



DEPARTMENT OF FINANCIAL SERVICES

Division of Rehabilitation and Liquidation
www.myfloridacfo.com/division/receiver

August 25, 2016

ADMINISTRATORS OF CAPITATED AND PBM PROVIDER NETWORKS

MASTER CLAIM FILING INSTRUCTIONS

Physicians United Plan, Inc. (PUP)

CLAIMS FILING DEADLINE: OCTOBER 31, 2016

Administrators of Capitated and PBM provider networks should file a master claim for all unpaid amounts on behalf of their providers. Please do not instruct providers in your network to file claims individually.

On June 1, 2014, Physicians United Plan, Inc. (PUP) was placed into Court ordered liquidation. The Florida Department of Financial Services (Department) is the Court appointed Receiver of PUP. The Department contracted with a third party administrator to assist the Department with the submission and evaluation of medical provider claims.

On May 14, 2015, the Department obtained Court approval to waive the requirement for medical providers to submit a proof of claim form, if the providers submit their claim(s) in accordance with the instructions provided. Claims submitted by October 31, 2016 will be considered timely filed. Claims submitted after October 31, 2016 will be considered late filed.

PUP records reflect that Capitated and PBM providers were paid in full through May 2014. However, if you do have an unpaid Capitated or PBM claim with PUP, please follow the instructions below to submit your claim.

If your unpaid claim is for anything other than a Capitated or PBM master claim, please contact us at 1-800-882-3054 to get clarification or to request alternate claim filing instructions for yourself or the providers in your network.

INSTRUCTIONS FOR FILING A MASTER CLAIM

- Claims **must** be submitted by secure or encrypted email.
 - Go to: <https://attach.fldfs.com/>
 - Select “Send attachment to DFS, OFR, OIR (Public Use)”
 - Enter the following Email in the “To” field: PUP.POC@myfloridacfo.com
 - Enter the following in the Subject line**: 545-xxxxx-xx - Claim Submission - PUP
 - Attach your documents

** this number should be the RCN number that is located above your name and address at the beginning of this notice

- Include the following information in your secure or encrypted email:
 - Provider Information:
 - Name of Capitated/PBM Provider
 - Mailing Address
 - Phone Number
 - NPI
 - Tax ID#
 - Email Address:
 - Future communications from the Department will be via email. The email listed above is the email that we have on record for you. This email is the email of record and is tied to your NPI number as of this date. If future communications should be sent to a different email address, or an email address is not listed above, please include that information in your response.
 - A copy of your executed contract with PUP;
 - A spreadsheet in Microsoft Excel listing your panel of physicians, including their individual NPI and Tax ID #;
 - A spreadsheet in Microsoft Excel that itemizes and calculates the total amount of your claim;
 - A spreadsheet in Microsoft Excel listing the capitated membership for any capitation month for which you were not paid; and
 - Any other supporting information that you would have submitted to PUP in the normal course of business.

All inquiries relating to claim submissions must be done via email to PUP.POC@myfloridacfo.com or by calling the Department at 1-800-882-3054. Always include the provider name, tax ID and NPI number in your inquiry.

If you would like to check for status updates or read more about the claim process approved by the Court, please visit the Department’s website at: www.myfloridacfo.com/division/receiver.