

No. 2019- 5840

**Official Order
of the
Texas Commissioner of Insurance**

Date: JAN 07 2019

Subject Considered:

Partners for Women's Health Care, Inc.
1300 Post Oak Blvd., Suite 600
Houston, Texas 77056-3090

Default Order
SOAH Docket No. 454-19-1319.C
TDI Enforcement File No. 15306

General remarks and official action taken:

The subject of this order is whether disciplinary action should be taken against Partners for Women's Health Care, Inc.

The following findings of fact and conclusions of law are adopted:

Findings of Fact

Failure to Respond to Notice of Hearing

1. On November 26, 2018, the Texas Department of Insurance filed a Notice of Hearing, attached as Exhibit A, with the State Office of Administrative Hearings.
2. The department's factual allegations set out in the attached Notice of Hearing are incorporated in this order as findings of fact.
3. The department sent the Notice of Hearing to Respondent's last known address provided in writing to the department, 1300 Post Oak Blvd., Suite 600, Houston, Texas 77056-3090. Notice was also sent by electronic mail and to one additional address associated with Respondent: 2400 Fountain View, Houston, Texas 77057.

4. Respondent failed to file a written response to the Notice of Hearing within 20 days of the date the Notice of Hearing was mailed.

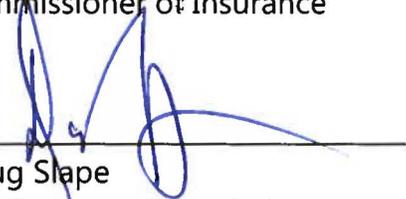
Conclusions of Law

1. The commissioner has jurisdiction pursuant to Texas law, including TEX. INS. CODE §§ 82.051-82.055, 4151.051, 4151.056, 4151.205, 4151.206, 4151.212, 4151.301-4151.309; TEX. GOV'T CODE §§ 2001.051-2001.178; and 28 TEX. ADMIN. CODE §§ 7.1601, 7.1603, and 7.1609.
2. The commissioner has authority to dispose of this case informally pursuant to TEX. GOV'T CODE § 2001.056; TEX. INS. CODE § 82.055; and 28 TEX. ADMIN. CODE §§ 1.47, 1.88, and 1.89.
3. The department provided proper notice of the hearing pursuant to TEX. GOV'T CODE §§ 2001.051, 2001.052, and 2001.054, and 28 TEX. ADMIN. CODE §§ 1.28, 1.88, 1.89, and 19.906.
4. Based on Respondent's failure to file a written response to the Notice of Hearing, the department is entitled to disposition by default pursuant to 28 TEX. ADMIN. CODE §§ 1.88 and 1.89.
5. The department's factual and legal allegations set out in the attached Notice of Hearing are incorporated in this order and deemed admitted as true pursuant to 28 TEX. ADMIN. CODE §1.89.

Order

It is ordered that Partners for Women's Health Care, Inc.'s third party administrator certificate of authority is revoked.

Kent C. Sullivan
Commissioner of Insurance

By: 
Doug Slape
Chief Deputy Commissioner
Commissioner's Order No. 2018-5528

2019 - 5840

Commissioner's Order
Partners for Women's Health Care, Inc.
SOAH Docket No. 454-19-1319.C
Page 3 of 3

Affidavit

STATE OF TEXAS §
 §
COUNTY OF TRAVIS §

Before me, the undersigned authority, personally appeared Mary Ruiz, who, being by me duly sworn, deposed as follows:

"My name is Mary Ruiz and I am employed by the Texas Department of Insurance. I am of sound mind, capable of making this affidavit, and have personal knowledge of these facts which are true and correct.

I have reviewed TDI's records concerning Partners for Women's Health Care, Inc. I have confirmed that:

- a. The last mailing address provided to the department in writing by Partners for Women's Health Care, Inc. is 1300 Post Oak Blvd Suite 600, Houston, Texas 77056-3090.
- b. The file maintained by the Enforcement Section of the Legal and Enforcement Division contains a Notice of Hearing dated November 26, 2018, which was filed with the State Office of Administrative Hearings.
- c. On November 26, 2018, a Notice of Hearing addressed to Partners for Women's Health Care, Inc. was mailed first-class and certified, return receipt requested, to its last known address, its email addresses, and one additional address: 2400 Fountain View, Houston, Texas 77057.

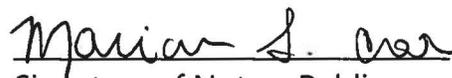
Copies of the first-class mail log and certified mail log maintained by the Enforcement Section are attached as Exhibit B and Exhibit C, respectively."



Affiant

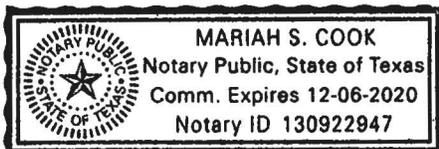
SWORN TO AND SUBSCRIBED before me on December 19, 2018.

(NOTARY SEAL)



Signature of Notary Public
MARIAH COOK

Printed Name of Notary Public



2019 - 5840

**SOAH DOCKET NO. 454-19-1319.C
TDI ENFORCEMENT FILE NO. 15306**

TEXAS DEPARTMENT OF INSURANCE,

Petitioner

v.

**PARTNERS FOR WOMEN'S HEALTH
CARE, INC.,**

Respondent

BEFORE THE STATE OFFICE

OF

ADMINISTRATIVE HEARINGS

Notice of Hearing

The Texas Department of Insurance is seeking disciplinary action against you. A public hearing will be held before an Administrative Law Judge on Tuesday, February 19, 2019, at 9:00 a.m. The hearing will take place at the State Office of Administrative Hearings, located in the William P. Clements Building, 300 W. 15th Street, 4th Floor, Austin, Texas 78701.

The hearing shall be conducted pursuant to TEX. GOV'T CODE, ch. 2001 and 1 TEX. ADMIN. CODE, ch. 155. Unless otherwise directed by the Administrative Law Judge, the hearing shall continue from day to day in the offices of the State Office of Administrative Hearings until concluded.

PARTIES THAT ARE NOT REPRESENTED BY AN ATTORNEY MAY OBTAIN INFORMATION REGARDING CONTESTED CASE HEARINGS ON THE PUBLIC WEBSITE OF THE STATE OFFICE OF ADMINISTRATIVE HEARINGS AT WWW.SOAH.TEXAS.GOV, OR IN PRINTED FORMAT UPON REQUEST TO SOAH.

The commissioner of insurance has jurisdiction over this matter pursuant to TEX. INS. CODE §§ 82.051-82.055, 4151.051, 4151.056, 4151.205, 4151.206, 4151.212, 4151.301-4151.309; TEX. GOV'T CODE §§ 2001.051-2001.178; and 28 TEX. ADMIN. CODE §§ 7.1601, 7.1603, and 7.1609.

YOU MUST FILE A WRITTEN RESPONSE TO THE NOTICE OF HEARING WITH THE STATE OFFICE OF ADMINISTRATIVE HEARINGS WITHIN 20 DAYS OF THE DATE THE NOTICE OF HEARING WAS MAILED. FAILURE TO FILE A WRITTEN RESPONSE BY THIS



2019 - 5840

Notice of Hearing
Partners for Women's Health Care, Inc.
SOAH Docket No. 454-19-1319.C
Page 2 of 5

DEADLINE SHALL ENTITLE TDI TO SEEK DISPOSITION BY DEFAULT PURSUANT TO 1 TEX. ADMIN. CODE § 155.501 AND 28 TEX. ADMIN. CODE §§ 1.88 AND 1.89.

IF YOU FAIL TO FILE A WRITTEN RESPONSE, THE SCHEDULED HEARING CAN BE CANCELED AND WITHOUT FURTHER NOTICE TO YOU THE COMMISSIONER OF INSURANCE CAN ISSUE AN ORDER IN WHICH THE ALLEGATIONS IN THE NOTICE OF HEARING ARE DEEMED ADMITTED AS TRUE AND THE RELIEF SOUGHT IN THE NOTICE OF HEARING, INCLUDING DENIAL OF YOUR LICENSE APPLICATION, IS GRANTED BY DEFAULT.

IF YOU FILE A WRITTEN RESPONSE BUT THEN FAIL TO APPEAR ON THE DAY AND TIME SET FOR HEARING, WITHOUT FURTHER NOTICE TO YOU, THE COMMISSIONER OF INSURANCE CAN ISSUE AN ORDER IN WHICH THE ALLEGATIONS IN THE NOTICE OF HEARING ARE DEEMED ADMITTED AS TRUE AND THE RELIEF SOUGHT IN THE NOTICE OF HEARING, INCLUDING DENIAL OF YOUR LICENSE APPLICATION, IS GRANTED BY DEFAULT.

Pursuant to 28 TEX. ADMIN. CODE § 1.90(e) and 1 TEX. ADMIN. CODE §§ 155.101 and 155.103, send copies of your written response to:

- (1) Docketing Division
State Office of Administrative Hearings
300 West 15th Street, Room 504
P. O. Box 13025
Austin, Texas 78711-3025
(512) 322-2061 (Fax);
- (2) Chief Clerk
Texas Department of Insurance, MC113-2A
P. O. Box 149104
Austin, Texas 78714-9104
(512) 490-1064 (Fax)
chiefclerk@tdi.texas.gov; and
- (3) Jeannie Ricketts, Staff Attorney
Texas Department of Insurance
Enforcement Section, MC110-1A
P.O. Box 149104

Austin, Texas 78714-9104
(512) 490-1020
jeannie.ricketts@tdi.texas.gov.

Factual Allegations

1. On September 17, 2012, TDI issued Partners for Women's Health Care, Inc. third party administrator (TPA) certificate of authority no. 1376403.
2. According to Texas Secretary of State records, Partners for Women's Health Care, Inc. forfeited its corporate existence on February 20, 2015, due to tax reasons.
3. Partners for Women's Health Care, Inc. failed to file its annual TPA reports with TDI and pay the associated \$200 filing fees by June 30th for the years 2014 to 2017.
4. On February 12, 2018, TDI sent Partners for Women's Health Care, Inc. a notice of intention to institute disciplinary action. Partners for Women's Health Care, Inc. did not respond.

Legal Allegations

1. Partners for Women's Health Care, Inc. failed to timely file annual TPA reports by June 30th on a form prescribed by the commissioner, in violation of TEX. INS. CODE §§ 4151.205 and 4151.301(14), and 28 TEX. ADMIN. CODE § 7.1609.
2. Partners for Women's Health Care, Inc. failed to pay the annual \$200 TPA filing fee in violation of TEX. INS. CODE § 4151.206(a)(3) and 28 TEX. ADMIN. CODE § 7.1609(a).
3. Partners for Women's Health Care, Inc. failed to maintain at all times the qualifications for a certificate of authority, as required by TEX. INS. CODE § 4151.212 and 28 TEX. ADMIN. CODE § 7.1607(e).
4. Partners for Women's Health Care, Inc. has willfully violated an insurance law of this state, as contemplated by TEX. INS. CODE § 4151.301(1).
5. Partners for Women's Health Care, Inc. has willfully violated a commissioner rule, as contemplated by TEX. INS. CODE § 4151.301(10).

2019 - 5840

Notice of Hearing
Partners for Women's Health Care, Inc.
SOAH Docket No. 454-19-1319.C
Page 4 of 5

Relief Sought

If one or more of the above allegations is found to be true, the commissioner may enter an order revoking your certificate of authority. You have the right to appear at this hearing and be represented by an attorney. Please address any questions and correspondence to the undersigned counsel at the address or telephone number below.

Important Security Notice

ALL VISITORS TO THE WILLIAM P. CLEMENTS BUILDING WITHOUT AN AGENCY OR DPS ISSUED ID CARD MUST PROVIDE THE BUILDING SECURITY OFFICER WITH THE STATE OFFICE OF ADMINISTRATIVE HEARINGS DOCKET NUMBER AND RECEIVE A VISITOR'S PASS IN ORDER TO BE ALLOWED ACCESS TO THE HEARING ROOM. INDIVIDUALS SHOULD ALLOW ADDITIONAL TIME TO GO THROUGH THE SECURITY PROCESS.

If you have any questions, please contact me at the address or telephone number shown below.

Sincerely,


Jeannie Ricketts

Staff Attorney
State Bar No. 24041774
Texas Department of Insurance
Legal and Enforcement Division, Enforcement Section, MC110-1A
P.O. Box 149104
Austin, Texas 78714-9104
(512) 676-6339 (Direct)
(512) 490-1020 (Fax)
jeannie.ricketts@tdi.texas.gov

cc: Elaine Cabrera, Program Specialist, Company Licensing and Registration Office
Christian Hertzberg, Assist. Director, Company Licensing and Registration Office
Beverly Rosendahl, Director, Life, Health Litigation Office

2019- 5840

Notice of Hearing
Partners for Women's Health Care, Inc.
SOAH Docket No. 454-19-1319.C
Page 5 of 5

Certificate of Service

I, Jeannie Ricketts, certify that a true and correct copy of this *Notice of Hearing* was served by regular, first-class mail and by certified mail, return receipt requested, on this 26th day of November 2018, as follows:

Partners for Women's Health Care, Inc.
Jack Thompson, Registered Agent
1300 Post Oak Blvd., Suite 600
Houston, Texas 77056-3090

Via CM/RRR No.: 9214 8901 9403 8375
5387 73

Jack Thomas Thompson, Jr., President
Partners for Women's Health Care, Inc.
2400 Fountain View
Houston, Texas 77057

Via CM/RRR No.: 9214 8901 9403 8375
5388 89

jthompson@bmpllp.com
jack.thompson@tds.net
jtthompson@fempartners.com
jthompson@mitsui.com

Via Email


Jeannie Ricketts

Name and Address of Sender
 Texas Dept of Insurance
 Mail Code 110-1A
 333 Guadalupe St
 Austin TX 78701
 Mary Ruiz
 November 26, 2018

- Check type of mail or service**
- Adult Signature Required
 - Adult Signature Restricted Delivery
 - Certified Mail
 - Certified Mail Restricted
 - Collect on Delivery (COD)
 - Insured Mail
 - Priority Mail
 - Priority Mail Express
 - Registered Mail
 - Return Receipt for Merchandise
 - Signature Confirmation
 - Signature Confirmation Restricted Delivery

Affix Stamp Here
 (if issued as an international certificate of mailing or for additional copies of this receipt). Postmark with Date of Receipt

USPS Tracking/Article Number	Address (Name, Street, City, State, & Zip Code)	Postage	(Extra Service) Fee	Handling Charge	Actual Value If Registered	Insured Value	Due Sender If COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee
ricketts/15306	PARTNERS FOR WOMEN'S HEALTH CARE, INC.	.47												
	JACK THOMPSON, REGISTERED AGENT 1300 POST OAK BLVD., SUITE 600 HOUSTON, TEXAS 77056-3090													
	JACK THOMAS THOMPSON, JR., PRESIDENT PARTNERS FOR WOMEN'S HEALTH CARE, INC. 2400 FOUNDATION VIEW HOUSTON, TEXAS 77057	.47												

\$50,000 in value

neopost
 11/26/2018
 US POSTAGE \$002.80⁹
 ZIP 78701
 041M1252405

OFFICIAL BUSINESS
 STATE OF TEXAS
 PENALTY FOR PRIVATE USE

AUSTIN DOWNTOWN
 NOV 26 2018
 78701

Handling Charge

Adult Signature Required
 Adult Signature Restricted Delivery
 Restricted Delivery
 Return Receipt
 Signature Confirmation
 Signature Confirmation Restricted Delivery
 Special Handling

RECEIVED
 NOV 26 2018

2019 - 5840

Total Number of Pieces Listed by Sender: [blank]
 Total Number of Pieces Received at Post Office: [blank]
 Postmaster, Per (Name of receiving employee): [blank]





Firm Mailing Book For Accountable Mail

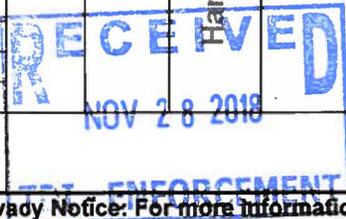
Name and Address of Sender MC 110-1A M RUIZ Texas Department of Insurance 333 Guadalupe St Austin Tx 78701	Check type of mail or service <input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery (COD) <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail	Affix Stamp Here <i>(if issued as an international certificate of mailing or for additional copies of this receipt).</i> Postmark with Date of Receipt.
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USPS Tracking/Article Number	Addressee (Name, Street, City, State, & ZIP Code™)	Postage	(Extra Service) Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee	
1. 9214 8901 9403 8375 5387 73	PARTNERS FOR WOMENS HEALTH CARE INC JACK THOMPSON REGISTERED AGENT 1300 POST OAK BLVD SUITE 600 HOUSTON TX 77056-3090	0.71	3.45	Handling Charge - if Registered and over \$50,000 in value							1.50				
RICKETTS/15306															
2. 9214 8901 9403 8375 5388 89	JACK THOMAS THOMPSON JR PRESIDENT PARTNERS FOR WOMENS HEALTH CARE INC 2400 FOUNTAIN VIEW HOUSTON TX 77057	0.71	3.45									1.50			
									Adult Signature Required	Adult Signature Restricted Delivery	Restricted Delivery	Return Receipt	Signature Confirmation	Signature Confirmation Restricted Delivery	Special Handling

2019-5840

Total Number of Pieces Listed by Sender 2	Total Number of Pieces Received at Post Office
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Postmaster, Per (Name of receiving employee)



Complete in Ink

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2019-5840



Shipment Confirmation Acceptance Notice

A. Mailer Action

Note to Mailer: The labels and volume associated to this form online, **must** match the labeled packages being presented to the USPS® employee with this form.

Shipment Date: 11/26/2018

Shipped From:

Name: MC 110-1A M RUIZ

Address: 333 GUADALUPE ST

City: AUSTIN

State: TX ZIP+4® 78701

Type of Mail	Volume
Priority Mail Express®*	
Priority Mail®	0
First-Class Package Service®	
Returns	
International*	
Other	2
Total	2

*Start time for products with service guarantees will begin when mail arrives at the local Post Office™ and items receive individual processing and acceptance scans.

B. USPS Action

Note to RSS Clerk:

1. Home screen > Mailing/Shipping > More
2. Select Shipment Confirm
3. Scan or enter the barcode/label number from PS Form 5630
4. Confirm the volume count message by selecting Yes or No
5. Select Pay and End Visit to complete transaction

USPS EMPLOYEE: Please scan upon pickup or receipt of mail.
Leave form with customer or in customer's mail receptacle.

USPS SCAN AT ACCEPTANCE



9275 0901 1935 6200 0011 4345 41



RICKETTS/15306