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**AMENDMENT FIFTEEN**
**Contract Number 102889 O4**
**Service Contract**

**Between**
**The State of Nebraska Department of Health and Human Services**
**And**
**United Healthcare of the Midlands**

**THIS AMENDMENT** is entered into by and between the State of Nebraska Department of Health and Human Services ("DHHS") and United Healthcare of Midlands ("United Healthcare").

**WHEREAS,** the DHHS has a contract with United Healthcare identified as 102889 O4 ("Contract") 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 the Vendor and the State of Nebraska.

**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. Additions:** The parties hereto agree to add the following sections:

- **Section V.Q.25 – Governmental Ground Emergency Medical Transportation**
  - i. Effective July 1, 2026 the MCO must make state directed payments for participating governmental owned and operated ground emergency medical transportation providers as established in Nebraska Revised Statutes 68-977 to 68-988.
  - ii. Effective July 1, 2026 for the rating period of January 1, 2026 through December 31, 2026.
  - iii. The program-wide estimated amount of this directed payment is $20,100,841 in total funds.
  - iv. The provider class of this directed payment are all participating providers.
  - v. This directed payment is a separate payment term.
  - vi. The directed payment is a minimum fee schedule directed payment based on provider costs with the magnitude of the directed payment representing 88.4% of the total payment at provider cost.

**II. Modifications:** The Parties hereto agree modify the following sections:

- **Attachment 24** – Rates for July 1, 2026 through December 31, 2026 are set forth in the amended Attachment 24 attached hereto and made a part hereof.

- **Section V.Q.13.a.-b. – University of Nebraska Medical Center (UNMC) Practitioner Payments**

  **a.** CY2025
  - i. Effective January 1, 2025 through December 31, 2025.
  - ii. The program-wide estimated amount of this directed payment is $25,135,163 in total funds.
  - iii. The provider class of this directed payment is University of Nebraska Medical Center (UNMC) Physicians/Practitioners.
  - iv. This directed payment is at risk in capitation rates.
  - v. This directed payment is a uniform percentage increase payment, and the magnitude of the increase is 65.7% per claim.

  **b.** CY2026
  - i. Effective January 1, 2026 through December 31, 2026.
  - ii. The program-wide estimated amount of this directed payment is $23,485,412 in total funds.

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iii. The provider class of this directed payment is University of Nebraska Medical Center (UNMC) Physicians/Practitioners.
iv. This directed payment is at risk in capitation rates.
v. This directed payment is a uniform increase directed payment, and the magnitude of the increase is 62.2% per claim.

- **Section V.Q.21.a.-b. – University of Nebraska Medical Center (UNMC) College of Dentistry Practitioner Payments**
  **a.** CY2025
    i. Effective January 1, 2025 through December 31, 2025.
    ii. The program-wide estimated amount of this directed payment is $3,347,318 in total funds.
    iii. The provider class of this directed payment is University of Nebraska Medical Center (UNMC) College of Dentistry Practitioners.
    iv. This directed payment is at risk in capitation rates.
    v. This directed payment is a uniform percentage increase payment, and the magnitude of the increase is 77.0% per claim.
  **b.** CY2026
    i. Effective January 1, 2026 through December 31, 2026.
    ii. The program-wide estimated amount of this directed payment is $1,251,865 in total funds.
    iii. The provider class of this directed payment is University of Nebraska Medical Center (UNMC) College of Dentistry Practitioners.
    iv. This directed payment is at risk in capitation rates.
    v. This directed payment is a uniform increase directed payment, and the magnitude of the increase is 35.2% per claim.

- **Section V.Q.21.d.-e. Hospital Directed Payments**
  **d.** CY2025
    i. Effective January 1, 2025 through December 31, 2025.
    ii. The program-wide estimated amount of this directed payment is $1,410,710,373. in total funds.
    iii. The provider class of this directed payment are all non-state owned or operated hospitals.
    iv. This directed payment is a separate payment term.
    v. This directed payment is a uniform percentage increase directed payment, and the magnitude of the increase is 174.87% per inpatient hospital claim and 278.62% per outpatient claim.
  e. CY2026
    i. Effective January 1, 2026 through December 31, 2026.
    ii. The program-wide estimated amount of this directed payment is $1,410,710,373 in total funds.
    iii. The provider class of this directed payment are all non-state owned or operated critical access hospitals, and all non-state owned or operated non-critical access hospitals.
    iv. This directed payment is a separate payment term.
    v. This directed payment is a uniform percentage increase directed payment, and the magnitude of the increase is 499.64% increase per inpatient critical access hospital (CAH) claim, 268.39% increase per other (non-CAH) inpatient claim, 174.52% increase per outpatient CAH claim, and 136.18% increase per other outpatient hospital claim.

**Attachments:**

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

1. Attachment 24 - United Healthcare – HH Mid-Year Rates – 07.01.2026

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**IN WITNESS WHEREOF**, this amendment is entered into as of July 1st, 2026, (the "Effective Date").

| FOR DHHS: | | FOR: UNITED HEALTHCARE | |
|---|---|---|---|
| By: | Jeremy Brunssen | By: | |
| Name: | Jeremy Brunssen | Name: | J. Michael Parnell |
| Title: | Interim Director, Deputy Director – Finance and Program Integrity | Title: | President & CEO |
| Date: | 8/31/2026 \| 07:19:36 CDT | Date: | 8/28/2026 \| 09:23:58 PDT |

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# Attachment 24 – Rates
# (AMENDED July 1, 2026)

## CY 2026 Mid-Year Heritage Health Rates - United Healthcare
## Effective July 1, 2026 to December 31, 2026

| Rating Region 1 | |
|---|---|
| **Category of Aid** | **Payment Rate** |
| AABD 00-20 M&F | $1,945.49 |
| AABD 21+ M&F | $2,608.22 |
| AABD 21+ M&F-WWC | $5,398.68 |
| CHIP M&F | $337.87 |
| Family Under 1 M&F | $1,112.22 |
| Family 01-05 M&F | $350.37 |
| Family 06-20 F | $348.55 |
| Family 06-20 M | $412.96 |
| Family 21+ M&F | $829.30 |
| Foster Care M&F | $992.69 |
| Healthy Dual | $351.85 |
| Dual LTC | $270.25 |
| Non-Dual LTC | $3,915.97 |
| Dual Waiver | $337.12 |
| Non-Dual Waiver | $2,921.87 |
| Katie Beckett 00-18 M&F | $14,866.25 |
| 599 CHIP - Cohort | $558.41 |
| 599 CHIP - Supplemental | $7,021.12 |
| Maternity | $7,540.54 |

| Expansion Adult Rates (Rating Region 1) | |
|---|---|
| **Category of Aid** | **Payment Rate** |
| EXP 19-44 M | $832.12 |
| EXP 19-44 F | $899.59 |
| EXP 45-64 M&F | $1,745.80 |

| HIPP Rates (Rating Region 1) | |
|---|---|
| **Category of Aid** | **Payment Rate** |
| HIPP AABD & Non-Dual Waiver | $2,053.95 |
| HIPP All Other | $481.83 |
| HIPP Katie Beckett | $10,599.09 |
| HIPP Expansion | $714.59 |

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United Healthcare – HH Mid-Year Rates – 07.01.2026 Revised

| Rating Region 2 | |
|---|---|
| **Category of Aid** | **Payment Rate** |
| AABD 00-20 M&F | $1,771.42 |
| AABD 21+ M&F | $2,590.58 |
| AABD 21+ M&F-WWC | $5,398.68 |
| CHIP M&F | $338.02 |
| Family Under 1 M&F | $925.30 |
| Family 01-05 M&F | $311.96 |
| Family 06-20 F | $402.09 |
| Family 06-20 M | $365.56 |
| Family 21+ M&F | $978.89 |
| Foster Care M&F | $756.90 |
| Healthy Dual | $359.66 |
| Dual LTC | $254.48 |
| Non-Dual LTC | $2,753.08 |
| Dual Waiver | $375.94 |
| Non-Dual Waiver | $3,498.67 |
| Katie Beckett 00-18 M&F | $14,866.25 |
| 599 CHIP - Cohort | $558.41 |
| 599 CHIP - Supplemental | $7,021.12 |
| Maternity | $7,747.88 |

| Expansion Adult Rates (Rating Region 2) | |
|---|---|
| **Category of Aid** | **Payment Rate** |
| EXP 19-44 M | $847.67 |
| EXP 19-44 F | $918.88 |
| EXP 45-64 M&F | $1,840.85 |

| HIPP Rates (Rating Region 2) | |
|---|---|
| **Category of Aid** | **Payment Rate** |
| HIPP AABD & Non-Dual Waiver | $2,053.95 |
| HIPP All Other | $481.83 |
| HIPP Katie Beckett | $10,599.09 |
| HIPP Expansion | $714.59 |

## Certificate Of Completion

Envelope Id: 5E6BB784-7538-8C04-81B0-9123D9CF8CB6 Status: Completed
Subject: Complete with Docusign: FINAL Contract 102889 O4 Amendment 15.docx, FINAL Attachment 24 - Unite...
Envelope Type: Contract
Envelope Name: FINAL Contract 102889 O4 Amendment 15
Divison: MLTC
DHHS Sender: Rodri Tambwe
DHHS Sharepoint ID:
FFATA Reporting Required:
Source Envelope:

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| Document Pages: 5 | Signatures: 2 | Envelope Originator: |
| Certificate Pages: 5 | Initials: 0 | Rodri Tambwe |
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| Signer Events | Signature | Timestamp |
|---|---|---|
| J. Michael Parnell<br>j_parnell@uhc.com<br>Security Level: Email, Account Authentication (None) | <br>Signature Adoption: Uploaded Signature Image<br>Using IP Address: 165.225.62.131 | Sent: 8/28/2026 11:09:52 AM<br>Viewed: 8/28/2026 11:23:45 AM<br>Signed: 8/28/2026 11:23:58 AM |
| **Electronic Record and Signature Disclosure:**<br>Accepted: 8/28/2026 11:23:45 AM<br>ID: d7cd6c3c-9910-43bc-8ef7-0a821d8b3fa9 | | |
| Jeremy Brunssen<br>Jeremy.Brunssen@nebraska.gov<br>Interim Director & Deputy Director<br>Division of Medicaid and Long-Term Care<br>Department of Health And Human Services<br>Security Level: Email, Account Authentication (None) | <br>Signature Adoption: Pre-selected Style<br>Using IP Address: 164.119.5.67 | Sent: 8/28/2026 11:24:00 AM<br>Viewed: 8/31/2026 7:19:20 AM<br>Signed: 8/31/2026 7:19:36 AM |
| **Electronic Record and Signature Disclosure:**<br>Accepted: 2/4/2020 5:56:12 AM<br>ID: 443d0eb8-802b-40d7-abd6-39d96b9e9921 | | |

| In Person Signer Events | Signature | Timestamp |
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| Editor Delivery Events | Status | Timestamp |
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| Radke, Kristine<br>Kristine.Radke@nebraska.gov<br>Security Level: Email, Account Authentication (None)<br>**Electronic Record and Signature Disclosure:**<br>Accepted: 6/24/2025 8:26:55 AM<br>ID: 18af51c9-148a-404a-9568-30e6e254dad8 | COPIED | Sent: 8/31/2026 7:19:38 AM |
| Kendra Wiebe<br>Kendra.wiebe@nebraska.gov<br>Security Level: Email, Account Authentication (None)<br>**Electronic Record and Signature Disclosure:**<br>Not Offered via Docusign | COPIED | Sent: 8/31/2026 7:19:39 AM |
| Rodri Tambwe<br>Rodri.Tambwe@nebraska.gov<br>Procurement Contracts Officer<br>DHHS<br>Security Level: Email, Account Authentication (None)<br>**Electronic Record and Signature Disclosure:**<br>Not Offered via Docusign | COPIED | Sent: 8/31/2026 7:19:40 AM |

| Witness Events | Signature | Timestamp |
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| Notary Events | Signature | Timestamp |
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| Envelope Sent | Hashed/Encrypted | 8/28/2026 11:09:52 AM |
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If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

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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:
To contact us by email send messages to: john.canfield@nebraska.gov

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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 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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- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Nebraska Department of Health & Human Services as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Nebraska Department of Health & Human Services during the course of my relationship with you.