



FILED

OFFICE OF
INSURANCE COMMISSIONER
HEARINGS UNIT

2013 JUN 24 A 11:17

Fax: (360) 664-2782

Patricia D. Petersen
Chief Presiding Officer
(360) 725-7105

Heard Unit, DIC
Patricia D. Petersen
Chief Presiding Officer
Kelly A. Cairns
Paralegal
(360) 725-7002
KellyC@oic.wa.gov

BEFORE THE STATE OF WASHINGTON
OFFICE OF INSURANCE COMMISSIONER

In the Matter of)	Docket No. 13-0130
)	
ACCESS PLANS, INC. and)	NOTICE OF HEARING
ALLIANCE HEALTHCARD)	
OF FLORIDA, INC.)	
)	
Respondents.)	
_____)	

TO: Walter D. Willson, Counsel for Respondents
Wells Marble & Hurst
P.O. Box 131
Jackson, Mississippi 39205-0131

COPY TO: Mike Kreidler, Insurance Commissioner
James T. Odiorne, Chief Deputy Insurance Commissioner
John F. Hamje, Deputy Commissioner, Consumer Protection Division
Marcia Stickler, Staff Attorney, Legal Affairs Division
Charles Brown, Acting Deputy Commissioner, Legal Affairs Division
Office of the Insurance Commissioner
PO Box 40255
Olympia, WA 98504-0255

On May 17, 2013, the Washington State Insurance Commissioner (OIC) issued a Notice of Request for Hearing for Imposition of Fines to Access Plans USA, Inc., Alliance HealthCard of Florida, Inc., Qualified Health, ChiroHealthUSA, DentalPlans.com and Melaleuca, Inc. On June 17, the OIC issued an Amended Notice of Request for Hearing For Imposition of Fines, with the sole change being the elimination of Qualified Health, ChiroHealth USA, DentalPlans.com and Melaleuca, Inc., leaving only Access Plans USA, Inc. and Alliance HealthCard of Florida, Inc. as Respondents. (Hereinafter, Access Plans USA, Inc. and Alliance HealthCard of Florida, Inc. are referred to collectively as "Respondents.") Said Amended Notice of Request for Hearing

NOTICE OF HEARING

13-0130

Page - 2

proposes that the OIC take disciplinary action against the Respondents for alleged violations of the Insurance Code, and to collect all unpaid premium taxes due. The OIC asserts that the duty to pay is joint and several between the Respondents. Briefly, as stated in the Amended Notice of Request for Hearing, the OIC alleges that on April 7, 2010 Respondents were informed that their application for a license to sell health discount plan cards pursuant to RCW 48.155.020 in Washington was denied, and specifically noted that the Respondents were prohibited from conducting any health care discount plan activities and operations to which RCW 48.155 applies; the OIC further alleges, however, that between June 16, 2011 and September 14, 2012 Respondents acted as the agent/dealer for, represented, marketed, and/or sold at least 1,318 health care discount plan cards to Washington residents in violation of RCW 48.155.020(1) and also failed to pay Washington premium taxes on these sales.

On June 12, 2013, the undersigned held a first prehearing conference in this matter, which included all parties. The OIC was represented by Marcia Stickler, Esq., Staff Attorney in the OIC's Legal Affairs Division. The Respondents were represented by their attorneys, Walter D. Willson, Esq., Randy Dean, Esq. and Trey Dellinger, Esq. of Wells Marble & Hurst, PLLC, Jackson, Mississippi. The undersigned reviewed procedure to be expected at hearing and answered all questions and concerns of the parties. The parties agreed that this hearing should be held commencing on September 13, 2013.

Accordingly, **YOU ARE HEREBY NOTIFIED that a hearing will be held commencing on Friday, September 13, 2013, at 10:00 a.m., Pacific Daylight Time.** The purpose of this hearing, which will include all parties, is to consider whether the Respondents' alleged activities, set forth in the OIC's Notice of Request for Hearing, constituted violations of the Insurance Code justifying imposition of a fine against the Respondents, or justify some other form of disciplinary action.

The OIC will appear by and through Marcia Stickler, Staff Attorney in the OIC's Legal Affairs Division. Ms. Stickler's address is Office of the Insurance Commissioner, Legal Affairs Division, P.O. Box 40255, Olympia, WA 98504-0255 and her telephone number is (360) 725-7048. Respondents Access Plans USA, Inc. and Alliance HealthCard of Florida, Inc. will be represented by Walter D. Willson, Esq. Randy Dean, Esq. and/or Trey Dellinger, Esq. of Wells Marble & Hurst. The mailing address for Wells Marble & Hurst is Post Office Box 131, Jackson, Mississippi, 39205-0131, and the telephone number is (601) 605-6900.

Patricia D. Petersen, Esq., who serves as Chief Presiding Officer for the Office of the Insurance Commissioner, has been designated to hear and determine this matter. Her address is Office of Insurance Commissioner, P.O. Box 40255, Olympia, Washington 98504-0255. Her telephone number is (360) 725-7105. All interested individuals and entities who have questions or concerns concerning this proceeding should direct them to her Paralegal, Kelly Cairns, at the same address, at kellyc@oic.wa.gov or by telephone to (360) 725-7002.

NOTICE OF HEARING

13-0130

Page - 3

The hearing will be held under the authority granted by the Insurance Commissioner under Chapter 48.04 RCW. The basic facts relied upon are those specifically set forth in the OIC's Notice of Hearing.

The hearing will be governed by the Administrative Procedure Act, Chapter 34.05 RCW, and the model rules of procedure contained in Chapter 10-08 WAC. All parties may be represented at the hearing. They may examine witnesses and fully respond and present evidence and argument on all issues involved.

As required by RCW 34.05.434(2)(i), you are advised that a party who fails to attend or participate in any stage of the proceeding may be held in default in accordance with Chapter 34.05 RCW.

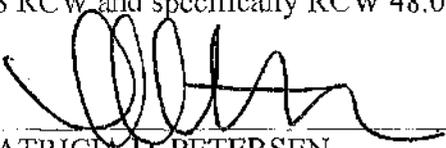
Pursuant to WAC 10-08-040(2) and in accordance with ch. 2.42 RCW, if a limited English speaking or hearing impaired or speech impaired party or witness needs an interpreter, a qualified interpreter will be appointed. There will be no cost to the party or witness therefore, except as may be provided by ch. 2.42 RCW. A Request for Interpreter form is attached to the original of this Notice, with instructions thereon.

This Notice is provided pursuant to RCW 48.04.010 and RCW 34.05.434.

Based upon the above activity,

IT IS HEREBY ORDERED that the adjudicative proceeding in this matter shall commence on September 13, 2013, at 10:00 a.m., Pacific Daylight Time, continuing on each successive day until terminated.

ENTERED AT TUMWATER, WASHINGTON, this 21st day of June, 2013, pursuant to Title 48 RCW and specifically RCW 48.04 and Title 34 RCW and regulations applicable thereto.

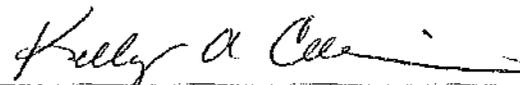


PATRICIA D. PETERSEN
Chief Presiding Officer

Declaration of Mailing

I declare under penalty of perjury under the laws of the State of Washington that on the date listed below, I mailed or caused delivery through normal office mailing custom, a true copy of this document to the following people at their addresses listed above: Walter D. Willson, Esq., Mike Kreidler, James T. Odiorne, John P. Hamje, Esq., Charles Brown, Esq., and Marcia Stickler, Esq.

DATED this 24th day of June 2013.



KELLY A. CAIRNS

HEARINGS UNIT

Fax: (360) 664-2782

Patricia D. Petersen
Chief Presiding Officer
(360) 725-7105

Hearings Unit
Paralegal
(360) 725-7002
Hearings@oic.wa.gov

To request an interpreter, complete and mail this form to:

Chief Presiding Officer
Office of Insurance Commissioner
P.O. Box 40255
Olympia, WA 98504-0255

REQUEST FOR INTERPRETER

I am a party or witness in Matter No. 13-0130, before the Insurance Commissioner. I NEED AN INTERPRETER and request that one be furnished.

Please check the statements that apply to you:

I am a non-English-speaking person. I cannot readily speak or understand the English language. My primary language is _____ (insert your primary language). I need an interpreter who can translate to and from the primary language and English.

I am unable to readily understand or communicate the spoken English language because:

- I am deaf.
- I have an impairment of hearing.
- I have an impairment of speech.

[Please state below or on the reverse side any details which would assist the Commissioner or Presiding Officer in arranging for a suitable interpreter or in providing appropriate mechanical or electronic amplification, viewing, or communication equipment.]

Date: _____

Signed: _____

Please print or type your name: _____

Address: _____

Telephone: _____