

**Amendment Nine
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:

- 1. Modifications: The Parties hereto modify the following sections:
 - a. Attachment 24 – Rates effective for July 1, 2025 through December 31, 2025 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. AMENDED Attachment 24 - Contract 102894 O4_ EFFECTIVE 7-1-2025

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 Gonsiorowski
06E4C348F9184A5...

Signed by:
By: Adam Proctor
AC913FACE283442...

Name: Matthew Ahern

Name: Adam Proctor

Title: Director of MLTC

Title: CEO

Date: 8/6/2025 | 08:49:53 CDT

Date: 7/16/2025 | 14:26:32 CDT

Nebraska Total Care – HH Mid-Year Rates – Effective 07.01.2025

Attachment 24 – Rates (AMENDED)
 Effective July 1, 2025 to December 31, 2025

CY 2025 Mid-Year Heritage Health Rates - Nebraska Total Care

Rating Region 1	
Category of Aid	Payment Rate
AABD 00-20 M&F	\$1,930.66
AABD 21+ M&F	\$2,111.22
AABD 21+ M&F-WWC	\$3,577.50
CHIP M&F	\$310.95
Family Under 1 M&F	\$1,050.37
Family 01-05 M&F	\$322.50
Family 06-20 F	\$287.41
Family 06-20 M	\$339.40
Family 21+ M&F	\$640.93
Foster Care M&F	\$894.89
Healthy Dual	\$254.96
Dual LTC	\$276.12
Non-Dual LTC	\$3,553.13
Dual Waiver	\$335.44
Non-Dual Waiver	\$2,363.65
Katie Beckett 00-18 M&F	\$12,681.81
599 CHIP - Cohort	\$486.44
599 CHIP - Supplemental	\$5,901.68
Maternity	\$6,594.43

Expansion Adult Rates (Rating Region 1)	
Category of Aid	Payment Rate
EXP 19-44 M	\$716.14
EXP 19-44 F	\$707.03
EXP 45-64 M&F	\$1,365.82

HIPP Rates (Rating Region 1)	
Category of Aid	Payment Rate
HIPP AABD & Non-Dual Waiver	\$2,019.58
HIPP All Other	\$466.36
HIPP Katie Beckett	\$10,539.65
HIPP Expansion	\$593.19

Nebraska Total Care – HH Mid-Year Rates – Effective 07.01.2025

Rating Region 2	
Category of Aid	Payment Rate
AABD 00-20 M&F	\$1,844.34
AABD 21+ M&F	\$2,270.93
AABD 21+ M&F-WWC	\$3,577.50
CHIP M&F	\$295.78
Family Under 1 M&F	\$1,044.83
Family 01-05 M&F	\$254.73
Family 06-20 F	\$313.32
Family 06-20 M	\$340.16
Family 21+ M&F	\$707.80
Foster Care M&F	\$647.09
Healthy Dual	\$301.68
Dual LTC	\$293.34
Non-Dual LTC	\$2,872.62
Dual Waiver	\$387.89
Non-Dual Waiver	\$3,371.19
Katie Beckett 00-18 M&F	\$12,681.81
599 CHIP - Cohort	\$486.44
599 CHIP - Supplemental	\$5,901.68
Maternity	\$6,440.16

Expansion Adult Rates (Rating Region 2)	
Category of Aid	Payment Rate
EXP 19-44 M	\$669.68
EXP 19-44 F	\$801.22
EXP 45-64 M&F	\$1,506.15

HIPP Rates (Rating Region 2)	
Category of Aid	Payment Rate
HIPP AABD & Non-Dual Waiver	\$2,019.58
HIPP All Other	\$466.36
HIPP Katie Beckett	\$10,539.65
HIPP Expansion	\$593.19

Certificate Of Completion

Envelope Id: 258559BC-D67F-4992-98AF-4103B61F7E90	Status: Completed
Subject: Complete with Docusign: 102894-O4 Nebraska Total Care Inc Amendment 9 CLMS 2260.pdf	
Envelope Type: Contract	
Envelope Name: 102894-O4 Nebraska Total Care Inc Amendment 9 CLMS 2260	
Divison:	
DHHS Sender: DHHS.Procurement@nebraska.gov	
DHHS Sharepoint ID:	
FFATA Reporting Required:	
Source Envelope:	
Document Pages: 3	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.procurement@nebraska.gov
	IP Address: 164.119.5.70

Record Tracking

Status: Original	Holder: Procurement Shared	Location: DocuSign
7/16/2025 2:18:28 PM	dhhs.procurement@nebraska.gov	
Security Appliance Status: Connected	Pool: StateLocal	
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: 136.226.84.102

Timestamp

Sent: 7/16/2025 2:22:14 PM
 Viewed: 7/16/2025 2:25:50 PM
 Signed: 7/16/2025 2:26:32 PM

Electronic Record and Signature Disclosure:

Accepted: 7/16/2025 2:25:50 PM
 ID: be159cb0-90a3-4892-a20d-7098ef0df9eb

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:
 2605:59c8:1aeb:2310:f5f0:41c1:e8d:16db
 Signed using mobile

Sent: 7/16/2025 2:26:34 PM
 Resent: 7/17/2025 8:53:40 AM
 Resent: 7/24/2025 11:50:56 AM
 Resent: 7/25/2025 8:43:34 AM
 Resent: 7/28/2025 9:04:02 AM
 Resent: 7/29/2025 8:01:49 AM
 Resent: 7/30/2025 9:13:15 AM
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 Resent: 8/1/2025 8:28:56 AM
 Resent: 8/4/2025 8:26:52 AM
 Resent: 8/5/2025 8:57:03 AM
 Resent: 8/6/2025 8:44:16 AM
 Viewed: 8/6/2025 8:49:39 AM
 Signed: 8/6/2025 8:49:53 AM

Electronic Record and Signature Disclosure:

Accepted: 8/6/2025 8:49:39 AM
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In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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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	<div style="border: 2px solid blue; padding: 5px; display: inline-block;">COPIED</div>	Sent: 7/16/2025 2:22:14 PM Viewed: 7/16/2025 2:24:01 PM
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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	<div style="border: 2px solid blue; padding: 5px; display: inline-block;">COPIED</div>	Sent: 7/16/2025 2:26:33 PM
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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	7/16/2025 2:22:14 PM
Certified Delivered	Security Checked	8/6/2025 8:49:39 AM
Signing Complete	Security Checked	8/6/2025 8:49:53 AM
Completed	Security Checked	8/6/2025 8:49:53 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

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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.

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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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