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**EXHIBIT \_\_**  
**COORDINATING PROVISIONS-STATE/FEDERAL LAW, ACCREDITATION STANDARDS AND**  
**GEOGRAPHIC EXCEPTIONS**  
**NEW HAMPSHIRE**

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**I. INTRODUCTION:**

Scope: To the extent of any conflict between the Agreement and this State Law Coordinating Provisions (“SLCP”) Exhibit, this SLCP Exhibit shall supersede, govern and control to the extent required by federal and/or state law and to the extent that MPI, Network Provider and/or Client are subject to such federal or state law.

**II. DEFINITIONS:**

Depending upon the specific form of the Agreement, the following terms may be utilized in the Agreement and are intended to be defined as provided for in the Agreement:

- (i) Billed Charges may be referred to as Regular Billing Rates;
- (ii) Client may be referred to as Payor;
- (iii) Contract Rates may be referred to as Preferred Payment Rates;
- (iv) Covered Services may be referred to as Covered Care;
- (v) Network Provider may be referred to as Preferred Provider;
- (vi) Participant may be referred to as Covered Individual; and
- (vii) Program or Benefit Program may be referred to as Contract.

For purposes of this Exhibit, the term Network Provider is inclusive of Participating Professional and all Network Providers.

**III. FEDERAL LAW COORDINATING PROVISIONS:**

Federal Employees Health Benefits (“FEHB”). As applicable, this Agreement is subject to the terms of the laws governing FEHB.

Federal Employees Health Benefits (“FEHB”) Plan. The parties agree that any and all claims or disputes relating to such benefits under a FEHB Plan will be governed exclusively by the terms of such federal government contract and federal law, whether or not such terms and laws are specified in this SLCP Exhibit or elsewhere in this Agreement.

**IV. STATE LAW COORDINATING PROVISIONS: NEW HAMPSHIRE**

For any Agreement involving the delivery of health care services in the State of New Hampshire, the provisions noted below shall apply. Where the term Client is used Client shall mean only those Clients that are subject to the specific law(s) cited below:

1. As required by N.H. Stat. § 420-J:4 (IV), Network Provider will submit changes of credentialing and recredentialing information to MPI in accordance with N.H. Stat. § 420-J:4 (IV). Network Provider will submit changes to: Credentialing Coordinator, MultiPlan, 1100 Winter Street, Waltham MA 02451.
2. As required by N.H. Stat. § 420-J:8 (I)(a):
  - (a) For Covered Services, Network Provider will bill or collect from a Participant all co-payments, as specified in the Participant’s Contract. Following the receipt of an explanation of benefits form from Client, Network Provider will bill or collect from a Participant: (i) the deductible or co-insurance, if any, as specified in the Participant’s Contract; and/or (ii) payment for services, other than Covered Care, for which the Participant’s Contract does not provide benefit coverage.
  - (b) Except as permitted by this section, in no event will Network Provider seek payment, compensation, remuneration, reimbursement or a deposit from, or bill, charge, or have any recourse against any Participant with respect to Covered Services rendered pursuant to this Agreement, including, but not limited to non-payment due to Client’s insolvency or breach of this Agreement, it being the intent of the

parties that any payments due for Covered Services, other than co-payments, deductibles and co-insurance, will be billed by Network Provider to Client. Neither Network Provider nor any Participating Professional will bill or collect from the Participant the difference between the Contract Rate agreed to in this Agreement and the Network Provider's regular Billed Charges. Network Provider and Participating Professionals agree that this provision supersedes any oral or written agreement to the contrary now existing or hereafter entered into between the Network Provider and/or Participating Professional and Participant, or persons acting on their behalf. Upon termination of this Agreement, Network Provider and Participant are not prohibited from agreeing to continue the provision of health care services by Network Provider solely at the expense of the Participant, as long as Network Provider has clearly informed the Participant that the Client may not cover or provide reimbursement for, or continue to cover or provide reimbursement for, a specific service or services.

3. Upon the termination of this Agreement by either party for any reason, all rights and obligations hereunder shall cease, except (i) those rights and obligations provided in Section 2.6, Article II, and (ii) those rights and obligations which shall have accrued prior to the termination of this Agreement.

**V. ACCREDITATION STANDARDS COORDINATING PROVISIONS:**

There are no Accreditation Standards Coordinating Provisions at this time.

**VI. GEOGRAPHIC EXCEPTIONS COORDINATING PROVISIONS:**

There are no Geographic Exceptions Coordinating Provisions at this time.