

# Social and human service programs review: Medicaid rate comparison

Rhode Island, Office of the Health Insurance Commissioner

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## Background

Milliman, Inc. (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 nine assessments covering various rate and programmatic elements of the social and human service programs, with a final assessment being a culmination of the prior nine assessments. 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. As a whole, this series of reports may be used as one set of resources to provide education and insight into current Rhode Island social and human service programs' provider reimbursement and programmatic structure.

The assessments were completed in two phases with the first phase published in May 2023, and second phase published by September 1, 2023. The first phase included the nine assessments with a limited scope of services. The second phase is cumulative encompassing all information presented in the first phase reports with any applicable updates and additional programs or services reviewed. The second phase will conclude with a 10th report, published by OHIC, which will contain recommended provider reimbursement rate adjustments and other findings from the review.

This 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 the *Social and human service programs review: Private payer, Medicare, and Medicaid MCO rate benchmarks* report with Medicare and national commercial reimbursement levels.

The purpose of this report is to provide a comparison of the reimbursement levels for the selected services to those of surrounding states which may have similar populations, work forces, labor costs, and with which Rhode Island may compete for the supply of healthcare labor resources. This comparison, in conjunction with information provided in the remaining nine reports, may be relied upon to provide insight into current Rhode Island social and human service program reimbursement levels relative to other state Medicaid programs.

## Executive Summary

For this report, we focused the analysis on a select set of codes for Behavioral Health, Early Intervention, and Home Care 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. The figure below summarizes a comparison of the Rhode Island Medicaid provider reimbursement rates and adjusted rates for comparable services in the New England states of Connecticut, Maine, Massachusetts, New Hampshire, and Vermont, 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**

SERVICE CATEGORIES	NUMBER OF CODES REVIEWED	AVERAGE NUMBER OF BENCHMARKS PER CODE	AVERAGE NUMBER OF MONTHLY FFS USERS PER SERVICE	AVERAGE NUMBER OF MONTHLY MCO USERS PER SERVICE
Behavioral Health	27	1.8	2,292	15,201
Early Intervention	4	1.5	653	1,191
Homecare Services	5	3.2	983	710

Note: The number of users in Figure 1 reflects the average unique users of the services illustrated in Appendix 2, regardless of service modifier. Utilization for services without a direct comparator found and illustrated in Appendix 2 (e.g. combined personal care and homemaker services) are excluded.

The summary table above only includes rate comparisons for which we identified a comparable reimbursement rate in the other New England Medicaid programs. In some cases, the code reviewed was a weighted average “composite” that most closely aligned with the available comparators. In Figure 1, the category of Homecare Services is inclusive of both Home and Community-Based Services (HCBS) and Intellectual and Developmental Disability Services (IDD). The table also includes a column containing SFY 2022 Rhode Island fee-for-service (FFS) and MCO total utilizer values to illustrate the magnitude of use of the reviewed services. MCO data is only used in this figure to provide context, as 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 percent 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 *Social and human service programs review: Utilization trends* report.

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

SERVICE CATEGORIES	REVIEWED SERVICES	TOTAL	PERCENT REVIEWED
Behavioral Health	\$ 90.4	\$ 190.9	47.3%
Children’s Services	\$ 9.5	\$ 44.2	21.5%
Home and Community-Based Services	\$ 119.4	\$ 181.4	65.8%
Intellectual and Developmental Disability Services	\$ 4.6	\$ 282.4	1.6%
<b>Total</b>	<b>\$ 223.8</b>	<b>\$ 698.9</b>	<b>32.0%</b>

Note: Homecare services are included in both Home and Community-Based Services and Intellectual and Developmental Disability Services categories.

As illustrated by Figure 2, home care services comprise 65.8% of overall home and community-based expenditures and 1.6% of intellectual and development disability services. The behavioral health and early intervention services covered in this report represent approximately 47.3% of behavioral health services and 21.5% of children's services, respectively.

## 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 in the *Social and human service programs review: Private payer, Medicare, and Medicaid MCO rate benchmarks* report 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.

### Behavioral Health Services

#### Psychiatric diagnostic evaluation without medical services (90791)

- **Billing Units.** These codes are reimbursed per examination and have various modifiers depending on the professional type of the provider.
- **Variations.** Comparator reimbursement rates for the Rhode Island rate were found for the AJ and HO modifiers. The AJ modifier indicates the service is performed by a Clinical Social Worker. The HO modifier indicates the service is performed by a Licensed Mental Health Counselor (LMHC) or Licensed Marriage and Family Therapist (LMFT). There is no difference in rates between the two modifiers.
- **Adjustments to Develop Normalized Rates.** None.
- **Rate Comparison.** The Rhode Island rate is 22.7% higher than the available comparator for Connecticut when billed with the AJ modifier. When billed with the HO modifier, the Rhode Island rate is 22.7% higher than Connecticut, 1.0% higher than Massachusetts, and 12.3% lower than the available comparator in Vermont.
- **Service Specific Limitations.** Out of the comparator states, only Connecticut provided a comparable rate for the Clinical Social Worker credentialed providers as billed with the AJ modifier. Maine and New Hampshire did not have comparable rates for either of the code and modifier combinations.

#### Psychotherapy with patient and/or family member (90832, 90834, 90837)

- **Billing Units.** These codes are reimbursed per visit and can be billed to indicate varying durations of the visit, ranging from 30-60 minutes.
- **Variations.** Each code (90832, 90834, 90837) is representative of a different visit duration with 90832 equating to 30 minutes, 90834 equating to 45 minutes, and 90837 equating to 60 minutes. Comparator reimbursement rates for the Rhode Island rate were found for the AJ and HO modifiers. The AJ modifier indicates the service is performed by a Clinical Social Worker. The HO modifier indicates the service is performed by a Licensed Mental Health Counselor (LMHC) or Licensed Marriage and Family Therapist (LMFT). There is no difference in rates between the two modifiers. Note that AJ and HO are select modifiers included in this analysis, however other modifiers exist for other credentials).
- **Adjustments to Develop Normalized Rates.** None.
- **Rate Comparison.** The Rhode Island rates for 90832 are 17.2% higher than the available comparator for Connecticut when billed with the either the HO or AJ modifier.

For 90834, the Rhode Island rates are 9.7% higher than the available Connecticut comparator when billed with either the HO or AJ modifier. However, for 90837 the Rhode Island rates are 23.8% lower than the Connecticut Comparator with either the HO or AJ modifier.

When billed with the HO modifier, there are additional comparators with Massachusetts and Vermont. For 90832 the Massachusetts rate is only 0.6% lower than Rhode Island's. However, the Vermont rate is 19.2% higher than Rhode Island's. For 90834, the Massachusetts comparator is observed as 25.7% lower than Rhode Island's and the Vermont rate is 16.1% higher. For 90837, both the Massachusetts and Vermont comparator is observed as approximately 40% higher.

- **Service Specific Limitations.** Out of the comparator states, only Connecticut provided a comparable rate for the Clinical Social Worker credentialed providers as billed with the AJ modifier. Maine and New Hampshire did not have comparable rates for either of the code and modifier combinations.

#### Family psychotherapy (without the patient present) (90846)

- **Billing Units.** These codes are reimbursed per examination and have various modifiers depending on the professional type of the provider.
- **Variations.** Comparator reimbursement rates for the Rhode Island rate were found for the AJ and HO modifiers. The AJ modifier indicates the service is performed by a Clinical Social Worker. The HO modifier indicates the service is performed by a Licensed Mental Health Counselor (LMHC) or Licensed Marriage and Family Therapist (LMFT). There is no difference in rates between the two modifiers.
- **Adjustments to Develop Normalized Rates.** None.
- **Rate Comparison.** The Rhode Island rate is 4.2% higher than the available comparator for Connecticut when billed with the AJ modifier. When billed with the HO modifier, the Rhode Island rate is 4.2% higher than Connecticut, 33.5% lower than Massachusetts, and 17.6% lower than the available comparator in Vermont.
- **Service Specific Limitations.** Out of the comparator states, only Connecticut provided a comparable rate for the Clinical Social Worker credentialed providers as billed with the AJ modifier. Maine and New Hampshire did not have comparable rates for either of the code and modifier combinations.

#### Family psychotherapy (with the patient present) (90847)

- **Billing Units.** These codes are reimbursed per examination and have various modifiers depending on the professional type of the provider.
- **Variations.** Comparator reimbursement rates for the Rhode Island rate were found for the AJ and HO modifiers. The AJ modifier indicates the service is performed by a Clinical Social Worker. The HO modifier indicates the service is performed by a Licensed Mental Health Counselor (LMHC) or Licensed Marriage and Family Therapist (LMFT). There is no difference in rates between the two modifiers.
- **Adjustments to Develop Normalized Rates.** None.
- **Rate Comparison.** The Rhode Island rate is 9.8% lower than the available comparator for Connecticut when billed with the AJ modifier. When billed with the HO modifier, the Rhode Island rate is 9.8% lower than Connecticut, 29% lower than Massachusetts, and 15.7% lower than the available comparator in Vermont.
- **Service Specific Limitations.** Out of the comparator states, only Connecticut provided a comparable rate for the Clinical Social Worker credentialed providers as billed with the AJ modifier. Maine and New Hampshire did not have comparable rates for either of the code and modifier combinations.

#### Group psychotherapy (other than of a multiple-family group) (90853)

- **Billing Units.** These codes are reimbursed per examination and have various modifiers depending on the professional type of the provider.

- **Variations.** Comparator reimbursement rates for the Rhode Island rate were found for the AJ and HO modifiers. The AJ modifier indicates the service is performed by a Clinical Social Worker. The HO modifier indicates the service is performed by a Licensed Mental Health Counselor (LMHC) or Licensed Marriage and Family Therapist (LMFT). There is no difference in rates between the two modifiers.
- **Adjustments to Develop Normalized Rates.** None.
- **Rate Comparison.** The Rhode Island rates are consistently higher than the available comparators. Rhode Island rates are 44.9% higher than the available comparator for Connecticut when billed with the AJ or HO modifier. When billed with the HO modifier, the Rhode Island rate is 18.8% higher than Massachusetts and 57.0% higher than the available comparator in Vermont.
- **Service Specific Limitations.** Out of the comparator states, only Connecticut provided a comparable rate for the Clinical Social Worker credentialed providers as billed with the AJ modifier. Maine and New Hampshire did not have comparable rates for either of the code and modifier combinations.

#### Office or other outpatient visit for the evaluation and management of an established patient, medical decision making of low to high complexity (99211-99215)

- **Billing Units.** These codes are all billed in one unit per visit. The allotted time is represented in each code, and it varies from 10 minutes to 40 minutes.
- **Variations.** Rates vary based upon the code billed. Codes represent varying duration and complexity of the patient visit.
- **Adjustments to Develop Normalized Rates.** None.
- **Rate Comparison.** Overall, Massachusetts reimbursement levels are higher for these behavioral health evaluation and management codes, with the exception of 99212. The available Massachusetts comparators were 63.5% higher for 99211, 6.2% lower for 99212, 7.3% higher for 99213, 18.0% higher for 99214, and 11.1% higher for 99215.
- **Service Specific Limitations.** Although most states bill services under similar codes for standard medical evaluation and management visits, only Massachusetts was identified as billing these codes specifically for behavioral health evaluation and management visits.

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

- **Billing Units.** This is reimbursed as fee-for-service for a 60-90 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 60-90 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 60-90 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 which 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 which 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. Detailed calculations and weighting used to develop composite rates may be found in Appendix 9 of this report.
- **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 40-50 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 \$90.35. In addition, Massachusetts allows billing for separate administration of methadone and other opioid treatment program (OTP) services. While this unbundled approach is not comparable with Rhode Island's bundled service, Massachusetts requires Medicare-enrolled OTPs to utilize the bundled rate, which is the rate used for comparison to the Rhode Island rate.
- **Adjustments to develop normalized rates.** Rhode Island's daily rate was multiplied by seven to achieve a weekly rate equivalent for comparison. New Hampshire does not have OTP services bundled into their rate and is not comparable.
- **Rate comparison.** The Rhode Island rate is lower than the four available comparators, ranging from 5.9% lower than the Connecticut rate to 55.5% lower than the Massachusetts rate.
- **Service-specific limitations.** We did not identify comparable service rates for New Hampshire for H0020.

**Community psychiatric supportive treatment program, per diem (H0037)**

- **Billing Units.** These services are reimbursed on a per diem basis.
- **Variations.** None
- **Adjustments to Develop Normalized Rates.** None.
- **Rate Comparison.** One comparator was observed in Vermont. The Vermont reimbursement rate is 62.4% higher than the comparable Rhode Island rate.
- **Service Specific Limitations.** No available comparators were identified for Connecticut, Maine, Massachusetts, or New Hampshire.

**Assertive community treatment program, per diem (H0040)**

- **Billing Units.** These services are reimbursed on a per diem basis.
- **Variations.** None.
- **Adjustments to Develop Normalized Rates.** None.
- **Rate Comparison.** The Rhode Island reimbursement rate is consistently lower than other comparator states with Maine reporting a 41% higher rate and Massachusetts reporting a 24.5% higher rate.
- **Service Specific Limitations.** No comparators were identified for Connecticut, Vermont, or New Hampshire.

**Early Intervention Services****Comprehensive multidisciplinary evaluation (H2000)**

- **Billing Units.** This service is reimbursed per evaluation.
- **Variations.** None.
- **Adjustments to Develop Normalized Rates.** None.
- **Rate Comparison.** When considering available comparisons in Vermont, Rhode Island reimbursement rates are 52.1% higher than the comparator.
- **Service Specific Limitations.** Comparable rate comparisons were not identified in other New England states of Connecticut, Massachusetts, Maine, and New Hampshire.

**Case management, each 15 minutes (T1016)**

- **Billing Units.** This service is reimbursed in 15-minute increments.
- **Variations.** T1016 may be reimbursed with different modifiers to indicate the number of staff involved in the case management activities. The TF modifier may be used if two staff are involved. The TG modifier may be used if three or more staff are involved. Rhode Island rates vary based on the modifier used with reimbursement increasing as more staff are involved.
- **Adjustments to Develop Normalized Rates.** None.
- **Rate Comparison.** When considering available comparisons in Connecticut and Vermont, Rhode Island reimbursement rates are observed to be higher at 0.9% and 55.0% respectively.
- **Service Specific Limitations.** No comparisons were available for TF or TG modifier combinations. Comparable rate comparisons were not identified in other New England states of Massachusetts, Maine, and New Hampshire.

**Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children (T1024)**

- **Billing Units.** This service is reimbursed per encounter.

- **Variations.** T1024 may be reimbursed differently based upon the usage of one of multiple available modifiers which denote the varying credentials of the provider delivering the service. There is no variation in rates for these differing provider types except for the use of the HN modifier which denotes a Bachelors degree. In this case, the reimbursement level is lower than the typical rate.
- **Adjustments to Develop Normalized Rates.** None.
- **Rate Comparison.** We identified one state with a comparable rate for comparison. Massachusetts reimburses at a rate which is 20% less than the current Rhode Island rate.
- **Service Specific Limitations.** No New England states were identified as having comparable rates which varied by provider type and associated modifier. While a comparison was available for Massachusetts when no modifier was used, available comparators were not identified in Connecticut, Maine, New Hampshire, or Vermont.

#### Family training and counseling for child development, per 15 minutes (T1027)

- **Billing Units.** This service is reimbursed in 15-minute increments.
- **Variations.** T1027 may be reimbursed differently based upon the usage of one of multiple available modifiers which denote the varying credentials of the provider delivering the service. There is no variation in rates for these differing provider types except for the use of the HN modifier which denotes a Bachelors degree. In this case, the reimbursement level is lower than the typical rate.
- **Adjustments to Develop Normalized Rates.** None.
- **Rate Comparison.** We identified two states with comparable rates for comparison. Connecticut and New Hampshire reimburse at a significantly lower rate than Rhode Island at rates which are 106.9% and 60.6% less respectively.
- **Service Specific Limitations.** No New England states were identified as having comparable rates which varied by provider type and associated modifier. While a comparison was available for New Hampshire and Connecticut, available comparators were not identified in Maine, Massachusetts, or Vermont.

### 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 modifiers and provider enhancements. Modifiers reflect base rate add-ons 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. In addition, rate enhancements are provider specific and allow for additional reimbursement based upon client/worker satisfaction, education and training, and accreditation status. S5125 may also be billed with a U1 modifier to indicate if homemaker services were also provided.
- **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. Detailed calculations and weighting used to develop composite rates may be found in Appendix 9 of this report.
- **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 25.5% higher than the rate from Connecticut, 9.6% higher than the rate from Maine, and 16.8% lower than the Vermont rate. When shift differential modifiers and other enhancements are not taken into account, the Rhode Island rate is 17.1% higher than the rate from Connecticut, 2.3% higher than the rate from Maine, and 22.4% lower than the rate from Vermont.

- **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 which indicates the credentials of the provider and a modifier which indicates the prior approval of supplemental funding to service the exceptional needs of an individual with intellectual or development disabilities<sup>1</sup>. 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 be eligible for certain rate enhancements related to client/worker satisfaction and/or specialized training.
- **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. Detailed calculations and weighting used to develop composite rates may be found in Appendix 9 of this report.
- **Rate Comparison.** The composite Rhode Island rate for S5130 is 34.0% higher than the rate for Connecticut and 3.3% lower than the rate for Massachusetts. When disregarding the utilization of rate shift differential modifiers and other enhancements, a comparison on the unadjusted rate results in the Rhode Island rate being 27.0% higher than the rate for Connecticut and 8.4% lower than the rate for Massachusetts.
- **Service Specific Limitations.** We did not identify comparable service rates for New Hampshire, Maine, 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 7.8% 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 is used. In Massachusetts, Vermont, and Connecticut 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 description.
- **Rate Comparison.** The Rhode Island rate for T1000 is lower than most comparators, but higher than Vermont and Massachusetts comparison rate.

<sup>1</sup> *Billing Policy Manual Division of Developmental Disabilities.* (Jan 17, 2020). Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. [https://bhddh.ri.gov/sites/g/files/xkgbur411/files/documents/DD-Billing-Manual\\_4.8.2020\\_.pdf](https://bhddh.ri.gov/sites/g/files/xkgbur411/files/documents/DD-Billing-Manual_4.8.2020_.pdf)

The rate is 40.4% lower than the rate for Connecticut, 6.0% lower than the rate for Maine, 0.2% higher than the rate for Massachusetts, and 1.9% lower than the rate for New Hampshire. However, the rate is 24.8% 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 50.7% lower than the available comparator for Connecticut to 18.8% higher than the rate for Vermont.

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

Additional detail for each comparator rate and normalizing adjustments for each state is 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, March 23, 2023, and the June 21, 2023, Advisory Council meetings.
- **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. Appendix 1 illustrates the full list of service codes reviewed for this report. Appendix 2 illustrates the service codes for which a rate benchmark was identified in at least one of the comparator states.

### SELECTION OF GEOGRAPHY FOR REIMBURSEMENT RATE COMPARISON

We selected five states for comparison to Rhode Island rates. These five states include the New England geographies 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 program rates, certain services and tasks were prioritized to be included in this report. The 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 review 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 to ensure spread across the primary domains (Children’s Services, Behavioral Health, HCBS, I/DD).

Taking all these considerations into account, we worked with OHIC to select services for evaluation within this report.

These services, applicable modifiers and a brief description are provided in Appendix 1 of this report.

### 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 3: COMMON RATE VARIATIONS AND NORMALIZATION

The figure below describes common rate variations observed and normalization methods to allow for rate comparison. Detailed calculations of composite rates which resulted from normalization methods can be found in Appendix 9 of this report.

Common Rate Variations	Billed Units/Unit Type	Covered Service or Code	Provider Credentials
<b>Description</b>	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 which 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.
<b>Normalization Methods</b>	In cases where there is a similar code but a difference in the number of unit 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 credential 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 certain service requirements and billing practices to exist between state programs. The potential for these differences should be considered in evaluating the rate benchmarks illustrated in this report. Adjustments made to normalize the rates between states are illustrated in Appendix 3 through Appendix 7

## Conclusions

We identified a high level of variability among the New England states in how services are reimbursed among the observed set of behavioral health, early intervention, and homecare 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.

## 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 who 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 behavioral health, home care, and early intervention 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 input to the models. We have relied upon certain data and information provided by OHIC and 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.

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**  
**Benchmarking for Selected Procedure Codes**

Detailed Service Category	Procedure Code	Procedure Code Description	Modifier Description	Rate
BHDDH Behavioral Health Group	90791-AJ	Psychiatric diagnostic evaluation without medical services	Clinical Social Worker	\$ 131.75
BHDDH Behavioral Health Group	90791-HF	Psychiatric diagnostic evaluation without medical services	Licensed Mental Health Counselor	\$ 108.50
BHDDH Behavioral Health Group	90791-HO	Psychiatric diagnostic evaluation without medical services	LMHC, LMFT	\$ 131.75
BHDDH Behavioral Health Group	90791-TD	Psychiatric diagnostic evaluation without medical services	Registered Nurse	\$ 124.00
BHDDH Behavioral Health Group	90791-UA	Psychiatric diagnostic evaluation without medical services	Principal Counselor/Counselor	\$ 116.25
BHDDH Behavioral Health Group	90792	Psychiatric diagnostic evaluation with medical services (90 minutes)		\$ 294.35
BHDDH Behavioral Health Group	90792-TD-TF	Psychiatric diagnostic evaluation with medical services	PCNS	\$ 250.20
BHDDH Behavioral Health Group	90832-AJ	Psychotherapy, 30 minutes with patient and/or family member	Clinical Social Worker	\$ 52.50
BHDDH Behavioral Health Group	90832-HF	Psychotherapy, 30 minutes with patient and/or family member	Licensed Mental Health Counselor	\$ 45.50
BHDDH Behavioral Health Group	90832-HO	Psychotherapy, 30 minutes with patient and/or family member	LMHC, LMFT	\$ 52.50
BHDDH Behavioral Health Group	90832-UA	Psychotherapy, 30 minutes with patient and/or family member	Principal Counselor/Counselor	\$ 49.00
BHDDH Behavioral Health Group	90834-AJ	Psychotherapy, 45 minutes with patient and/or family member	Clinical Social Worker	\$ 72.00
BHDDH Behavioral Health Group	90834-HF	Psychotherapy, 45 minutes with patient and/or family member	Licensed Mental Health Counselor	\$ 62.40
BHDDH Behavioral Health Group	90834-HO	Psychotherapy, 45 minutes with patient and/or family member	LMHC, LMFT	\$ 72.00
BHDDH Behavioral Health Group	90834-UA	Psychotherapy, 45 minutes with patient and/or family member	Principal Counselor/Counselor	\$ 67.20
BHDDH Behavioral Health Group	90837-AJ	Psychotherapy, 60 minutes with patient and/or family member	Clinical Social Worker	\$ 75.00
BHDDH Behavioral Health Group	90837-HF	Psychotherapy, 60 minutes with patient and/or family member	Licensed Mental Health Counselor	\$ 65.00
BHDDH Behavioral Health Group	90837-HO	Psychotherapy, 60 minutes with patient and/or family member	LMHC, LMFT	\$ 75.00
BHDDH Behavioral Health Group	90837-UA	Psychotherapy, 60 minutes with patient and/or family member	Principal Counselor/Counselor	\$ 70.00
BHDDH Behavioral Health Group	90846	Family psychotherapy (without the patient present)		\$ 90.00
BHDDH Behavioral Health Group	90846-AJ	Family psychotherapy (without the patient present)	Clinical Social Worker	\$ 67.50
BHDDH Behavioral Health Group	90846-UA	Family psychotherapy (without the patient present)	Principal Counselor/Counselor	\$ 63.00
BHDDH Behavioral Health Group	90846-HF	Family psychotherapy (without the patient present)	Licensed Mental Health Counselor	\$ 58.50
BHDDH Behavioral Health Group	90846-HO	Family psychotherapy (without the patient present)	LMHC, LMFT	\$ 67.50
BHDDH Behavioral Health Group	90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes		\$ 96.00
BHDDH Behavioral Health Group	90847-HO	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	LMHC, LMFT	\$ 72.00
BHDDH Behavioral Health Group	90847-UA	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	Principal Counselor/Counselor	\$ 67.20
BHDDH Behavioral Health Group	90847-AJ	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	Clinical Social Worker	\$ 72.00
BHDDH Behavioral Health Group	90847-HF	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	Licensed Mental Health Counselor	\$ 62.40
BHDDH Behavioral Health Group	90853	Group psychotherapy (other than of a multiple-family group)		\$ 48.00
BHDDH Behavioral Health Group	90853-AJ	Group psychotherapy (other than of a multiple-family group)	Clinical Social Worker	\$ 36.00
BHDDH Behavioral Health Group	90853-HF	Group psychotherapy (other than of a multiple-family group)	Licensed Mental Health Counselor	\$ 31.20
BHDDH Behavioral Health Group	90853-HO	Group psychotherapy (other than of a multiple-family group)	LMHC, LMFT	\$ 36.00
BHDDH Behavioral Health Group	90853-UA	Group psychotherapy (other than of a multiple-family group)	Principal Counselor/Counselor	\$ 33.60
BHDDH Behavioral Health Group	99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional		\$ 8.05
BHDDH Behavioral Health Group	99211-TD	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional	Registered Nurse	\$ 7.50
BHDDH Behavioral Health Group	99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making		\$ 56.00
BHDDH Behavioral Health Group	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity		\$ 78.00
BHDDH Behavioral Health Group	99213-TD-TF	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity	PCNS	\$ 66.30
BHDDH Behavioral Health Group	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity		\$ 118.00
BHDDH Behavioral Health Group	99214-TD-TF	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity	PCNS	\$ 100.30

State of Rhode Island Office of the Health Insurance Commissioner Appendix 1 - Rhode Island Fee Schedule Benchmarking for Selected Procedure Codes				
Detailed Service Category	Procedure Code	Procedure Code Description	Modifier Description	Rate
BHDDH Behavioral Health Group	99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity		\$ 148.00
BHDDH Behavioral Health Group	99215-TD-TF	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity	PCNS	\$ 125.80
CMHC - IHH	H0037	Community psychiatric supportive treatment program, per diem		\$ 13.82
CMHC - ACT	H0040	Assertive community treatment program, per diem		\$ 41.65
Early Intervention	H2000	Comprehensive multidisciplinary evaluation		\$ 1,064.36
Early Intervention	T1016	Case management, each 15 minutes		\$ 25.35
Early Intervention	T1016-TF	Case management, each 15 minutes	Two staff	\$ 50.69
Early Intervention	T1016-TG	Case management, each 15 minutes	Three or more staff	\$ 76.04
Early Intervention	T1024	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter		\$ 43.44
Early Intervention	T1024-AE	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter	Registered Dietician	\$ 43.44
Early Intervention	T1024-AJ	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter	Clinical Social Worker	\$ 43.44
Early Intervention	T1024-GN	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter	Speech Pathologist	\$ 43.44
Early Intervention	T1024-GO	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter	Occupational Therapist	\$ 43.44
Early Intervention	T1024-GP	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter	Physical Therapist	\$ 43.44
Early Intervention	T1024-HN	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter	Bachelor's Degree	\$ 29.70
Early Intervention	T1024-TD	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter	Registered Nurse	\$ 43.44
Early Intervention	T1024-TG	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter	Behavioral Health Professional	\$ 43.44
Early Intervention	T1024-TL-HO	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter	Visually impaired	\$ 43.44
Early Intervention	T1024-TG-HO	Team evaluation & management per encounter	Certified Teacher of the Deaf	\$ 43.44
Early Intervention	T1027	Family training and counseling for child development, per 15 minutes		\$ 43.44
Early Intervention	T1027-AE	Family training and counseling for child development, per 15 minutes	Registered Dietician	\$ 43.44
Early Intervention	T1027-AJ	Family training and counseling for child development, per 15 minutes	Clinical Social Worker	\$ 43.44
Early Intervention	T1027-GN	Family training and counseling for child development, per 15 minutes	Speech Pathologist	\$ 43.44
Early Intervention	T1027-GO	Family training and counseling for child development, per 15 minutes	Occupational Therapist	\$ 43.44
Early Intervention	T1027-GP	Family training and counseling for child development, per 15 minutes	Physical Therapist	\$ 43.44
Early Intervention	T1027-HN	Family training and counseling for child development, per 15 minutes	Bachelor's Degree	\$ 29.70
Early Intervention	T1027-TD	Family training and counseling for child development, per 15 minutes	Registered Nurse	\$ 43.44
Early Intervention	T1027-TG	Family training and counseling for child development, per 15 minutes	Behavioral Health Professional	\$ 43.44
Early Intervention	T1027-TG-HO	Family training and counseling for child development, per 15 minutes	Certified Teacher of the Deaf	\$ 43.44
Home Care/Severely Disabled Nursing Homecare	S5125	Attendant care services; per 15 minutes	Personal Care Only	\$ 6.79
Home Care/Severely Disabled Nursing Homecare	S5125-UJ	Attendant care services; per 15 minutes	Night Shift	\$ 7.35

**State of Rhode Island**  
**Office of the Health Insurance Commissioner**  
**Appendix 1 - Rhode Island Fee Schedule**  
**Benchmarking for Selected Procedure Codes**

Detailed Service Category	Procedure Code	Procedure Code Description	Modifier Description	Rate
Home Care/Severely Disabled Nursing Homecare	S5125-UH	Attendant care services; per 15 minutes	Evening Shift	\$ 7.35
Home Care/Severely Disabled Nursing Homecare	S5125-TV	Attendant care services; per 15 minutes	Weekend/Holiday Shift	\$ 7.35
Home Care/Severely Disabled Nursing Homecare	S5125-U9	Attendant care services; per 15 minutes	High Acuity	\$ 7.04
Home Care/Severely Disabled Nursing Homecare	S5125-L9	Attendant care services; per 15 minutes	Supplemental Funding	\$ 14.68
Home Care/Severely Disabled Nursing Homecare	S5125-UJ-U9	Attendant care services; per 15 minutes	Night Shift; High Acuity	\$ 7.60
Home Care/Severely Disabled Nursing Homecare	S5125-UH-U9	Attendant care services; per 15 minutes	Evening Shift; High Acuity	\$ 7.60
Home Care/Severely Disabled Nursing Homecare	S5125-TV-U9	Attendant care services; per 15 minutes	Weekend/Holiday Shift; High Acuity	\$ 7.60
Home Care/Severely Disabled Nursing Homecare	S5125-U1	Attendant care services; per 15 minutes	CNA combined personal care and homemaker services	\$ 6.56
Home Care/Severely Disabled Nursing Homecare	S5125-U1-UJ	Attendant care services; per 15 minutes	Night Shift	\$ 7.12
Home Care/Severely Disabled Nursing Homecare	S5125-U1-UH	Attendant care services; per 15 minutes	Evening Shift	\$ 7.12
Home Care/Severely Disabled Nursing Homecare	S5125-U1-TV	Attendant care services; per 15 minutes	Weekend/Holiday Shift	\$ 7.12
Home Care/Severely Disabled Nursing Homecare	S5125-U1-U9	Attendant care services; per 15 minutes	High Acuity	\$ 6.81
Home Care/Severely Disabled Nursing Homecare	S5125-U1-UJ-U9	Attendant care services; per 15 minutes	Night Shift; High Acuity	\$ 7.37
Home Care/Severely Disabled Nursing Homecare	S5125-U1-UH-U9	Attendant care services; per 15 minutes	Evening Shift; High Acuity	\$ 7.37
Home Care/Severely Disabled Nursing Homecare	S5125-U1-TV-U9	Attendant care services; per 15 minutes	Weekend/Holiday Shift; High Acuity	\$ 7.37
Home Care	S5130	Homemaker service, NOS; Per 15 Minutes	N/A	\$ 6.35
Home Care	S5130-TE	Homemaker service, NOS; Per 15 Minutes	LPN	\$ 14.68
Home Care	S5130-L9	Homemaker service, NOS; Per 15 Minutes	Supplemental Funding	\$ 14.68
Home Care/Severely Disabled Nursing Homecare	T1001	Nursing assessment/evaluation	N/A	\$ 106.21
Severely Disabled Nursing Homecare	T1000	Private duty/ Independent nursing service(s)- licensed, up to 15 minutes	N/A	\$ 14.68
Severely Disabled Nursing Homecare	T1000-TE	Private duty/ Independent nursing service(s)- licensed, up to 15 minutes	LPN	\$ 11.88
Substance Use Rehabilitation	H0001	Alcohol and/or drug assessment (60-90 minutes)	N/A	\$ 97.00
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	H0005	Alcohol and/or drug services; group counseling by a clinician	N/A	\$ 32.30
Substance Use Rehabilitation	H0020	Alcohol and/or drug services; methadone administration and/or service	N/A	\$ 84.98

**Sources**

Rhode Island: <https://providersearch.riproviderportal.org/ProviderSearchEOHHS/FFSFeeSchedule.aspx>

**Note:**

Applicable program indicators include Adult Mental Health (MMH015), Substance Abuse Services (MSA010), Integrated Health Home (MBI010), Assertive Community Treatment (MBA010), Early Intervention MA (MEI010), Early Intervention Non-MA (MEI015), Behavioral Services Non-DCYF (MBH015), and the following program indicators for home care services: BHDDH DD Home Health Services (MBD030), Severely Disabled Home Care Services (MCC010), LTSS HCBS Services (MCS010), OHA Community Waiver Program (MDE010), OHA At Home Cost Share (MDE030 & MDE040), Habilitation Community Service (MHB010), Medicaid Preventive Services (MPS020).

## APPENDIX 2 – SERVICES REVIEWED

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**State of Rhode Island**  
**Office of the Health Insurance Commissioner**  
**Appendix 2 - Services Reviewed**  
**Benchmarking for Selected Procedure Codes**

Procedure Code	Procedure Code	RI Rates Base Rate	Comparator Rates				Percentage Variance (Rhode Island Rate / Comparator Rate)					SFY 2022 Average Monthly Unique Utilizers			
			CT	ME	MA	NH	VT	CT	ME	MA	NH	VT	Average	FFS	MCO
<b>Behavioral Health</b>															
90791-AJ	Psychiatric diagnostic evaluation without medical services	\$ 131.75	\$ 107.38	N/A	N/A	N/A	N/A	22.7%	N/A	N/A	N/A	N/A	22.7%	8	8
90791-HO	Psychiatric diagnostic evaluation without medical services	\$ 131.75	\$ 107.38	N/A	\$ 130.48	N/A	\$ 150.15	22.7%	N/A	1.0%	N/A	(12.3%)	3.8%	10	7
90832-AJ	Psychotherapy, 30 minutes with patient and/or family member	\$ 52.50	\$ 44.78	N/A	N/A	N/A	N/A	17.2%	N/A	N/A	N/A	N/A	17.2%	5	10
90832-HO	Psychotherapy, 30 minutes with patient and/or family member	\$ 52.50	\$ 44.78	N/A	\$ 52.20	N/A	\$ 64.94	17.2%	N/A	0.6%	N/A	(19.2%)	(0.4%)	16	12
90834-AJ	Psychotherapy, 45 minutes with patient and/or family member	\$ 72.00	\$ 65.64	N/A	N/A	N/A	N/A	9.7%	N/A	N/A	N/A	N/A	9.7%	11	43
90834-HO	Psychotherapy, 45 minutes with patient and/or family member	\$ 72.00	\$ 65.64	N/A	\$ 57.28	N/A	\$ 85.81	9.7%	N/A	25.7%	N/A	(16.1%)	6.4%	28	40
90837-AJ	Psychotherapy, 60 minutes with patient and/or family member	\$ 75.00	\$ 98.42	N/A	N/A	N/A	N/A	(23.8%)	N/A	N/A	N/A	N/A	(23.8%)	3	8
90837-HO	Psychotherapy, 60 minutes with patient and/or family member	\$ 75.00	\$ 98.42	N/A	\$ 125.69	N/A	\$ 126.35	(23.8%)	N/A	(40.3%)	N/A	(40.6%)	(34.9%)	11	14
90846-AJ	Family psychotherapy (without the patient present)	\$ 67.50	\$ 64.77	N/A	N/A	N/A	N/A	4.2%	N/A	N/A	N/A	N/A	4.2%	-	1
90846-HO	Family psychotherapy (without the patient present)	\$ 67.50	\$ 64.77	N/A	\$ 101.43	N/A	\$ 81.88	4.2%	N/A	(33.5%)	N/A	(17.6%)	(15.6%)	-	-
90847-AJ	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	\$ 72.00	\$ 79.79	N/A	N/A	N/A	N/A	(9.8%)	N/A	N/A	N/A	N/A	(9.8%)	-	-
90847-HO	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	\$ 72.00	\$ 79.79	N/A	\$ 101.43	N/A	\$ 85.40	(9.8%)	N/A	(29.0%)	N/A	(15.7%)	(18.2%)	-	3
90853-AJ	Group psychotherapy (other than of a multiple-family group)	\$ 36.00	\$ 24.85	N/A	N/A	N/A	N/A	44.9%	N/A	N/A	N/A	N/A	44.9%	-	-
90853-HO	Group psychotherapy (other than of a multiple-family group)	\$ 36.00	\$ 24.85	N/A	\$ 30.31	N/A	\$ 22.93	44.9%	N/A	18.8%	N/A	57.0%	40.2%	2	5
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional	\$ 8.05	N/A	N/A	\$ 22.06	N/A	N/A	N/A	N/A	(63.5%)	N/A	N/A	(63.5%)	2	279
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making	\$ 56.00	N/A	N/A	\$ 52.73	N/A	N/A	N/A	N/A	6.2%	N/A	N/A	6.2%	1	46
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity	\$ 78.00	N/A	N/A	\$ 84.11	N/A	N/A	N/A	N/A	(7.3%)	N/A	N/A	(7.3%)	18	1,174
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity	\$ 118.00	N/A	N/A	\$ 143.98	N/A	N/A	N/A	N/A	(18.0%)	N/A	N/A	(18.0%)	24	1,110
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity	\$ 148.00	N/A	N/A	\$ 166.57	N/A	N/A	N/A	N/A	(11.1%)	N/A	N/A	(11.1%)	1	40
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	(29.6%)	9	29
H0004-HO	Behavioral Health Counseling And Therapy (Master's Degree)	\$ 16.25	N/A	\$ 25.73	N/A	N/A	N/A	N/A	(36.8%)	N/A	N/A	N/A	(36.8%)	6	7
H0004-HQ-HO	Behavioral Health Counseling And Therapy (Master's Degree/Group)	\$ 5.00	N/A	\$ 8.41	N/A	N/A	N/A	N/A	(40.5%)	N/A	N/A	N/A	(40.5%)	-	-
H0004	Behavioral Health Counseling And Therapy	\$ 17.94	N/A	N/A	\$ 28.94	\$ 33.76	\$ 29.16	N/A	N/A	(38.0%)	(46.9%)	(38.5%)	(41.1%)	21	328
H0004 Adjustment*	Behavioral Health Counseling And Therapy	\$ (0.39)													
H0004 Composite	Behavioral Health Counseling And Therapy	\$ 17.55	N/A	N/A	\$ 28.94	\$ 33.76	\$ 29.16	N/A	N/A	(39.4%)	(48.0%)	(39.8%)	(42.4%)	43	347
H0005	Group Counseling By A Clinician	\$ 32.30	N/A	N/A	\$ 34.72	\$ 28.26	N/A	N/A	N/A	(7.0%)	14.3%	N/A	3.7%	9	32
H0020	Methadone Administration and Service	\$ 84.98	\$ 90.35	\$ 171.30	\$ 190.82	N/A	\$ 105.00	(5.9%)	(50.4%)	(55.5%)	N/A	(19.1%)	(32.7%)	95	3,380
H0037	Community psychiatric supportive treatment program, per diem	\$ 13.82	N/A	N/A	N/A	N/A	\$ 36.75	N/A	N/A	N/A	N/A	(62.4%)	(62.4%)	1,680	5,010
H0040	Assertive community treatment program, per diem	\$ 41.65	N/A	\$ 70.58	\$ 55.14	N/A	N/A	N/A	(41.0%)	(24.5%)	N/A	N/A	(32.7%)	397	940
<b>Early Intervention</b>															
T1016	Case management, each 15 minutes	\$ 25.35	\$ 25.13	N/A	N/A	N/A	\$ 16.36	0.9%	N/A	N/A	N/A	55.0%	27.9%	267	587
T1024	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter	\$ 43.44	N/A	N/A	\$ 36.21	N/A	N/A	N/A	N/A	20.0%	N/A	N/A	20.0%	211	333
T1027	Family training and counseling for child development, per 15 minutes	\$ 43.44	\$ 21.00	N/A	N/A	\$ 27.05	N/A	106.9%	N/A	N/A	60.6%	N/A	83.7%	194	376
H2000	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity	\$ 1,064.36	N/A	N/A	N/A	N/A	\$ 700.00	N/A	N/A	N/A	N/A	52.1%	52.1%	59	106

**State of Rhode Island  
Office of the Health Insurance Commissioner  
Appendix 2 - Services Reviewed  
Benchmarking for Selected Procedure Codes**

		RI Rates	Comparator Rates					Percentage Variance (Rhode Island Rate / Comparator Rate)					SFY 2022 Average Monthly Unique Utilizers		
Procedure Code	Procedure Code	Base Rate	CT	ME	MA	NH	VT	CT	ME	MA	NH	VT	Average	FFS	MCO
<b>Homecare Services</b>															
S5125	Attendant Care Services	\$ 6.79	\$ 5.80	\$ 6.64	N/A	N/A	\$ 8.75	17.1%	2.3%	N/A	N/A	(22.4%)	(1.0%)	221	477
S5125 Adjustment*	Attendant Care Services	\$ 0.49													
S5125 Composite	Attendant Care Services	\$ 7.28	\$ 5.80	\$ 6.64	N/A	N/A	\$ 8.75	25.5%	9.6%	N/A	N/A	(16.8%)	6.1%	245	444
S5130	Homemaker Service	\$ 6.35	\$ 5.00	N/A	\$ 6.93	N/A	N/A	27.0%	N/A	(8.4%)	N/A	N/A	9.3%	405	484
S5130 Adjustment*	Homemaker Service	\$ 0.35													
S5130 Composite	Homemaker Service	\$ 6.70	\$ 5.00	N/A	\$ 6.93	N/A	N/A	34.0%	N/A	(3.3%)	N/A	N/A	15.3%	405	481
T1001	Nursing Assessment/Evaluation	\$ 106.21	\$ 98.53	N/A	N/A	N/A	N/A	7.8%	N/A	N/A	N/A	N/A	7.8%	503	137
T1000	Private Duty/ Independent Nursing Service (RN)	\$ 14.68	\$ 24.63	\$ 15.61	\$ 14.65	\$ 14.96	\$ 11.76	(40.4%)	(6.0%)	0.2%	(1.9%)	24.8%	(4.6%)	2	-
T1000-TE	Private Duty/ Independent Nursing Service (LPN)	\$ 11.88	\$ 24.08	\$ 11.07	\$ 12.20	\$ 13.76	\$ 10.00	(50.7%)	7.3%	(2.6%)	(13.7%)	18.8%	(8.2%)	-	-

\*Adjustment calculation is shown in Appendix 8

**Notes:**

1. 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".
2. 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.
3. Details of composite rate calculations and associated weighting can be found in Appendix 8 of this report.
4. SFY 2022 Average Monthly Utilizers represents the unique users of each service covered either by the FFS or Medicaid managed care organization (MCO) program.
5. Rhode Island and comparator rates are based on the observed rate as of July 1, 2023.
6. Applicable program indicators include Adult Mental Health (MMH015), Substance Abuse Services (MSA010), Integrated Health Home (MBI010), Assertive Community Treatment (MBA010), Early Intervention MA (MEI010), Early Intervention Non-MA (MEI015), Behavioral Services Non-DCYF (MBH015), and the following program indicators for home care services: BHDDH DD Home Health Services (MBD030), Severely Disabled Home Care Services (MCC010), LTSS HCBS Services (MCS010), OHA Community Waiver Program (MDE010), OHA At Home Cost Share (MDE030 & MDE040), Habilitation Community Service (MHB010), Medicaid Preventive Services (MPS020).

## APPENDIX 3 – CONNECTICUT RATE COMPARISON

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**State of Rhode Island**  
**Office of the Health Insurance Commissioner**  
**Appendix 3 - Connecticut Comparison**  
**Benchmarking for Selected Procedure Codes**

Detailed Service Category	RI Procedure Code	CT Procedure		Notes	Adjustment	CT Normalized Rate for Comparison (if applicable)	Dollar Variance	Percent Variance
		Code	RI Rate					
BHDDH Behavioral Health Group	90791-AJ	90791	\$ 131.75	\$ 107.38	No Adjustment	\$ 107.38	\$ 24.37	22.7%
BHDDH Behavioral Health Group	90791-HF		\$ 108.50	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	90791-HO	90791	\$ 131.75	\$ 107.38	No Adjustment	\$ 107.38	\$ 24.37	22.7%
BHDDH Behavioral Health Group	90791-TD		\$ 124.00	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	90791-UA		\$ 116.25	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	90792		\$ 294.35	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	90792-TD-TF		\$ 250.20	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	90832-AJ	90832	\$ 52.50	\$ 44.78	No Adjustment	\$ 44.78	\$ 7.72	17.2%
BHDDH Behavioral Health Group	90832-HF		\$ 45.50	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	90832-HO	90832	\$ 52.50	\$ 44.78	No Adjustment	\$ 44.78	\$ 7.72	17.2%
BHDDH Behavioral Health Group	90832-UA		\$ 49.00	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	90834-AJ	90834	\$ 72.00	\$ 65.64	No Adjustment	\$ 65.64	\$ 6.36	9.7%
BHDDH Behavioral Health Group	90834-HF		\$ 62.40	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	90834-HO	90834	\$ 72.00	\$ 65.64	No Adjustment	\$ 65.64	\$ 6.36	9.7%
BHDDH Behavioral Health Group	90834-UA		\$ 67.20	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	90837-AJ	90837	\$ 75.00	\$ 98.42	No Adjustment	\$ 98.42	\$ (23.42)	(23.8%)
BHDDH Behavioral Health Group	90837-HF		\$ 65.00	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	90837-HO	90837	\$ 75.00	\$ 98.42	No Adjustment	\$ 98.42	\$ (23.42)	(23.8%)
BHDDH Behavioral Health Group	90837-UA		\$ 70.00	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846		\$ 90.00	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846-AJ	90846	\$ 67.50	\$ 64.77	No Adjustment	\$ 64.77	\$ 2.73	4.2%
BHDDH Behavioral Health Group	90846-UA		\$ 63.00	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846-HF		\$ 58.50	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846-HO	90846	\$ 67.50	\$ 64.77	No Adjustment	\$ 64.77	\$ 2.73	4.2%
BHDDH Behavioral Health Group	90847		\$ 96.00	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	90847-HO	90847	\$ 72.00	\$ 79.79	No Adjustment	\$ 79.79	\$ (7.79)	(9.8%)
BHDDH Behavioral Health Group	90847-UA		\$ 67.20	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	90847-AJ	90847	\$ 72.00	\$ 79.79	No Adjustment	\$ 79.79	\$ (7.79)	(9.8%)
BHDDH Behavioral Health Group	90847-HF		\$ 62.40	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853		\$ 48.00	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853-AJ	90853	\$ 36.00	\$ 24.85	No Adjustment	\$ 24.85	\$ 11.15	44.9%
BHDDH Behavioral Health Group	90853-HF		\$ 31.20	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853-HO	90853	\$ 36.00	\$ 24.85	No Adjustment	\$ 24.85	\$ 11.15	44.9%
BHDDH Behavioral Health Group	90853-UA		\$ 33.60	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	99211		\$ 8.05	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	99211-TD		\$ 7.50	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	99212		\$ 56.00	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	99212-TD-TF		\$ 47.60	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	99213		\$ 78.00	N/A	No Comparative Services Identified	N/A	N/A	N/A
BHDDH Behavioral Health Group	99213-TD-TF		\$ 66.30	N/A	No Comparative Services Identified	N/A	N/A	N/A

State of Rhode Island Office of the Health Insurance Commissioner Appendix 3 - Connecticut Comparison Benchmarking for Selected Procedure Codes									
Detailed Service Category	RI Procedure Code	CT Procedure Code	RI Rate	CT Rate	Notes	Adjustment	CT Normalized Rate for Comparison (if applicable)	Dollar Variance	Percent Variance
BHDDH Behavioral Health Group	99214		\$ 118.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99214-TD-TF		\$ 100.30	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99215		\$ 148.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99215-TD-TF		\$ 125.80	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
CMHC - IHH	H0037		\$ 13.82	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
CMHC - ACT	H0040		\$ 41.65	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	H2000		\$ 1,064.36	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1016	T1016	\$ 25.35	\$ 25.13		No Adjustment	\$ 25.13	\$ 0.22	0.9%
Early Intervention	T1016-TF		\$ 50.69	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1016-TG		\$ 76.04	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-AE		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-AJ		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-GN		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-GO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-GP		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-HN		\$ 29.70	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TD		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TG		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TL-HO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TG-HO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027	T1027	\$ 43.44	\$ 21.00		No Adjustment	\$ 21.00	\$ 22.44	106.9%
Early Intervention	T1027-AE		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-AJ		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-GN		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-GO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-GP		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-HN		\$ 29.70	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-TD		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-TG		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-TG-HO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Home Care/Severely Disabled Nursing Homecare	S5125 Composite	1021Z*	\$ 7.28	\$ 5.80		No Adjustment	\$ 5.80	\$ 1.48	25.5%
Home Care	S5130 Composite	1214Z	\$ 6.70	\$ 5.00		No Adjustment	\$ 5.00	\$ 1.70	34.0%
Home Care/Severely Disabled Nursing Homecare	T1001	T1001	\$ 106.21	\$ 98.53		No Adjustment	\$ 98.53	\$ 7.68	7.8%
Home Care/Severely Disabled Nursing Homecare	T1000	T1002	\$ 14.68	\$ 24.63		No Adjustment	\$ 24.63	\$ (9.95)	(40.4%)
Home Care/Severely Disabled Nursing Homecare	T1000-TE	T1003	\$ 11.88	\$ 24.08		No Adjustment	\$ 24.08	\$ (12.20)	(50.7%)

**State of Rhode Island**  
**Office of the Health Insurance Commissioner**  
**Appendix 3 - Connecticut Comparison**  
**Benchmarking for Selected Procedure Codes**

<b>Detailed Service Category</b>	<b>RI Procedure Code</b>	<b>CT Procedure Code</b>	<b>RI Rate</b>	<b>CT Rate</b>	<b>Notes</b>	<b>Adjustment</b>	<b>CT Normalized Rate for Comparison (if applicable)</b>	<b>Dollar Variance</b>	<b>Percent Variance</b>
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		\$ 17.55	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	\$ 90.35		No Adjustment	\$ 90.35	\$ (5.37)	(5.9%)

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

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](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, Behavioral Health Clinician, Home Health, CT Home Care, and Special Services-Birth to Three Yrs)

## APPENDIX 4 – MAINE RATE COMPARISON

**State of Rhode Island  
Office of the Health Insurance Commissioner  
Appendix 4 - Maine Comparison  
Benchmarking for Selected Procedure Codes**

Detailed Service Category	RI Procedure Code	ME Procedure Code	RI Rate	ME Rate	Notes	Adjustment	ME Normalized	Dollar	Percent
							Rate for Comparison (if applicable)		
BHDDH Behavioral Health Group	90791-AJ		\$ 131.75	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90791-HF		\$ 108.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90791-HO		\$ 131.75	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90791-TD		\$ 124.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90791-UA		\$ 116.25	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90792		\$ 294.35	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90792-TD-TF		\$ 250.20	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90832-AJ		\$ 52.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90832-HF		\$ 45.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90832-HO		\$ 52.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90832-UA		\$ 49.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90834-AJ		\$ 72.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90834-HF		\$ 62.40	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90834-HO		\$ 72.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90834-UA		\$ 67.20	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90837-AJ		\$ 75.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90837-HF		\$ 65.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90837-HO		\$ 75.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90837-UA		\$ 70.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846		\$ 90.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846-AJ		\$ 67.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846-UA		\$ 63.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846-HF		\$ 58.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846-HO		\$ 67.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90847		\$ 96.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90847-HO		\$ 72.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90847-UA		\$ 67.20	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90847-AJ		\$ 72.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90847-HF		\$ 62.40	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853		\$ 48.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853-AJ		\$ 36.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853-HF		\$ 31.20	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853-HO		\$ 36.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853-UA		\$ 33.60	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99211		\$ 8.05	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99211-TD		\$ 7.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99212		\$ 56.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99212-TD-TF		\$ 47.60	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99213		\$ 78.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99213-TD-TF		\$ 66.30	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99214		\$ 118.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A

**State of Rhode Island  
Office of the Health Insurance Commissioner  
Appendix 4 - Maine Comparison  
Benchmarking for Selected Procedure Codes**

Detailed Service Category	RI Procedure Code	ME Procedure Code	RI Rate	ME Rate	Notes	Adjustment	ME Normalized	Dollar	Percent
							Rate for Comparison (if applicable)		
BHDDH Behavioral Health Group	99214-TD-TF		\$ 100.30	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99215		\$ 148.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99215-TD-TF		\$ 125.80	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
CMHC - IHH	H0037		\$ 13.82	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
CMHC - ACT	H0040	H0040	\$ 41.65	\$ 494.06		Normalize ME rate from weekly to per day	\$ 70.58	\$ (28.93)	(41.0%)
Early Intervention	H2000		\$ 1,064.36	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1016		\$ 25.35	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1016-TF		\$ 50.69	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1016-TG		\$ 76.04	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-AE		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-AJ		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-GN		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-GO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-GP		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-HN		\$ 29.70	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TD		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TG		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TL-HO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TG-HO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-AE		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-AJ		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-GN		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-GO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-GP		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-HN		\$ 29.70	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-TD		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-TG		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-TG-HO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Home Care/Severely Disabled Nursing Homecare	S5125 Composite	S5125-U2	\$ 7.28	\$ 6.64		No Adjustment	\$ 6.64	\$ 0.64	9.6%
Home Care	S5130 Composite		\$ 6.70	N/A	No comparative service identified	N/A	N/A	N/A	N/A
Home Care/Severely Disabled Nursing Homecare	T1001		\$ 106.21	N/A	No comparative service identified	N/A	N/A	N/A	N/A
Home Care/Severely Disabled Nursing Homecare	T1000	T1000-TD	\$ 14.68	\$ 15.61		No Adjustment	\$ 15.61	\$ (0.93)	(6.0%)
Home Care/Severely Disabled Nursing Homecare	T1000-TE	G0300-TE*	\$ 11.88	\$ 11.07		No Adjustment	\$ 11.07	\$ 0.81	7.3%

**State of Rhode Island  
Office of the Health Insurance Commissioner  
Appendix 4 - Maine Comparison  
Benchmarking for Selected Procedure Codes**

Detailed Service Category	RI Procedure Code	ME Procedure Code	RI Rate	ME Rate	Notes	Adjustment	ME Normalized Rate for Comparison (if applicable)	Dollar Variance	Percent Variance
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		\$ 17.55	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](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/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>  
<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Rate%20Setting/Section%20017%20-%20Community%20Support%20Services/Section%2017%20-%20Community%20Support%20Services%202023.pdf>

## APPENDIX 5 – MASSACHUSETTS RATE COMPARISON

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**State of Rhode Island**  
**Office of the Health Insurance Commissioner**  
**Appendix 5 - Massachusetts Comparison**  
**Benchmarking for Selected Procedure Codes**

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
BHDDH Behavioral Health Group	90791-AJ		\$ 131.75	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90791-HF		\$ 108.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90791-HO	90791-HO	\$ 131.75	\$ 130.48		No Adjustment	\$ 130.48	\$ 1.27	1.0%
BHDDH Behavioral Health Group	90791-TD		\$ 124.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90791-UA		\$ 116.25	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90792		\$ 294.35	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90792-TD-TF		\$ 250.20	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90832-AJ		\$ 52.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90832-HF		\$ 45.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90832-HO	90832-HO	\$ 52.50	\$ 52.20		No Adjustment	\$ 52.20	\$ 0.30	0.6%
BHDDH Behavioral Health Group	90832-UA		\$ 49.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90834-AJ		\$ 72.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90834-HF		\$ 62.40	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90834-HO	90834-HO	\$ 72.00	\$ 57.28		No Adjustment	\$ 57.28	\$ 14.72	25.7%
BHDDH Behavioral Health Group	90834-UA		\$ 67.20	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90837-AJ		\$ 75.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90837-HF		\$ 65.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90837-HO	90837-HO	\$ 75.00	\$ 125.69		No Adjustment	\$ 125.69	\$ (50.69)	(40.3%)
BHDDH Behavioral Health Group	90837-UA		\$ 70.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846		\$ 90.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846-AJ		\$ 67.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846-UA		\$ 63.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846-HF		\$ 58.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846-HO	90846-HO	\$ 67.50	\$ 101.43		No Adjustment	\$ 101.43	\$ (33.93)	(33.5%)
BHDDH Behavioral Health Group	90847		\$ 96.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90847-HO	90847-HO	\$ 72.00	\$ 101.43		No Adjustment	\$ 101.43	\$ (29.43)	(29.0%)
BHDDH Behavioral Health Group	90847-UA		\$ 67.20	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90847-AJ		\$ 72.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90847-HF		\$ 62.40	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853		\$ 48.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853-AJ		\$ 36.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853-HF		\$ 31.20	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853-HO	90853-HO	\$ 36.00	\$ 30.31		No Adjustment	\$ 30.31	\$ 5.69	18.8%
BHDDH Behavioral Health Group	90853-UA		\$ 33.60	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99211	99211	\$ 8.05	\$ 22.06		No Adjustment	\$ 22.06	\$ (14.01)	(63.5%)
BHDDH Behavioral Health Group	99211-TD		\$ 7.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99212	99212	\$ 56.00	\$ 52.73		No Adjustment	\$ 52.73	\$ 3.27	6.2%
BHDDH Behavioral Health Group	99212-TD-TF		\$ 47.60	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99213	99213	\$ 78.00	\$ 84.11		No Adjustment	\$ 84.11	\$ (6.11)	(7.3%)
BHDDH Behavioral Health Group	99213-TD-TF		\$ 66.30	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A

State of Rhode Island Office of the Health Insurance Commissioner Appendix 5 - Massachusetts Comparison Benchmarking for Selected Procedure Codes									
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
BHDDH Behavioral Health Group	99214	99214	\$ 118.00	\$ 143.98		No Adjustment	\$ 143.98	\$ (25.98)	(18.0%)
BHDDH Behavioral Health Group	99214-TD-TF		\$ 100.30	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99215	99215	\$ 148.00	\$ 166.57		No Adjustment	\$ 166.57	\$ (18.57)	(11.1%)
BHDDH Behavioral Health Group	99215-TD-TF		\$ 125.80	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
CMHC - IHH	H0037		\$ 13.82	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
CMHC - ACT	H0040	H0040	\$ 41.65	\$ 55.14		No Adjustment	\$ 55.14	\$ (13.49)	(24.5%)
Early Intervention	H2000		\$ 1,064.36	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1016		\$ 25.35	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1016-TF		\$ 50.69	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1016-TG		\$ 76.04	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024	T1024	\$ 43.44	\$ 36.21		No Adjustment	\$ 36.21	\$ 7.23	20.0%
Early Intervention	T1024-AE		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-AJ		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-GN		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-GO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-GP		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-HN		\$ 29.70	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TD		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TG		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TL-HO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TG-HO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-AE		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-AJ		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-GN		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-GO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-GP		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-HN		\$ 29.70	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-TD		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-TG		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-TG-HO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Home Care/Severely Disabled Nursing Homecare	S5125 Composite		\$ 7.28	N/A	No comparative service identified	N/A	N/A	N/A	N/A
Home Care	S5130 Composite	S5130-U4	\$ 6.70	\$ 6.93		No Adjustment	\$ 6.93	\$ (0.23)	(3.3%)
Home Care/Severely Disabled Nursing Homecare	T1001		\$ 106.21	N/A	No comparative service identified	N/A	N/A	N/A	N/A
Home Care/Severely Disabled Nursing Homecare	T1000	T1002	\$ 14.68	\$ 14.65		No Adjustment	\$ 14.65	\$ 0.03	0.2%
Home Care/Severely Disabled Nursing Homecare	T1000-TE	T1003	\$ 11.88	\$ 12.20		No Adjustment	\$ 12.20	\$ (0.32)	(2.6%)

State of Rhode Island Office of the Health Insurance Commissioner Appendix 5 - Massachusetts Comparison Benchmarking for Selected Procedure Codes									
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
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	\$ 17.55	\$ 28.94		No Adjustment	\$ 28.94	\$ (11.39)	(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	G2067	\$ 84.98	\$ 190.82		No Adjustment	\$ 190.82	\$ (105.84)	(55.5%)

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](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>  
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[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/amendment-17-to-1st-amended-and-restated-bh-vendor-contract/download?_ga=2.249907270.1542919076.1679810528-790596167.1678884498)  
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[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/proposed-regulation-date-filed-december-23-2022-0/download?_ga=2.133638152.744067986.1679603875-790596167.1678884498)  
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<https://www.mass.gov/doc/rates-for-early-intervention-program-services-effective-january-1-2022-and-july-1-2022-0/download>  
<https://www.mass.gov/doc/mco-appendix-t/download>

## APPENDIX 6 – NEW HAMPSHIRE RATE COMPARISON

**State of Rhode Island**  
**Office of the Health Insurance Commissioner**  
**Appendix 6 - New Hampshire Comparison**  
**Benchmarking for Selected Procedure Codes**

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
BHDDH Behavioral Health Group	90791-AJ		\$ 131.75	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90791-HF		\$ 108.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90791-HO		\$ 131.75	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90791-TD		\$ 124.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90791-UA		\$ 116.25	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90792		\$ 294.35	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90792-TD-TF		\$ 250.20	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90832-AJ		\$ 52.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90832-HF		\$ 45.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90832-HO		\$ 52.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90832-UA		\$ 49.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90834-AJ		\$ 72.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90834-HF		\$ 62.40	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90834-HO		\$ 72.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90834-UA		\$ 67.20	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90837-AJ		\$ 75.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90837-HF		\$ 65.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90837-HO		\$ 75.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90837-UA		\$ 70.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846		\$ 90.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846-AJ		\$ 67.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846-UA		\$ 63.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846-HF		\$ 58.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846-HO		\$ 67.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90847		\$ 96.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90847-HO		\$ 72.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90847-UA		\$ 67.20	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90847-AJ		\$ 72.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90847-HF		\$ 62.40	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853		\$ 48.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853-AJ		\$ 36.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853-HF		\$ 31.20	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853-HO		\$ 36.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853-UA		\$ 33.60	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99211		\$ 8.05	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99211-TD		\$ 7.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99212		\$ 56.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99212-TD-TF		\$ 47.60	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99213		\$ 78.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99213-TD-TF		\$ 66.30	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A

**State of Rhode Island**  
**Office of the Health Insurance Commissioner**  
**Appendix 6 - New Hampshire Comparison**  
**Benchmarking for Selected Procedure Codes**

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
BHDDH Behavioral Health Group	99214		\$ 118.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99214-TD-TF		\$ 100.30	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99215		\$ 148.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99215-TD-TF		\$ 125.80	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
CMHC - IHH	H0037		\$ 13.82	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
CMHC - ACT	H0040		\$ 41.65	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	H2000		\$ 1,064.36	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1016		\$ 25.35	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1016-TF		\$ 50.69	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1016-TG		\$ 76.04	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-AE		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-AJ		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-GN		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-GO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-GP		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-HN		\$ 29.70	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TD		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TG		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TL-HO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TG-HO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027	T1027-HW-U1	\$ 43.44	\$ 27.05		No Adjustment	\$ 27.05	\$ 16.39	60.6%
Early Intervention	T1027-AE		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-AJ		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-GN		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-GO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-GP		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-HN		\$ 29.70	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-TD		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-TG		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-TG-HO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Home Care/Severely Disabled Nursing Homecare	S5125 Composite		\$ 7.28	N/A	No comparative service identified	N/A	N/A	N/A	N/A
Home Care	S5130 Composite		\$ 6.70	N/A	No comparative service identified	N/A	N/A	N/A	N/A
Home Care/Severely Disabled Nursing Homecare	T1001		\$ 106.21	N/A	No comparative service identified	N/A	N/A	N/A	N/A
Home Care/Severely Disabled Nursing Homecare	T1000	T1002-TM	\$ 14.68	\$ 14.96		No Adjustment	\$ 14.96	\$ (0.28)	(1.9%)

State of Rhode Island Office of the Health Insurance Commissioner Appendix 6 - New Hampshire Comparison Benchmarking for Selected Procedure Codes									
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	T1000-TE	T1003-TM	\$ 11.88	\$ 13.76		No Adjustment	\$ 13.76	\$ (1.88)	(13.7%)
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	\$ 17.55	\$ 33.76		Composited NH rates using RI session length distribution from	\$ 33.76	\$ (16.21)	(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/xkqgbur226/files/2022-09/Updated%20Rate%20Sheet%20for%20Website\\_9\\_7\\_22%20with%2011.45%25%20increase.pdf](https://eohhs.ri.gov/sites/g/files/xkqgbur226/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>  
<https://nhmmis.nh.gov/portals/wps/wcm/connect/7f4c33f0-5ebd-44ba-9822-d918d6c130ce/2023+Fee+Schedule+-+Covered+Procedures+Report+with+SA+Requirement+as+of+04-01-2023.pdf?MOD=AJPERES&CVID=ow1AT83>

## APPENDIX 7 – VERMONT RATE COMPARISON

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**State of Rhode Island  
Office of the Health Insurance Commissioner  
Appendix 7 - Vermont Comparison  
Benchmarking for Selected Procedure Codes**

Detailed Service Category	RI Procedure Code	VT Procedure Code	RI Rate	VT Rate	Notes	Adjustment	VT Normalized	Dollar	Percent
							Rate for Comparison (if applicable)		
BHDDH Behavioral Health Group	90791-AJ		\$ 131.75	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90791-HF		\$ 108.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90791-HO	90791	\$ 131.75	\$ 150.15		No Adjustment	\$ 150.15	\$ (18.40)	(12.3%)
BHDDH Behavioral Health Group	90791-TD		\$ 124.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90791-UA		\$ 116.25	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90792		\$ 294.35	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90792-TD-TF		\$ 250.20	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90832-AJ		\$ 52.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90832-HF		\$ 45.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90832-HO	90832	\$ 52.50	\$ 64.94		No Adjustment	\$ 64.94	\$ (12.44)	(19.2%)
BHDDH Behavioral Health Group	90832-UA		\$ 49.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90834-AJ		\$ 72.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90834-HF		\$ 62.40	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90834-HO	90834	\$ 72.00	\$ 85.81		No Adjustment	\$ 85.81	\$ (13.81)	(16.1%)
BHDDH Behavioral Health Group	90834-UA		\$ 67.20	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90837-AJ		\$ 75.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90837-HF		\$ 65.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90837-HO	90837	\$ 75.00	\$ 126.35		No Adjustment	\$ 126.35	\$ (51.35)	(40.6%)
BHDDH Behavioral Health Group	90837-UA		\$ 70.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846		\$ 90.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846-AJ		\$ 67.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846-UA		\$ 63.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846-HF		\$ 58.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90846-HO	90846	\$ 67.50	\$ 81.88		No Adjustment	\$ 81.88	\$ (14.38)	(17.6%)
BHDDH Behavioral Health Group	90847		\$ 96.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90847-HO	90847	\$ 72.00	\$ 85.40		No Adjustment	\$ 85.40	\$ (13.40)	(15.7%)
BHDDH Behavioral Health Group	90847-UA		\$ 67.20	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90847-AJ		\$ 72.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90847-HF		\$ 62.40	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853		\$ 48.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853-AJ		\$ 36.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853-HF		\$ 31.20	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	90853-HO	90853	\$ 36.00	\$ 22.93		No Adjustment	\$ 22.93	\$ 13.07	57.0%
BHDDH Behavioral Health Group	90853-UA		\$ 33.60	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99211		\$ 8.05	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99211-TD		\$ 7.50	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99212		\$ 56.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99212-TD-TF		\$ 47.60	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99213		\$ 78.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99213-TD-TF		\$ 66.30	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A

State of Rhode Island Office of the Health Insurance Commissioner Appendix 7 - Vermont Comparison Benchmarking for Selected Procedure Codes									
Detailed Service Category	RI Procedure Code	VT Procedure Code	RI Rate	VT Rate	Notes	Adjustment	VT Normalized Rate for Comparison (if applicable)	Dollar Variance	Percent Variance
BHDDH Behavioral Health Group	99214		\$ 118.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99214-TD-TF		\$ 100.30	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99215		\$ 148.00	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
BHDDH Behavioral Health Group	99215-TD-TF		\$ 125.80	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
CMHC - IHH	H0037	H0037	\$ 13.82	\$ 36.75		No Adjustment	\$ 36.75	\$ (22.93)	(62.4%)
CMHC - ACT	H0040		\$ 41.65	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	H2000	H2000	\$ 1,064.36	\$ 700.00		No Adjustment	\$ 700.00	\$ 364.36	52.1%
Early Intervention	T1016	T1016	\$ 25.35	\$ 16.36		No Adjustment	\$ 16.36	\$ 8.99	55.0%
Early Intervention	T1016-TF		\$ 50.69	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1016-TG		\$ 76.04	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-AE		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-AJ		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-GN		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-GO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-GP		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-HN		\$ 29.70	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TD		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TG		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TL-HO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1024-TG-HO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-AE		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-AJ		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-GN		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-GO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-GP		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-HN		\$ 29.70	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-TD		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-TG		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Early Intervention	T1027-TG-HO		\$ 43.44	N/A	No Comparative Services Identified	N/A	N/A	N/A	N/A
Home Care/Severely Disabled Nursing Homecare	S5125 Composite	S5125	\$ 7.28	\$ 8.75		No Adjustment	\$ 8.75	\$ (1.47)	(16.8%)
Home Care	S5130 Composite		\$ 6.70	N/A	No comparative service identified	N/A	N/A	N/A	N/A

**State of Rhode Island**  
**Office of the Health Insurance Commissioner**  
**Appendix 7 - Vermont Comparison**  
**Benchmarking for Selected Procedure Codes**

Detailed Service Category	RI Procedure Code	VT Procedure Code	RI Rate	VT Rate	Notes	Adjustment	VT Normalized Rate for Comparison (if applicable)	Dollar Variance	Percent Variance
Home Care/Severely Disabled Nursing Homecare	T1001		\$ 106.21	N/A	No comparative service identified	N/A	N/A	N/A	N/A
Home Care/Severely Disabled Nursing Homecare	T1000	T1002	\$ 14.68	\$ 11.76		No Adjustment	\$ 11.76	\$ 2.92	24.8%
Home Care/Severely Disabled Nursing Homecare	T1000-TE	T1003	\$ 11.88	\$ 10.00		No Adjustment	\$ 10.00	\$ 1.88	18.8%
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	H0004	\$ 17.55	\$ 29.16		No Adjustment	\$ 29.16	\$ (11.61)	(39.8%)
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	\$ 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](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>  
<http://www.vtmedicaid.com/#/feeSchedule/cptCodes>

## APPENDIX 8 – COMPOSITE RATE CALCULATION

State of Rhode Island Office of the Health Insurance Commissioner Appendix 8 - Composite Rate Calculation								
HCPCS	Unenhanced Base Rate	Enhanced Rate	Utilization Not Eligible for Enhancements	Enhancement- Eligible Utilization (only certain NPIs)	Weighted Average Enhanced Rate	Total FFS Utilization	Total Adjustment	Composite Weighted Average
S5125	\$ 6.79	\$ 7.07	920	37,546	\$7.06	38,466		N/A
S5125-UJ	\$ 7.35	\$ 7.97	-	381	\$7.97	381		N/A
S5125-UH	\$ 7.35	\$ 8.00	-	3,455	\$8.00	3,455		N/A
S5125-TV	\$ 7.35	\$ 7.99	-	1,228	\$7.99	1,228		N/A
S5125-U9	\$ 7.04	\$ 7.97	-	2,981	\$7.97	2,981		N/A
S5125-L9	\$ 14.68	\$ 8.13	-	230	\$8.13	230		N/A
S5125-UJ-U9	\$ 7.60	\$ 7.96	-	108	\$7.96	108		N/A
S5125-UH-U9	\$ 7.60	\$ 8.00	-	2,585	\$8.00	2,585		N/A
S5125-TV-U9	\$ 7.60	\$ 8.03	-	653	\$8.03	653		N/A
<b>S5125 Composite</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.49</b>	<b>\$ 7.28</b>
S5130	\$ 6.35	\$ 6.71	3	45,185	\$6.71	45,188		N/A
S5130-TE	\$ 14.68	\$ 6.35	-	519	\$6.35	519		N/A
S5130-L9	\$ 14.68	\$ 6.35	-	413	\$6.35	413		N/A
<b>S5130 Composite</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>\$ 0.35</b>	<b>\$ 6.70</b>
H0004	\$ 17.94	N/A	1,064	N/A	N/A	1,064		N/A
H0004-UD	\$ 17.94	N/A	343	N/A	N/A	343		N/A
H0004-AJ	\$ 16.25	N/A	320	N/A	N/A	320		N/A
H0004-HO	\$ 16.25	N/A	103	N/A	N/A	103		N/A
H0004-HO-HR	\$ 18.75	N/A	23	N/A	N/A	23		N/A
H0004-HO-HS	\$ 18.75	N/A	4	N/A	N/A	4		N/A
H0004-HQ-AJ	\$ 5.00	N/A	1	N/A	N/A	1		N/A
H0004-HQ-HO	\$ 5.00	N/A	2	N/A	N/A	2		N/A
<b>H0004 Composite</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>(\$0.39)</b>	<b>\$ 17.55</b>

**Notes:**

- Weighted Average Enhanced Rate is the weighted average between the Unenhanced Base Rate and the Enhanced Rate, with the respective utilization as the weight.
- Composite Weighted Average is the weighted average of Weighted Average Enhanced Rate, with Total FFS Utilization as the weight.
  - S5125 Composite – Normalized for the use of rate modifiers and enhancements by calculating the weighted average based upon fee-for-service (FFS) utilization of rate modifiers and enhancements. S5125-U1 services were excluded in this composite.
  - S5130 Composite – Normalized for the use of modifiers indicating LPN or CNA delivering the service by calculating the weighted average based upon 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, 60 min values).
- Total Adjustment is the difference between Composite Weighted Average and the Unenhanced Base Rate for the HCPCS without a modifier.



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