

AMENDMENT

STATE OF NEBRASKA – DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Nebraska Department of Health and Human Services (“DHHS”) and the Nebraska Total Care Inc have entered into this Amendment, amending the following Service Contracts:

EXISTING AGREEMENT NUMBER	AMENDMENT NUMBER
102894 O4	AMD 3

AMENDMENTS

- 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 CY2024 Midterm Rates



All other terms and conditions remain in full force and effect.

AMENDMENT

STATE OF NEBRASKA – DEPARTMENT OF HEALTH AND HUMAN SERVICES

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:</p>  <p>0CCE86BE38C149A</p>	<p>Signed by:</p>  <p>AC913EACE283442...</p>
DATE: 8/27/2024 06:23:35 PDT	DATE: 8/25/2024 08:59:57 CDT

Nebraska Total Care - HH Rates - Effective July 1, 2024 to December 31, 2024

Attachment 24 - Rates

CY 2024 Mid-year Heritage Health Rates - Nebraska Total Care

Final CY24 Mid-Year Capitation Rates (Rounded)		
Rating Region	COA	NTC
1	AABD 00-20 M&F	\$ 1,735.30
1	AABD 21+ M&F	\$ 2,172.49
1	AABD 21+ M&F-WWC	\$ 2,886.59
1	CHIP M&F	\$ 293.76
1	Family Under 1 M&F	\$ 985.07
1	Family 01-05 M&F	\$ 288.34
1	Family 06-20 F	\$ 292.41
1	Family 06-20 M	\$ 300.11
1	Family 21+ M&F	\$ 665.83
1	Foster Care M&F	\$ 757.99
1	Healthy Dual	\$ 284.35
1	Dual LTC	\$ 264.65
1	Non-Dual LTC	\$ 3,252.32
1	Dual Waiver	\$ 342.17
1	Non-Dual Waiver	\$ 2,146.56
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	\$ 743.09
1	EXP 19-44 F	\$ 725.66
1	EXP 45-64 M&F	\$ 1,456.29
2	AABD 00-20 M&F	\$ 1,939.24
2	AABD 21+ M&F	\$ 2,361.85
2	AABD 21+ M&F-WWC	\$ 3,396.92
2	CHIP M&F	\$ 299.92
2	Family Under 1 M&F	\$ 921.88
2	Family 01-05 M&F	\$ 265.71
2	Family 06-20 F	\$ 321.51
2	Family 06-20 M	\$ 310.10
2	Family 21+ M&F	\$ 770.33
2	Foster Care M&F	\$ 615.20
2	Healthy Dual	\$ 310.84
2	Dual LTC	\$ 256.16
2	Non-Dual LTC	\$ 2,257.82
2	Dual Waiver	\$ 374.60
2	Non-Dual Waiver	\$ 2,918.82
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	\$	750.38
2	EXP 19-44 F	\$	778.38
2	EXP 45-64 M&F	\$	1,640.90

Final CY24 Mid-Year Capitation Rates (Rounded)			
Rating Region	COA (HIPP)		NTC
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

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Envelope Type:		
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DHHS Sender: CAU- Billy		
DHHS Sharepoint ID:		
FFATA Reporting Required:		
Source Envelope:		
Document Pages: 4	Signatures: 2	Envelope Originator:
Certificate Pages: 5	Initials: 0	Contracts Administration
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Envelopeld Stamping: Enabled		Lincoln, NE 68508-2529
Time Zone: (UTC-06:00) Central Time (US & Canada)		dhhs.contractadmin@nebraska.gov
		IP Address: 164.119.5.219


Record Tracking

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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
 Security Level: Email, Account Authentication (None)

Signature

Signed by:

 AC913FACE283442...
 Signature Adoption: Pre-selected Style
 Using IP Address: 97.98.190.76
 Signed using mobile

Timestamp

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 Signed: 8/25/2024 8:59:57 AM

Electronic Record and Signature Disclosure:
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Matthew Ahern
 Matthew.Ahern@nebraska.gov
 Interim Medicaid Director
 Security Level: Email, Account Authentication (None)

DocuSigned by:

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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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<p>Kristine Radke Kristine.Radke@nebraska.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 5/13/2022 11:33:43 AM ID: 8bbe78f1-da01-4455-a7d2-3f4c6b524185</p>	COPIED	Sent: 8/27/2024 8:23:37 AM
<p>William Coby William.Coby@Nebraska.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	COPIED	Sent: 8/27/2024 8:23:39 AM

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Sent	Hashed/Encrypted	8/23/2024 1:54:30 PM
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Signing Complete	Security Checked	8/27/2024 8:23:35 AM
Completed	Security Checked	8/27/2024 8:23:39 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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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

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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- 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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