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TREASURER AND
INSURANCE COMMISSIONER
Docketed by: *SS*

THE TREASURER OF THE STATE OF FLORIDA
DEPARTMENT OF INSURANCE

TOM GALLAGHER

IN THE MATTER OF:

CASE NO. 63876-02-CO

AETNA HEALTH INC.

CONSENT ORDER

THIS CAUSE came on for consideration as the result of an agreement between **AETNA HEALTH INC.** (hereinafter referred to as "**AETNA**") and the **FLORIDA DEPARTMENT OF INSURANCE**, (hereinafter referred to as the "**DEPARTMENT**"). Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the undersigned hereby finds as follows:

1. The **DEPARTMENT** has jurisdiction over the subject matter of, and parties to, this proceeding.

2. **AETNA** is authorized to transact business in this State as a health maintenance organization subject to the jurisdiction and regulation of the **DEPARTMENT** in accordance with the Florida Insurance Code.

3. The **DEPARTMENT** conducted an investigation pursuant to Section 641.3905, Florida Statutes. As a result of such investigation, the **DEPARTMENT** determined that **AETNA** violated the following provision of the Insurance Code, to wit:

1. Section 641.3155(3), Florida Statutes (ed. 2001), Failure to Pay Interest on Overdue Claims.

4. While **AETNA** does not agree with the findings of the **DEPARTMENT**, in an effort to resolve this matter expeditiously and amicably, without the necessity of a formal administrative action by the **DEPARTMENT**, **AETNA** knowingly and voluntarily enters into this Consent Order without admitting any liability in connection with such matter.

5. The **DEPARTMENT** and **AETNA** expressly waive a hearing in this matter, and the making of Findings of Fact and Conclusions of Law by the **DEPARTMENT** and all further and other proceedings herein to which the parties may be entitled by law. **AETNA** hereby knowingly and voluntarily waives all rights to challenge or to contest this Order, in any forum now available to it, including the right to any administrative proceeding, circuit or federal court action, or any appeal.

6. By the filing of the Consent Order in this cause, the **DEPARTMENT** and **AETNA** intend to and do resolve all issues arising out of actual or alleged violations of Florida Statutes, Rules or Regulations in connection with the

submission of claims data by **AETNA** and review thereof for the period April 2002 through June 2002.

7. **AETNA** agrees that the failure to adhere to one or more of the above terms and conditions of this Order shall constitute a violation of a lawful order of the **DEPARTMENT**, and shall subject **AETNA** to such administrative action as the **DEPARTMENT** may deem appropriate.

8. **AETNA** agrees that upon the execution of this Consent Order it shall be subject to the following terms and conditions:

(a) **AETNA** shall pay a penalty of Twenty Five Thousand Dollars (\$25,000) and administrative costs of Two Thousand Dollars (\$2,000) no later than thirty (30) days following the issuance of this Consent Order.

(b) **AETNA** shall henceforth comply with all of the provisions of the Florida Insurance Code.

(c) **AETNA** is hereby placed on notice of the requirements of the above referenced sections of law and agrees that any future violations of these sections by **AETNA** may be deemed willful, subjecting **AETNA** to appropriate penalties.

(d) **AETNA** shall undertake any necessary corrective action to establish and implement procedures to assure that interest is paid on claims not paid timely in accordance with Section 641.3155(5)(a)4, Florida Statutes (ed. 2002). **AETNA** shall submit for the Department's review any such revision to its policies and procedures regarding claims payments to implement the aforementioned

corrective action no later than thirty (30) days following the issuance of this Consent Order.

9. Except as noted above, each party to this action shall bear its own costs and attorney's fees.

THEREFORE, the agreement between **AETNA HEALTH INC.** and the **DEPARTMENT**, consisting of the terms and conditions set forth above, is approved.

FURTHER, all terms and conditions above are hereby ORDERED.

DONE AND ORDERED this 7th day of JANUARY, 2007³.

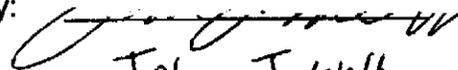


Kevin McCarty
KEVIN MCCARTY
DEPUTY INSURANCE COMMISSIONER

By execution hereof, **AETNA HEALTH INC.** consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents, pursuant to Section 624.310, Florida Statutes, that he/she has the authority to bind **AETNA HEALTH INC.** to the terms and conditions of this Consent Order.

AETNA HEALTH INC.

By:


John J. Webb

Corporate Seal

Print or Type Name

Title: President

Date: 12/18/02

COPIES FURNISHED TO:

JOHN WEBB, PRESIDENT

Aetna Health Inc.
5100 West Lemon St., Suite #218
Tampa, FL 33609-1138

STEVE RODDENBERRY, DEPUTY DIRECTOR

Division of Insurer Services
200 East Gaines Street
Tallahassee, Florida 32399-0347

JOE FINNEGAN, BUREAU CHIEF

Division of Insurer Services
Bureau of Market Conduct
200 East Gaines Street
Tallahassee, Florida 32399-4120

J. RICHARD BRINKLEY, FLMI

Field Insurance Regional Administrator
Division of Insurer Services
Bureau of Market Conduct
200 East Gaines Street
Tallahassee, Florida 32399-4120

ANOUSH ARAKALIAN BRANGACCIO, SENIOR ATTORNEY

Division of Legal Services
200 East Gaines Street
Tallahassee, Florida 32399-0333