louisiana Addendum

State Specific Provider Requirements

# **General Terms.**

## *Relationship to Master Provider Agreement*.In the event that a provision of this Addendum conflicts with a provision of the Agreement, the provisions of this Addendum shall supersede, govern and control to the extent required by law and to the extent Contigo Health, Provider, Customers, Downstream Clients or Payors are subject to such law.

## *Applicability*. Provisions included herein which are not otherwise addressed by the Agreement shall be considered additional obligations upon the Parties for purposes of Covered Services provided in this State. Provisions included herein which specifically contradict an obligation under a provision of the Agreement shall replace that specific Agreement provision for purposes of Covered Services provided in this State, to the extent necessary to comply with applicable law. The provisions of this Addendum apply only to the entities covered by the referenced law and only for purposes of Covered Services provided in this State, unless otherwise required by the terms of the applicable law.

## *Definitions*. Capitalized terms used herein but not defined shall have the meaning assigned in the Agreement or assigned in the applicable law.

## *Citations*. The citations in this Addendum are current as of the date of this Addendum. Renumbering or recodification of statutes or regulations does not nullify the intent of the applicable provision provided herein.

## *Compliance with Law; Change of Law*. Any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with applicable law. To the extent a law cited herein is modified in a manner impacting this Addendum, any required revisions shall be automatically incorporated herein and any provisions which are no longer applicable shall be considered severed from this Addendum effective as of the date of the change in law. Contigo Health will update this Addendum after a change in law when reasonably practicable.

# **Network Arranger Laws**

## As required by La. Stat. Ann. §§ 40:2203-2203.1, alternative rates under the Agreement shall not be applied retroactively unless all Providers impacted by such rates agree in writing.

# **General Insurance Laws**

## As required by La. Stat. Ann. § 22:1005(B), if the Agreement is terminated, Provider must notify the insurer of any enrollee or insured who has begun a course of treatment by the Provider before the effective date of the termination. Further, the contractual requirements for the Provider to follow the insurer’s utilization management and quality management policies and procedures shall remain in effect for the applicable period.

# **Health Maintenance Organization (HMO)/Managed Care Organization (MCO) Specific Laws**

## As required by La. Stat. Ann. § 22:1007(I), when the MCO requests or requires substitution of a medication for an enrollee and the Provider has executed the requested or required substitution, the Provider will be reimbursed. This provision does not apply to generic substitution or step therapy programs utilized by the MCO that promote generic drugs as a first-line therapy.

## As required by La. Admin. Code tit. 37 § XIII-5305(A), the Provider is required to either (1) provide covered medical services directly; or (2) in conjunction with other health care providers who are required, under contract or other arrangement, to meet the same statutory and regulatory requirements applicable to HMO contracts with health care providers.

## As required by La. Admin. Code tit. 37 § XIII-5307, the medical services included in the Agreement are limited to those for which the Provider is qualified and reasonably capable of providing.