

SB 492

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

THE STATE SENATE
Monday, February 24, 2003

Senate Bill No. 492

As Amended

SENATE BILL NO. 492 - By: PRUITT of the Senate and WINCHESTER of the House.

[public health and safety - match data - Oklahoma Health Care Authority files - limiting frequency - codification - effective date]

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

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 5051.4 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. 1. Any entity that provides health insurance in this state including, but not limited to, a licensed insurance company, not-for-profit hospital service or medical indemnity corporation or a health maintenance organization, is hereby required to compare data from its files with data in files provided to the entity by the Oklahoma Health Care Authority. Data requested by or provided to the Authority shall be limited to information necessary to determine whether a state Medicaid program recipient has health coverage with an insurer.

2. The Authority shall transmit to insurers an electronic file of data for state Medicaid program recipients and shall request that insurers identify each subscriber or policyholder, or dependent of

1 the subscriber or policyholder, whose name appears in both the
2 insurer's files and the state Medicaid program data files.

3 3. The insurer shall transmit to the Authority an electronic
4 file of all identified subscribers or policyholders, or their
5 dependents, for whom there is data corresponding to the information
6 contained in subsection C of this section.

7 B. 1. An insurer shall comply with a request under the
8 provisions of this subsection no later than sixty (60) days after
9 the date of transmission by the Authority and shall only be required
10 to provide the Authority with the information required by subsection
11 C of this section. The provisions of this section shall apply to a
12 plan administrator in the same manner and to the same extent as an
13 insurer.

14 2. The Authority may make such request for data from an insurer
15 no more than once every six (6) months, as determined by the date of
16 the Authority's original request.

17 C. Each insurer shall maintain a file system containing the
18 name, address, group policy number, coverage type, social security
19 number, and date of birth of each subscriber or policyholder, and
20 each dependent of the subscriber or policyholder covered by the
21 insurer, including policy effective and termination dates, claim
22 submission address, and employer's mailing address.

1 D. The Oklahoma Health Care Authority Board shall promulgate
2 rules governing the exchange of information under this section.
3 Such rules shall be consistent with all laws relating to the
4 confidentiality or privacy of personal information or medical
5 records including, but not limited to, provisions under the federal
6 Health Insurance Portability and Accountability Act (HIPAA).

7 SECTION 2. This act shall become effective November 1, 2003.

8 COMMITTEE REPORT BY: COMMITTEE ON APPROPRIATIONS, dated 2-12-03 - DO
9 PASS, As Amended and Coauthored.