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., on behalf of itself and its subsidiaries ("MPI"), 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 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: CALIFORNIA

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 10 CCR §2538.3(d), provider shall comply with insurance's Health Care Language Assistance Program. 2.2 provider shall not discriminate against Insured in the provision of contracted services on the basis of sex, marital status, sexual orientation, race, color, religion, ancestry, national origin, disability, health status, health insurance coverage, utilization of medical or mental health or substance use disorder services or supplies, or other unlawful basis including without limitation, the filing by such insured of any complaint, grievance, or legal action against a provider.

2.5 As required by Cal. Ins. Code § 10120.35, a health insurer, including a specialized health insurer and a health insurer that issues, sells, renews, or offers a contract covering dental services, shall reimburse its contracting health care providers for business expenses to prevent the spread of diseases causing public health emergencies declared on or after January 1, 2022. For purposes of this section, "business expenses" means personal protective equipment, additional supplies, materials, and clinical staff time over and above those expenses usually included in an office visit or other nonfacility service or services if performed during a public health emergency, as defined by law, due to respiratory-transmitted infectious disease. A health insurer shall reimburse a contracting health care provider pursuant to this section for each individual patient encounter, limited to one encounter per day per insured for the duration of the public health emergency.

2.6 As required by Cal. Ins. Code § 10133.15(j)(1) provider shall inform the insurer within five business days when either of the following occur: (a) the provider is not accepting new patients; or (b) if the provider had previously not accepted new patients, the provider is currently accepting new patients.

2.7 As required by Cal. Ins. Code § 10133.15(n)(1), provider groups or contracting specialized health insurers shall provide information to the insurer that is required by the insurer to satisfy the requirements of Cal. Ins. Code § 10133.15 for each of the providers that contract with the provider group or contracting specialized health insurer.

2.8 As required by Cal. Ins. Code § 10123.855(a)(1), health insurer shall reimburse the treating or consulting health care provider for the diagnosis, consultation, or treatment of an insured or policyholder appropriately delivered through telehealth services on the same basis and to the same extent that the health insurer is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment.