

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

Amendment #: 1

LAGOV#: 2000441824

LDH #: \_\_\_\_\_

(Regional/ Program/  
Facility)

Medical Vendor Administration  
\_\_\_\_\_  
Bureau of Health Services Financing

Original Contract Amount 773,109,537

Original Contract Begin Date 01-01-2020

Original Contract End Date 12-31-2020

**AND**

Aetna Better Health, Inc.  
\_\_\_\_\_  
Contractor Name

RFP Number: N/A

**AMENDMENT PROVISIONS**

Change Contract From: From Maximum Amount: \$773,109,537.00 Current Contract Term: 01/01/20-12/31/20

See attachments:  
B - Statement of Work  
C - Performance Measures  
E - APM Strategic Plan Requirements and Report

Change Contract To: To Maximum Amount: \_\_\_\_\_ Changed Contract Term: \_\_\_\_\_

See attachments:  
B1 - Summary of SOW Changes  
C - Performance Measures  
E - APM Strategic Plan Requirements and Report

Justifications for amendment:

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

This Amendment Becomes Effective: 01-01-2020

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**

Aetna Better Health, Inc.

**STATE OF LOUISIANA  
LOUISIANA DEPARTMENT OF HEALTH**

**Secretary, Louisiana Department of Health or Designee**

CONTRACTOR SIGNATURE David Delaney DATE \_\_\_\_\_

PRINT NAME David Delaney - 5/26/2020

CONTRACTOR TITLE Chief Financial Officer

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME Ruth Johnson

TITLE Medicaid Director

OFFICE Louisiana Department of Health

PROGRAM SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_