

1 ENGROSSED SENATE  
2 BILL NO. 412

By: Brown of the Senate

3 and

4 Cox of the House

5  
6 [ Oklahoma Health Care Authority - information shared  
7 by insurers - right of recovery and assignment of  
8 rights - prohibiting fees - effective date ]  
9

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

11 SECTION 1. AMENDATORY Section 12, Chapter 464, O.S.L.  
12 2003, as amended by Section 3, Chapter 74, O.S.L. 2007 (63 O.S.  
13 Supp. 2010, Section 5051.5), is amended to read as follows:

14 Section 5051.5 A. 1. On or after November 1, 2003, any entity  
15 that provides health insurance in this state including, but not  
16 limited to, a licensed insurance company, not-for-profit hospital  
17 service, medical indemnity corporation, managed care organization,  
18 self-insured plan, pharmacy benefit manager or other party that is,  
19 by statute, contract, or agreement, legally responsible for payment  
20 of a claim for a health care item or service is hereby required to  
21 compare data from its files with data in files provided to the  
22 entity by the Oklahoma Health Care Authority and accept the  
23 Authority's right of recovery and the assignment of rights and not  
24 charge the Authority or any of its authorized agents any fees for

1 the processing of claims or eligibility requests. Data files  
2 requested by or provided to the Authority shall provide the  
3 Authority with eligibility and coverage information that will enable  
4 the Authority to determine the existence of third party coverage for  
5 Medicaid recipients and the necessary information to determine  
6 during what period Medicaid recipients may be or may have been  
7 covered by the health insurer and the nature of the coverage that is  
8 or was provided, including the name, address, and identifying number  
9 of the plan.

10 2. The insurer shall transmit to the Authority, in a manner  
11 prescribed by the Centers for Medicare and Medicaid Services or as  
12 agreed between insurer and the Authority, an electronic file of all  
13 identified subscribers or policyholders, or their dependents, for  
14 whom there is data corresponding to the information contained in  
15 subsection C of this section.

16 B. 1. An insurer shall comply with a request under the  
17 provisions of this subsection no later than sixty (60) days after  
18 the date of transmission by the Authority and shall only be required  
19 to provide the Authority with the information required by subsection  
20 C of this section.

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

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1 C. Each insurer shall maintain a file system containing the  
2 name, address, group policy number, coverage type, social security  
3 number, and date of birth of each subscriber or policyholder, and  
4 each dependent of the subscriber or policyholder covered by the  
5 insurer, including policy effective and termination dates, claim  
6 submission address, and employer's mailing address.

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

13 SECTION 2. This act shall become effective November 1, 2011.  
14 Passed the Senate the 14th day of March, 2011.

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16 \_\_\_\_\_  
17 Presiding Officer of the Senate

18 Passed the House of Representatives the \_\_\_\_ day of \_\_\_\_\_,  
19 2011.

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21 \_\_\_\_\_  
22 Presiding Officer of the House  
23 of Representatives  
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