

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

FILE

MAY 13 2016

INSURANCE COMMISSIONER
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D.)
DOAK, Insurance Commissioner,)
)
Petitioner,)
)
vs.)
)
TMESYS, LLC,)
a licensed pharmacy benefits manager in the)
State of Oklahoma,)
)
Respondent.)

Case No. 16-0419-DIS

**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, 59 O. S. §§ 357 et seq. (“Pharmacy Benefit Plans”), and O.A.C. 365:25-29-1 et seq. (“Pharmacy Benefits Managers”).
2. Respondent TMESYS, LLC (“Respondent”) is a licensed pharmacy benefits manager in the State of Oklahoma holding license number 864750. Its address of record with the Oklahoma Insurance Department is 175 Kelsey Lane, Tampa, Florida 33619.
3. Pursuant to O.A.C. 365:25-29-10(a), the Insurance Commissioner may suspend, revoke or refuse to issue or renew a pharmacy benefits manager license and/or may levy a civil fine of not less than Five Hundred Dollars (\$500.00) nor more than Five Thousand Dollars (\$5,000.00) for each violation of 59 O.S. §§ 357-360 and/or O.A.C. 365:25-29-1 et seq.

FINDINGS OF FACT

1. O.A.C. 365:25-29-8(a) provides as follows: “[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.”

2. The Oklahoma Insurance Department (“OID”) 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 OID sent an email to all PBM companies licensed in the State of Oklahoma who failed to timely file the report of financial condition by March 1, 2016, requiring them to submit the report within fifteen (15) days.

3. On or about March 23, 2016, Respondent untimely submitted its report of financial condition to the OID.

CONCLUSIONS OF LAW

1. Respondent has violated O.A.C. 365:25-29-8(a); by failing to timely file its report of financial condition with the OID by March 1, 2016.

ORDER

IT IS THEREFORE ORDERED that Respondent is **FINED** in the amount of **FIVE HUNDRED DOLLARS (\$500.00)** for a violation of O.A.C. 365:25-29-8(a).

IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Allegations of Fact set forth above within thirty (30) days of the date of mailing

of this Order, this Order and the penalties set forth above shall become a Final Order on the thirty-first day following the date of mailing this Order. A request for hearing should be in writing addressed to Barron B. Brown, Oklahoma Insurance Department, Legal Division, 3625 NW 56th St., Suite 100, Oklahoma City, Oklahoma 73112. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing shall be conducted according to the procedures for contested cases under the Insurance Code and 75 O.S. § 250-323. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order shall act as notice of the matters to be reviewed at the hearing, and the Allegations of Fact, Alleged Violations of Law, and penalties imposed in this Conditional Order shall be considered withdrawn, pending final resolution at the hearing.

WITNESS My Hand and Official Seal this 13th day of May, 2016.



JOHN D. DOAK
INSURANCE COMMISSIONER
STATE OF OKLAHOMA

Barron B. Brown
Assistant General Counsel
3625 NW 56th Street, Suite 100
Oklahoma City, Oklahoma 73112
Tel. (405) 521-2746

CERTIFICATE OF MAILING

I, Barron B. Brown, 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 by certified mail, with postage prepaid and return receipt requested, on this 13th day of May, 2016, to:

TMESYS, LLC
175 Kelsey Lane
Tampa, FL 33619

CERTIFIED MAIL NO.: 7015 3010 0001 4736 6099

and a copy was delivered to:

DeAnn Robinson
Financial Division



Barron B. Brown

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To **TMESYS, LLC**
 175 Kelsey Lane
 Tampa, FL 33619
 sms/16-0419-DIS/Cond Ord

Street and Apt. No., or PO Box # _____
 City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN _____

7015 3010 0001 4736 6099

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>TMESYS, LLC 175 Kelsey Lane Tampa, FL 33619 sms/16-0419-DIS/Cond Ord</p> <p>9590 9402 1346 5285 6026 84</p>	<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>6/14/16</i></p>	
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7015 3010 0001 4736 6099</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery (0)</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>		

RECEIVED
 OKLAHOMA INSURANCE
 MAY 2 2016
 Legal Division