



DEPARTMENT OF FINANCIAL SERVICES

Division of Rehabilitation and Liquidation
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División de Rehabilitación y Liquidación www.myfloridacfo.com/Receiver.
(If you need a Spanish version of this notice, visit the Receiver's website at www.myfloridacfo.com/Receiver)

NOTICE TO MEMBERS --- NOVEMBER 28, 2011

REGARDING THE LIQUIDATION OF QUALITY HEALTH PLANS, INC.

We are sending you this letter because our records indicate that you are a member of Quality Health Plans, Inc., a provider-sponsored health maintenance organization which provided health care coverage to approximately 10,000 Medicare members. On November 16, 2011, Quality Health Plans, Inc., ("QHP") was ordered into receivership for purposes of rehabilitation by the Second Judicial Circuit Court (the "Court") in Tallahassee, Florida. The Florida Department of Financial Services is the court appointed Receiver of QHP.

Medicare contracts and premiums are administered through the federal Centers for Medicare and Medicaid Services ("CMS"). The rehabilitation order was entered to allow the Receiver to conserve the assets of QHP and assist CMS in its efforts to provide continued health care coverage for QHP's members. Unfortunately, QHP's financial condition prohibited any realistic chance for a successful rehabilitation of the company.

DECEMBER 1, 2011 LIQUIDATION OF QUALITY HEALTH PLANS, INC.

QHP has been ordered liquidated effective December 1, 2011. Your health care coverage with QHP is cancelled as of that date. **As a Medicare member, however, CMS has arranged for you to receive continued health care coverage after your QHP coverage is cancelled. WITHIN THE NEXT FEW DAYS, YOU WILL RECEIVE A LETTER FROM CMS. PLEASE READ THE LETTER VERY CAREFULLY AS IT PROVIDES DETAILS ABOUT THE CONTINUATION OF YOUR HEALTH CARE COVERAGE FROM DECEMBER 1, 2011 AND EXPLAINS YOUR OTHER MEDICARE OPTIONS.** As arranged by CMS, all of QHP's Medicare Advantage members with prescription drug coverage are being enrolled in a different stand-alone prescription drug plan, Florida Wal-Mart Preferred, administered by Humana Insurance Company, effective December 1, 2011. For medical benefits, all members are being returned to Original Medicare effective December 1, 2011.

On or about November 29, 2011, former QHP members will receive a letter from Humana, on behalf of CMS, which will explain the changes in coverage and provide information about the members' new prescription drug coverage. QHP members will continue to see their current primary care provider under Original Medicare. Beneficiaries currently in the hospital or receiving skilled nursing care or treatments such as chemotherapy, dialysis, or organ transplantation will be able to continue with such care. CMS is working to ensure that members who currently have prescription drug coverage with QHP can maintain prescription drug coverage and are able to access medical providers and facilities through Original Medicare starting in December. CMS has also arranged for an extended Special Enrollment Period to allow the former QHP members additional time to review and make important decisions regarding their Medicare plan/benefits. **Remember, you will need to closely read the information and follow any instructions which are provided in CMS' letter regarding your continued health care coverage from December 1, 2011. If you have any questions regarding your Medicare coverage in the meantime, please call CMS at 1-800-MEDICARE (1-800-633-4227; TTY: 1-877-486-2048).**

CONTACT INFORMATION:

For Medicare information or further information relating to health care coverage/medical services from December 1, 2011: If you have any questions regarding Medicare or have not received a letter from CMS but think you should have, you should visit www.medicare.gov on the web or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. A Customer Service Representative will be able to answer your Medicare and Medigap questions.

For Receivership information: For additional information about the QHP Receivership, or about the receivership process in general, please contact the Receiver using the "Contact Us" form found on the Receiver's website at www.myfloridacfo.com/receiver. You may also call the Florida Department of Financial Services at 1-800-882-3054 (Florida only) or 850/413-3081.

The following are some questions which are commonly asked by all members of an insolvent HMO such as QHP. We hope the questions and answers will be helpful to you in providing information regarding the QHP receivership proceeding.

COMMONLY ASKED QUESTIONS:

1. Do I have health care coverage now?

YES. Please refer to the letter you receive from CMS for details regarding your continued health care coverage from QHP's liquidation date of December 1, 2011.

2. If I need to go to the hospital or receive other emergency care, who will authorize the medical treatment?

If you have a medical emergency (you believe your health is in serious danger):

- Get medical help as quickly as possible. Call 911 for help or go to the nearest emergency room. You do not need to get permission or authorization from your Primary Care Physician, other plan provider, or the HMO.

- Make sure that your HMO and your Primary Care Physician know about your emergency so that they can be involved in following up on your emergency care. You or someone else should call to tell your Primary Care Physician about your emergency care as soon as possible, preferably within 48 hours. Until December 1, 2011, you should also notify QHP's Customer Services Department at: 1-866-747-2700. For medical services needed/provided from December 1, 2011, you should follow the instructions which are provided in the letter you receive from CMS.

3. My doctor is refusing to treat me or is demanding immediate payment from me prior to providing medical services. What should I do?

Until December 1, 2011, please call QHP's Customer Services Department at: 1-866-747-2700. QHP's Customer Services phone lines will close as of its liquidation date on December 1, 2011. On and after December 1, 2011, you should therefore follow the instructions which are provided in the letter you receive from CMS.

4. I need to fill a prescription. Which pharmacy should I use?

Until December 1, 2011, you should continue to use the pharmacy you used as a member of QHP. From December 1, 2011, you should follow the instructions set out in the letter you receive from CMS.

5. Can Providers seek payment from former members for debt owed by QHP for medical services received prior to December 1, 2011?

No. Under Section 641.3154, Florida Statutes, HMO members are not liable to any provider of health care services for any services covered by the HMO. Additionally, health care providers and their representatives are prohibited from attempting to collect payment from the HMO members for such services. If you are contacted by a health care provider for such payment, you should inform the provider of this law. You may also want to send a letter regarding this problem, with a copy of any bills you receive from such providers, to the Receiver of Quality Health Plans, Inc., at 2020 Capital Circle SE, Suite 310, Tallahassee, FL 32301. If the provider or his representatives continue to pressure you for payment, please contact the Receiver at 1-800-882-3054 (Florida only) or 850/413-3081. Although the Receiver cannot represent you against the provider, we can assist you in informing the provider of the relevant laws.

6. I am owed money for services provided before QHP was liquidated on December 1, 2011. What is the procedure for payment of these claims?

Claims such as these are referred to as pre-insolvency claims. Claims for amounts that you paid for services rendered prior to December 1, 2011 must be filed with the Receiver on the Receiver's Proof of Claim Form in order to be considered for payment. The deadline for filing claims in the QHP receivership proceeding is 11:59 p.m. on November 16, 2012. Detailed information regarding the claim filing process will be made available on the Receiver's website at www.myfloridacfo.com/receiver.

We appreciate your continued cooperation in these matters.