

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

In Re: The Receivership of

Case No.: 2014 CA 2762

FLORIDA HEALTHCARE PLUS, INC.  
\_\_\_\_\_ /

**RECEIVER'S MOTION FOR AN ORDER APPROVING PROCEDURE  
WAIVING PROOF OF CLAIM FORM REQUIREMENT FOR CLAIMS  
SUBMITTED BY MEDICAL PROVIDER CLAIMANTS**

**COMES NOW**, the Florida Department of Financial Services as Receiver of Florida Health Care Plus, Inc. (hereinafter the "Department" or "Receiver"), by and through undersigned counsel, and hereby files this Motion for an Order Approving Procedure Waiving Proof of Claim Form Requirement for Claims Submitted by Medical Provider Claimants and as good grounds therefor states:

1. On December 10, 2014, this Court entered an Order Appointing the Florida Department of Financial Services as Receiver of Florida Healthcare Plus, Inc. for Purposes of Immediate Rehabilitation and Automatic Liquidation Effective January 1, 2015, Injunction, and, Notice of Automatic Stay ("Liquidation Order").

2. In accordance with section 631.021(1), Florida Statutes, this Court has jurisdiction over the Florida Healthcare Plus, Inc. ("FHCP") receivership and is "authorized to make all necessary or proper orders to carry out the purposes" of the Florida Insurers Rehabilitation and Liquidation Act, which includes "maximizing the recovery of assets for the benefit of the insurer's estate; policyholders, creditors, and other claimants; and the public." § 631.001(3)(h), Fla. Stat.

3. Pursuant to the Liquidation Order, the claims filing deadline for the FHCP estate is December 31, 2015, which is one year from the date FHCP was liquidated.

4. During the normal course of handling the claims of a liquidated insurance company, the following process takes place: the Receiver sends a notice to all potential claimants; the claimant completes a Receiver prescribed proof of claim (“POC”) form and files it with the Receiver; the Receiver then processes the filed POCs. After evaluation of the filed claims, the Receiver prepares an interim claims report, obtains approval of the interim claims report from the Court, and notices the claimants with the Receiver’s recommendations. Upon notice, the claimant has an opportunity to object to the class and/or amount of the claim. Finally, after all filed claims are adjudicated a distribution is made in accordance with the provisions of section 631.271, Florida Statutes.

5. The claims handling process described above has the potential to create extensive cost and time burdens. This will be the case in the FHCP estate due to the substantial cost of providing and processing notice to and receiving POCs and supporting documents from approximately 27,000 potential medical provider claimants.

6. “Medical provider claimant” is defined for purposes of this motion as any physician group of physicians, hospital, medical professional or clinic who rendered medical treatment to an FHCP member/policyholder. The term “medical provider claimant” also includes the associated billing entity/payee of any of the foregoing.

7. In an effort to reduce the costs and increase the efficiency of the claims process, the Receiver proposes an alternative process whereby it will waive the POC requirement and consider as timely filed the claims of the medical provider claimants who submit claims by the December 31, 2015, claims filing deadline.

8. Although the Receiver has notified all potential medical provider claimants of the December 31, 2015, claim filing deadline, instructions regarding the submission of their claims

have not yet been provided. The Receiver prefers to utilize the current technology in the medical industry that provides for the submission of medical claims via electronic methods which utilize standard industry protocols. Using such an electronic method will result in more cost effective claim submissions and adjudications.

9. While the Receiver does not have the ability to receive medical claims electronically, the Receiver has procured the services of a third party administrator to establish the method for the electronic submission of medical provider claims and for the adjudication of those claims in the FHCP receivership.

10. The Receiver proposes the following procedure for the approximately 27,000 potential medical provider claimants who may have a claim in the FHCP estate:

A. The Receiver's third party administrator will establish the method for the electronic submission of claims from medical provider claimants.

B. Notices will be provided to the approximately 27,000 potential medical provider claimants with instructions on how to file claims through the Receiver's third party administrator.

C. The Receiver will not require POCs from a medical provider claimant if the claimant submits its claims in the FHCP estate in accordance with the instructions contained in the notice specified in Paragraph 10B.

D. Any claim from a medical provider claimant that supports a billing entity/payee master claim submitted to the third party administrator will be considered filed as part of the billing entity/payee master claim.

E. The Receiver's third party administrator will determine which medical provider claims are submitted by the December 31, 2015, claims filing deadline. Any medical

provider claims submitted to the Receiver's third party administrator by the December 31, 2015, claims filing deadline will be considered timely filed. Any medical provider claims submitted to the Receiver's third party administrator after the December 31, 2015, claims filing deadline will be considered late filed.

F. Once the medical provider claims have been evaluated, the claimants will be advised of the class and amount of their claim. If they object to either, they will have an opportunity to file an objection with the Receiver and the Court.

G. If the Receiver cannot resolve the objection with the claimant, then a court hearing will be scheduled.

11. This procedure will not affect the rights of a claimant in the FHCP estate for any other claim it believes it may be entitled to file in accordance with chapter 631, Florida Statutes.

12. The Receiver believes that these actions are in the best interests of this estate and therefore recommends that the motion be granted and the process proposed above be authorized and approved.

**WHEREFORE**, the Florida Department of Financial Services as Receiver for Florida Healthcare Plus, Inc. moves this Court for an Order Approving Procedure Waiving Proof of Claim Form Requirement for Claims Submitted by Medical Provider Claimants as follows:

A. The Receiver's third party administrator will establish the method for medical provider claimants to submit claims electronically.

B. Notices will be provided to the approximately 27,000 medical provider claimants with instructions on how to file medical provider claims through the Receiver's third party administrator.


C. The Receiver will not require POCs from medical provider claimants if the claimant submits medical claims in the FHCP estate in accordance with the instructions contained in the notice of instructions sent to the medical provider claimant by the Receiver.

D. Any claim from a medical provider claimant that supports a billing entity/payee master claim submitted to the third party administrator will be considered filed as part of the billing entity/payee master claim.

E. The Receiver's third party administrator will determine which medical provider claims are submitted by the December 31, 2015, claims filing deadline. Any medical provider claims submitted to the Receiver's third party administrator by the December 31, 2015, claims filing deadline will be considered timely filed. Any medical provider claims submitted to the Receiver's third party administrator after the December 31, 2015, claims filing deadline will be considered late filed.

F. The Receiver will report the claims of medical provider claimants in accordance with the provisions of section 631.182, Florida Statutes

**RESPECTFULLY SUBMITTED** on this the 29th day of October, 2015.

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