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OFFICE OF INSURANCE REGULATION

KEVIN M. MCCARTY
COMMISSIONER

IN THE MATTER OF:

CASE NO: 104375-09

VISTA HEALTHPLAN OF SOUTH
FLORIDA, INC.
n/d/b/a
COVENTRY HEALTH PLAN OF FLORIDA, INC.

CONSENT ORDER

THIS CAUSE came on for consideration upon the agreement between VISTA HEALTHPLAN OF SOUTH FLORIDA, INC. now doing business as COVENTRY HEALTH PLAN OF FLORIDA, INC. (hereinafter referred to as "VISTA") and the OFFICE OF INSURANCE REGULATION (hereinafter referred to as the "OFFICE"). Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the OFFICE hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter of, and parties to, this proceeding.
2. VISTA is a Health Maintenance Organization authorized to transact business in Florida and is subject to the jurisdiction and regulation of the OFFICE pursuant to the Florida Insurance Code.
3. The OFFICE conducted an investigation of VISTA pursuant to §641.3905, Florida Statutes. The scope period for the investigation was 2005 through May, 2008. As a

result of that investigation, the OFFICE has determined that VISTA has committed the following violations of the Florida Insurance Code during the above referenced time:

- (a) VISTA used rates that were excessive, inadequate, or unfairly discriminatory in violation of §641.31(2), Florida Statutes.
- (b) VISTA could not demonstrate that premiums charged were consistent with the filed rating methodology in violation of Rule 69O-191.054(3), Florida Administrative Code.
- (c) VISTA's failed to timely submit its 2006 annual filing violation of Rule 69O-191.054(9), Florida Administrative Code.

4. VISTA expressly waives a hearing in this matter, the making of Findings of Fact and Conclusions of Law by the OFFICE, and all further and other proceedings herein to which the parties may be entitled by law. VISTA hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order, in any forum, including the right to any administrative proceeding, circuit or federal court action, or any appeal.

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

(a) VISTA shall pay an administrative penalty of Twenty-Five Thousand Dollars (\$25,000) and administrative costs of Three Thousand Dollars (\$3,000) within thirty (30) days of execution of this Consent Order.

(b) VISTA shall implement procedures to ensure that only rates approved by the OFFICE are applied and protect consumers against unapproved rate charges within thirty (30) days of execution of this Consent Order.

(c) VISTA shall provide documentation to the OFFICE evidencing compliance with the conditions of this Consent Order. This documentation shall be certified by an officer of the Company that all necessary corrective actions have been completed within thirty (30) days of execution of this Consent Order.

6. VISTA 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 VISTA may be deemed willful, subjecting VISTA to appropriate penalties.

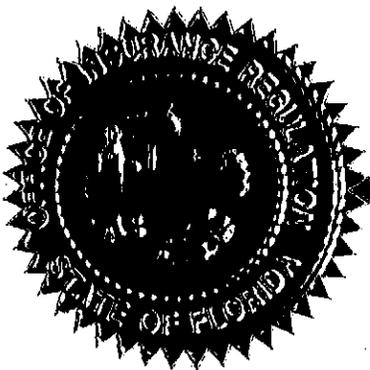
7. VISTA agrees that the failure to adhere to one or more of the above terms and conditions of this Consent Order shall constitute a violation of a lawful order of the OFFICE, and shall subject VISTA to such administrative action as the OFFICE may deem appropriate.

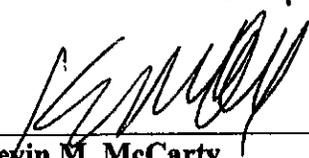
8. Except as noted above, each party to this action shall bear its own costs and attorney's fees.

THEREFORE, the agreement between VISTA and the OFFICE, the terms and conditions of which are set forth above, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE AND ORDERED this 3rd day of FEBRUARY, 2010.





Kevin M. McCarty
Commissioner
Office of Insurance Regulation

By execution hereof, VISTA HEALTHPLAN OF SOUTH FLORIDA, INC. now doing business as COVENTRY HEALTH PLAN OF FLORIDA, 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 therein. The undersigned represents that he or she has the authority to bind COVENTRY HEALTH PLAN OF FLORIDA, INC. to the terms and conditions of this Consent Order.

COVENTRY HEALTH PLAN OF FLORIDA, INC.

By: [Signature]

[Corporate Seal]

Print Name: CHRISTOPHER A. CIANO

Title: President

Date: 1/7/11

STATE OF Florida

COUNTY OF Broward

~~2010~~ ²⁰¹¹ The foregoing instrument was acknowledged before me this 7 day of January, ~~2010~~ by _____, who is personally known to me or has produced the following identification _____

[Signature]

Signature of Notary

[Notarial Seal]

ANITA THOMAS

Print or Type Name

NOTARY PUBLIC - STATE OF FLORIDA
Anita Thomas
Commission #DD649698
Expires: MAR. 12, 2011
BONDED THRU ATLANTIC BONDING CO., INC.

My Commission Expires: 3/12/2011

NOTARY PUBLIC - STATE OF FLORIDA
Anita Thomas
Commission #DD649698
Expires: MAR. 12, 2011
BONDED THRU ATLANTIC BONDING CO., INC.

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