FILED
FEB 20 2014
OFFICE OF
INSURANCE REGULATION
Docketed by: SAB

OFFICE OF INSURANCE REGULATION

KEVIN M. MCCARTY
COMMISSIONER

IN THE MATTER OF:

UNITED HEALTHCARE OF FLORIDA, INC.
2013 Market Conduct Examination

Case No.: 144399-13

_____/

CONSENT ORDER

THIS CAUSE came on for consideration as the result of an agreement between UNITED HEALTHCARE OF FLORIDA, INC. (hereinafter referred to as "UHC") 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. UHC is authorized to transact business in Florida as a health maintenance organization.

3. The OFFICE conducted a market conduct examination of UHC, pursuant to Section 641.27, Florida Statutes. As a result, the OFFICE has determined that UHC has violated the following provisions of the Florida Insurance Code and/or Florida Administrative Code:

(a) Section 641.3154(1), Florida Statutes – Incorrect assignment of provider liability for payment of out-of-network provider claims.

(b) Section 641.3156(2), Florida Statutes – Improper denial of out-of-network provider claims.

(c) Section 641.3155(3)(b) and 641.3155(4)(b), Florida Statutes – Failure to pay, deny, or contest out-of-network claims within the required timeframe.

(d) Section 641.3903(5)(c), Florida Statutes – Failure to investigate prior to denying Baycare Health System's claims.

(e) 641.3156(2), Florida Statutes – Improper denial of Baycare Health System's claims.

4. The OFFICE and UHC expressly waive a hearing in this matter, and the making of Findings of Fact and Conclusions of Law by the OFFICE and other proceedings to which the parties may be entitled by law or by the rules of the OFFICE. UHC hereby knowingly and voluntarily waives all rights to challenge or to contest the provisions of this Consent Order, in any forum now available, including the right to any administrative proceeding, circuit or federal court action, or any appeal.

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

(a) UHC shall pay a penalty of thirty thousand dollars ($30,000) and administrative costs of three thousand dollars ($3,000) on or before the 30th day after this Consent Order is executed.

(b) UHC shall provide to the OFFICE certification by an officer of the Company that corrective actions requested in the examination report have been completed. The certification is to be received within 30 days of the execution of the Consent Order.

6. UHC 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 UHC to such administrative action as the OFFICE may deem appropriate.

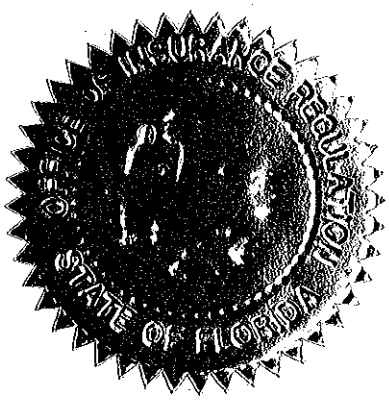
7. UHC is hereby placed on notice of the requirements of the above-referenced sections of law and agrees that any future violations of these sections by UHC may be deemed willful, subjecting UHC to appropriate penalties.

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

WHEREFORE, the agreement between UHC 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 20th day of February 2014.



KEVIN M. McCARTY
Commissioner
Office of Insurance Regulation

By execution hereof, UNITED HEALTHCARE 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 that he or she has the authority to bind UNITED HEALTHCARE OF FLORIDA, INC. to the terms and conditions of this Consent Order and has personal knowledge of the Application and the information provided therein.

UNITED HEALTHCARE OF FLORIDA, INC.

By _____

Corporate Seal

T. David Lewis
Print or Type Name

Title: CEO

Date: 2/3/14

STATE OF Florida

COUNTY OF Hillsborough

The foregoing instrument was acknowledged before me this 3rd day of February 2014,

by T. David Lewis (Name) as CEO (Authority)

for UnitedHealthcare of Florida. (Company Name)

_____
(Signature of the Notary)

Holly K. Vaughn
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known ✓ or Produced Identification _____

Type of Identification Produced _____

[NOTARIAL SEAL]

HOLLY K. VAUGHN
Notary Public - State of Florida
My Comm. Expires Feb 23, 2016
Commission # EE 172608
Bonded Through National Notary Assn.

My Commission Expires: 2/23/16

COPIES FURNISHED TO:

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OFFICE OF INSURANCE REGULATION

KEVIN M. MCCARTY
COMMISSIONER

INVOICE

ADMINISTRATIVE PENALTY IMPOSED BY CONSENT ORDER

In order to ensure that your payment is received and properly credited, please make your check payable to the Florida Department of Financial Services and **return this invoice with your payment** to:

Department of Financial Services
Revenue Processing Section
P.O. Box 6100
Tallahassee, Florida 32314-6100

REFERENCE

NAME:	UnitedHealthcare of Florida, Inc.
ADDRESS:	495 N. Keller, Rd, Ste 200
CITY, STATE, ZIP:	Maitland, FL 32751
FEIN:	59-1293865
NAIC COCODE:	95264
EXAM YR END:	2013
CASE #:	1444399-13
ATTORNEY:	Monica T. Ross
SOURCE:	MARKET INVESTIGATIONS - SBS EXAM # 20198

Fine Due:	***$ 30,000***
Costs Due:	***$ 3,000***
Total Amount Due: $	***$33,000***

Amount Remitted:

OFFICIAL USE ONLY – PLEASE DO NOT MARK BELOW THIS LINE]

B/T	T/C	F/T	AMOUNT
C	1105	J	$
C	1249	J+	$