



**FILED**

**JUL 9 2002**

**TREASURER AND  
INSURANCE COMMISSIONER**  
Docketed by: *SS*

THE TREASURER OF THE STATE OF FLORIDA  
DEPARTMENT OF INSURANCE

TOM GALLAGHER

IN THE MATTER OF:

ONE HEALTH PLAN OF FLORIDA, INC.

CASE NO. 61073-02-CO

**CONSENT ORDER**

THIS CAUSE came on for consideration as the result of an agreement between **ONE HEALTH PLAN OF FLORIDA, INC.** (hereinafter referred to as "**ONE HEALTH**") 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. **ONE HEALTH** 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

**ONE HEALTH** violated the following provisions of the Florida Insurance Code, to wit:

1. Section 641.3155(2), Florida Statutes (1999): Failure to Pay Interest on Late Paid Claims.

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

4. The **DEPARTMENT** and **ONE HEALTH** 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. **ONE HEALTH** 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. **ONE HEALTH** 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 **ONE HEALTH** to such administrative action as the **DEPARTMENT** may deem appropriate.

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

(a) **ONE HEALTH** shall pay a penalty of Fourteen Thousand Five Hundred Dollars (\$14,500) and administrative costs of Two Thousand Dollars (\$2,000) no later than thirty (30) days following the issuance of this Consent Order.

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

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

(d) **ONE HEALTH** shall undertake corrective action to establish and implement procedures to assure that all interest payments on claims not processed in a timely fashion and calculated are paid in accordance with Section 641.3155(2), Florida Statutes (2001). **ONE HEALTH** shall submit for the Department's review a revision to its policies and procedures regarding interest payments to implement the aforementioned corrective action and 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 **ONE HEALTH PLAN OF FLORIDA, 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 3rd day of July, 2002.



Kevin McCarty  
KEVIN MCCARTY  
DEPUTY INSURANCE COMMISSIONER

By execution hereof, **ONE 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 herein. The undersigned represents, pursuant to Section 624.310, Florida Statutes, that he/she has the authority to bind **ONE HEALTH PLAN OF FLORIDA, INC.** to the terms and conditions of this Consent Order.

**ONE HEALTH PLAN OF FLORIDA, INC.**

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

DAVID E. RECORD, JR.

Corporate Seal

Print or Type Name

Title: \_\_\_\_\_

PRESIDENT

Date: \_\_\_\_\_

6/21/02

**COPY FURNISHED TO:**

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