IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT, IN AND FOR LEON COUNTY, FLORIDA

In Re: The Receivership of UNIVERSAL HEALTH CARE INSURANCE COMPANY, INC., a Florida corporation.

CASE NO.: 2013-CA-000358

And

In Re: The Receivership of UNIVERSAL HEALTH CARE, INC., a Florida corporation.

CASE NO.: 2013-CA-000375

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ORDER APPROVING UHC CORRECTED PROVIDER CONTRACT, CLAIMS EVALUATION PROCESS AND FEE SCHEDULES FOR UHC AND UHCIC

THIS CAUSE having come before the Court on the Florida Department of Financial Services, as Receiver of Universal Health Care Insurance Company, Inc., (hereinafter "UHCIC"), and Universal Health Care, Inc., ("UHC"), Motion to Approve UHC Corrected Provider Contract, Claims Evaluation Process and Fee Schedules for UHC and UHCIC, and the Court having reviewed the pleadings of record and otherwise being fully advised in the premises, it is hereby ORDERED and ADJUDGED as follows:

1. The UHC Corrected Provider Contract is hereby approved effective January 17, 2014.

2. The Receiver's claim evaluation process and fee schedules for UHC are hereby approved:

   a. Claims submitted in conjunction with a filed proof of claim form will be considered for payment;

   b. Medicare medical provider claims will be evaluated at 100% of 2013 applicable regional Medicare rates and Medicare coverage and billing guidelines;

c. Medicaid medical provider claims will be evaluated at 80% of 2013 applicable regional Medicare rates and Medicare coverage and billing guidelines;

d. Nursing Home Diversion Program medical provider claims will be evaluated at 80% of 2013 applicable Medicare rates and Medicare coverage and billing guidelines. For services billed that are not included on the applicable regional standard Medicare fee schedule, claims will be processed and evaluated per the recommended pricing guidelines of the Receiver's third-party administrator, PayerFusion Holdings, LLC;

e. Members that were eligible for Florida Medicaid coverage with UHC at any time during the period of 04/01/12 - 03/31/13 will be considered a member for purposes of this evaluation;

f. Membership data has been provided by the Agency for Health Care Administration ("AHCA") and the Department of Elder Affairs ("DEA").

g. Claim evaluation criteria will not include pre-certification or authorization for service requirements; and

h. Data for providers who are not eligible for reimbursement has been provided by AHCA and DEA in a mutually agreeable format.

3. The Receiver's claim evaluation process and fee schedules for UHCIC are hereby approved:

a. Claims submitted in conjunction with a filed proof of claim form will be considered for payment; and

b. Medicare medical provider claims will be evaluated at 100% of 2013 applicable regional Medicare rates and Medicare coverage and billing guidelines.

DONE AND ORDERED, in Chambers at the Leon County Courthouse in Tallahassee, Leon County, Florida, this 21st day of October, 2014.

Charles A. Francis

CHARLES A. FRANCIS
CHIEF JUDGE

Copies furnished to:
Helena Cruz Sánchez, Esq

Signed OCT 21 2014
Original to Clerk OCT 21 2014
Copies sent OCT 21 2014 — 1 to DFS for distribution to all