

**AMENDMENT TO
AGREEMENT BETWEEN STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH**

Amendment #: 10

LAGOV#: 2000506243

LDH #: _____

Original Contract Amount \$355,700,072.00

Original Contract Begin Date 01-01-2021

Original Contract End Date 12-31-2023

RFP Number: 3000013043

(Regional/ Program/
Facility

Medical Vendor Administration

Bureau of Health Services Financing

AND

MCNA Insurance Company, d/b/a MCNA Dental

Contractor Name

AMENDMENT PROVISIONS

Change Contract From: Current Maximum Amount: \$368,376,574.00

Current Contract Term: 1/1/2021 - 12/31/2023

CF-1
 11) Termination Date: 12/31/2023
 12) Maximum Contract Amount: \$368,376,574.00
 13) Estimated Amounts by Fiscal Year: FY21: \$56,689,544.00; FY22: \$116,780,460.00; FY23: \$128,734,874.00; FY24: \$66,171,696.00

Change Contract To: If Changed, Maximum Amount: \$620,792,433.00

If Changed, Contract Term: 1/1/2021 - 12/31/2025

CF-1
 11) Termination Date: 12/31/2025
 12) Maximum Contract Amount: \$620,792,433.00
 13) Estimated Amounts by Fiscal Year: FY21: \$56,689,544.00; FY22: \$116,780,460.00; FY23: \$128,734,874.00; FY24: \$129,886,328.00; FY25: \$125,174,943.00; FY26: \$63,526,284.00

Justifications For Amendment:

Revisions contained in this amendment are within scope and comply with the terms and conditions as set forth in the RFP.

In accordance with section 1.3 of the contract, LDH is extending the contract for twenty-four (24) additional months at the same rates, terms, and conditions of the initial contract term. This amendment extends the contract through December 31, 2025.

This Amendment Becomes Effective: 12-31-2023

This amendment contains or has attached hereto all revised terms and conditions agreed upon by contracting parties.

IN WITNESS THEREOF, this amendment is signed and entered into on the date indicated below.

CONTRACTOR

MCNA Insurance Company, d/b/a MCNA Dental

**STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH**

Secretary, Louisiana Department of Health or Designee

CONTRACTOR SIGNATURE _____ DATE _____

PRINT NAME Tom Wiffler

CONTRACTOR TITLE CEO

SIGNATURE _____ DATE _____

NAME Kimberly Sullivan

TITLE Interim Medicaid Executive Director

OFFICE Louisiana Department of Health

PROGRAM SIGNATURE _____ DATE _____

NAME _____