

**Amendment Five
Contract Number 102894 O4**

Service Contract

**Between
The State of Nebraska Department of Health and Human Services
And
Nebraska Total Care Inc**

THIS AMENDMENT is entered into by and between the State of Nebraska Department of Health and Human Services (“DHHS”) and Nebraska Total Care Inc (“NTC”).

WHEREAS, the DHHS has a contract with NTC identified as 102894 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 the NTC 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:

1. Modifications: The Parties hereto modify the following sections:
 - a. Attachment 11 – Rates effective for January 1, 2025 through December 31, 2025 are set forth in the amended Attachment 11 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 11 - Contract 102894 O4_ EFFECTIVE 1-1-2025

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

FOR DHHS:

FOR CONTRACTOR:

DocuSigned by:
Matthew Ahern
By: _____
UCCF86BE38C149A...

Signed by:
Adam Proctor
By: _____
AC913FACE283442...

Name: Matthew Ahern

Name: Adam Proctor

Title: Director of MLTC

Title: CEO

Date: 12/6/2024 | 06:04:40 PST

Date: 12/5/2024 | 13:20:30 CST

Nebraska Total Care – HH Rates – 01.01.2025

Attachment 11 – Rates (AMENDED)
Effective January 1, 2025 to December 31, 2025

CY 2025 Heritage Health Rates - Nebraska Total Care

Rating Region 1	
Category of Aid	Payment Rate
AABD 00-20 M&F	\$1,930.31
AABD 21+ M&F	\$2,106.11
AABD 21+ M&F-WWC	\$3,572.05
CHIP M&F	\$316.47
Family Under 1 M&F	\$1,060.18
Family 01-05 M&F	\$338.91
Family 06-20 F	\$285.69
Family 06-20 M	\$338.32
Family 21+ M&F	\$635.13
Foster Care M&F	\$882.11
Healthy Dual	\$251.72
Dual LTC	\$270.84
Non-Dual LTC	\$3,547.59
Dual Waiver	\$330.21
Non-Dual Waiver	\$2,292.47
Katie Beckett 00-18 M&F	\$12,673.45
599 CHIP - Cohort	\$481.80
599 CHIP - Supplemental	\$5,813.65
Maternity	\$6,462.98

Expansion Adult Rates (Rating Region 1)	
Category of Aid	Payment Rate
EXP 19-44 M	\$712.91
EXP 19-44 F	\$701.52
EXP 45-64 M&F	\$1,361.45

HIPP Rates (Rating Region 1)	
Category of Aid	Payment Rate
HIPP AABD & Non-Dual Waiver	\$1,967.72
HIPP All Other	\$466.97
HIPP Katie Beckett	\$10,532.68
HIPP Expansion	\$590.26

Nebraska Total Care – HH Rates – 01.01.2025

Rating Region 2	
Category of Aid	Payment Rate
AABD 00-20 M&F	\$1,836.60
AABD 21+ M&F	\$2,271.84
AABD 21+ M&F-WWC	\$3,572.05
CHIP M&F	\$292.88
Family Under 1 M&F	\$1,056.46
Family 01-05 M&F	\$258.23
Family 06-20 F	\$316.89
Family 06-20 M	\$332.89
Family 21+ M&F	\$706.10
Foster Care M&F	\$687.35
Healthy Dual	\$298.92
Dual LTC	\$290.83
Non-Dual LTC	\$2,889.06
Dual Waiver	\$383.23
Non-Dual Waiver	\$3,329.68
Katie Beckett 00-18 M&F	\$12,673.45
599 CHIP - Cohort	\$481.80
599 CHIP - Supplemental	\$5,813.65
Maternity	\$6,351.35

Expansion Adult Rates (Rating Region 2)	
Category of Aid	Payment Rate
EXP 19-44 M	\$669.69
EXP 19-44 F	\$799.27
EXP 45-64 M&F	\$1,506.20

HIPP Rates (Rating Region 2)	
Category of Aid	Payment Rate
HIPP AABD & Non-Dual Waiver	\$1,967.72
HIPP All Other	\$466.97
HIPP Katie Beckett	\$10,532.68
HIPP Expansion	\$590.26

**Amendment Six
Contract Number 102894 O4**

Service Contract

**Between
The State of Nebraska Department of Health and Human Services
And
Nebraska Total Care Inc.**

THIS AMENDMENT is entered into by and between the State of Nebraska Department of Health and Human Services (“DHHS”) and Nebraska Total Care Inc. (“NTC”).

WHEREAS, the State of Nebraska has a contract with NTC identified as 102894 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 the NTC 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:

1. 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. Rates are effective July 1, 2024 through December 31, 2024.

Attachments:

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

1. AMENDED Attachment 24 - 102894 O4_ NTC_Mid Year Rates_Effective 7-1-2024

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

FOR DHHS:

FOR CONTRACTOR:

By: DocuSigned by:
Matthew Ahern
UCCF86BE38C149A...

By: Signed by:
Adam Proctor
AC913FACE283442...

Name: Matthew Ahern

Name: Adam Proctor

Title: Director of MLTC

Title: CEO

Date: 12/6/2024 | 06:04:40 PST

Date: 12/5/2024 | 13:20:30 CST

Nebraska Total Care - HH Rates - Effective July 1, 2024 to December 31, 2024

Attachment 24 - Rates

CY 2024 Mid-year Heritage Health Rates - Nebraska Total Care

Final CY24 Mid-Year Capitation Rates (Rounded)		
Rating Region	COA	NTC
1	AABD 00-20 M&F	\$ 1,735.30
1	AABD 21+ M&F	\$ 2,172.49
1	AABD 21+ M&F-WWC	\$ 2,886.59
1	CHIP M&F	\$ 293.76
1	Family Under 1 M&F	\$ 985.07
1	Family 01-05 M&F	\$ 288.34
1	Family 06-20 F	\$ 292.41
1	Family 06-20 M	\$ 300.11
1	Family 21+ M&F	\$ 665.83
1	Foster Care M&F	\$ 757.99
1	Healthy Dual	\$ 284.35
1	Dual LTC	\$ 264.65
1	Non-Dual LTC	\$ 3,252.32
1	Dual Waiver	\$ 342.17
1	Non-Dual Waiver	\$ 2,146.56
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	\$ 743.09
1	EXP 19-44 F	\$ 725.66
1	EXP 45-64 M&F	\$ 1,456.29
2	AABD 00-20 M&F	\$ 1,939.24
2	AABD 21+ M&F	\$ 2,361.85
2	AABD 21+ M&F-WWC	\$ 3,396.92
2	CHIP M&F	\$ 299.92
2	Family Under 1 M&F	\$ 921.88
2	Family 01-05 M&F	\$ 265.71
2	Family 06-20 F	\$ 321.51
2	Family 06-20 M	\$ 310.10
2	Family 21+ M&F	\$ 770.33
2	Foster Care M&F	\$ 615.20
2	Healthy Dual	\$ 310.84
2	Dual LTC	\$ 256.16
2	Non-Dual LTC	\$ 2,257.82
2	Dual Waiver	\$ 374.60
2	Non-Dual Waiver	\$ 2,918.82
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	\$	750.38
2	EXP 19-44 F	\$	778.38
2	EXP 45-64 M&F	\$	1,640.90

Final CY24 Mid-Year Capitation Rates (Rounded)			
Rating Region	COA (HIPP)		NTC
Statewide	HIPP AABD & Non-Dual Waiv	\$	2,030.95
Statewide	HIPP Family	\$	499.43
Statewide	HIPP Katie Beckett	\$	13,772.60
Statewide	HIPP Expansion	\$	742.70