



**FILED**  
JAN 6 2003  
TREASURER AND  
INSURANCE COMMISSIONER  
Docketed by: JS

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THE TREASURER OF THE STATE OF FLORIDA  
DEPARTMENT OF INSURANCE

TOM GALLAGHER

IN THE MATTER OF:

CASE NO. 63862-02-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 "JM~~H~~") 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. The **DEPARTMENT** conducted an investigation pursuant to Section 641.3905, Florida Statutes. As a result of such investigation, the **DEPARTMENT** determined that **JMH** violated the following provision of the Insurance Code, to wit:

1. Section 641.3155(2), Florida Statutes (ed. 2001), Failure to Pay Claims Timely.

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

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

(c) **JMH** 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 **JMH** may be deemed willful, subjecting **JMH** to appropriate penalties.

(d) **JMH** shall undertake corrective action to establish and implement procedures to assure that claims are processed timely in accordance with Section 641.3155(3) and (4), Florida Statutes (ed. 2002). **JMH** shall submit for the Department's review a 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.

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

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 7th day of January, 2007.



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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** to the terms and conditions of this Consent Order.

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

By:

Joseph Rogers

Corporate Seal

Print or Type Name

Title: Executive Director

Date: December 10, 2002

**COPIES FURNISHED TO:**

**JOSEPH ROGERS, EXECUTIVE DIRECTOR**

The Public Health Trust of Dade County,  
d/b/a JMH Health Plan  
1801 NW 9<sup>th</sup> Ave., Suite #700  
Miami, FL 33136

**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