



**FILED**  
MAR 26 2003  
OFFICE OF  
INSURANCE REGULATION  
Docketed by: *CV*

OFFICE OF INSURANCE REGULATION

**RECEIVED**

MAR 27 2003

KEVIN M. McCARTY  
DIRECTOR

Bureau of Managed Care  
Div of Insurer Services

IN THE MATTER OF:

CASE NO. : 65126-03-CO

HEALTHPLAN SOUTHEAST, INC.

CONSENT ORDER

THIS CAUSE came on for consideration as the result of an agreement between HEALTHPLAN SOUTHEAST, INC. (hereinafter referred to as "HPSE") and the OFFICE OF INSURANCE REGULATION OF THE FINANCIAL SERVICES COMMISSION WITHIN THE DEPARTMENT 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. HPSE 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. Pursuant to complaints received by the OFFICE, a target market conduct examination was conducted pursuant to Section 641.27, Florida Statutes. As a result of

such examination, the **OFFICE** determined that **HPSE** 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. Sections 641.3155(1), 641.3901 and 641.3903(5)(c) 1. & 4., Florida Statutes (1999): 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 (1999): Failure to Adopt and Implement Standards For Proper Investigation of Personal Injury Protection (PIP) Claims.
4. Section 641.3155(3), Florida Statutes (1999): Failure to Properly Process Interest.

4. The **OFFICE** and **HPSE** 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. **HPSE** 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. **HPSE** agrees that upon the execution of this Consent Order it shall be subject to the following terms and conditions:

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

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

(c) **HPSE** shall process all claims in a timely fashion in accordance with Section 641.3155(3), Florida Statutes (2001). Further, **HPSE** shall 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. **HPSE** shall submit for the **OFFICE'S** review a revision to its policies and procedures regarding claims 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.

6. Each party to this action shall bear its own costs and attorney's fees.

7. **HPSE** 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 **HPSE** to such administrative action as the **OFFICE** may deem appropriate.

THEREFORE, the agreement between **HPSE** 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 26<sup>TH</sup> day of MARCH, 2003.



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KEVIN M. MCCARTY  
DIRECTOR  
OFFICE OF INSURANCE REGULATION

By execution hereof, **HEALTHPLAN SOUTHEAST, 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 **HEALTHPLAN SOUTHEAST, INC.** to the terms and conditions of this Consent Order.

HEALTHPLAN SOUTHEAST, INC. n/k/a  
VISTA HEALTHPLAN INC.

I

RONALD J. BERDING  
Print or Type Name

Title: PRESIDENT

Date: 03/18/03

Corporate Seal

COPIES FURNISHED TO:

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