

**AMENDMENT**

**STATE OF NEBRASKA – DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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

EXISTING AGREEMENT NUMBER	AMENDMENT NUMBER
102889 O4	AMD3

**AMENDMENTS**

This Amendment (the “Amendment”) is made by the State of Nebraska and UnitedHealthcare of the Midlands, Inc. (the “Contractor”), parties to Contract 102889 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 Mid-Year2024 rates

**AMENDMENT**  
**STATE OF NEBRASKA – DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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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
<p>DocuSigned by: <i>Matthew Allen</i> 0CCF86BE38C149A...</p>	<p>Signed by: <i>Erin O. Hultgren</i> 49933CDEDC4C431...</p>
<p><b>DATE:</b> 8/28/2024   06:07:43 PDT</p>	<p><b>DATE:</b> 8/28/2024   08:31:05 CDT</p>

**Unitedhealthcare - HH Rates - Effective July 1, 2024 to December 31, 2024**

**Attachment 24 - Rates**

**CY 2024 Mid-year Heritage Health Rates - Unitedhealthcare**

Final CY24 Mid-Year Capitation Rates (Rounded)		
Rating Region	COA	UHC
1	AABD 00-20 M&F	\$ 1,683.34
1	AABD 21+ M&F	\$ 2,104.95
1	AABD 21+ M&F-WWC	\$ 2,886.59
1	CHIP M&F	\$ 290.62
1	Family Under 1 M&F	\$ 985.07
1	Family 01-05 M&F	\$ 286.15
1	Family 06-20 F	\$ 290.05
1	Family 06-20 M	\$ 294.51
1	Family 21+ M&F	\$ 665.50
1	Foster Care M&F	\$ 873.60
1	Healthy Dual	\$ 292.88
1	Dual LTC	\$ 231.03
1	Non-Dual LTC	\$ 3,012.69
1	Dual Waiver	\$ 305.01
1	Non-Dual Waiver	\$ 2,116.42
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	\$ 661.16
1	EXP 19-44 F	\$ 723.19
1	EXP 45-64 M&F	\$ 1,469.12
2	AABD 00-20 M&F	\$ 1,792.23
2	AABD 21+ M&F	\$ 2,131.51
2	AABD 21+ M&F-WWC	\$ 3,396.92
2	CHIP M&F	\$ 267.62
2	Family Under 1 M&F	\$ 921.88
2	Family 01-05 M&F	\$ 261.81
2	Family 06-20 F	\$ 323.91
2	Family 06-20 M	\$ 315.65
2	Family 21+ M&F	\$ 726.52
2	Foster Care M&F	\$ 643.43
2	Healthy Dual	\$ 282.64
2	Dual LTC	\$ 220.76
2	Non-Dual LTC	\$ 2,521.25
2	Dual Waiver	\$ 323.46
2	Non-Dual Waiver	\$ 2,509.44
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	\$	747.21
2	EXP 19-44 F	\$	792.39
2	EXP 45-64 M&F	\$	1,663.15

Final CY24 Mid-Year Capitation Rates (Rounded)		
Rating Region	COA (HIPP)	UHC
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
Statewide	Refugee Resettlement	\$ 249.41

**Certificate Of Completion**

Envelope Id: 3C2756BFD5FC42F0893BD917DA85FA2F	Status: Completed
Subject: Complete with DocuSign: 102889 O4 AMD3 8.23.24	
Envelope Type:	
Envelope Name: 102889 O4; United Healthcare of Midlands AMD 3	
Divison:	
DHHS Sender: Contracts Administration	
DHHS Sharepoint ID:	
FFATA Reporting Required:	
Source Envelope:	
Document Pages: 4	Signatures: 2
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Contracts Administration
Time Zone: (UTC-06:00) Central Time (US & Canada)	301 Centennial Mall S
	Lincoln, NE 68508-2529
	dhhs.contractadmin@nebraska.gov
	IP Address: 164.119.5.238

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Security Appliance Status: Connected	Pool: StateLocal	
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**Signer Events**

Matthew Ahern  
 Matthew.Ahern@nebraska.gov  
 Interim Medicaid Director  
 Security Level: Email, Account Authentication (None)

**Signature**

DocuSigned by:  
  
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 Signature Adoption: Pre-selected Style  
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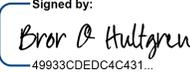
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 Signed: 8/28/2024 8:07:43 AM

**Electronic Record and Signature Disclosure:**

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 ID: 0467d4e2-c09e-4490-8b5c-d0c6e7ec96ae

Bror O Hultgren  
 bror\_o\_hultgren@uhc.com  
 Regional CEO  
 Security Level: Email, Account Authentication (None)

Signed by:  
  
 49933CEDEC4C431...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 198.203.177.163

Sent: 8/28/2024 8:07:45 AM  
 Viewed: 8/28/2024 8:29:46 AM  
 Signed: 8/28/2024 8:31:05 AM

**Electronic Record and Signature Disclosure:**

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Editor Delivery Events	Status	Timestamp
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Contracts Administration dhhs.contractadmin@nebraska.gov DHHS Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<b>COPIED</b>	Sent: 8/28/2024 8:31:06 AM Resent: 8/28/2024 8:31:10 AM Viewed: 8/29/2024 10:34:11 AM

Kristine Radke Kristine.Radke@nebraska.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Accepted: 5/13/2022 11:33:43 AM ID: 8bbe78f1-da01-4455-a7d2-3f4c6b524185	<b>COPIED</b>	Sent: 8/28/2024 8:31:07 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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Signing Complete	Security Checked	8/28/2024 8:31:05 AM
Completed	Security Checked	8/28/2024 8:31:07 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature 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](mailto: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](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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- ii. send us an e-mail to [john.canfield@nebraska.gov](mailto: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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\*\* These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

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