

**BEFORE THE INSURANCE COMMISSIONER OF THE
STATE OF OKLAHOMA**

FILED
JUN 07 2016
INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
)
vs.)
)
PHARMACY DATA MANAGEMENT, INC.)
a licensed pharmacy benefits manager doing)
business in the State of Oklahoma,)

Case No. 16-0418-DIS

Respondent.

CONDITIONAL ADMINISTRATIVE ORDER
AND NOTICE OF RIGHT TO BE HEARD

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner,
by and through undersigned counsel, and alleges and states as follows:

JURISDICTION

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and as such is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101-7301, and 59 O. S. §§ 357 et seq. Pharmacy Benefit Plans and O.A.C. 365:25-29-1 et seq. Pharmacy Benefits Managers.

2. Respondent Pharmacy Data Management, Inc., (“Respondent”) is a licensed pharmacy benefits manager doing business in the State of Oklahoma holding license number 864715. Its address of record with the Department is 1170 E. Western Reserve Road, Poland, Ohio 44514.

FINDINGS OF FACT

1. Before March 1 of each year, every PBM providing pharmacy benefits management shall submit to the Insurance Commissioner a report of its financial condition

verified by the oath of an executive officer. The report shall be prepared using generally accepted accounting principles and consist of a balance sheet, income statement, and statement of cash flows. The report may be supplemented by any additional information required by the Insurance Commissioner. O.A.C. 365:25-29-8.

2. The Oklahoma Insurance Department (the “Department”) sent an email to all licensed PBMs on February 11, 2016, instructing where and how to file the report of financial condition. Thereafter, on March 9, 2016, the Department sent an email to all PBM companies who failed to timely file the report of financial condition by March 1, extending the due date for fifteen (15) days.

3. As of the date of this Order, Respondent has failed to file its report of financial condition with the Department as required by O.A.C. 365:25-29-8 nor has it responded with a request for extension of this mandated requirement.

CONCLUSIONS OF LAW

1. Respondent has violated O.A.C. 365:25-29-8 for failing to file its report of financial condition with the Department by March 1.

ORDER

IT IS THEREFORE ORDERED that Pharmacy Data Management, Inc. is **FINED** in the amount of Five Hundred Dollars (\$500.00) for failing to file its report of financial condition with the Department by March 1. **IT IS FURTHER ORDERED** that payment of fine and the report of financial condition is due within thirty days (30) of receipt of this order.

Respondent is further notified that it may request a hearing within thirty (30) days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for

hearing shall be made in writing to Julie Meaders, Deputy General Counsel, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112. If Respondent does not request a hearing within the thirty (30) days allotted, this Order shall become a **FINAL ORDER** on the 31st day following receipt of the Order.

The Department may suspend, revoke or refuse to issue or renew a license for nonpayment of a renewal fee or fine. 59 O.S. § 358(D).

WITNESS My Hand and Official Seal this 7th day of June 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Julie Meaders

Julie Meaders
Deputy General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma 73112
Tel. (405) 522-6330

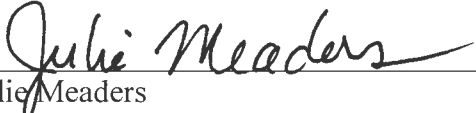
CERTIFICATE OF MAILING

I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 7th day of June 2016, to:

Pharmacy Data Management, Inc.
1170 E. Western Reserve Road
Poland, Ohio 44514

Certified Mail No.
7015 3010 0001 4604 0532

Copy to: DeAnn Robinson, APIR
Financial Division
Oklahoma Insurance Department



Julie Meaders

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CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

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Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____



Total Postage and Fees

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Sent To _____

Street and Apt. No., or PO Box # _____

City, State, ZIP+4® _____

Pharmacy Data Management, Inc.
 1170 E. Western Reserve Rd.
 Poland, OH 44514
 rlg/16-0418-DIS(JAM)/Cond Adm Ord

PS Form 3800, April 2015 PSN _____

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Pharmacy Data Management, Inc.
 1170 E. Western Reserve Rd.
 Poland, OH 44514
 rlg/16-0418-DIS(JAM)/Cond Adm Ord



9590 9402 1346 5285 6012 36

2. Article Number (Transfer from service label)

7015 3010 0001 4604 0532

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *Rose Dolampo*

B. Received by (Printed Name) C. Date of Delivery

Rose Dolampo 6/10/16

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

OKLAHOMA INSURANCE DEPARTMENT
 JUN 10 2016
 Retail Division

3. Service Type

Adult Signature Priority Mail Express®

Adult Signature Restricted Delivery Registered Mail™

Certified Mail® Registered Mail Restricted Delivery

Certified Mail Restricted Delivery Return Receipt for Merchandise

Collect on Delivery Signature Confirmation™

Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery

Insured Mail Signature Confirmation Restricted Delivery (over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt