

**Amendment Six
Contract Number 102897 O4**

Service Contract

**Between
The State of Nebraska Department of Health and Human Services
And
Molina Healthcare of Nebraska**

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

WHEREAS, the DHHS has a contract with Molina identified as 102897 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 Molina 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 102897 O4_ EFFECTIVE 1-1-2025

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

FOR DHHS:

By: 
0CCF66BE36C149A...

Name: Matthew Ahern

Title: Director of MLTC

Date: 12/12/2024 | 06:21:13 PST

FOR CONTRACTOR:

By: 
06B997CCB120447...

Name: Frank Clepper

Title: CEO

Date: 12/17/2024 | 07:58:57 PST

Molina Healthcare – HH Rates – 01.01.2025

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

CY 2025 Heritage Health Rates - Molina Healthcare

Rating Region 1	
Category of Aid	Payment Rate
AABD 00-20 M&F	\$1,626.97
AABD 21+ M&F	\$1,867.68
AABD 21+ M&F-WWC	\$3,572.05
CHIP M&F	\$288.85
Family Under 1 M&F	\$1,060.18
Family 01-05 M&F	\$340.68
Family 06-20 F	\$254.67
Family 06-20 M	\$297.32
Family 21+ M&F	\$595.31
Foster Care M&F	\$782.08
Healthy Dual	\$214.75
Dual LTC	\$232.82
Non-Dual LTC	\$3,612.26
Dual Waiver	\$255.89
Non-Dual Waiver	\$2,150.09
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	\$656.80
EXP 19-44 F	\$680.21
EXP 45-64 M&F	\$1,336.96

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

Molina Healthcare – HH Rates – 01.01.2025

Rating Region 2	
Category of Aid	Payment Rate
AABD 00-20 M&F	\$1,926.98
AABD 21+ M&F	\$2,043.07
AABD 21+ M&F-WWC	\$3,572.05
CHIP M&F	\$270.19
Family Under 1 M&F	\$1,056.46
Family 01-05 M&F	\$216.83
Family 06-20 F	\$288.71
Family 06-20 M	\$257.07
Family 21+ M&F	\$648.83
Foster Care M&F	\$585.65
Healthy Dual	\$249.67
Dual LTC	\$267.58
Non-Dual LTC	\$3,147.55
Dual Waiver	\$358.25
Non-Dual Waiver	\$2,531.70
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	\$684.71
EXP 19-44 F	\$758.17
EXP 45-64 M&F	\$1,450.25

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 Seven
Contract Number 102897 O4

Service Contract

Between
The State of Nebraska Department of Health and Human Services
And
Molina Healthcare of Nebraska

THIS AMENDMENT is entered into by and between the State of Nebraska Department of Health and Human Services (“DHHS”) and Molina Healthcare of Nebraska (“Molina”).

WHEREAS, the DHHS has a contract with Molina identified as 102897 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 Molina 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 – Contract 102897 O4_ EFFECTIVE 7-1-2024

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

FOR DHHS:

By: 
0CCF86BE38C149A...

Name: Matthew Ahern

Title: Director of MLTC

Date: 12/12/2024 | 06:21:13 PST

FOR CONTRACTOR:

By: 
06B997CCB120447...

Name: Frank Clepper

Title: CEO

Date: 12/17/2024 | 07:58:57 PST

Molina - HH Rates (AMENDED 11/14/2024)
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
	AABD 21+ M&F	\$	1,721.72
	AABD 21+ M&F-WWC	\$	2,886.59
	CHIP M&F	\$	270.66
	Family Under 1 M&F	\$	985.07
	Family 01-05 M&F	\$	260.08
	Family 06-20 F	\$	255.08
	Family 06-20 M	\$	263.92
	Family 21+ M&F	\$	612.38
	Foster Care M&F	\$	710.48
	Healthy Dual	\$	277.08
	Dual LTC	\$	237.11
	Non-Dual LTC	\$	3,060.03
	Dual Waiver	\$	296.63
	Non-Dual Waiver	\$	1,953.23
	Katie Beckett 00-18 M&F	\$	14,431.71
	599 CHIP - Cohort	\$	441.06
	599 CHIP - Supplemental	\$	5,704.85
	Maternity	\$	6,347.60
	EXP 19-44 M	\$	694.95
	EXP 19-44 F	\$	670.48
	EXP 45-64 M&F	\$	1,430.04
2	AABD 00-20 M&F	\$	1,655.22
	AABD 21+ M&F	\$	1,937.03
	AABD 21+ M&F-WWC	\$	3,396.92
	CHIP M&F	\$	267.25
	Family Under 1 M&F	\$	921.88
	Family 01-05 M&F	\$	233.71
	Family 06-20 F	\$	319.59
	Family 06-20 M	\$	257.54
	Family 21+ M&F	\$	679.23
	Foster Care M&F	\$	611.82
	Healthy Dual	\$	282.39
	Dual LTC	\$	203.43
	Non-Dual LTC	\$	2,724.90
	Dual Waiver	\$	335.14
	Non-Dual Waiver	\$	2,204.36
	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