

BEFORE THE DIVISION OF INSURANCE  
DEPARTMENT OF LABOR AND REGULATION  
STATE OF SOUTH DAKOTA

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IN THE MATTER OF ) CONSENT ORDER  
PROCARE PHARMACY BENEFIT MANAGER INC. )

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In resolution of the above titled matter and in lieu of administrative action concerning PROCARE PHARMACY BENEFIT MANAGER INC.'s application for a Third Party Administrator ("TPA") and Discount Medical Plan Organization ("DMPO") Licenses, the undersigned parties do hereby agree to the following:

PROCARE PHARMACY BENEFIT MANAGER INC., ("PROCARE") whose address of record is 1267 Professional Parkway, Gainesville, GA 30507 is an entity seeking to be licensed as a TPA and DMPO in the State of South Dakota;

PROCARE is aware that the South Dakota Division of Insurance ("Division") has conducted an investigation regarding their activity in this state;

The Division alleges the following with regard to PROCARE:

- 1) PROCARE submitted a TPA and DMPO application on January 17, 2017;
- 2) In reviewing PROCARE's application, the Division discovered that PROCARE had been acting a TPA in South Dakota since 2011 without a valid license or registration in violation SDCL § 58-29D-21;
- 3) Pursuant to SDCL § 58-29D-31(4), the Director of the Division may deny PROCARE's application for a TPA and DMPO License for any of the above-cited reasons.

PROCARE is aware of and understands the nature of the allegations and has been informed that it has the right to a Notice of Hearing, counsel and appeal and that by agreeing to sign this Consent Order, and it affirmatively waives these rights;

In return for PROCARE agreeing to and complying with the provisions of this Consent Order, the Division agrees not to deny PROCARE's TPA and DMPO application and agrees that this Consent Order will constitute an informal disposition of this licensing matter pursuant to SDCL § 1-26-20;

By the execution of this Consent Order and the payment of a penalty pursuant to this Consent Order, PROCARE waives its right to contest the allegations contained in this Consent Order in any future actions or licensing procedures with the Division;

PROCARE agrees to pay \$15,000 pursuant to SDCL §§ 58-29D-31 and 58-4-28.1, in lieu of a Final Order and further agrees to conduct itself in accordance with the insurance laws and regulations of the State of South Dakota;

PROCARE further agrees that this Consent Order may be considered for the purpose of determining the appropriate sanction in any future actions with the Division for any violations of the laws or regulations of the State of South Dakota or for failing to abide by any order of the Director;

Wherefore, good cause appearing from the foregoing, it is hereby ORDERED that PROCARE pay a monetary penalty in the amount of \$15,000 payable to "South Dakota Division of Insurance" to be submitted with this completed Consent Order for deposit in the general fund of the State of South Dakota; and it is further

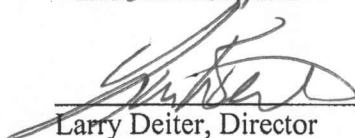
ORDERED that PROCARE abide by the agreements made by it in this Consent Order; and it is further

ORDERED that the TPA and DMPO application of PROCARE as amended to date is hereby approved for licensure on the effective date of this Consent Order; and it is further

ORDERED that the use of this Consent Order for competitive purposes by an insurance agent or third-party administrator holding a license in the State of South Dakota, or by any company holding a Certificate of Authority, or by anyone on their behalf, may be deemed unfair competition and be grounds for suspension or revocation of said license or authority; and it is further

ORDERED that the provisions of this Consent Order shall be effective from the date the Director signs this Order.

Dated at Pierre, South Dakota this 13<sup>th</sup> day of December, 2017.

  
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Larry Deiter, Director  
South Dakota Division of Insurance

The undersigned, on behalf of PROCARE, represents it understands the terms of this Consent Order and the waiver of its due process rights and voluntarily enter into this Consent Order.

Dated this 8<sup>th</sup> day of DECEMBER, 2017.

  
\_\_\_\_\_  
Signature of Authorized Representative

BARBARA RAMBO  
\_\_\_\_\_  
Printed Name

CEO  
\_\_\_\_\_  
Title