Amendment Five
Contract Number 102889 O4

Service Contract

Between
The State of Nebraska Department of Health and Human Services
And
UnitedHealthcare of the Midlands, Inc.

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

WHEREAS, the DHHS has a contract with UHC identified as 102889 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 UHC 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 102889 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:	
By:	DocuSigned by: Matthew Ahern 0CCF86BE38C149A...	By:	Signed by: 308255D74E64434...
Name:	Matthew Ahern	Name:	J. Michael Parnell
Title:	Director of Medicaid and Long-Term Care	Title:	President & CEO
Date:	12/4/2024 | 15:00:49 PST	Date:	12/4/2024 | 11:22:11 CST

Attachment 11 – Rates (AMENDED)

Effective January 1, 2025 to December 31, 2025

CY 2025 Heritage Health Rates - United Healthcare

Rating Region 1	
Category of Aid	**Payment Rate**
AABD 00-20 M&F	$1,849.36
AABD 21+ M&F	$2,122.59
AABD 21+ M&F-WWC	$3,572.05
CHIP M&F	$314.52
Family Under 1 M&F	$1,060.18
Family 01-05 M&F	$363.95
Family 06-20 F	$285.53
Family 06-20 M	$318.57
Family 21+ M&F	$650.48
Foster Care M&F	$916.47
Healthy Dual	$261.53
Dual LTC	$232.95
Non-Dual LTC	$3,439.89
Dual Waiver	$280.49
Non-Dual Waiver	$2,296.52
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	$696.42
EXP 19-44 F	$700.55
EXP 45-64 M&F	$1,473.13

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

United HealthCare – HH Rates – 01.01.2025

Rating Region 2	
Category of Aid	**Payment Rate**
AABD 00-20 M&F	$1,723.13
AABD 21+ M&F	$2,123.33
AABD 21+ M&F-WWC	$3,572.05
CHIP M&F	$262.82
Family Under 1 M&F	$1,056.46
Family 01-05 M&F	$272.60
Family 06-20 F	$311.97
Family 06-20 M	$304.44
Family 21+ M&F	$737.22
Foster Care M&F	$730.72
Healthy Dual	$266.77
Dual LTC	$226.88
Non-Dual LTC	$3,107.63
Dual Waiver	$312.32
Non-Dual Waiver	$3,358.43
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	$711.75
EXP 19-44 F	$798.26
EXP 45-64 M&F	$1,636.17

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 102889 O4

Service Contract

Between
The State of Nebraska Department of Health and Human Services
And
UnitedHealthcare of the Midlands, Inc.

THIS AMENDMENT is entered into by and between the State of Nebraska Department of Health and Human Services ("DHHS") and UnitedHealthcare of the Midlands, Inc. ("UHC").

WHEREAS, the DHHS has a contract with UHC identified as 102889 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 UHC 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 102889 O4_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 0CCF86BE38C149A...	By:	Signed by: 308255D74E64434...
Name:	Matthew Ahern	Name:	J. Michael Parnell
Title:	Director of Medicaid and Long-Term Care	Title:	President & CEO
Date:	12/4/2024 | 15:00:49 PST	Date:	12/4/2024 | 11:22:11 CST

Attachment 24 – Rates (AMENDED 10/30/2024)

Effective July 1, 2024 to December 31, 2024

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 Wai	$	2,030.95
Statewide	HIPP Family	$	499.43
Statewide	HIPP Katie Beckett	$	13,772.60
Statewide	HIPP Expansion	$	742.70

Certificate Of Completion

Envelope Id: F17F7655E6E24CBBB9CCA013F65D11E9
Status: Completed
Subject: Complete with Docusign: 102889-O4; UnitedHealthcare of the Midlands_Amendment 5 & 6
Envelope Type:
Envelope Name: 102889-O4; UnitedHealthcare of the Midlands_Amendment 5 & 6
Divison:
DHHS Sender: CAU_Ellen
DHHS Sharepoint ID:
FFATA Reporting Required:
Source Envelope:

Document Pages: 6
Certificate Pages: 5
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-06:00) Central Time (US & Canada)

Signatures: 4
Initials: 0

Envelope Originator:
Contracts Administration
301 Centennial Mall S
Lincoln, NE 68508-2529
dhhs.contractadmin@nebraska.gov
IP Address: 164.119.5.192

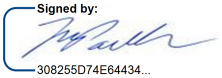
Record Tracking

Status: Original
12/3/2024 3:37:53 PM
Security Appliance Status: Connected
Storage Appliance Status: Connected

Holder: Contracts Administration
dhhs.contractadmin@nebraska.gov
Pool: StateLocal
Pool: Nebraska Department of Health & Human Services

Location: DocuSign

Location: DocuSign

Signer Events	Signature	Timestamp
J. Michael Parnell j_parnell@uhc.com President & CEO, UnitedHealthcare of the Midlands, I Security Level: Email, Account Authentication (None)	Signed by:  308255D74E64434... Signature Adoption: Uploaded Signature Image Using IP Address: 45.22.119.205	Sent: 12/3/2024 3:47:56 PM Viewed: 12/3/2024 3:51:28 PM Signed: 12/4/2024 11:22:11 AM
Electronic Record and Signature Disclosure: Accepted: 12/3/2024 3:51:28 PM ID: c432c4b3-0f19-4e28-89cc-46e001268d3b		
Matthew Ahern Matthew.Ahern@nebraska.gov Interim Medicaid Director Security Level: Email, Account Authentication (None)	DocuSigned by:  0CCF86BE38C149A... Signature Adoption: Pre-selected Style Using IP Address: 164.119.5.85	Sent: 12/4/2024 11:22:12 AM Viewed: 12/4/2024 5:00:31 PM Signed: 12/4/2024 5:00:49 PM
Electronic Record and Signature Disclosure: Accepted: 12/4/2024 5:00:31 PM ID: 3759376b-678c-4fec-9928-c57bfeeb03f9		

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
Contracts Administration dhhs.contractadmin@nebraska.gov DHHS Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: 12/4/2024 5:00:51 PM
Kristine Radke Kristine.Radke@nebraska.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 5/13/2022 11:33:43 AM ID: 8bbe78f1-da01-4455-a7d2-3f4c6b524185	COPIED	Sent: 12/4/2024 5:00:52 PM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	12/3/2024 3:47:56 PM
Certified Delivered	Security Checked	12/4/2024 5:00:31 PM
Signing Complete	Security Checked	12/4/2024 5:00:49 PM
Completed	Security Checked	12/4/2024 5:00:52 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

CONSUMER DISCLOSURE

From time to time, Nebraska Department of Health & Human Services (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

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.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

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..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

To request paper copies from Nebraska Department of Health & Human Services
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:

i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

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

** 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.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- 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.