
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/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: VIRGINIA

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 Va. Code Ann. §38.2-3407.15 (B) (1), A carrier shall pay any claim within 40 days of receipt of the claim except where the obligation of the carrier to pay a claim is not reasonably clear due to the existence of a reasonable basis supported b

of a previously paid claim, (c) provider-specific payment and reimbursement methodology, coding levels and methodology, downcoding, and bundling of claims, and (d) other provider-specific, applicable claims processing and payment matters necessary to meet the terms and conditions of the provider contract, including determining whether a claim is a clean claim. If carrier routinely, as a matter of policy, bundles and/or downcodes claims submitted by provider. In the event of such practice, carrier shall disclose on its website the specific bundling and downcoding policies that carrier reasonably expects to be applied to provider on a routine basis as a matter of policy. Provider may also request the specific bundling and downcoding policies that the carrier reasonably expects to be applied to that provider or provider's services on a routine basis as a matter of policy. If such request is made by or on behalf of a provider, carrier shall provide the requesting provider with such policies within 10 business days following the date the request is received.

2.5 As required by Va. Code Ann. §38.2-3407.15 (B) (4) (b), carrier shall disclose on its website the specific bundling and downcoding policies that carrier reasonably expects to be applied to provider on a routine basis as a matter of policy. Provider may also request the specific bundling and downcoding policies that the carrier reasonably expects to be applied to that provider or provider's services on a routine basis as a matter of policy. If such request is made by or on behalf of a provider, carrier shall provide the requesting provider with such policies within 10 business days following the date the request is received.

notify the carrier within 30 calendar days of receipt of the documentation of the provider's intention to terminate the provider contract at the earliest date hereafter permitted under the provider contract.

2.12As required by Va. Code Ann. §38.2-3407.15 (B) (11), in the event that the carrier's provision of a policy required to be provided under Va. Code Ann. carrier may instead comply with this provider.

2.13As required by Va. Code Ann. §38.2-3407.15 (B) (12), the dispute resolution process is as stated in the Agreement and /or the administrative handbook (<http://www.multiplan.com/providers/education/>) in the event the underlying Agreement does not contain a dispute resolution process, the dispute resolution process is as stated in the administrative handbook.

2.14As required by Va. Code Ann. §38.2-3407.15 (B) (13), provider shall not discriminate against any enrollee solely due to the enrollee's status as a litigant in pending litigation or a potential litigant due to being involved in a motor vehicle accident. Nothing in this subdivision shall require provider to treat an enrollee who has threatened or has