

October 28, 2015

Via E-Mail: terri.jay@akerman.com

Bruce D. Platt

Plan Manager

Florida Health Maintenance Organization Consumer Assistance Plan

106 East College Avenue

Tallahassee, FL 32301

Dear Mr. Platt:

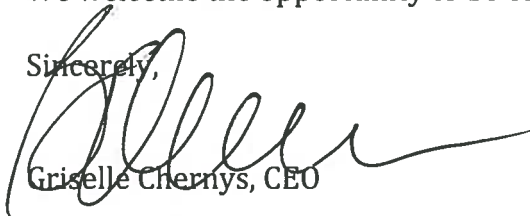
Thank you for the opportunity to present to you information about PayerFusion Holdings, LLC.

We have attached herewith information requested and other details that may be helpful to evaluate your proposal.

We presently process claims for a variety of plans including Affordable Care Act plans.

We welcome the opportunity to be of service.

Sincerely,



Griselle Chernys, CEO

Requested Documentation and
Information

If your company is interested in contracting with the HMOCAP, please forward the following documents to the HMOCAP:

(A) A copy of the company's Florida Certificate of Authority;

A copy of the Certificate of Authority is attached

(B) Copies of the company's two most recent audited
financial statements;

Financial Statements have been attached for your review

A description of the TPA's access to provider networks in Florida; and PayerFusion Holdings contracts with "A" rate networks and also regional networks. We have network leasing agreements with Aetna and United Healthcare to use their national network of providers, we have the full access to all providers with no restrictions. We contract directly with more than 100 regional networks nationally, including PHCS (Multiplan), we handle claims in multiple states.

Our national provider network of directly contracted providers is in excess of 200,000 providers.

We also contract with PBM's and we are familiar with pharmacy formularies, plan designs and reconciliation, dispensation methods and ACA required coverages.

(C) The name and contact information for the person at the company responsible for communicating with the HMOCAP.

Griselle C Chernys, CEO
gchernys@payerfusion.com
5200 Blue Lagoon Drive Suite 100
Miami, Fl 33126
305 760 8739 cel 305 733 1897

Questions:

- (1) Please explain how your company would propose to initially staff the insolvency;

PayerFusion staff has experience in handling Medicare HMO, Advantage Plans, commercial plans, PPO plans and Affordable Care Act plans. Our present staff will develop a plan of implementations, assess skills needed and available and if necessary we will hire additional personnel. However our claims examiners and present automation still has capacity to absorb claims volume. If new staff are needed they will come in as junior examiners and will work with other senior examiners to adjudicate claims and handle customer services, adjudication, enrollment and other required functions. We have 24-7 call center, we have case managers and utilization review

- (2) Please explain how your company would propose to provide coverage for members who may not be transferred to another HMO for up to six months. With this explanation, include information about the experience of the persons who would be expected to provide on-site assistance and assurances that these persons can be available with only limited notice;

PayerFusion will first conduct an analysis of the coverage and requirements. After obtaining all details the members will be enrolled in our system and we will develop a communication to the members as the continuity of services in an intermittent manner. We can work with the existing agreements with providers or we can use one of our provider networks for this purpose. We will also assist in clearing any claims backlog and reconciling any and premiums and funds necessary to continue operations.

- (3) Please provide a compensation proposal;

PayerFusion will perform the services to HMOCap for the Fee of \$ 18.00 pmpm which will include any data load necessary. We will process any back claims for the members assigned to us for prior months of service, if needed for \$9.00 per claim.

Our price will include all customer service, phone lines, referrals and claims management, pharmacy benefits for the period of time the member is assigned to PayerFusion. We will also work in the transfer of the member to new plans when necessary.

- (4) Please provide any other information about your company and its experience that you believe will assist us in making our determination

Please see the attached presentations and information about PayerFusion as part of this package.

Thank you for the opportunity to present PayerFusion.

FLORIDA OFFICE OF INSURANCE REGULATION

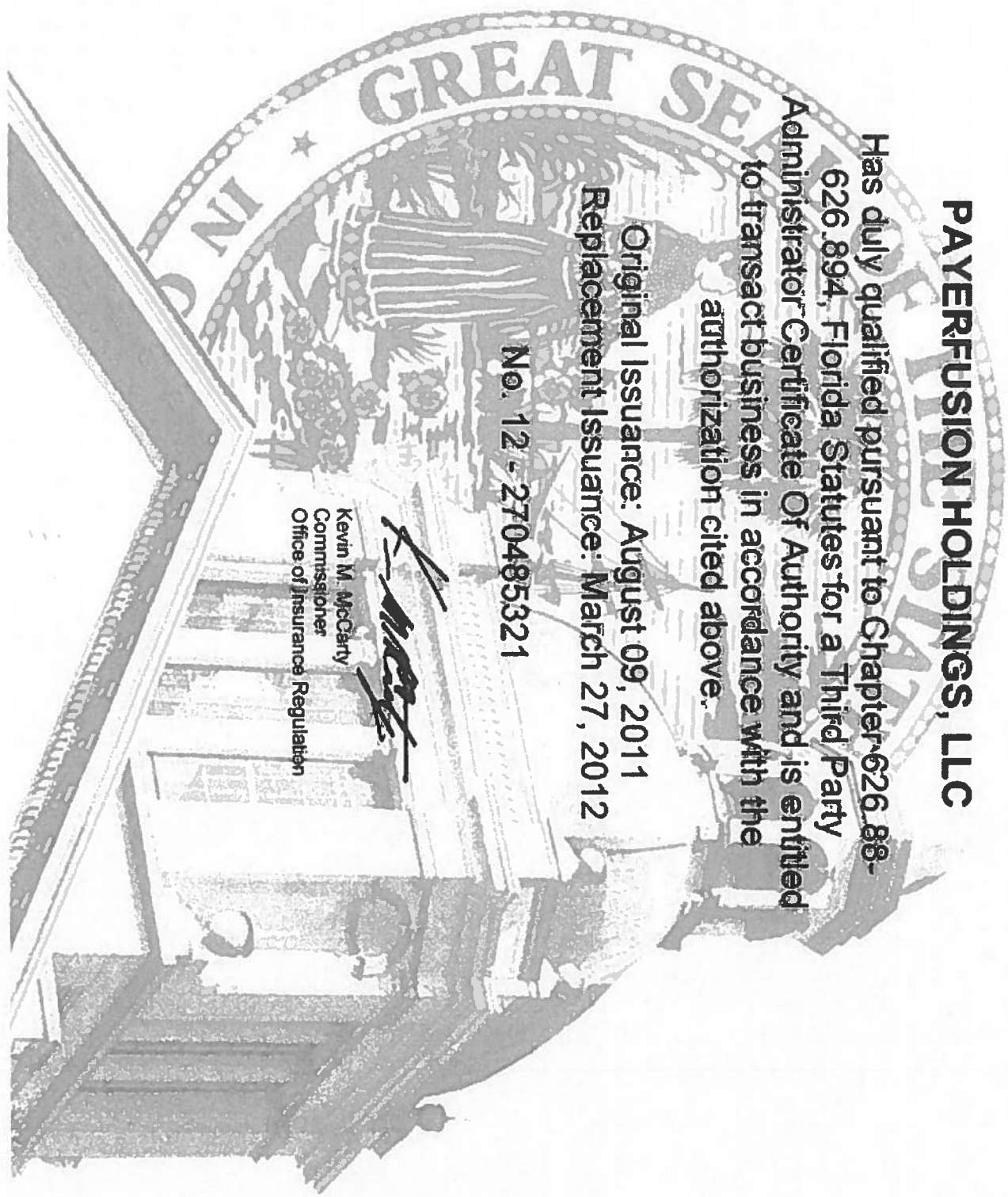
PAYERFUSION HOLDINGS, LLC

Has duly qualified pursuant to Chapter 626.88-626.894, Florida Statutes for a Third Party Administrator Certificate Of Authority and is entitled to transact business in accordance with the authorization cited above.

Original Issuance: August 09, 2011
Replacement Issuance: March 27, 2012

No. 12 - 270485321


Kevin M. McCarty
Commissioner
Office of Insurance Regulation



Company Directory: Search Results

This information is current as of 10/20/2015

PAYERFUSION HOLDINGS, LLC

FEIN	27-0485321
Florida Company Code	06780
NAIC Company Code	
Company Type	THIRD PARTY ADMINISTRATOR
Home State	FL
Web Site	
Authorization Type	CERTIFICATE OF AUTHORITY
Authorization Status	ACTIVE
First Licensed in Florida Date	08/09/2011

Addresses

Type	Address	Phone
ADMINISTRATIVE	5200 BLUE LAGOON DR SUITE 100, MIAMI FL 33126 UNITED STATES	(305) 760-8739
FLORIDA OFFICE LOCATION	5200 BLUE LAGOON DR SUITE 100, MIAMI FL 33126 UNITED STATES	
MAILING	5200 BLUE LAGOON DR SUITE 100, MIAMI FL 33126 UNITED STATES	(305) 760-8739
HOME	5200 BLUE LAGOON DR SUITE 100, MIAMI FL 33126 UNITED STATES	(305) 760-8739
LOCATION OF RECORDS		(305) 760-8739

Licenses issued by Insurance Regulatory Agencies

TPA Domestic License

Florida

License: Third Party Administrator – Certificate of Authority

Organization/Issuer of License: Florida Office of Insurance Regulation

Address: 200 East Gaines Street, Tallahassee, FL 32399

License Type: Third Party Administrator – Certificate of Authority

License #: 12-270485321 / 06780

Date Issued: 08/09/2011

TPA Licenses as a Foreign Entity

Alabama

State of Alabama

License: Business Registration Admittance to act as a TPA

Organization/Issuer of License: Secretary of State

File #: 276-655

Effective Date: 11/26/2012

Alaska

License: Third Party Administrator

Organization/Issuer of License: Department of Commerce, Community, and Economic Development – Division of Insurance

Address: P.O. Box 110805, Juneau, AK 99811

License Type: Third Party Administrator

License #: N/A

Date Issued: 11/20/2012

Arkansas

License: Third Party Administrator

Organization/Issuer of License: State of Arkansas – Arkansas Insurance Department
Address: 1200 West 3rd St., Little Rock, AR 72201
License Type: Third Party Administrator
License #: FEIN# 27-0485321
Date Issued: 11/21/2013

Arizona

License: Life and Health Insurance Administrator
Organization/Issuer of License: Department of Insurance State of Arizona
Address: 2910 North 44th Street, Suite 210, Phoenix, AZ 85018
License Type: Life and Health Insurance Administrator
License #: TPA-265236
Date Issued: 06/03/2014

California

License: Non-Resident Insurance Producer
Registered Administrator
Organization/Issuer of License: California Department of Insurance
Address: P.O. Box 1139, Sacramento, CA 95812
License Type: Third Party Administrator
License #: 0H92101
Date Issued: 07/02/2012

Colorado

Colorado Secretary of State
License: Business Registration Admittance to act as a TPA
File #: 20121524534
Effective Date: 09/24/2012

Delaware

License: Third Party Administrator (Non-Resident)
Organization/Issuer of License: Delaware Department of Insurance
Address: 841 Silver Lake Blvd. DE, 19904
License Type: Third Party Administrator (Non-Resident)
License #: 100010006700
Date Issued: 11/18/2013
