DEPARTMENT OF FINANCIAL SERVICES

Division of Rehabilitation and Liquidation
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Si necesita una versión en español de este aviso, visite el sitio web de la 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 MEDICAL PROVIDERS --- DECEMBER 5, 2011

REGARDING THE LIQUIDATION OF QUALITY HEALTH PLANS, INC.

We are sending you this letter because our records indicate that you may have provided medical services to a member(s) of Quality Health Plans, Inc., ("QHP"). QHP was a provider-sponsored health maintenance organization which provided health care coverage to approximately 10,000 Medicare members. Effective on December 1, 2011, QHP was ordered liquidated by the Second Judicial Circuit Court (the "Court") in Tallahassee, Florida. The Florida Department of Financial Services is the court appointed Receiver of QHP. The company was previously ordered into receivership on October 17, 2011 and was placed under a subsequent rehabilitation order on November 16, 2011.

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

QHP was ordered liquidated effective December 1, 2011. All health care coverage with QHP was cancelled as of 12:01 a.m. on December 1, 2011. Please see the section below regarding claims for information on how to file a claim for services provided prior to the liquidation date.

Medicare contracts and premiums are administered through the federal Centers for Medicare and Medicaid Services ("CMS"). CMS has arranged for the former QHP members to receive continued health care coverage from December 1, 2011. As arranged by CMS, all of QHP's Medicare Advantage members with prescription drug coverage have been 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 have been returned to Original Medicare effective December 1, 2011.

At the end of November, former QHP members were mailed a letter from Humana, on behalf of CMS, which provided information about changes in coverage, the members' new prescription drug coverage, and the members' other Medicare options from December 1, 2011. According to the information provided by CMS, QHP members may continue to see their current primary care provider under

Original Medicare. Beneficiaries 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 from December 1, 2011. 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.

The Receiver also mailed letters to the former QHP members notifying them of the receivership process. All members have been urged to carefully read any letters and instructions they receive from CMS/Humana regarding their continued health care coverage from December 1, 2011. Sample copies of these notices are available on the Receiver's website at www.myfloridacfo.com/receiver. **If you have any questions regarding continued Medicare coverage for the former QHP members from December 1, 2011, please call CMS at 1-800-MEDICARE (1-800-633-4227; TTY: 1-877-486-2048).**

PRE-LIQUIDATION CLAIMS: Claims for services or goods provided to or on behalf of the QHP members 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. At a later date, the Receiver will provide additional instructions to all known members, medical providers, and other creditors of QHP regarding the filing requirements. The deadline for filing claims in the QHP receivership proceeding is 11:59 p.m. on November 16, 2012.

The procedure for the filing and evaluation of claims in a receivership is set out in Part I, Chapter 631, Florida Statutes. Assuming there are sufficient assets in the receivership, the Receiver will evaluate claims in order of their priority as set out in Section 631.271, Florida Statutes. This statute establishes a system of priorities in paying claims. When the evaluation process has been completed, the Receiver will file a report with the Court setting out our recommendations as to the amounts, if any, which should be allowed on each of the claims evaluated. Notice of the Receiver's recommendations and the deadline for filing any objections to the recommendations will then be provided to the claimants. It is unlikely that claimants will receive any correspondence or other communication from the Receiver until that time unless the Receiver has questions regarding the claim which has been filed. This is because the Receiver is trying to minimize the claims' processing costs in order to maximize potential distribution to the claimants.

During the claims evaluation period, the Receiver also commences litigation and/or takes whatever other action is necessary to collect and maximize the assets of the receivership estate. Please note: it may be several years before distributions, if any, are made in this receivership. Distributions of assets are made on a pro rata basis in accordance with the priority of claims which is set out in Section 631.271, Florida Statutes. Those whose claims fall into lower priorities are paid only if there is money left after paying the higher priority claims. **It is too early in the receivership process for the Receiver to provide any estimate as to the timing and/or the pro rata percentage of the distributions, if any, which may be made in this receivership.**

PLEASE NOTE: Under Section 641.3154, Florida Statutes, members of a health maintenance organization are not liable to any provider of health care services for any services covered by the health maintenance organization. Additionally, health care providers and their representatives are prohibited from attempting to collect payment from the health maintenance organization's members for such

services. Federal law also requires providers to indemnify Medicare beneficiaries from liability for payment of fees that are QHP's legal obligation to pay. See 42 CFR 422.504(g)(1). If you are currently billing, or in any other manner attempting to collect payment from former QHP members for any medical services, you are advised to immediately cease such activity. You should also immediately inform any collection agency you might use of this law and require that it also cease any such collection activity.

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, please visit www.medicare.gov on the internet 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.

We appreciate your continued cooperation in these matters.