
EXHIBIT C
COORDINATING PROVISIONS: STATE LAW,
ACCREDITATION STANDARDS AND GEOGRAPHIC EXCEPTIONS

I. INTRODUCTION:

- 1.1 Scope: To the extent of any conflict between the Agreement, including the administrative handbook as herein incorporated by reference, and this Exhibit, this Exhibit shall supersede, govern and control to the extent required by federal and/or state law and to the extent that MultiPlan, Inc., d/b/a Claritev, Inc., on behalf of itself and its subsidiaries (collectively “Claritev”), Provider and/or Client are subject to such federal or state law.
- 1.2 Terms: The terms used in this exhibit are the defined terms as specified in the applicable federal and/or state law. The specific form Agreement between the parties may utilize defined terms other than those noted in the federal and/or state law(s). For purposes of this exhibit, participating provider means a licensed facility or licensed, registered or certified health care professional(s) contracted to provide health care services under this Agreement.
- 1.3 Citations: The citations are current as of the date of this Exhibit. Recodification of statutory and/or regulatory citations does not nullify the intent of the provision.

II. STATE LAW COORDINATING PROVISIONS: INDIANA

There are no State Law Coordinating Provisions at this time.

III. ACCREDITATION STANDARDS COORDINATING PROVISIONS:

There are no Accreditation Standards Coordinating Provisions at this time.

IV. GEOGRAPHIC EXCEPTIONS COORDINATING PROVISIONS: INDIANA

- 4.1 As allowed by Indiana Code § 34-18-4-1 *et seq.*, if provider participates in the Indiana Patient Compensation Fund, provider will maintain professional liability insurance at one of the following minimum levels of coverage:
- (i) if provider is a health care provider, as defined by Ind. Code § 34-18-2-14, at least the amount specified in I.C. § 34-18-14-3(b) per occurrence, and three (3) times that amount in the annual aggregate.
 - (ii) if provider is a health facility, as defined by Ind. Code § 34-18-2-15, with no more than one hundred (100) beds, at least the amount specified in I.C. § 34-18-14-3(b) per occurrence, with a minimum aggregate amount of three (3) times the amount specified in I.C. § 34-18-14-3(b).
 - (iii) if provider is a health facility, as defined by Ind. Code § 34-18-2-15, with more than one hundred (100) beds, at least the amount specified in I.C. § 34-18-14-3(b) per occurrence, with a minimum aggregate amount of five (5) times the amount specified in I.C. § 34-18-14-3(b).
 - (iv) if provider is a hospital, as defined by Ind. Code § 34-18-2-16, with no more than one hundred (100) beds, at least the amount specified in I.C. § 34-18-14-3(b) per occurrence, with a minimum aggregate amount of twenty (20) times the amount specified in I.C. § 34-18-14-3(b).
 - (v) if provider is a hospital, as defined by Ind. Code § 34-18-2-16, with more than one hundred (100) beds, at least the amount specified in I.C. § 34-18-14-3(b) per occurrence, with a minimum aggregate amount of thirty (30) times the amount specified in I.C. § 34-18-14-3(b).
- 4.2 Pursuant to Ind. Code § 34-18-14-3(b), a health care provider is not liable for an amount in excess of the following:
- (i) Two hundred fifty thousand dollars (\$250,000) for an act of malpractice that occurs after June 30, 1999 and before July 1, 2017.
 - (ii) Four hundred thousand dollars (\$400,000) for an act of malpractice that occurs after June 30, 2017 and before July 1, 2019.
 - (iii) Five hundred thousand dollars (\$500,000) for an act of malpractice that occurs after June 30, 2019.