

No. **2025-9204**

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

Date: 03/12/2025

Subject Considered:

Conifer Value-Based Care, LLC
15821 Ventura Blvd. Ste. 600
Encino, CA 91436-2946

Default Order
TDI Enforcement File No. 35818

General Remarks and Official Action Taken:

This is a default order taken against Conifer Value-Based Care, LLC (Respondent) because it failed to comply with requirements to maintain its third-party administrator (TPA) certificate of authority. Respondent did not respond to a Notice of Allegations mailed by the Texas Department of Insurance. This order revokes Respondent's certificate of authority.

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

Findings of Fact

Failure to Respond to Notice of Allegations

1. On January 10, 2025, the department sent a Notice of Allegations, attached as Exhibit A, to Respondent.
2. The department sent the Notice of Allegations to Respondent's last known address provided in writing to the department, 15821 Ventura Blvd. Ste. 600, Encino, CA 91436-2946.

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3. Respondent received and waived an opportunity for a hearing because Respondent failed to send the department a written response to the Notice of Allegations within 20 days after the date the Notice of Allegations was mailed.
4. The department's factual allegations set out in the attached Notice of Allegations are incorporated in this order as findings of fact.

Conclusions of Law

1. The commissioner has jurisdiction under 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, 2001.003(1); and 28 TEX. ADMIN. CODE §§ 7.1601, 7.1603, and 7.1609.
2. The commissioner has authority to dispose of this case informally under TEX. GOV'T CODE § 2001.056; TEX. INS. CODE § 82.055; and 28 TEX. ADMIN. CODE § 1.47.
3. The department provided proper notice to Respondent under TEX. GOV'T CODE §§ 2001.003(1), 2001.051, 2001.052, 2001.054, and 2001.056(4), and 28 TEX. ADMIN. CODE §§ 1.28 and 1.47.
4. Based on Respondent's failure to send the department a written response to the Notice of Allegations, the department is entitled to disposition by default under 28 TEX. ADMIN. CODE § 1.47.
5. Respondent failed to show compliance with the law.
6. The department's factual and legal allegations set out in the attached Notice of Allegations are incorporated in this order and deemed admitted as true under 28 TEX. ADMIN. CODE § 1.47.

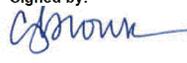
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Order

It is ordered that the third-party administrator certificate of authority held by Conifer Value-Based Care, LLC is revoked.

It is also ordered that Conifer Value-Based Care, LLC cease and desist engaging in the business of a third-party administrator in Texas.

Signed by: 
FC5D7EDDFFB84F8... _____
Cassie Brown
Commissioner of Insurance

Prepared and reviewed by:



Casey Dick, Staff Attorney
Enforcement

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Affidavit

STATE OF TEXAS §

§

COUNTY OF TRAVIS §

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

"My name is David Moreno, 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 Conifer Value-Based Care, LLC. I have confirmed that:

- a. The last mailing address provided to the department in writing by Conifer Value-Based Care, LLC is 15821 Ventura Blvd. Ste. 600, Encino, CA 91436-2946.
- b. The file maintained by Enforcement contains a Notice of Allegations dated January 10, 2025, which was sent to Conifer Value-Based Care, LLC.
- c. On January 10, 2025, the Notice of Allegations addressed to Conifer Value-Based Care, LLC was mailed first-class and certified, return receipt requested, to its last known address.

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

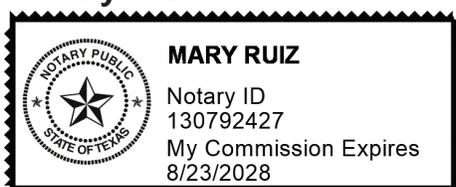
Signed by:

David Moreno _____

2391991E9C7B4EC...
Affidavit

SWORN TO AND SUBSCRIBED before me by means of an interactive two-way audio and video communication on 2/18/2025. This notarial act was an online notarization.

Notary Seal



Digital Certificate

Signed by:
Mary Ruiz
795DC4D59167489...
Notary Public State of Texas

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PO Box 12030 | Austin, TX 78711 | 800-578-4677 | tdi.texas.gov

January 10, 2025

Conifer Value-Based Care, LLC
15821 Ventura Blvd. Ste. 600
Encino, CA 91436-2946

Via CM/RRR No. 9214 8901 9403 8395 8356 30
Via First Class Mail
Via Email:
raina.reeder@coniferhealth.com

TDI ENFORCEMENT CASE NO. 35818
NOTICE OF ALLEGATIONS AGAINST CONIFER VALUE-BASED CARE, LLC

The Texas Department of Insurance (TDI) seeks to take disciplinary action against Conifer Value-Based Care, LLC to revoke its certificate of authority to act as a third-party administrator. This Notice states the allegations against Conifer Value-Based Care, LLC and the relief sought by TDI.

YOUR WRITTEN RESPONSE IS REQUIRED WITHIN 20 DAYS

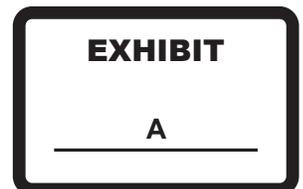
YOU HAVE THE RIGHT TO A HEARING AND ARE INVITED TO SHOW COMPLIANCE WITH THE LAW. To request a hearing, you must send a written response to TDI within 20 days of the date this Notice was mailed.

If you fail to send a written response by the deadline, *you waive your right to a hearing*, and TDI may seek disposition by default under 28 TEX. ADMIN. CODE § 1.47, TEX. INS. CODE § 82.055, and TEX. GOV'T. CODE § 2001.056.

If you fail to send a written response by the deadline, without further notice to you, the commissioner of insurance may issue a default order that admits the factual matters asserted, deems all allegations as true, and orders the relief recommended in this Notice.

You must send your written response by mail, fax, or email to:

Casey Dick, Staff Attorney
Texas Department of Insurance
Enforcement, MC ENF
P.O. Box 12030
Austin, Texas 78711-2030
(512) 490-1020 (Fax)
Casey.Dick@tdi.texas.gov



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Jurisdiction

The commissioner of insurance has jurisdiction over this matter under 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 §§ 2001.003(1) and 2001.051–2001.178; and 28 TEX. ADMIN. CODE §§ 7.1601, 7.1603, and 7.1609.

Factual Allegations

1. On April 30, 2014, TDI issued Conifer Value-Based Care, LLC a third-party administrator (TPA) certificate of authority no. 2988800.
2. Texas law states that TPA certificates of authority are effective until suspended, canceled, or revoked.
3. TPAs must file annual reports by June 30th of each year covering the preceding calendar year. The report must include an audited financial statement performed by an independent certified public accountant.
4. TPAs must pay a non-refundable \$200 filing fee for each annual report.
5. A TPA is subject to discipline, including revocation of its certificate of authority, if it fails to timely file its annual report.
6. Conifer Value-Based Care, LLC failed to file its annual reports and pay the associated \$200 filing fees for calendar years 2021–2023.

Legal Allegations

1. Conifer Value-Based Care, LLC 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. Conifer Value-Based Care, LLC 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. Conifer Value-Based Care, LLC has willfully violated an insurance law of this state, as contemplated by TEX. INS. CODE § 4151.301(1).

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4. Conifer Value-Based Care, LLC has willfully violated a commissioner rule, as contemplated by TEX. INS. CODE § 4151.301(10).

Relief Sought

TDI seeks the following relief:

1. revocation of your TPA certificate of authority;
2. an order mandating you cease and desist from engaging in the acts of a TPA in Texas; and
3. imposition of any other just and appropriate relief to which the department may be entitled to by law, including any combination of the above actions.

Respectfully,

Casey Dick

Casey Dick
State Bar No. 24132039
Texas Department of Insurance
Enforcement, MC ENF
P.O. Box 12030
Austin, Texas 78711-2030
(512) 676-6328 (Direct)
(512) 490-1020 (Fax)
Casey.Dick@tdi.texas.gov

cc: Leah Gillum, Deputy Commissioner, Fraud and Enforcement Division, MC: ENF
Rachel Cloyd, Litigation Director, Enforcement, MC: ENF

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CERTIFICATE OF SERVICE

I, Casey Dick, certify that a true and correct copy of this *Notice of Allegations Against Conifer Value-Based Care, LLC* was sent by the following methods on this 10th day of January, 2025 to:

Conifer Value-Based Care, LLC
15821 Ventura Blvd. Ste. 600
Encino, CA 91436-2946

Via CM/RRR No.: 9214 8901 9403 8395 8356 30
Via First Class Mail
Via Email: raina.reeder@coniferhealth.com



Casey Dick

Firm Mailing Book For Accountable Mail

Name and Address of Sender
 Texas Dept of Insurance
 Mail Code ENF
 1601 Congress Avenue, Suite 6.900
 Austin TX 78701
 Mary Ruiz, January 14, 2025

- Check type of mail or service
- Adult Signature Required
 - Adult Signature Restricted Delivery
 - Certified Mail
 - Certified Mail Restricted Delivery
 - Collect on Delivery (COD)
 - Insured Mail
 - Priority Mail
 - First-Class 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	AZ If	Sender	ASR Fee	ASRO Fee	RO Fee	RR Fee	SC Fee	SCRD Fee	SH Fee
DICK/35818	Conifer Value-Based Care, LLC 15821 Ventura Blvd. Ste. 600 Encino, CA 91436-2946	5											
				Handling Charge-It Registered and over \$50,000 in value									
									Adult Signature Restricted Delivery	Restricted Delivery	Return Receipt	Signature Confirmation	Signature Confirmation Restricted Delivery
									Adult Signature Required				Special Handling

quadtent
 CORRECTION IMI
 \$002.00
 01/10/2025 ZIP 78701
 049M32206395
 US POSTAGE

RECEIVED
 JAN 14 2025
 FBI-ENFORCEMENT

12345678901112131415161718192021222324
 MAILING
 JAN 14 2025
 TX AUSTIN TX
 5208

16881 Number of Pieces Received at Post Office
 16881 Name of receiving employee

16881

EXHIBIT

B



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: 01/10/2025
Shipped From:
Name: ENF M RUIZ
Address: 1601 CONGRESS AVENUE
City: AUSTIN
State: TX ZIP+4® 78701

Type of Mail	Volume
Priority Mail Express®	
Priority Mail®	
First-Class Package Service®	
Returns	
International*	
Other	1
Total	1

*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:

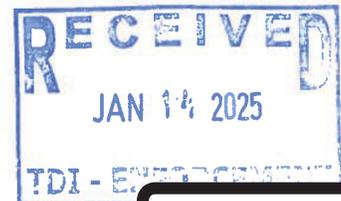
1. Home screen > Mailing/Shipping > More
2. Select Shipment Confirm
3. Scan or enter the barcode/label number from PS Form 5630
4. Confirm the volume count message by selecting Yes or No
5. Select Pay and End Visit to complete transaction

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

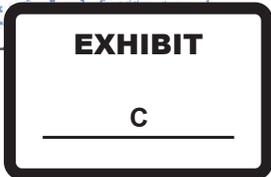
USPS SCAN AT ACCEPTANCE



9275 0901 1935 6200 0058 2212 34



DICK/35818





Firm Mailing Book For Accountable Mail

Name and Address of Sender ENF M RUIZ 1601 CONGRESS AVENUE STE 6.900 AUSTIN TX 78701		Check type of mail or service <input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery (COD) <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery		Affix Stamp Here (for additional copies of this receipt). Postmark with Date of Receipt.												
USPS Tracking/Article Number 9214 8901 9403 8395 8356 30 DICK/35818		Addressee (Name, Street, City, State, & ZIP Code™) CONIFER VALUE-BASED CARE, LLC 15821 VENTURA BLVD, STE. 600 ENCINO, CA 91436-2946		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
				0.69	4.85	Handling Charge - if Registered and over \$50,000 in value				Adult Signature Required	Adult Signature Restricted Delivery	Restricted Delivery	Return Receipt	Signature Confirmation	Signature Confirmation Restricted Delivery	Special Handling

RECEIVED
 JAN 14 2025
 IDI-ENCINO

CARRIER
 JAN 2025
 AUSTIN TX
 123456789011213141516171819202122232425262728293031

Total Number of Pieces Listed by Sender: 1
 Total Number of Pieces Received at Post Office: 1
 Postmaster, Per (Name of receiving employee): *U. Hernandez*
 Complete in Ink
 PS Form 3877, January 2017 (Page 1 of 1)
 PSN 7530-02-000-9098 JobId: 3573406
 Privacy Notice: For more information on USPS privacy policies, visit usps.com/privacypolicy.