
EXHIBIT C

3.7 As required by WAC 284-170-421(3)(a),
but not limited to nonpayment by issuer, issuer's insolvency, or breach of this contract will participating provider or
facility bill, charge, collect a deposit from,

- 3.17 As required by WAC 284-170-421(7)(b), "No health carrier may preclude or discourage patients or those paying for their coverage from discussing the comparative merits of different health carriers with their providers. This prohibition specifically includes prohibiting or limiting providers participating in those discussions even if critical of a carrier."
- 3.18 As required by WAC 284-170-421(8), subject to applicable state and federal laws related to the confidentiality of medical or health records, participating provider and facility will make health records available to appropriate state and federal authorities involved in assessing the quality of care or investigating complaints, grievances, appeals, or review of any adverse benefit determinations of enrollees. Participating provider and facility will cooperate with audit reviews of encounter data in relation to the administration of health plan risk adjustment and reinsurance programs.
- 3.19 As required by WAC 284-170-421(9), issuer, or its designee, and participating provider and facility must provide at least sixty days' written notice to each other before terminating the contract without cause.
- 3.20 As required by WAC 284-170-421(11), participating providers and facility will furnish covered services to each enrollee without regard to the enrollee's enrollment in the plan as a private purchaser of the plan or as a participant in publicly financed programs of health care services. This requirement does not apply to circumstances when the provider should not render services due to limitations arising from lack of training, experience, skill, or licensing restrictions.
- 3.21 As required by WAC 284-170

- 3.30 As required by WAC 284-170-460(2), if the Agreement grants the carrier or its designee access to medical records for audit purposes such access is limited to only that necessary to perform the audit.
- 3.31 As required by WAC 284-170-

- 3.41 As required by RCW 48.43.600(3), a carrier may at any time request a refund from a health care provider of a payment previously made to satisfy a claim if: (a) A third party, including a government entity, is found responsible for satisfaction of the claim as a consequence of liability imposed by law, such as tort liability; and (b) the carrier is unable to recover directly from the third party because the third party has either already paid or will pay the provider for the health services covered by the claim.
- 3.42 As required by RCW 48.43.600(4) and RCW 48.43.605(3), if Article III, sections 39, 40, and 41 above, conflict with RCW 48.43.600 or RCW 48.43.605, RCW 48.43.600 and/or RCW 48.43.605 shall prevail. However, nothing in RCW 48.43.600 or RCW 48.43.605 prohibits a health care provider or a carrier from choosing at any time to refund a carrier or a health care provider any payment previously made to satisfy a claim.
- 3.43
a carrier, of some or all of a payment already received by a health care provider.

3.52 As required by RCW 48.43.775, a carrier may not require a provider or facility participating in a qualified health plan under RCW 41.05.410 to, as a condition of participation in a qualified health plan under RCW 41.05.410, accept a reimbursement rate for other health plans offered by the carrier at the same rate as the provider or facility is reimbursed for a qualified health plan under RCW 41.05.410.

IV. ACCREDITATION STANDARDS COORDINATING PROVISIONS:

There are no Accreditation Standards Coordinating Provisions at this time.

V. GEOGRAPHIC EXCEPTIONS COORDINATING PROVISIONS:

There are no Geographic Exceptions Coordinating Provisions at this time.