

STATE OF OKLAHOMA

2nd Session of the 47th Legislature (2000)

SENATE BILL 1147

By: Henry

AS INTRODUCED

An Act relating to health care; amending Section 5, Chapter 160, O.S.L. 1999 (63 O.S. Supp. 1999, Section 2528.5), which relates to managed health benefit plans; deleting rebuttable presumption that health benefit plan determination of coverage is appropriate; and declaring an emergency.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY Section 5, Chapter 160, O.S.L. 1999 (63 O.S. Supp. 1999, Section 2528.5), is amended to read as follows:

Section 2528.5 A. 1. An insured person or the designee of an insured person shall be required to pay Fifty Dollars (\$50.00) to the health benefit plan toward the cost of an external review.

a. Such payment shall be due at the time the preliminary screening is completed and the insured person or the designee of the insured person is notified of a decision by the independent review organization to accept the appeal, pursuant to procedures specified in the Oklahoma Managed Care External Review Act, for a full external review.

b. At the completion of the external review, if the insured person prevails, the payment shall be refunded by the health benefit plan.

2. The health benefit plan shall be responsible for the remaining costs related to the external review process.

~~B. A determination in favor of the health benefit plan shall create a rebuttable presumption in any subsequent action at law that the plan's coverage determination was appropriate.~~

~~C.~~ The number of appeals for an external review by an insured person or a designee of the insured person shall be limited to one appeal per authorization decision.

~~D.~~ C. The health benefit plan may, at its discretion, determine that additional information provided by the insured person or the designee or physician of the insured person justifies a reconsideration of the decision to deny coverage or reimbursement. Upon notice to the insured person or the designee of the insured person and the independent review organization, a subsequent decision by the health benefit plan to grant coverage or reimbursement based upon such reconsideration shall terminate the external review.

~~E.~~ D. Nothing in the Oklahoma Managed Care External Review Act shall be construed to:

1. Create any new private right or cause of action for or on behalf of any insured person; or

2. Render the health benefit plan liable for injuries or damages arising from any act or omission of the independent review organization.

~~F.~~ E. Independent review organizations and expert reviewers assigned by an independent review organization to conduct an external review shall not be liable for injuries or damages arising from decisions made pursuant to the Oklahoma Managed Care External Review Act. This provision shall not apply to any act or omission by independent review organizations or expert reviewers that is made in bad faith or that involves gross negligence.

~~G.~~ F. After an appeal has been accepted for external review by an independent review organization, an informed consent form, signed by the insured person or the designee of the insured person

acknowledging receipt of a copy of the terms and conditions of the external review process as provided by this section and acknowledging understanding of and consent to such terms and conditions, shall be required prior to initiating a full external review.

H. G. A health benefit plan shall not remove a physician from its plan, refuse to renew a physician with the plan, or otherwise discipline a physician for advocating on behalf of an insured person in either an internal review or external review.

SECTION 2. It being immediately necessary for the preservation of the public peace, health and safety, an emergency is hereby declared to exist, by reason whereof this act shall take effect and be in full force from and after its passage and approval.

47-2-2693

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