

**Amendment Thirteen
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 6 – QPPs effective January 1, 2026 through December 31, 2026 are set forth in the amended Attachment 6 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 6 – QPPs - Contract 102894 O4_Effective 1-1-2026

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

FOR DHHS:

FOR CONTRACTOR:

Signed by:
By: Drew Gonshorowski
06E4C348F9184A5...

Signed by:
By: Adam Proctor
AC913FACE283442...

Name: Drew Gonshorowski

Name: Adam Proctor

Title: Director of MLTC

Title: CEO

Date: 12/3/2025 | 10:27:34 CST

Date: 12/3/2025 | 10:19:10 CST

Attachment 6

Quality Performance Program Measures – Contract Year Three

Effective January 1, 2026 through December 31, 2026

| Base Performance Requirement | 40% Payment Threshold | Full Payment Threshold | % of Payment Pool |
|--|------------------------------|-------------------------------|--------------------------|
| <p>Claims Processing Timeliness - 15 Days: Process and pay or deny, as appropriate, at least 90% of all claims for medical, dental, and behavioral health services provided to members within 15 days of the date of receipt. The date of receipt is the date the MCO receives the clean claim.</p> | N/A | 95% within 10 business days | 5% |
| <p>Encounter Acceptance Rate: Submitted encounters must be accepted 95% or greater by MLTC's Medicaid Management Information System pursuant to MLTC specifications.</p> | N/A | 98% | 5% |
| <p>Appeal Resolution Timeliness: MCO must resolve each appeal, and provide notice, as expeditiously as the member's health condition requires, within 30 calendar days from the day the MCO receives the appeal.</p> | N/A | 95% within 20 calendar days | 5% |
| <p>Grievance Resolution Timeliness: MCO must resolve each grievance and provide notice, as expeditiously as the member's health condition requires, within 90 calendar days from the day the MCO receives the grievance.</p> | N/A | 95% within 60 calendar days | 5% |
| <p>Immunizations for Adolescents (IMA-E): The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.</p> <ul style="list-style-type: none"> • Combination 2 | 30.7% | 34.14% | 9% |

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| <p>Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care: The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in Medicaid/CHIP.</p> <p>Postpartum Care: The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery.</p> | <p>Timeliness of Prenatal Care: 86.37%</p> <p>Postpartum Care: 82.48%</p> | <p>Timeliness of Prenatal Care: 88.56%</p> <p>Postpartum Care: 83.94%</p> | <p>4%</p> <p>4%</p> |
| <p>Chlamydia Screening in Women (CHL): The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</p> <ul style="list-style-type: none"> • 16 – 20 years of age • 21 – 24 years of age | <p>16 – 20 years of age: 5% increase from previous year</p> <p>21 – 24 years of age: 5% increase from previous year</p> | <p>16 – 20 years of age: 10% increase from previous year</p> <p>21 – 24 years of age: 10% increase from previous year</p> | <p>3.5%</p> <p>3.5%</p> |
| <p>Initiation and Engagement of Substance Use Disorder Treatment (IET): The percentage of new substance use disorder (SUD) episodes in individuals aged 13 and older that result in treatment initiation and engagement.</p> <ul style="list-style-type: none"> • Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days. • Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment | <p>Initiation of SUD Treatment: 37.27%</p> <p>Engagement of SUD Treatment: 11.35%</p> | <p>Initiation of SUD Treatment: 40.82</p> <p>Engagement of SUD Treatment: 14.8%</p> | <p>4%</p> <p>4%</p> |

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| <p>engagement within 34 days of initiation.</p> | | | |
| <p>Child and Adolescent Well-Care Visits (WCV) The percentage of adolescents 12-17 years of age who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement year.</p> | <p>58.88%</p> | <p>61.4%</p> | <p>7%</p> |
| <p>Follow-Up After Hospitalization for Mental Illness (FUH): The percentage of discharges for individuals 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:</p> <ul style="list-style-type: none"> The percentage of discharges for which the individual received follow-up within 30 days after discharge. (Total) The percentage of discharges for which the individual received follow-up within 7 days after discharge. (Total) | <p>30 days Total: 67.4%</p> <p>7 days Total: 45.08%</p> | <p>30 days Total: 70.59%</p> <p>7 days Total: 48.65%</p> | <p>3.5%</p> <p>3.5%</p> |
| <p>Follow-Up After Emergency Department Visit for Mental Illness (FUM): The percentage of emergency department (ED) visits for individuals 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:</p> <ul style="list-style-type: none"> The percentage of ED visits for which the individual received follow-up within 30 days of the ED visit (31 total days). (Total) The percentage of ED visits for which the individual received follow-up within 7 days of the ED visit (8 total days) (Total) | <p>30 days Total: 57.13%</p> <p>7 days Total: 41.52%</p> | <p>30 days Total: 62.41%</p> <p>7 days Total: 46.71%</p> | <p>3.5%</p> <p>3.5%</p> |
| <p>Follow-Up After Emergency Department Visit for Substance Use (FUA): The percentage of emergency department (ED) visits among individuals 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported:</p> <ul style="list-style-type: none"> The percentage of ED visits for which the individual received | <p>30 days Total: 39.1%</p> | <p>30 days Total: 43.24%</p> | <p>3.5%</p> |

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| <p>follow-up within 30 days of the ED visit (31 total days). (Total)</p> <ul style="list-style-type: none"> The percentage of ED visits for which the individual received follow-up within 7 days of the ED visit (8 total days). (Total) | <p>7 days Total: 26.89%</p> | <p>7 days Total: 30.53%</p> | <p>3.5%</p> |
| <p>Oral Evaluation, Dental Services - (OEV-CH): Percentage of enrolled children under age 21 years who received a comprehensive or periodic oral evaluation within the reporting year</p> | <p>3% increase from previous year</p> | <p>5% increase from previous year</p> | <p>5%</p> |
| <p>Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey: Child and Adult</p> <ul style="list-style-type: none"> Getting Care Quickly (Usually + Always) (Child) Rating of Health Plan (9 + 10) | <p>Getting Care Quickly (Usually + Always) (Child): 86.69% (50th)</p> <p>Rating of Health Plan (9 + 10) (Child): 75.57% (75th)</p> <p>Rating of Health Plan (9 + 10) (Adult): 62.18 (50th)</p> | <p>Getting Care Quickly (Usually + Always) (Child): 89.48 (75th)</p> <p>Rating of Health Plan (9 + 10) (Child): 78.8% (90th)</p> <p>Rating of Health Plan (9 + 10) (Adult): 64.32 (66th)</p> | <p>5%</p> <p>5%</p> <p>5%</p> |
| <p>Oral Evaluation During Pregnancy - (OEV-P): Percentage of enrolled persons aged 15 through 44 years with live-birth deliveries in the reporting year who received a comprehensive or periodic oral evaluation during pregnancy</p> <ul style="list-style-type: none"> Age 15 through 20 Age 21 through 44 | <p>Monitoring Only</p> | <p>Monitoring Only</p> | <p>N/A</p> |
| <p>Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey: Child and Adult</p> <ul style="list-style-type: none"> Getting Care Quickly (Usually + Always) (Adult) Getting Needed Care (Usually + Always) Customer Service (Usually + Always) Rating of All Health Care (9 + 10) | <p>Monitoring Only</p> | <p>Monitoring Only</p> | <p>N/A</p> |
| <p>Child and Adolescent Well-Care Visits (WCV) The percentage of adolescents 18-21 years of age who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement year.</p> | <p>Monitoring Only</p> | <p>Monitoring Only</p> | <p>N/A</p> |

Certificate Of Completion

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| Envelope Id: ADFD6C37-10A6-4562-A80B-BB9F36305596 | Status: Completed |
| Subject: Complete with Docusign: 102894-O4 Nebraska Total Care Inc Amendment 13 CLMS 2260.pdf | |
| Envelope Type: Contract | |
| Envelope Name: 102894-O4 Nebraska Total Care Inc Amendment 13 CLMS 2260 | |
| Divison: | |
| DHHS Sender: DHHS.ServicesProcurement@nebraska.gov | |
| DHHS Sharepoint ID: | |
| FFATA Reporting Required: | |
| Source Envelope: | |
| Document Pages: 5 | Signatures: 2 |
| Certificate Pages: 5 | Initials: 0 |
| AutoNav: Enabled | Envelope Originator: |
| Envelopeld Stamping: Enabled | Procurement Shared |
| Time Zone: (UTC-06:00) Central Time (US & Canada) | 301 Centennial Mall S |
| | Lincoln, NE 68508-2529 |
| | DHHS.ServicesProcurement@nebraska.gov |
| | IP Address: 164.119.5.70 |

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| Storage Appliance Status: Connected | Pool: Nebraska Department of Health & Human Services | Location: Docusign |

Signer Events

Adam Proctor
 Adam.Proctor@NebraskaTotalCare.com
 CEO
 Security Level: Email, Account Authentication (None)

Signature

Signed by:

 AC913FACE283442...
 Signature Adoption: Pre-selected Style
 Using IP Address: 136.226.85.31

Timestamp

Sent: 12/3/2025 9:29:25 AM
 Viewed: 12/3/2025 10:08:48 AM
 Signed: 12/3/2025 10:19:10 AM

Electronic Record and Signature Disclosure:

Accepted: 12/3/2025 10:08:48 AM
 ID: 4a1a5afa-b0a4-4ef2-a105-eb976f2a1a66

Drew Gonshorowski
 drew.gonshorowski@nebraska.gov
 Director of Medicaid and Long-term Care
 Security Level: Email, Account Authentication (None)

Signed by:

 06E4C348F9184A5...
 Signature Adoption: Pre-selected Style
 Using IP Address: 164.119.5.218

Sent: 12/3/2025 10:19:12 AM
 Viewed: 12/3/2025 10:27:26 AM
 Signed: 12/3/2025 10:27:34 AM

Electronic Record and Signature Disclosure:

Accepted: 12/3/2025 10:27:26 AM
 ID: c20981b4-61a1-49ec-ad87-fbb6f9460873

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 |
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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

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Sent: 12/3/2025 9:29:24 AM
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Kendra Wiebe
Kendra.Wiebe@nebraska.gov
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

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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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| Envelope Sent | Hashed/Encrypted | 12/3/2025 9:29:25 AM |
| Certified Delivered | Security Checked | 12/3/2025 10:27:26 AM |
| Signing Complete | Security Checked | 12/3/2025 10:27:34 AM |
| Completed | Security Checked | 12/3/2025 10:27:34 AM |

| Payment Events | Status | Timestamps |
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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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- Until or unless I notify Nebraska Department of Health & Human Services as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Nebraska Department of Health & Human Services during the course of my relationship with you.