

**Amendment Thirteen  
Contract Number 102897 O4**

**Service Contract**

**Between  
The State of Nebraska Department of Health and Human Services  
And  
Molina Healthcare of Nebraska**

**THIS AMENDMENT** is entered into by and between the State of Nebraska Department of Health and Human Services (“DHHS”) and Molina Healthcare of Nebraska (“Molina”).

**WHEREAS**, the DHHS has a contract with Molina identified as 102897 O4 for use by state agencies and other entities.

**WHEREAS**, the terms of the contract specifically state that the contract may be amended when mutually agreeable to Molina and the DHHS.

**WHEREAS**, This Amendment and any attachments hereto will become part of the Contract. Except as set forth in this Amendment, the Contract is unaffected and shall continue in full force and effect in accordance with its terms. If there is conflict between this Amendment and the Contract or any earlier amendment, the terms of this Amendment will prevail.

**NOW, THEREFORE**, it is agreed by the parties to amend the contract as follows:

- I. Modifications:** The Parties hereto modify the following sections:
  - A. Attachment 24** – Rates for January 1, 2026 through December 31, 2026 are set forth in the amended Attachment 24 attached hereto and made a part hereof.

**Attachments:**

The following attachments, as amended (if applicable), are attached hereto and hereby incorporated into this Amendment:

- 1. AMENDED Attachment 24 – MHN CY26 Rates – Contract 102897 O4\_ EFFECTIVE 1-1-2026

**IN WITNESS WHEREOF**, the parties have executed this amendment as of the effective date by both parties below.

FOR DHHS:

FOR CONTRACTOR:

Signed by:  
By: Drew Gonshorowski  
06E4C348F9184A5...

Signed by:  
By: Francis Clepper  
06B997CCB120447...

Name: Drew Gonshorowski

Name: Frank Clepper

Title: Director, Division of Medicaid and Long-Term Care

Title: President & CEO

Date: 11/19/2025 | 14:50:00 CST

Date: 11/12/2025 | 09:35:04 PST

Molina Healthcare – HH Rates – Effective 01.01.2026

Attachment 24 – Rates (AMENDED 10/24/2025)  
 Effective January 1, 2026 through December 31, 2026

CY 2026 Heritage Health Rates - Molina Healthcare

Rating Region 1	
Category of Aid	Payment Rate
AABD 00-20 M&F	\$1,917.21
AABD 21+ M&F	\$2,195.09
AABD 21+ M&F-WWC	\$5,343.75
CHIP M&F	\$332.73
Family Under 1 M&F	\$1,110.44
Family 01-05 M&F	\$386.23
Family 06-20 F	\$323.26
Family 06-20 M	\$365.71
Family 21+ M&F	\$717.95
Foster Care M&F	\$866.29
Healthy Dual	\$287.03
Dual LTC	\$253.54
Non-Dual LTC	\$3,764.81
Dual Waiver	\$306.52
Non-Dual Waiver	\$2,645.29
Katie Beckett 00-18 M&F	\$14,860.71
599 CHIP - Cohort	\$516.02
599 CHIP - Supplemental	\$7,021.83
Maternity	\$7,524.02

Expansion Adult Rates (Rating Region 1)	
Category of Aid	Payment Rate
EXP 19-44 M	\$815.08
EXP 19-44 F	\$821.29
EXP 45-64 M&F	\$1,573.17

HIPP Rates (Rating Region 1)	
Category of Aid	Payment Rate
HIPP AABD & Non-Dual Waiver	\$2,045.21
HIPP All Other	\$480.96
HIPP Katie Beckett	\$10,595.12
HIPP Expansion	\$687.25

Molina Healthcare – HH Rates – Effective 01.01.2026

Rating Region 2	
Category of Aid	Payment Rate
AABD 00-20 M&F	\$1,829.77
AABD 21+ M&F	\$2,332.10
AABD 21+ M&F-WWC	\$5,343.75
CHIP M&F	\$323.96
Family Under 1 M&F	\$921.71
Family 01-05 M&F	\$243.84
Family 06-20 F	\$386.04
Family 06-20 M	\$324.95
Family 21+ M&F	\$778.37
Foster Care M&F	\$735.63
Healthy Dual	\$304.01
Dual LTC	\$235.17
Non-Dual LTC	\$3,002.33
Dual Waiver	\$379.07
Non-Dual Waiver	\$2,881.64
Katie Beckett 00-18 M&F	\$14,860.71
599 CHIP - Cohort	\$516.02
599 CHIP - Supplemental	\$7,021.83
Maternity	\$7,749.05

Expansion Adult Rates (Rating Region 2)	
Category of Aid	Payment Rate
EXP 19-44 M	\$795.42
EXP 19-44 F	\$818.44
EXP 45-64 M&F	\$1,535.82

HIPP Rates (Rating Region 2)	
Category of Aid	Payment Rate
HIPP AABD & Non-Dual Waiver	\$2,045.21
HIPP All Other	\$480.96
HIPP Katie Beckett	\$10,595.12
HIPP Expansion	\$687.25

## Certificate Of Completion

Envelope Id: C8F0E769-2510-4635-AA1D-EE22E48F51A4	Status: Completed
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Envelope Type: Contract	
Envelope Name: 102897-O4 Molina Healthcare of Nebraska Amendment 13 CLMS 2261	
Divison:	
DHHS Sender: DHHS.ServicesProcurement@nebraska.gov	
DHHS Sharepoint ID:	
FFATA Reporting Required:	
Source Envelope:	
Document Pages: 3	Signatures: 2
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Procurement Shared
Time Zone: (UTC-06:00) Central Time (US & Canada)	301 Centennial Mall S
	Lincoln, NE 68508-2529
	DHHS.ServicesProcurement@nebraska.gov
	IP Address: 164.119.5.70

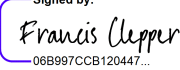
## Record Tracking

Status: Original	Holder: Procurement Shared	Location: DocuSign
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Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Nebraska Department of Health & Human Services	Location: Docusign

## Signer Events

Francis Clepper  
 francis.clepper@molinahealthcare.com  
 President & CEO  
 Security Level: Email, Account Authentication (None)

## Signature

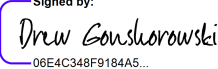
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 Signature Adoption: Pre-selected Style  
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 Resent: 11/7/2025 8:47:51 AM  
 Resent: 11/12/2025 9:19:11 AM  
 Viewed: 11/12/2025 11:34:44 AM  
 Signed: 11/12/2025 11:35:04 AM

**Electronic Record and Signature Disclosure:**  
 Accepted: 11/12/2025 11:34:44 AM  
 ID: fb641b84-3d2a-4545-8f7a-d9282607e14c

Drew Gonshorowski  
 drew.gonshorowski@nebraska.gov  
 Director of Medicaid and Long-term Care  
 Security Level: Email, Account Authentication (None)

Signed by:  
  
08E4C348F9184A5...  
 Signature Adoption: Pre-selected Style  
 Using IP Address:  
 2600:1003:b110:89b2:f58e:d6a9:173b:b63b  
 Signed using mobile

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 Viewed: 11/19/2025 2:49:50 PM  
 Signed: 11/19/2025 2:50:00 PM

**Electronic Record and Signature Disclosure:**  
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## In Person Signer Events

## Signature

## Timestamp

## Editor Delivery Events

## Status

## Timestamp

Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Kristine Radke Kristine.Radke@nebraska.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Accepted: 6/24/2025 8:26:55 AM ID: 18af51c9-148a-404a-9568-30e6e254dad8	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"><b>COPIED</b></div>	Sent: 11/3/2025 1:29:16 PM
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Kendra Wiebe Kendra.Wiebe@nebraska.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"><b>COPIED</b></div>	Sent: 11/12/2025 11:35:05 AM
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Certified Delivered	Security Checked	11/19/2025 2:49:50 PM
Signing Complete	Security Checked	11/19/2025 2:50:00 PM
Completed	Security Checked	11/19/2025 2:50:00 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

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To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at [john.canfield@nebraska.gov](mailto:john.canfield@nebraska.gov) and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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**Required hardware and software**

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum

Enabled Security Settings:	Allow per session cookies
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