

## EXHIBIT C

### REQUIRED DOCUMENTATION

DOCUMENT REQUIRED	PRIOR TO PAYMENT BEING MADE TO THE VENDOR	UPON REQUEST	OTHER
Valid certificate of authority issued by the State of Florida Department of Financial Services Office of Insurance Regulation as a risk bearing entity (either a health maintenance organization or a health insurer)	X	X	
Certificate of Liability Insurance	X	X	
Approval from the Centers for Medicare and Medicaid Services qualifying as a MA SNP	X		
Service Areas Covered	X	X	
Summary of Benefits	X	X	
Comprehensive written statement of benefits and cost-sharing protections under the MA SNP as well as those benefits and cost-sharing protections to which its members are entitled under the Medicaid State Plan	X	X	
Agreement that network providers will not file additional claims for Medicaid deductibles or co-payment reimbursement and that the network providers will not balance bill	X	X	
Written policies and procedures in place to ensure an adequate provider network for its members		X	
Agreements between the Vendor and providers		X	
HIPAA Policies and Procedures		X	
Subcontractor Policies and Procedures		X	
Provider Training Materials		X	
Internal Audits			Forty-five (45) calendar days after the end of each calendar quarter