AMENDMENT

STATE OF NEBRASKA – DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Nebraska Department of Health and Human Services ("DHHS") and the Molina Healthcare Of Nebraska have entered into this Amendment, amending the following Service Contracts:

EXISTING AGREEMENT NUMBER	AMENDMENT NUMBER
102897 O4	AMD 4

AMENDMENTS

This Amendment (the "Amendment") is made by the State of Nebraska and Molina Healthcare (the "Contractor"), parties to Contract 102897 O4 (the "Contract"), and upon mutual agreement and other valuable consideration the parties agree to and hereby amend the contract as follows:

I. Modifications: The Parties hereto modify the following sections:

A. Attachment 24 – Rates for July 1, 2024 through December 31, 2024 are set forth in the amended Attachment 24 attached hereto and made a part hereof.

II. Additions: The Parties hereto add the following sections:

A. Section V.Q.22

22. Hospital Directed Payments
Effective July 1, 2024, the MCO must make directed payments for hospitals as established pursuant to LB1087, passed in 2024. Effective July 1, 2024, these fixed pool directed payments will be established as separate payment terms for Inpatient and Outpatient Hospital Services and codified through federally required directed payment preprints.

The MCO shall not:

(a) take into account, directly or indirectly, a directed payment that a hospital receives under the Hospital Quality Assurance and Access Assessment Act to set, establish, or negotiate reimbursement rates with a hospital,
(b) unnecessarily delay a directed payment to a hospital, or
(c) recoup or offset a directed payment for any reason other than payments unallowed for non-compliance with state or federal law.

ATTACHMENTS

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

1. Attachment 24 CY 2024 Mid-Year Rates

AMENDMENT

STATE OF NEBRASKA – DEPARTMENT OF HEALTH AND HUMAN SERVICES

All other terms and conditions remain in full force and effect.

SIGNATURES

IN WITNESS HEREOF, the parties hereto have duly executed this Amendment, and each individual signing below certifies that he or she has the authority to legally bind the party to this Amendment. Each party acknowledges the receipt of a duly executed copy of this Amendment.

FOR DHHS	FOR
DocuSigned by: Matthew Ahern 0CCF86BE38C149A...	**Molina Healthcare of Nebraska, Inc.** Signed by: Francis D Clepper Jr. 06B997CCB120447...
DATE: 8/30/2024 | 13:28:01 PDT	**DATE:** 9/9/2024 | 06:22:20 PDT

Molina - HH Rates - Effective July 1, 2024 to December 31, 2024

Attachment 24 - Rates

CY 2024 Mid-year Heritage Health Rates - Molina

Final CY24 Mid-Year Capitation Rates (Rounded)			
Rating Region	COA	MHN	
1	AABD 00-20 M&F	$	1,457.77
1	AABD 21+ M&F	$	1,721.72
1	AABD 21+ M&F-WWC	$	2,886.59
1	CHIP M&F	$	270.66
1	Family Under 1 M&F	$	985.07
1	Family 01-05 M&F	$	260.08
1	Family 06-20 F	$	255.08
1	Family 06-20 M	$	263.92
1	Family 21+ M&F	$	612.38
1	Foster Care M&F	$	710.48
1	Healthy Dual	$	277.08
1	Dual LTC	$	237.11
1	Non-Dual LTC	$	3,060.03
1	Dual Waiver	$	296.63
1	Non-Dual Waiver	$	1,953.23
1	Katie Beckett 00-18 M&F	$	14,431.71
1	599 CHIP - Cohort	$	441.06
1	599 CHIP - Supplemental	$	5,704.85
1	Maternity	$	6,347.60
1	EXP 19-44 M	$	694.95
1	EXP 19-44 F	$	670.48
1	EXP 45-64 M&F	$	1,430.04
2	AABD 00-20 M&F	$	1,655.22
2	AABD 21+ M&F	$	1,937.03
2	AABD 21+ M&F-WWC	$	3,396.92
2	CHIP M&F	$	267.25
2	Family Under 1 M&F	$	921.88
2	Family 01-05 M&F	$	233.71
2	Family 06-20 F	$	319.59
2	Family 06-20 M	$	257.54
2	Family 21+ M&F	$	679.23
2	Foster Care M&F	$	611.82
2	Healthy Dual	$	282.39
2	Dual LTC	$	203.43
2	Non-Dual LTC	$	2,724.90
2	Dual Waiver	$	335.14
2	Non-Dual Waiver	$	2,204.36
2	Katie Beckett 00-18 M&F	$	14,431.71

2	599 CHIP - Cohort	$	441.06
2	599 CHIP - Supplemental	$	5,704.85
2	Maternity	$	6,137.21
2	EXP 19-44 M	$	694.45
2	EXP 19-44 F	$	735.77
2	EXP 45-64 M&F	$	1,593.79

Final CY24 Mid-Year Capitation Rates (Rounded)			
Rating Region	**COA (HIPP)**	**MHN**	
Statewide	HIPP AABD & Non-Dual Wai	$	2,030.95
Statewide	HIPP Family	$	499.43
Statewide	HIPP Katie Beckett	$	13,772.60
Statewide	HIPP Expansion	$	742.70
Statewide	Refugee Resettlement	$	249.41

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Certificate Of Completion

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Status: Completed
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Envelope Type:
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Divison:
DHHS Sender: CAU - Jess
DHHS Sharepoint ID:
FFATA Reporting Required:
Source Envelope:
Document Pages: 4
Signatures: 2
Certificate Pages: 5
Initials: 0
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301 Centennial Mall S
Lincoln, NE 68508-2529
dhhs.contractadmin@nebraska.gov
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Record Tracking

Status: Original
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Holder: Contracts Administration
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Pool: StateLocal
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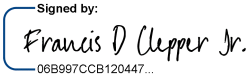
Signer Events	Signature	Timestamp
Francis D Clepper Jr. Francis.Clepper@molinahealthcare.com President & CEO Security Level: Email, Account Authentication (None)	Signed by:  06B997CCB120447... Signature Adoption: Pre-selected Style Using IP Address: 208.127.240.84	Sent: 8/23/2024 1:30:14 PM Resent: 9/4/2024 8:14:10 AM Viewed: 9/9/2024 8:21:29 AM Signed: 9/9/2024 8:22:20 AM
Electronic Record and Signature Disclosure: Accepted: 9/9/2024 8:21:29 AM ID: b6683982-ccc7-4f66-ba8f-e4fb03b0fce2		
Matthew Ahern Matthew.Ahern@nebraska.gov Interim Medicaid Director Security Level: Email, Account Authentication (None)	DocuSigned by:  0CCF86BE38C149A... Signature Adoption: Pre-selected Style Using IP Address: 164.119.5.85	Sent: 8/30/2024 2:00:25 PM Viewed: 8/30/2024 3:27:46 PM Signed: 8/30/2024 3:28:01 PM
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Editor Delivery Events	**Status**	**Timestamp**
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Carbon Copy Events	Status	Timestamp
Contracts Administration dhhs.contractadmin@nebraska.gov DHHS Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: 9/9/2024 8:22:22 AM
Kristine Radke Kristine.Radke@nebraska.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 5/13/2022 11:33:43 AM ID: 8bbe78f1-da01-4455-a7d2-3f4c6b524185	COPIED	Sent: 9/9/2024 8:22:23 AM
Jess McCleery, Contracts Administrator jess.mccleery@nebraska.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 9/5/2024 4:38:32 PM ID: 7f19ad59-d184-4f95-a0df-46c2168ad302	COPIED	Sent: 9/9/2024 8:22:24 AM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	8/23/2024 1:30:14 PM
Envelope Updated	Security Checked	8/30/2024 2:00:25 PM
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Certified Delivered	Security Checked	8/30/2024 3:27:46 PM
Signing Complete	Security Checked	8/30/2024 3:28:01 PM
Completed	Security Checked	9/9/2024 8:22:24 AM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

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

To advise Nebraska Department of Health & Human Services of your new e-mail 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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