
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 state law. Participating provider shall be responsible for the care of covered persons without requesting payment from a covered person other than a coinsurance, copayment, deductible or other out-of-pocket expense for such services will continue until the earlier of (i) the termination of the covered person's coverage under the network plan, including any extension of coverage provided under the contract terms or applicable state or federal law for covered persons who are in an active course of treatment, as set forth in § 38a-472f(2)(g), or are totally disabled, or (ii) the date the contract between the health carrier and the participating provider would have terminated if the health carrier or intermediary had remained in operation, including any extension of coverage required under applicable state or federal law for covered persons who are in an active course of treatment or are totally disabled.

2.3 As required by C.G.S.A. § 38a-477g(b)(1)(C), participating provider shall make health records available to appropriate state and federal authorities involved in assessing the quality of care provided to, or investigating grievances or complaints of, covered persons. Participating provider shall comply with applicable state and federal laws related to the confidentiality of medical and health records and a covered person's right to view, obtain copies of or amend such covered person's medical and health records.

2.4 As required by C.G.S.A. § 38a-477g(b)(1)(D), for purposes of C.G.S.A. § 38a-477g(c)(2), unless otherwise specified in the underlying Agreement

- (i) Material Change shall mean any change to the Agreement (including provider documents) that have a material adverse impact on provider; and
- (ii) Timely Notice shall mean at least ninety (90) days prior notice to the provider.

2.5 As required by C.G.S.A. §38a-478h,38a-472f(g)(1)(A) and Regs. Conn. State Agencies § 38a-472f-2, health carrier and participating provider shall provide at least ninety days' written notice to each other before the health carrier removes a participating provider from the network or the participating provider leaves the network. Each participating provider that receives a notice of removal or issues a departure notice shall provide to the health carrier, not later than thirty (30) days after