Amendment Twelve
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:

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. Attachment 24_Contract 102894 O4; NTC CY26 Rates

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

FOR DHHS:		FOR CONTRACTOR:	
By:	Signed by: Drew Gonshorowski 06E4C348F9184A5...	By:	Signed by: Adam Proctor AC913FACE283442...
Name:	Drew Gonshorowski	Name:	Adam Proctor
Title:	Director of MLTC	Title:	
Date:	11/5/2025 | 10:31:22 CST	Date:	11/4/2025 | 16:24:00 CST

Attachment 24 - Rates
Effective January 1, 2026 - December 31, 2026
CY 2026 Heritage Health Rates - Nebraska Total Care

Rating Region 1	
Category of Aid	**Payment Rate**
AABD 00-20 M&F	$2,022.68
AABD 21+ M&F	$2,516.58
AABD 21+ M&F-WWC	$5,343.75
CHIP M&F	$365.85
Family Under 1 M&F	$1,110.44
Family 01-05 M&F	$357.17
Family 06-20 F	$351.96
Family 06-20 M	$395.41
Family 21+ M&F	$810.47
Foster Care M&F	$1,012.77
Healthy Dual	$325.98
Dual LTC	$304.17
Non-Dual LTC	$3,778.78
Dual Waiver	$356.59
Non-Dual Waiver	$2,842.23
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	$895.38
EXP 19-44 F	$902.39
EXP 45-64 M&F	$1,667.62

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

Nebraska Total Care – HH Rates – Effective 01.01.2026

Rating Region 2	
Category of Aid	**Payment Rate**
AABD 00-20 M&F	$2,024.46
AABD 21+ M&F	$2,712.55
AABD 21+ M&F-WWC	$5,343.75
CHIP M&F	$341.72
Family Under 1 M&F	$921.71
Family 01-05 M&F	$283.87
Family 06-20 F	$356.17
Family 06-20 M	$372.01
Family 21+ M&F	$898.11
Foster Care M&F	$619.68
Healthy Dual	$335.94
Dual LTC	$306.03
Non-Dual LTC	$2,653.80
Dual Waiver	$433.03
Non-Dual Waiver	$3,800.42
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	$809.71
EXP 19-44 F	$918.11
EXP 45-64 M&F	$1,780.28

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: D1C90B0F-3E54-4F82-926A-5A00AD34E279
Status: Completed
Subject: Complete with Docusign: 102894-O4 Nebraska Total Care Inc Amendment 12 CLMS 2260.pdf
Envelope Type: Contract
Envelope Name: 102894-O4 Nebraska Total Care Inc Amendment 12 CLMS 2260
Divison:
DHHS Sender: DHHS.ServicesProcurement@nebraska.gov
DHHS Sharepoint ID:
FFATA Reporting Required:
Source Envelope:

Document Pages: 3
Certificate Pages: 5
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-06:00) Central Time (US & Canada)

Signatures: 2
Initials: 0

Envelope Originator:
Procurement Shared
301 Centennial Mall S
Lincoln, NE 68508-2529
DHHS.ServicesProcurement@nebraska.gov
IP Address: 164.119.5.70

Record Tracking

Status: Original
11/3/2025 1:46:08 PM
Security Appliance Status: Connected
Storage Appliance Status: Connected

Holder: Procurement Shared
DHHS.ServicesProcurement@nebraska.gov
Pool: StateLocal
Pool: Nebraska Department of Health & Human Services

Location: DocuSign
Location: Docusign

Signer Events	Signature	Timestamp
Adam Proctor Adam.Proctor@NebraskaTotalCare.com CEO Security Level: Email, Account Authentication (None)	Signed by: Adam Proctor AC913FACE283442... Signature Adoption: Pre-selected Style Using IP Address: 170.85.13.27	Sent: 11/3/2025 1:48:52 PM Resent: 11/3/2025 1:54:28 PM Resent: 11/4/2025 8:38:38 AM Resent: 11/4/2025 8:39:40 AM Viewed: 11/4/2025 4:23:46 PM Signed: 11/4/2025 4:24:00 PM
Electronic Record and Signature Disclosure: Accepted: 11/3/2025 2:06:12 PM ID: 44d98de4-bd87-4c7f-9a8d-3e62633f5201		
Drew Gonshorowski drew.gonshorowski@nebraska.gov Director of Medicaid and Long-term Care Security Level: Email, Account Authentication (None)	Signed by: Drew Gonshorowski 06E4C348F9184A5... Signature Adoption: Pre-selected Style Using IP Address: 164.119.5.218	Sent: 11/4/2025 4:24:03 PM Resent: 11/5/2025 8:00:36 AM Viewed: 11/5/2025 10:31:16 AM Signed: 11/5/2025 10:31:22 AM
Electronic Record and Signature Disclosure: Accepted: 11/5/2025 10:31:16 AM ID: 0ff94244-145b-47b8-8a57-2b0171212273		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Kristine Radke Kristine.Radke@nebraska.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 6/24/2025 8:26:55 AM ID: 18af51c9-148a-404a-9568-30e6e254dad8	COPIED	Sent: 11/3/2025 1:48:51 PM
Kendra Wiebe Kendra.Wiebe@nebraska.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 11/4/2025 4:24:02 PM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/3/2025 1:48:52 PM
Certified Delivered	Security Checked	11/5/2025 10:31:16 AM
Signing Complete	Security Checked	11/5/2025 10:31:22 AM
Completed	Security Checked	11/5/2025 10:31:22 AM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

CONSUMER DISCLOSURE

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Consequences of changing your mind

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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How to contact Nebraska Department of Health & Human Services:

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

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

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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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to john.canfield@nebraska.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.
To withdraw your consent with Nebraska Department of Health & Human Services

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

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ii. send us an e-mail to john.canfield@nebraska.gov and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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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Acknowledging your access and consent to receive materials electronically

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