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TREASURER AND
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Bureau of Managed Care
Div of Insurer Services

THE TREASURER OF THE STATE OF FLORIDA
DEPARTMENT OF INSURANCE

TOM GALLAGHER

IN THE MATTER OF:

CASE NO. 61885-02-CO

VISTA HEALTH PLAN, INC.
f/k/a HIP HEALTH PLAN OF FLORIDA, INC.

CONSENT ORDER

THIS CAUSE came on for consideration as the result of an agreement between **VISTA HEALTH PLAN, INC. f/k/a HIP HEALTH PLAN OF FLORIDA, INC.** (hereinafter referred to as "**VISTA**") 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. **VISTA** 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 **VISTA** violated the following provisions of the Florida Insurance Code, to wit:

1. Section 641.3155(3), Florida Statutes (2001): Failure to timely and accurately pay Interest on Late Paid Claims.
2. Sections 641.3155(2), 641.3901 and 641.3903(5)(c) 1. & 4., Florida Statutes (2001): Failure to Adopt and Implement Standards For Proper Investigation of Workers' Compensation Claims.
3. Sections 627.4235, 641.317(7), 641.3155(2), 641.3901, and 641.3903(5)(c) 1. & 4., Florida Statutes (2001): Failure to Adopt and Implement Standards For Proper Investigation of Personal Injury Protection (PIP) Claims.

4. The **DEPARTMENT** and **VISTA** 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. **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.

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

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

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

(b) **VISTA** 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 **VISTA** may be deemed willful, subjecting **VISTA** to appropriate penalties.

(c) **VISTA** shall undertake corrective action to establish and implement procedures to assure that all claims are processed in accordance with Section 641.3155(3), Florida Statutes (2001). Further, **VISTA** shall undertake to make certain that all claims by providers are properly coordinated with other insurers and/or self-insurers in accordance with all applicable statutes and rules. **VISTA** shall submit for the Department's review a revision to its policies and procedures regarding claims payments and the proper coordination of benefits 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 **VISTA HEALTH PLAN, 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 4th day of October, 2002.



KEVIN MCCARTY
DEPUTY INSURANCE COMMISSIONER

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: _____

CEO

Date: _____

9/26/02

Corporate Seal

COPY FURNISHED TO:

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