
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, 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, 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: LOUISIANA

Where the statutory requirement is an additional obligation not otherwise specified in the Agreement, the parties agree that the statutory requirement will be added as an obligation. Where the statutory requirement specifically conflicts with a current obligation, the statutory requirement shall take precedence and replace the existing obligation as to the statutory requirement only and shall not void any other valid provision of this Agreement. The statutory requirements identified below are limited to only those entities specifically covered by the statute.

- 2.1 As required by LSA-R.S. 22:1007(J)(1), provider is not required, as a condition of participation or continuation in the provider network of one or more health benefit plans of the managed care organization, to serve in the provider network of all or additional health benefit plans of the managed care organization. The managed care organization is prohibited from terminating provider agreement based on the provider's refusal to serve in its network for such additional plans.

III. ACCREDITATION STANDARDS COORDINATING PROVISIONS:

There are no Accreditation Standards Coordinating Provisions at this time.

IV. GEOGRAPHIC EXCEPTIONS COORDINATING PROVISIONS: LOUISIANA

- 4.1 Professional Liability Insurance. As allowed by LSA-R.S. 40:1231.2, if provider participates in the Patient Compensation Fund, provider will maintain professional liability insurance at minimum levels of \$100,000 per occurrence. In the event provider self-insures, such provider shall demonstrate financial responsibility at minimum levels of \$125,000.
- 4.2 Professional Liability and Comprehensive General Liability Insurance. Per LSA-R.S. 39:1538, if provider is a member of the state agencies, as defined by LA Rev. Stat. Ann. §39:1527, such provider will maintain professional liability insurance in the minimum amount of \$500,000 per occurrence and comprehensive general liability insurance in the minimum amount of \$500,000 per occurrence.