol and/or drug services; group counseling by a clinician (H0005)

- **Billing units:** Services are reimbursed on a per 40- to 50-minute session basis.
- **Variations:** No observed variations by provider credentials.
- **Adjustments to develop normalized rates:** Certain Vermont rates are developed for payment on a monthly case-rate basis. We were not able to identify the expected volume of H0005 billable services to be covered by the Vermont case rate and therefore excluded that rate from our comparison.
- **Rate comparison:** Of the two available comparisons, one rate is higher than Rhode Island's and the other is lower. Rhode Island rates are 7.0% lower than the rate in Massachusetts and 14.3% higher than the rate in New Hampshire.

- **Service-specific limitations:** We did not identify comparable service rates for Connecticut and Maine for H0005. As previously noted, we were unable to normalize the available rate for Vermont.

Alcohol and/or drug services; methadone administration and/or service (1 unit per week) (H0020)

- **Billing units.** These services are reimbursed for one unit each week.
- **Variations.** No observed variations by provider credentials. We observed variations in the units that are represented by the comparator rates. Connecticut pays provider specific rates that vary from \$75.80 to \$99.49, with new clinics being paid the statewide average rate of \$88.52. In addition, some states such as New Hampshire and Massachusetts appear to allow separate billing of other opioid treatment program (OTP) services in addition to the administration of methadone. All other states bundle services into their rate for a group of services provided in an OTP.
- **Adjustments to develop normalized rates.** Rhode Island's daily rate was multiplied by seven to achieve a weekly rate equivalent for comparison. New Hampshire and Massachusetts do not have OTP services bundled into their rate and are not comparable.
- **Rate comparison.** The Rhode Island rate is lower than the three available comparators, ranging from 4.0% lower than the Connecticut rate to 50.4% lower than the Maine rate.
- **Service-specific limitations.** We did not identify comparable service rates for Massachusetts or New Hampshire for H0020.

Additional detail for each comparator rate and normalizing adjustments for each state are included as appendices to this report.

Methodology

SOCIAL AND HUMAN SERVICE PROGRAM RATES SCOPE

The scope of the review for this report was determined with OHIC through a review of RIGL § 42-14.5-3(t) and discussion with key stakeholders, including:

- **Social and Human Service Programs Review Advisory Council.** The January 31, 2023, Advisory Council meeting included a discussion of this Medicaid rate comparison report. In addition, Milliman and OHIC discussed the intended scope and planned approach of the project during the March 1, 2023, and March 23, 2023, Advisory Council meeting.
- **Advisory Council member interviews.** OHIC and Milliman met with all members of the Advisory Council and their invited stakeholders in small group format (one to three stakeholders per meeting) to discuss the review scope and approach. Each stakeholder group was constructed to provide the insight and perspective of a distinct set of providers.
- **Interagency Workgroup.** OHIC and Milliman met with the Interagency Workgroup on February 24, 2023, and March 23, 2023, to discuss the review scope and approach. Each agency included in the statutory requirement participated in the Interagency Workgroup, offering insight and perspective on the services administered by the department.

We considered feedback from all key stakeholders engaged when outlining the scope for this engagement.

SELECTION OF GEOGRAPHY FOR REIMBURSEMENT RATE COMPARISON

We selected five states for comparison to Rhode Island rates. They include the New England states of Connecticut, Maine, Massachusetts, New Hampshire, and Vermont. These states were selected due to their regional similarities with Rhode Island in cost of living, workforce, and population demographics. In addition, we selected these states to recognize the potential for local providers to select their place of employment or service area based on available reimbursement levels given their proximity to Rhode Island. Finally, we considered input from our key stakeholder groups discussed in the section above.

SELECTION OF SERVICES FOR RATE COMPARISON

As part of the comprehensive review of social and human service rates on behalf of OHIC, Milliman prioritized certain services and tasks to occur as part of Phase One (for delivery in May 2023) and others for Phase Two (for delivery in September 2023). Our approach to prioritization was informed by quantitative and qualitative considerations. These considerations are described below.

Quantitative considerations

- **Utilization.** We considered the utilization of services. In general, we prioritized services with higher utilization for review.
- **Date of last rate update.** We evaluated the date at which service rates were last changed. In some cases, if a service has not had a rate change for a significant period of time, the service was prioritized accordingly.
- **Enrollment.** Where available, we identified the number of members receiving services as a proxy for social and human service program impact. Where enrollment is higher, the service was prioritized for programmatic evaluation.
- **Data availability.** Some services have greater variation in rates and rate structures, which adds complexity to the analysis. We considered the availability of data and complexity of the rate structure when prioritizing services.

Qualitative considerations

- **Stakeholder feedback.** We conducted multiple interviews, stakeholder meetings, and documentation reviews to gather an understanding of the priorities of the constituencies represented in this review.
- **Breadth of sample.** We worked to evaluate a diverse set of services in Phase One and will continue to evaluate in Phase Two to ensure a spread across the primary domains (Children’s Services, Behavioral Health, HCBS, I/DD).
- **Supportive input to Phase Two.** Where possible, we gathered information and feedback and performed programmatic research in Phase One that will directly inform the development of detailed quantitative analyses in Phase Two. The Phase One work is sequential to gather information necessary to support Phase Two analyses.

Taking all these considerations into account, we worked with OHIC to select services for evaluation within this Phase One assessment. Additional services will be selected based on the criteria above and included in the future Phase Two report.

These services, applicable modifiers, and a brief description are provided in Figure 3. Services selected for this report are consistent with those selected for evaluation in the Phase One “Social and Human Service Programs Review: Professional and Personnel Requirements” report.

FIGURE 3: SELECTED MEDICAID SERVICE DESCRIPTIONS

PROCEDURE CODE	MODIFIERS	PROCEDURE CODE DEFINITION	MODIFIER DESCRIPTION
Home Care Services			
S5125	N/A	Attendant care services; per 15 minutes	Personal Care Only
S5125	UJ	Attendant care services; per 15 minutes	Night Shift
S5125	UH	Attendant care services; per 15 minutes	Evening Shift
S5125	TV	Attendant care services; per 15 minutes	Weekend/Holiday Shift
S5125	U9	Attendant care services; per 15 minutes	High Acuity
S5125	L9	Attendant care services; per 15 minutes	Supplemental Funding
S5125	U1;UJ	Attendant care services; per 15 minutes	Combined Personal Care and Homemaker; Night Shift
S5125	U1;UH	Attendant care services; per 15 minutes	Combined Personal Care and Homemaker; Evening Shift
S5125	U1;TV	Attendant care services; per 15 minutes	Combined Personal Care and Homemaker; Weekend/Holiday Shift
S5125	U1;U9	Attendant care services; per 15 minutes	Combined Personal Care and Homemaker; High Acuity
S5125	UJ;U9	Attendant care services; per 15 minutes	Night Shift; High Acuity
S5125	UH;U9	Attendant care services; per 15 minutes	Evening Shift; High Acuity
S5125	TV;U9	Attendant care services; per 15 minutes	Weekend/Holiday Shift; High Acuity
S5125	U1;UJ;U9	Attendant care services; per 15 minutes	Combined Personal Care and Homemaker; Night Shift; High Acuity
S5125	U1;UH;U9	Attendant care services; per 15 minutes	Combined Personal Care and Homemaker; Evening Shift; High Acuity

PROCEDURE CODE	MODIFIERS	PROCEDURE CODE DEFINITION	MODIFIER DESCRIPTION
S5125	U1;TV-U9	Attendant care services; per 15 minutes	Combined Personal Care and Homemaker; Weekend/Holiday Shift; High Acuity
S5130	N/A	Homemaker service, NOS; Per 15 Minutes	CNA
S5130	TE	Homemaker service, NOS; Per 15 Minutes	LPN
S5130	L9	Homemaker service, NOS; Per 15 Minutes	Supplemental Funding
T1001	N/A	Nursing assessment/evaluation	
T1000	N/A	Private duty/ Independent nursing service(s)- licensed, up to 15 minutes	Weekday Shift
T1000	TE	Private duty/ Independent nursing service(s)- licensed, up to 15 minutes	Day Shift LPN
Substance Use Disorder Treatment Services			
H0001	N/A	Alcohol and/or drug assessment (60-90 minutes)	N/A
H0004	N/A	Behavioral health counseling and therapy, per 15 minutes	N/A
H0004	AJ	Behavioral health counseling and therapy, per 15 minutes	Clinical Social Worker
H0004	HO	Behavioral health counseling and therapy, per 15 minutes	Master's Degree Level
H0004	HO;HR	Behavioral health counseling and therapy, per 15 minutes	Master's Degree Level and Family/couple with client present
H0004	HO;HS	Behavioral health counseling and therapy, per 15 minutes	Master's Degree Level and Family/couple without client present
H0004	HQ;AJ	Behavioral health counseling and therapy, per 15 minutes	Clinical Social Worker and Group Setting
H0004	HQ;HO	Behavioral health counseling and therapy, per 15 minutes	Master's Degree Level and Group Setting
H0005	N/A	Alcohol and/or drug services; group counseling by a clinician	N/A
H0020	N/A	Alcohol and/or drug services; methadone administration and/or service	N/A

NORMALIZING RATE VARIATIONS

A key step in conducting rate comparisons is to adjust or “normalize” the reimbursement rates to ensure they reflect similar services for purposes of drawing reasonable comparisons. Service requirements and rate structures commonly vary across geographies. We identified the following major variations in service requirements and rate structure when examining the available New England comparators.

FIGURE 4: COMMON RATE VARIATIONS AND NORMALIZATION

Common Rate Variations	Billed Units/Unit Type	Covered Service or Code	Provider Credentials
Description	Variation in the time or quantity of a service, which is represented by the billed unit. For example, one state may bill a code and associated rate that represents a one-hour visit, and another state may choose to bill that same visit as four 15-minute increments.	Variation in whether a state chooses to allow a service to be billed or a code to be used. This commonly occurs with the use of billing code modifiers, which may or may not be approved for use, depending on the state guidelines.	Variation in the specificity and level of rates based upon the credentials of the provider delivering the service. For example, some states have higher reimbursement rates for providers with more advanced credentials in their field of practice.
Normalization Methods	In cases where there is a similar code but a difference in the number of the units of service represented by that code, we have performed outreach, research, and/or evaluated historical claims data to determine the actual billed units represented by each state’s rates. Where there is variation, we have multiplied or divided the non-Rhode Island state rates by a common factor to estimate an equivalent and normalized comparison rate.	In a few instances we found different but comparable codes used in other state Medicaid programs. In other cases, Rhode Island modifiers represented extra billing specificity represented by shift-differential payments or Rhode Island-specific rate enhancements. In these cases, we developed an aggregated composite rate to be used for comparison to other states. This composite was developed by reviewing the utilization of each rate enhancement in Rhode Island using claims data and calculating a weighted average composite rate.	When rates vary based upon the credentials of the provider delivering the service and a valid comparison for that variation is not available within a comparator state’s rate structure, we develop a normalized composite rate for comparison. The composite is calculated by developing a weighted average based upon actual utilization of the different codes or modifiers representing the varying provider credentials.

Beyond the examples above, service delivery differences may exist based on required staff ratios, service delivery requirements and practice patterns, or provider administrative and oversight requirements. Differences in service delivery not explicitly outlined in Medicaid provider manuals are not easily identified and quantified. We expect to observe additional differences as more services are included in the scope of this review and stakeholder feedback is received.

Conclusions

We identified a high level of variability among the New England states in how services are reimbursed among the observed set of home care and substance use disorder services. This variation limited the available comparisons. For services that were included in the analysis and adjusted for variation in rate structure, material variation in reimbursement rates among states persisted. The Phase Two analysis of this report will include additional services and adjustments as needed based on stakeholder feedback.

Limitations and data reliance

The information contained in this correspondence, including any enclosures, has been prepared for the State of Rhode Island, Office of the Health Insurance Commissioner (OHIC) and their advisors. Milliman's work is prepared solely for the use and benefit of the OHIC in accordance with its statutory and regulatory requirements. Milliman recognizes this report will be public record subject to disclosure to third parties. However, Milliman does not intend to benefit and assumes no duty or liability to any third parties that receive Milliman's work. To the extent that the information contained in this correspondence is provided to any third parties, the correspondence should be distributed in its entirety.

Milliman has developed certain models to estimate the values included in this correspondence. The intent of the models was to compare reimbursement rates for selected home care and substance use disorder services between Medicaid program state fee schedules. We have reviewed the models, including their inputs, calculations, and outputs, for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP). The models rely on data and information as inputs. We have relied upon certain data and information provided by OHIC and the Rhode Island Executive Office of Health and Human Services for this purpose and accepted it without audit. To the extent that the data and information provided is not accurate, or is not complete, the values provided in this correspondence may likewise be inaccurate or incomplete. Milliman's data and information reliance includes Medicaid fee-for-service and encounter claims, eligibility data, and Medicaid state fee schedules. The models, including all input, calculations, and output, may not be appropriate for any other purpose.

The services provided for this project were performed under the contract between Milliman and OHIC dated January 26, 2023.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. Jason Clarkson, Ian McCulla, and Zach Hunt are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

APPENDIX 1 – RHODE ISLAND FEE SCHEDULE

State of Rhode Island Office of the Health Insurance Commissioner Appendix 1 - Rhode Island Fee Schedule					
Detailed Service Category	Procedure Code	Procedure Code Description	Modifier Description	Rate	Notes
Home Care/Severely Disabled Nursing Homecare	S5125	Attendant care services; per 15 minutes	Personal Care Only	\$ 6.63	
Home Care/Severely Disabled Nursing Homecare	S5125-UJ	Attendant care services; per 15 minutes	Night Shift	\$ 7.19	
Home Care/Severely Disabled Nursing Homecare	S5125-UH	Attendant care services; per 15 minutes	Evening Shift	\$ 7.19	
Home Care/Severely Disabled Nursing Homecare	S5125-TV	Attendant care services; per 15 minutes	Weekend/Holiday Shift	\$ 7.19	
Home Care/Severely Disabled Nursing Homecare	S5125-U9	Attendant care services; per 15 minutes	High Acuity	\$ 6.88	
Home Care/Severely Disabled Nursing Homecare	S5125-L9	Attendant care services; per 15 minutes	Supplemental Funding	\$ 14.35	
Home Care/Severely Disabled Nursing Homecare	S5125-UJ-U9	Attendant care services; per 15 minutes	Night Shift; High Acuity	\$ 7.44	
Home Care/Severely Disabled Nursing Homecare	S5125-UH-U9	Attendant care services; per 15 minutes	Evening Shift; High Acuity	\$ 7.44	
Home Care/Severely Disabled Nursing Homecare	S5125-TV-U9	Attendant care services; per 15 minutes	Weekend/Holiday Shift; High Acuity	\$ 7.44	
Home Care/Severely Disabled Nursing Homecare	S5125 Composite	Attendant care services; per 15 minutes	N/A	\$ 6.96	Composite based on SFY 2022 FFS utilization; all modifiers except U1
Home Care	S5130	Homemaker service, NOS; Per 15 Minutes	N/A	\$ 6.21	
Home Care	S5130-TE	Homemaker service, NOS; Per 15 Minutes	LPN	\$ 14.35	
Home Care	S5130-L9	Homemaker service, NOS; Per 15 Minutes	Supplemental Funding	\$ 14.35	
Home Care	S5130 Composite	Homemaker service, NOS; Per 15 Minutes	N/A	\$ 6.56	Composite based on SFY 2022 FFS utilization
Home Care/Severely Disabled Nursing Homecare	T1001	Nursing assessment/evaluation	N/A	\$ 103.84	Assume average length of assessment is 60 minutes
Severely Disabled Nursing Homecare	T1000	Private duty/ Independent nursing service(s)- licensed, up to 15 minutes	N/A	\$ 14.35	Procedure code not eligible for shift differentials
Severely Disabled Nursing Homecare	T1000-TE	Private duty/ Independent nursing service(s)- licensed, up to 15 minutes	LPN	\$ 11.62	Procedure code not eligible for shift differentials
Substance Use Rehabilitation	H0001	Alcohol and/or drug assessment (60-90 minutes)	N/A	\$ 97.00	Assume average length of assessment is 60 minutes
Substance Use Rehabilitation	H0004	Behavioral health counseling and therapy, per 15 minutes	N/A	\$ 17.94	
BHDDH Behavioral Health Group	H0004-AJ	Behavioral health counseling and therapy, per 15 minutes	Clinical Social Worker	\$ 16.25	
BHDDH Behavioral Health Group	H0004-HO	Behavioral health counseling and therapy, per 15 minutes	Master's Degree Level	\$ 16.25	
BHDDH Behavioral Health Group	H0004-HO-HR	Behavioral health counseling and therapy, per 15 minutes	Master's Degree Level and Family/couple with client present	\$ 18.75	
BHDDH Behavioral Health Group	H0004-HO-HS	Behavioral health counseling and therapy, per 15 minutes	Master's Degree Level and Family/couple without client present	\$ 18.75	
BHDDH Behavioral Health Group	H0004-HQ-AJ	Behavioral health counseling and therapy, per 15 minutes	Clinical Social Worker and Group Setting	\$ 5.00	
BHDDH Behavioral Health Group	H0004-HQ-HO	Behavioral health counseling and therapy, per 15 minutes	Master's Degree Level and Group Setting	\$ 5.00	
Substance Use Rehabilitation/BHDDH Behavioral Health Group	H0004 Composite	Behavioral health counseling and therapy, per 15 minutes	N/A	\$ 17.54	Composite based on SFY 2022 FFS utilization
Substance Use Rehabilitation	H0005	Alcohol and/or drug services; group counseling by a clinician	N/A	\$ 32.30	Assume average length of counseling is 60 minutes
Substance Use Rehabilitation	H0020	Alcohol and/or drug services; methadone administration and/or service	N/A	\$ 84.98	Composite to weekly rate

APPENDIX 2 – CONNECTICUT RATE COMPARISON

**State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 2 - Connecticut Comparison**

Detailed Service Category	RI Procedure Code	CT Procedure Code		RI Rate	CT Rate	Notes	Adjustment	CT Normalized Rate for Comparison (if applicable)		
		Code	Code					Dollar Variance	Percent Variance	
Home Care/Severely Disabled Nursing Homecare	S5125 Composite	1021Z*		\$ 6.96	\$ 5.80		No Adjustment	\$ 5.80	\$ 1.16	20.0%
Home Care	S5130 Composite	1214Z		\$ 6.56	\$ 5.00		No Adjustment	\$ 5.00	\$ 1.56	31.2%
Home Care/Severely Disabled Nursing Homecare	T1001	T1001		\$ 103.84	\$ 98.53		No Adjustment	\$ 98.53	\$ 5.31	5.4%
Home Care/Severely Disabled Nursing Homecare	T1000	T1002		\$ 14.35	\$ 24.63		No Adjustment	\$ 24.63	\$ (10.28)	(41.7%)
Home Care/Severely Disabled Nursing Homecare	T1000-TE	T1003		\$ 11.62	\$ 24.08		No Adjustment	\$ 24.08	\$ (12.46)	(51.7%)
Substance Use Rehabilitation	H0001			\$ 97.00	N/A	No comparative service identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	H0004-HO			\$ 16.25	N/A	No comparative service identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	H0004-HQ-HO			\$ 5.00	N/A	No comparative service identified	N/A	N/A	N/A	N/A
Substance Use Rehabilitation/BHDDH Behavioral Health Group	H0004 Composite			\$ 17.54	N/A	No comparative service identified	N/A	N/A	N/A	N/A
Substance Use Rehabilitation	H0005			\$ 32.30	N/A	No comparative service identified	N/A	N/A	N/A	N/A
Substance Use Rehabilitation	H0020	H0020**		\$ 84.98	\$ 88.52	Rate for new Chemical Maintenance Clinics, based on statewide average	No Adjustment	\$ 90.35	\$ (5.37)	(5.9%)

* In Connecticut, 1021Z reimburses overtime as base rate multiplied by 1.5.

** Connecticut pays provider specific rates that vary from \$75.80 to \$99.49, with new clinics being paid the statewide average rate of \$88.52.

Sources

Rhode Island: <https://providersearch.riproviderportal.org/ProviderSearchEOHHS/FFSFeeSchedule.aspx>
https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2022-09/Updated%20Rate%20Sheet%20for%20Website_9_7_22%20with%2011.45%25%20increase.pdf

Connecticut: <https://www.ctdssmap.com/CTPortal/Provider/Provider-Fee-Schedule-Download> (Programs: Clinic - Clinic and Outpatient Hospital Behavioral Health, Clinic - Chemical Maintenance, Home Health, and CT Home Care)
https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Health-and-Home-Care/Reimbursement/Chemical-Maintenance-Providers/CTSPA18_016_Chemical_Maintenance_Clinics_FINAL_APPROVED.pdf

APPENDIX 3 – MAINE RATE COMPARISON

**State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 3 - Maine Comparison**

Detailed Service Category	RI Procedure Code	ME Procedure		Notes	Adjustment	ME Normalized Rate for Comparison (if applicable)			
		Code	Code			RI Rate	ME Rate	Dollar Variance	Percent Variance
Home Care/Severely Disabled Nursing Homecare	S5125 Composite	S5125-U2		\$ 6.96	\$ 6.64	No Adjustment	\$ 6.64	\$ 0.32	4.8%
Home Care	S5130 Composite			\$ 6.56	N/A No comparative service identified	N/A	N/A	N/A	N/A
Home Care/Severely Disabled Nursing Homecare	T1001			\$ 103.84	N/A No comparative service identified	N/A	N/A	N/A	N/A
Home Care/Severely Disabled Nursing Homecare	T1000	T1000-TD		\$ 14.35	\$ 15.61	No Adjustment	\$ 15.61	\$ (1.26)	(8.1%)
Home Care/Severely Disabled Nursing Homecare	T1000-TE	G0300-TE*		\$ 11.62	\$ 11.07	No Adjustment	\$ 11.07	\$ 0.55	5.0%
Substance Use Rehabilitation	H0001			\$ 97.00	N/A No comparative service identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	H0004-HO	H0004-HO		\$ 16.25	\$ 25.73	No Adjustment	\$ 25.73	\$ (9.48)	(36.8%)
BHDDH Behavioral Health Group	H0004-HQ-HO	H0004-HO-HQ		\$ 5.00	\$ 8.41	No Adjustment	\$ 8.41	\$ (3.41)	(40.5%)
Substance Use Rehabilitation/BHDDH Behavioral Health Group	H0004 Composite			\$ 17.54	N/A No comparative service identified	N/A	N/A	N/A	N/A
Substance Use Rehabilitation	H0005			\$ 32.30	N/A No comparative service identified	N/A	N/A	N/A	N/A
Substance Use Rehabilitation	H0020	H0020		\$ 84.98	\$ 171.30	No Adjustment	\$ 171.30	\$ (86.32)	(50.4%)

*G0300-TE code (LPN skilled nursing) is the closest match for LPN services. Maine's RN private duty nursing rate matches the RN skilled nursing rate, indicating reimbursement consistency between private duty nursing rate and skilled nursing.

Sources

Rhode Island: <https://providersearch.riproviderportal.org/ProviderSearchEOHHS/FFSFeeSchedule.aspx>
https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2022-09/Updated%20Rate%20Sheet%20for%20Website_9_7_22%20with%2011.45%25%20increase.pdf

Maine: <https://mainecare.maine.gov/Provider%20Fee%20Schedules/Rate%20Setting/Section%20065%20-%20Behavioral%20Health%20Services/Section%2065%20-%20Behavioral%20Health%20Services%202023.pdf>
[https://mainecare.maine.gov/Provider%20Fee%20Schedules/Rate%20Setting/Section%20096%20-%20Private%20Duty%20Nursing%20and%20Personal%20Care%20Services%202023.pdf](https://mainecare.maine.gov/Provider%20Fee%20Schedules/Rate%20Setting/Section%20096%20-%20Private%20Duty%20Nursing%20and%20Personal%20Care%20Services/Section%2096%20-%20Private%20Duty%20Nursing%20and%20Personal%20Care%20Services%202023.pdf)
<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Rate%20Setting/Section%20012%20-%20Consumer%20Directed%20Attendant%20Services/Section%2012%20-%20Consumer%20Directed%20Attendant%20Services%202023.pdf>

APPENDIX 4 – MASSACHUSETTS RATE COMPARISON

**State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 4 - Massachusetts Comparison**

Detailed Service Category	RI Procedure Code	MA Procedure Code	RI Rate	MA Rate	Notes	Adjustment	MA Normalized Rate for Comparison (if applicable)	Dollar Variance	Percent Variance
Home Care/Severely Disabled Nursing Homecare	S5125 Composite		\$ 6.96	N/A	No comparative service identified	N/A	N/A	N/A	N/A
Home Care	S5130 Composite	S5130-U4	\$ 6.56	\$ 6.93		No Adjustment	\$ 6.93	\$ (0.37)	(5.3%)
Home Care/Severely Disabled Nursing Homecare	T1001		\$ 103.84	N/A	No comparative service identified	N/A	N/A	N/A	N/A
Home Care/Severely Disabled Nursing Homecare	T1000	T1002	\$ 14.35	\$ 14.65		No Adjustment	\$ 14.65	\$ (0.30)	(2.0%)
Home Care/Severely Disabled Nursing Homecare	T1000-TE	T1003	\$ 11.62	\$ 12.20		No Adjustment	\$ 12.20	\$ (0.58)	(4.8%)
Substance Use Rehabilitation	H0001	H0001	\$ 97.00	\$ 28.94		Normalize MA's billed unit to 60 minutes	\$ 115.76	\$ (18.76)	(16.2%)
BHDDH Behavioral Health Group	H0004-HO		\$ 16.25	N/A	No comparative service identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	H0004-HQ-HO		\$ 5.00	N/A	No comparative service identified	N/A	N/A	N/A	N/A
Substance Use Rehabilitation/BHDDH Behavioral Health Group	H0004 Composite	H0004	\$ 17.54	\$ 28.94		No Adjustment	\$ 28.94	\$ (11.40)	(39.4%)
Substance Use Rehabilitation	H0005	H0005	\$ 32.30	\$ 26.04		Normalize MA's billed unit to 60 minutes	\$ 34.72	\$ (2.42)	(7.0%)
Substance Use Rehabilitation	H0020		\$ 84.98	N/A	No comparative service identified	N/A	N/A	N/A	N/A

Sources

- Rhode Island: <https://providersearch.riproviderportal.org/ProviderSearchEOHHS/FFSFeeSchedule.aspx>
https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2022-09/Updated%20Rate%20Sheet%20for%20Website_9_7_22%20with%2011.45%25%20increase.pdf
- Massachusetts: <https://www.mass.gov/doc/rates-for-certain-substance-related-and-addictive-disorders-programs-effective-january-1-2023-0/download>
<https://www.mass.gov/doc/rates-for-mental-health-services-provided-in-community-health-centers-and-mental-health-centers-effective-january-1-2023-0/download>
https://www.mass.gov/doc/amendment-17-to-1st-amended-and-restated-bh-vendor-contract/download?_ga=2.249907270.1542919076.1679810528-790596167.1678884498
<https://www.mass.gov/doc/101-cmr-444-rates-for-certain-substance-use-disorder-services/download>
https://www.mass.gov/doc/proposed-regulation-date-filed-december-23-2022-0/download?_ga=2.133638152.744067986.1679603875-790596167.1678884498
<https://www.mass.gov/doc/hcbs-waiver-provider-bulletin-20-enhanced-rates-and-reporting-requirements-for-certain-home-and-community-based-services-related-to-section-9817-of-the-american-rescue-plan-act-0/download>

APPENDIX 5 – NEW HAMPSHIRE RATE COMPARISON

State of Rhode Island Office of the Health Insurance Commissioner Appendix 5 - New Hampshire Comparison									
Detailed Service Category	RI Procedure Code	NH Procedure Code	RI Rate	NH Rate	Notes	Adjustment	NH Normalized Rate for Comparison (if applicable)		
							Dollar Variance	Percent Variance	
Home Care/Severely Disabled Nursing Homecare	S5125 Composite		\$ 6.96	N/A	No comparative service identified	N/A	N/A	N/A	N/A
Home Care	S5130 Composite		\$ 6.56	N/A	No comparative service identified	N/A	N/A	N/A	N/A
Home Care/Severely Disabled Nursing Homecare	T1001		\$ 103.84	N/A	No comparative service identified	N/A	N/A	N/A	N/A
Home Care/Severely Disabled Nursing Homecare	T1000	T1002-TM	\$ 14.35	\$ 14.96		No Adjustment	\$ 14.96	\$ (0.61)	(4.1%)
Home Care/Severely Disabled Nursing Homecare	T1000-TE	T1003-TM	\$ 11.62	\$ 13.76		No Adjustment	\$ 13.76	\$ (2.14)	(15.6%)
Substance Use Rehabilitation	H0001	H0001	\$ 97.00	\$ 169.94		No Adjustment	\$ 169.94	\$ (72.94)	(42.9%)
Substance Use Rehabilitation	H0004	H0004-U1	N/A	\$ 69.11	NH code U1 modifier is for a 30-minute session	Adjusted to 15 minute rate prior to compositing with other NH rates	\$ 34.56	N/A	N/A
Substance Use Rehabilitation	H0004	H0004-U2	N/A	\$ 91.60	NH code U2 modifier is for a 45-minute session	Adjusted to 15 minute rate prior to compositing with other NH rates	\$ 30.53	N/A	N/A
Substance Use Rehabilitation	H0004	H0004-U3	N/A	\$ 137.08	NH code U3 modifier is for a 60-minute session	Adjusted to 15 minute rate prior to compositing with other NH rates	\$ 34.27	N/A	N/A
BHDDH Behavioral Health Group	H0004-HO		\$ 16.25	N/A	No comparative service identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	H0004-HQ-HO		\$ 5.00	N/A	No comparative service identified	N/A	N/A	N/A	N/A
Substance Use Rehabilitation/BHDDH Behavioral Health Group	H0004 Composite	H0004-U1/U2/U3	\$ 17.54	\$ 33.76		Composited NH rates using RI session length distribution from claims data	\$ 33.76	\$ (16.22)	(48.0%)
Substance Use Rehabilitation	H0005	H0005	\$ 32.30	\$ 28.26		No Adjustment	\$ 28.26	\$ 4.04	14.3%
Substance Use Rehabilitation	H0020		\$ 84.98	N/A	No comparative service identified	N/A	N/A	N/A	N/A

Sources

Rhode Island: <https://providersearch.riproviderportal.org/ProviderSearchEOHHS/FFSFeeSchedule.aspx>
https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2022-09/Updated%20Rate%20Sheet%20for%20Website_9_7_22%20with%2011.45%25%20increase.pdf

New Hampshire: <https://nhmmis.nh.gov/portals/wps/wcm/connect/a94eb66e-2664-4e99-8f5f-036517ce487b/2023+SUD+Services+Service+Types%2C+Codes+and+Rates.pdf?MOD=AJPERES&CVID=omHQye3>
<https://nhmmis.nh.gov/portals/wps/wcm/connect/25ccf29f-9215-4ab8-aace-7c1af14369fb/2023+Fee+Schedule+-+Covered+Procedures+Report+with+SA+Requirement+as+of+01-012023.pdf?MOD=AJPERES&CVID=omHPX05>

APPENDIX 6 – VERMONT RATE COMPARISON

**State of Rhode Island
Office of the Health Insurance Commissioner
Appendix 6 - Vermont Comparison**

Detailed Service Category	RI Procedure Code	VT Procedure Code		Notes	Adjustment	VT Normalized Rate for Comparison (if applicable)			
		Code	Code			RI Rate	VT Rate	Dollar Variance	Percent Variance
Home Care/Severely Disabled Nursing Homecare	S5125 Composite	S5125		\$ 6.96	\$ 8.75	No Adjustment	\$ 8.75	\$ (1.79)	(20.5%)
Home Care	S5130 Composite			\$ 6.56	N/A	No comparative service identified	N/A	N/A	N/A
Home Care/Severely Disabled Nursing Homecare	T1001			\$ 103.84	N/A	No comparative service identified	N/A	N/A	N/A
Home Care/Severely Disabled Nursing Homecare	T1000	T1002		\$ 14.35	\$ 11.76	No Adjustment	\$ 11.76	\$ 2.59	22.0%
Home Care/Severely Disabled Nursing Homecare	T1000-TE	T1003		\$ 11.62	\$ 10.00	No Adjustment	\$ 10.00	\$ 1.62	16.2%
Substance Use Rehabilitation	H0001			\$ 97.00	N/A	No comparative service identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	H0004-HO			\$ 16.25	N/A	No comparative service identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	H0004-HQ-HO			\$ 5.00	N/A	No comparative service identified	N/A	N/A	N/A
Substance Use Rehabilitation/BHDDH Behavioral Health Group	H0004 Composite	H0004		\$ 17.54	\$ 29.16	No Adjustment	\$ 29.16	\$ (11.62)	(39.8%)
Substance Use Rehabilitation	H0005			\$ 32.30	N/A	No comparative service identified	N/A	N/A	N/A
Substance Use Rehabilitation	H0020	H0020		\$ 84.98	\$ 105.00	No Adjustment	\$ 105.00	\$ (20.02)	(19.1%)

Sources
 Rhode Island: <https://providersearch.riproviderportal.org/ProviderSearchEOHHS/FFSFeeSchedule.aspx>
https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2022-09/Updated%20Rate%20Sheet%20for%20Website_9_7_22%20with%2011.45%25%20increase.pdf
 Vermont: <http://www.vtmedicaid.com/#/feeSchedule/hcpcs>

APPENDIX 7 – RATE COMPARISON

State of Rhode Island Office of the Health Insurance Commissioner Appendix 7 - Rate Comparison																			
Procedure Code	Rates						Dollar Variances					Percent Variances (Rhode Island / Benchmark)						SFY 2022 Average Monthly Unique Utilizers	
	RI	CT	ME	MA	NH	VT	CT	ME	MA	NH	VT	CT	ME	MA	NH	VT	Average	FFS	MCO
S5125 Composite	\$ 6.96	\$ 5.80	\$ 6.64	N/A	N/A	\$ 8.75	\$ 1.16	\$ 0.32	N/A	N/A	\$ (1.79)	20.0%	4.8%	N/A	N/A	(20.5%)	1.5%	245	444
S5130 Composite	\$ 6.56	\$ 5.00	N/A	\$ 6.93	N/A	N/A	\$ 1.56	N/A	\$ (0.37)	N/A	N/A	31.2%	N/A	(5.3%)	N/A	N/A	12.9%	405	481
T1001	\$ 103.84	\$ 98.53	N/A	N/A	N/A	N/A	\$ 5.31	N/A	N/A	N/A	N/A	5.4%	N/A	N/A	N/A	N/A	5.4%	510	138
T1000	\$ 14.35	\$ 24.63	\$ 15.61	\$ 14.65	\$ 14.96	\$ 11.76	\$ (10.28)	\$ (1.26)	\$ (0.30)	\$ (0.61)	\$ 2.59	(41.7%)	(8.1%)	(2.0%)	(4.1%)	22.0%	(6.8%)	46	15
T1000-TE	\$ 11.62	\$ 24.08	\$ 11.07	\$ 12.20	\$ 13.76	\$ 10.00	\$ (12.46)	\$ 0.55	\$ (0.58)	\$ (2.14)	\$ 1.62	(51.7%)	5.0%	(4.8%)	(15.6%)	16.2%	(10.2%)	36	-
H0001	\$ 97.00	N/A	N/A	\$ 115.76	\$ 169.94	N/A	N/A	N/A	\$ (18.76)	\$ (72.94)	N/A	N/A	N/A	(16.2%)	(42.9%)	N/A	(29.6%)	9	29
H0004-HO	\$ 16.25	N/A	\$ 25.73	N/A	N/A	N/A	N/A	\$ (9.48)	N/A	N/A	N/A	N/A	(36.8%)	N/A	N/A	N/A	(36.8%)	6	7
H0004-HQ-HO	\$ 5.00	N/A	\$ 8.41	N/A	N/A	N/A	N/A	\$ (3.41)	N/A	N/A	N/A	N/A	(40.5%)	N/A	N/A	N/A	(40.5%)	-	-
H0004 Composite	\$ 17.54	N/A	N/A	\$ 28.94	\$ 33.76	\$ 29.16	N/A	N/A	\$ (11.40)	\$ (16.22)	\$ (11.62)	N/A	N/A	(39.4%)	(48.0%)	(39.8%)	(42.4%)	43	347
H0005	\$ 32.30	N/A	N/A	\$ 34.72	\$ 28.26	N/A	N/A	N/A	\$ (2.42)	\$ 4.04	N/A	N/A	N/A	(7.0%)	14.3%	N/A	3.7%	9	32
H0020	\$ 84.98	88.52	171.30	N/A	N/A	105.00	(3.54)	(86.32)	N/A	N/A	(20.02)	(4.0%)	(50.4%)	N/A	N/A	(19.1%)	(24.5%)	95	3,378

Notes:

1. The table above includes comparisons for which we identified a comparable benchmark rate in the other New England Medicaid programs. In some cases, the procedure code listed is a weighted average "composite" which most closely aligns with the available benchmark comparators.
2. The table includes columns containing SFY 2022 RI FFS and MCO average monthly unique utilizers to illustrate the magnitude of use for each code.
3. The unique nature and state-level decision making involved with the services included within the scope of the social and human service program review results in a number of services where similar benchmark rate information was not identified in certain states. Further details, data sources, and comparisons by state can be found in the appendices 1 through 5 of this report.
4. Rhode Island and benchmark rates are based on the observed rate as of April 1, 2023.