



THE TREASURER OF THE STATE OF FLORIDA  
DEPARTMENT OF INSURANCE

TOM GALLAGHER

IN THE MATTER OF:

CASE NO. 60981-02-CO

THE PUBLIC HEALTH TRUST  
OF DADE COUNTY, d/b/a  
JMH HEALTH PLAN

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**CONSENT ORDER**

THIS CAUSE came on for consideration as the result of an agreement between THE PUBLIC HEALTH TRUST OF DADE COUNTY, d/b/a JMH HEALTH PLAN (hereinafter referred to as "JMH") 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. JMH 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. Pursuant to complaints received by the DEPARTMENT, a target market conduct examination was conducted pursuant to Section 641.27, Florida

Statutes. As a result of such examination, the **DEPARTMENT** determined that **JMH** violated the following provision of the Florida Insurance Code, to wit:

1. Section 641.3155(2), Florida Statutes (1999): Failure to Properly Calculate Interest.

4. The **DEPARTMENT** and **JMH** 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. **JMH** 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.

5. **JMH** 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 **JMH** to such administrative action as the **DEPARTMENT** may deem appropriate.

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

(a) **JMH** shall henceforth comply with all of the provisions of the Florida Insurance Code.

(b) **JMH** is hereby placed on notice of the requirements of the above referenced section of law and agrees that any future violations of this section by **JMH** may be deemed willful, subjecting **JMH** to appropriate penalties.

(c) **JMH** shall undertake corrective action to establish and implement procedures to assure that interest is properly paid on all claims in accordance

with Section 641.3155(3), Florida Statutes (2001). JMH shall submit for the Department's review a revision to its policies and procedures regarding the aforementioned corrective action no later than thirty (30) days following the issuance of this Consent Order.

7. Each party to this action shall bear its own costs and attorney's fees.

8. THEREFORE, the agreement between THE PUBLIC HEALTH TRUST OF DADE COUNTY, d/b/a JMH HEALTH PLAN 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 11th day of July, 2002.



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KEVIN MCCARTY  
DEPUTY INSURANCE COMMISSIONER

By execution hereof, **THE PUBLIC HEALTH TRUST OF DADE COUNTY, d/b/a JMH HEALTH PLAN** 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 **THE PUBLIC HEALTH TRUST OF DADE COUNTY, d/b/a JMH HEALTH PLAN** the terms and conditions of this Consent Order.

**THE PUBLIC HEALTH TRUST  
OF DADE COUNTY, d/b/a  
JMH HEALTH PLAN**

By: \_\_\_\_\_

W. Joseph Rogers

Print or Type Name

Title: Executive Director

Date: 6/24/02

Corporate Seal

**COPY FURNISHED TO:**

**JOSEPH ROGERS, PRESIDENT**

JMH Health Plan  
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