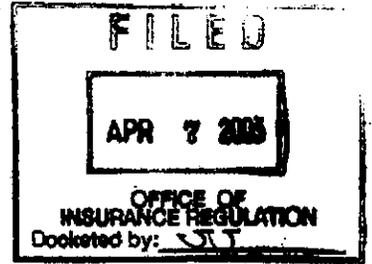




OFFICE OF INSURANCE REGULATION



KEVIN M. McCARTY
DIRECTOR

000308

IN THE MATTER OF:

CASE NO. 63873-02-CO

VISTA HEALTH PLAN, INC.
_____ /

CONSENT ORDER

THIS CAUSE came on for consideration as the result of an agreement between **VISTA HEALTH PLAN, INC.** (hereinafter referred to as "**VISTA**") and the **OFFICE OF INSURANCE REGULATION OF THE FINANCIAL SERVICES COMMISSION, WITHIN THE OFFICE OF FINANCIAL SERVICES**, (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 undersigned hereby finds as follows:

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

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

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

1. Section 641.3155(2), Florida Statutes (ed. 2001), Failure to Pay Claims Timely.
2. Section 641.3155(3), Florida Statutes (ed. 2001), Failure to Pay Interest on Overdue Claims.
3. Section 641.3155(4), Florida Statutes (ed. 2001), Failure to Pay or Deny Claims within 120 Days.

4. The violations for failing to pay claims timely and for failing to pay or deny claims within 120 days are repeat violations as previously determined and cited in Consent Order Number 60492-02-CO.

5. The **OFFICE** and **VISTA** expressly waive a hearing in this matter, and 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 Order, in any forum now available to it, including the right to any administrative proceeding, circuit or federal court action, or any appeal.

6. **VISTA** 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 **OFFICE**, and shall subject **VISTA** to such administrative action as the **OFFICE** may deem appropriate.

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

(a) **VISTA** shall pay a penalty of One Hundred Ten Thousand Dollars (\$110,000) no later than thirty (30) days following the issuance of this Consent Order.

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

(c) **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.

(d) **VISTA** 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); interest is paid on overdue claims in accordance with Section 641.3155(5)(a)4, Florida Statutes (ed. 2002); and claims are paid or denied within 120 days in accordance with Section 641.3155(3) and (4), Florida Statutes (ed. 2002). **VISTA** shall submit for the **OFFICE'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.

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

THEREFORE, the agreement between **VISTA HEALTH PLAN, INC.** and the **OFFICE**, 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 April 2003.



KEVIN M. MCCARTY
DIRECTOR
OFFICE OF INSURANCE REGULATION

By execution hereof, **VISTA HEALTH PLAN, 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 **VISTA HEALTH PLAN, INC.** to the terms and conditions of this Consent Order.

VISTA HEALTH PLAN, INC.

By:

Ronald J. Berding
Print or Type Name

Title: PRESIDENT

Date: 02/06/03

Corporate Seal

COPIES FURNISHED TO:

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