



OFFICE OF INSURANCE REGULATION

**FILED**

JAN 24 2005

KEVIN M. McCARTY  
COMMISSIONER

~~CONFIDENTIAL~~ SPB

IN THE MATTER OF:

CASE NO.: 85069-05-CO

**NEIGHBORHOOD HEALTH PARTNERSHIP, INC.**

Life and Health Market Investigation

**CONSENT ORDER**

THIS CAUSE came on for consideration as the result of an agreement between NEIGHBORHOOD HEALTH PARTNERSHIP, INC. (hereinafter referred to as "NHP") and the OFFICE OF INSURANCE REGULATION (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 OFFICE hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter of, and parties to, this proceeding.
2. NHP is a domestic health maintenance organization authorized to transact insurance business in Florida, and is subject to the jurisdiction and regulation of the OFFICE pursuant to the Florida Insurance Code.
3. The OFFICE has conducted an investigation of NHP pursuant to Section 624.318, Florida Statutes. As a result of such investigation, the OFFICE has determined that NHP committed the following violation of the Florida Statutes:
  - a. Section 627.6699(5)(c)2., Florida Statutes – Failure to offer to eligible employers a high deductible plan that meets all federal requirements of a health savings account

plan or a health reimbursement arrangement during the August 2005 one-life group open enrollment period.

4. NHP agrees that upon the execution of this Consent Order, it shall be subject to the following terms and conditions:

a. NHP shall pay to the OFFICE a fine in the amount of Ten Thousand Dollars (\$10,000.00) and administrative costs in the amount of Three Thousand Dollars (\$3,000.00), within thirty (30) days of the date of execution of this Consent Order.

b. NHP shall, within thirty (30) days of execution of this Consent Order, provide documentation certified by an officer of the Company to be true and correct, confirming that NHP offered to eligible employers a high deductible plan meeting the requirements of a health savings account plan or a health reimbursement arrangement during the August 2006 one-life group open enrollment period in accordance with Section 627.6699(5)(c)2., Florida Statutes.

c. NHP shall continue to offer to eligible employers, in addition to the standard and basic health plans, a high deductible plan that complies with Section 627.6699(5)(c)2., Florida Statutes, during each subsequent August one-life group open enrollment period.

d. NHP 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 NHP may be deemed willful, subjecting NHP to appropriate penalties.

5. The OFFICE and NHP 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 or rules of the OFFICE. NHP hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order, in any

forum now available to it, including the right to any administrative proceeding, circuit or federal court action, or any appeal.

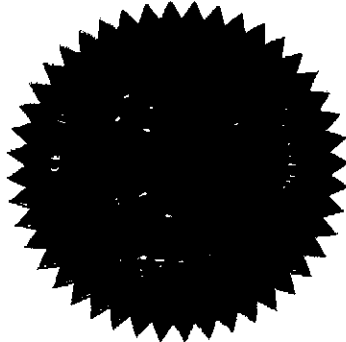
6. NHP agrees that failure to adhere to one or more of the terms and conditions of this Consent Order shall constitute a violation of a lawful order of the OFFICE, and shall subject NHP to such administrative action as the OFFICE may deem appropriate.

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

THEREFORE, the agreement between NHP and the OFFICE, the terms and conditions of which are set forth above, is approved.

FURTHER, all terms and conditions above are hereby ORDERED.

DONE AND ORDERED this 25TH day of JANUARY, 2007.



*Kevin M. McCarty*  
Commissioner  
Office of Insurance Regulation

By execution hereof, NEIGHBORHOOD HEALTH PARTNERSHIP, 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 NEIGHBORHOOD HEALTH PARTNERSHIP, INC. to the terms and conditions of this Consent Order.

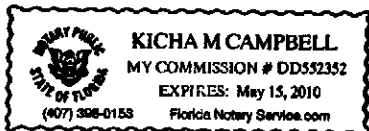
**NEIGHBORHOOD HEALTH PARTNERSHIP,  
INC.**

Corporate Seal

By: \_\_\_\_\_  
Daniel Rosenthal  
Print or Type Name  
Title: CEO  
Date: 1/4/07

STATE OF Florida  
COUNTY OF Beauvoir

The foregoing instrument was acknowledged before me this 4<sup>th</sup> day of JANUARY, 2007, by Daniel I. Rosenthal, who is personally known to me or has produced the following identification \_\_\_\_\_.



Notarial Seal

Signature of Notary Public

Kicha Campbell  
Print, Type, or Stamp Commissioned Name

My Commission Expires:

**COPIES FURNISHED TO:**

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