
EXHIBIT C
COORDINATING PROVISIONS,
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. COORDINATING PROVISIONS: PUERTO RICO

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 Pursuant to 26 L of PR § 9466(c), in the event of a health insurance organization or issuer insolvency or other cessation of operations, covered services to covered persons or enrollees will continue to be offered through the period for which a premium has been paid to the health insurance organization or issuer on behalf of the covered person or enrollee or until the covered person or enrollee’s discharge from an inpatient facility, whichever time is greater. Covered benefits being offered to covered persons or enrollees confined in an inpatient facility on the date of insolvency or other cessation of operations of the health insurance organization or issuer shall continue until their continued confinement in an inpatient facility is no longer medically necessary.
- 2.2 Pursuant to 26 L PR § 9466(s), coordination of benefits rules shall be governed by the provisions of the current NAIC’s Model Act and the federal laws regarding the coordination of benefits. Participating providers shall be responsible for coordinating benefits with health insurance organizations or issuers in the event a covered person or enrollee has coverage under two (2) or more health plans.

III. ACCREDITATION STANDARDS COORDINATING PROVISIONS:

There are no Accreditation Standards Coordinating Provisions at this time.

IV. GEOGRAPHIC EXCEPTIONS COORDINATING PROVISIONS: PUERTO RICO

There are no Geographic Exceptions Coordinating Provisions at this time.