

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

Amendment #: 1

LAGOV#: 2000441826

LDH #: _____

Original Contract Amount \$2,748,089,731.00

Original Contract Begin Date 01-01-2020

Original Contract End Date 12-31-2020

RFP Number: N/A

(Regional/ Program/ Facility) Medical Vendor Administration
Bureau of Health Services Financing
AND
Louisiana Healthcare Connections, Inc.
Contractor Name

AMENDMENT PROVISIONS

Change Contract From: Current Maximum Amount: \$2,748,089,731.00 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: If Changed, Maximum Amount: _____ If 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

Louisiana Healthcare Connections, Inc.

 5-22-2020

CONTRACTOR SIGNATURE _____ DATE _____

PRINT NAME James E. Schlottman

CONTRACTOR TITLE CEO / Plan President

**STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH**

Secretary, Louisiana Department of Health or Designee

SIGNATURE _____ DATE _____

NAME Ruth Johnson

TITLE Medicaid Director

OFFICE Louisiana Department of Health

PROGRAM SIGNATURE _____ DATE _____

NAME _____