
EXHIBIT __
COORDINATING PROVISIONS-STATE/FEDERAL LAW, ACCREDITATION STANDARDS AND GEOGRAPHIC
EXCEPTIONS
INDIANA

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 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, 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, participating provider means a licensed facility or licensed, registered or certified health care professional(s) contracted to provide health care services under this Agreement

II. FEDERAL LAW COORDINATING PROVISIONS:

- 2.1 Federal Employees Health Benefits (“FEHB”). As applicable, this Agreement is subject to the terms of the laws governing FEHB.
- 2.2 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.

III. STATE LAW COORDINATING PROVISIONS: INDIANA

There are no State Law Coordinating Provisions at this time.

IV. ACCREDITATION STANDARDS COORDINATING PROVISIONS:

There are no Accreditation Standards Coordinating Provisions at this time.

V. GEOGRAPHIC EXCEPTIONS COORDINATING PROVISIONS: INDIANA

- 5.1 As allowed by Indiana Code §34-18-4-1 et seq., if provider participates in the Indiana Patient Compensation Fund, provider will maintain professional liability insurance at one of the following minimum levels of coverage:
- (i) if provider is a health care provider, as defined by Indiana code §34-18-2-14, at least the amount specified in IC 34-18-14-3(b) per occurrence, and three (3) times that amount in the annual aggregate.
 - (ii) if provider is a health facility, as defined by Indiana Code §34-18-2-15, with no more than one hundred (100) beds, at least the amount specified in IC 34-18-14-3(b) per occurrence, with a minimum aggregate amount of three (3) times the amount specified in IC-34-18-14-3(b).
 - (iii) if provider is a health facility, as defined by Indiana Code §34-18-2-15, with more than one hundred (100) beds, at least the amount specified in IC 34-18-14-3(b) per occurrence, with a minimum aggregate amount of five (5) times the amount specified in IC-34-18-14-3(b).
 - (iv) if provider is a hospital, as defined by Indiana Code §34-18-2-16, with no more than one hundred (100) beds, at least the amount specified in IC 34-18-14-3(b) per occurrence, with a minimum aggregate amount of twenty (20) times the amount specified in IC 34-18-14-3(b).
 - (v) if provider is a hospital, as defined by Indiana Code §34-18-2-16, with more than one hundred (100) beds, at least the amount specified in IC 34-18-14-3(b) per occurrence, with a minimum aggregate amount of thirty (30) times the amount specified in IC 34-18-14-3(b)
- 5.2 Pursuant to Indiana Code 34-18-14-3(b), a health care provider is not liable for an amount in excess of the following:
- (i) Two hundred fifty thousand dollars (\$250,000) for an act of malpractice that occurs after June 30, 1999 and before July 1, 2017.
 - (ii) Four hundred thousand dollars (\$400,000) for an act of malpractice that occurs after June 30, 2017 and before July 1, 2019.
 - (iii) Five hundred thousand dollars (\$500,000) for an act of malpractice that occurs after June 30, 2019.