

OFFICE OF INSURANCE REGULATION

KEVIN M. McCARTY
DIRECTOR

000306

IN THE MATTER OF:

CASE NO. 63857-02-CO

VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.
/

CONSENT ORDER

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

1. Section 641.3155(4), Florida Statutes (ed. 2001), Failure to Pay interest or Deny Claims within 120 Days.

4. The violation for failing to pay or deny claims within 120 days is a repeat violation as determined and cited in Consent Order Number 60523-02-CO.

5. The **OFFICE** and **VISTA SOUTH FLORIDA** 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 SOUTH FLORIDA** 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 SOUTH FLORIDA** 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 SOUTH FLORIDA** to such administrative action as the **OFFICE** deems appropriate.

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

(a) **VISTA SOUTH FLORIDA** shall pay a penalty of Forty Thousand Dollars (\$40,000) no later than thirty (30) days following the issuance of this Consent Order.

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

(c) **VISTA SOUTH FLORIDA** 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 SOUTH FLORIDA** may be deemed willful, subjecting **VISTA SOUTH FLORIDA** to appropriate penalties.

(d) **VISTA SOUTH FLORIDA** 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). **VISTA SOUTH F LORIDA** 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 HEALTHPLAN OF SOUTH FLORIDA, 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.

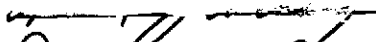


~~KEVIN M. MCCARTY~~

KEVIN M. MCCARTY
DIRECTOR
OFFICE OF INSURANCE REGULATION

By execution hereof, **VISTA HEALTHPLAN OF SOUTH 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 **VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.** to the terms and conditions of this Consent Order.

VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.

By: 
RONALD J. BERDING
Print or Type Name

Corporate Seal

Title: PRESIDENT

Date: 02/06/03

COPIES FURNISHED TO:

**RONALD J. BERDING, CEO
VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.
300 South Park Road
Hollywood, FL 33021**

**STEVE RODDENBERRY, DEPUTY DIRECTOR
Office of Insurance Regulation
200 East Gaines Street
Tallahassee, Florida 32399-0347**

**JOE FINNEGAN, BUREAU CHIEF
Office of Insurance Regulation
Bureau of Market Conduct
200 East Gaines Street
Tallahassee, Florida 32399-4120**

**J. RICHARD BRINKLEY, FLMI
Field Insurance Regional Administrator
Office of Insurance Regulation
Bureau of Market Conduct
200 East Gaines Street
Tallahassee, Florida 32399-4120**

**ANOUSH ARAKALIAN BRANGACCIO, SENIOR ATTORNEY
Office of Insurance Regulation
Division of Legal Services
200 East Gaines Street
Tallahassee, Florida 32399-0333**