

ENROLLED SENATE
BILL NO. 412

By: Brown of the Senate

and

Cox of the House

An Act relating to information shared by insurers with the Oklahoma Health Care Authority; amending Section 12, Chapter 464, O.S.L. 2003, as amended by Section 3, Chapter 74, O.S.L. 2007 (63 O.S. Supp. 2010, Section 5051.5), which relates to information shared by insurers with the Oklahoma Health Care Authority; directing certain entities to accept specified right of recovery and assignment of rights; prohibiting certain fees; and providing an effective date.

SUBJECT: Health insurance data

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

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

Section 5051.5 A. 1. On or after November 1, 2003, any entity that provides health insurance in this state including, but not limited to, a licensed insurance company, not-for-profit hospital service, medical indemnity corporation, managed care organization, self-insured plan, pharmacy benefit manager or other party that is, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service is hereby required to compare data from its files with data in files provided to the

entity by the Oklahoma Health Care Authority and accept the Authority's right of recovery and the assignment of rights and not charge the Authority or any of its authorized agents any fees for the processing of claims or eligibility requests. Data files requested by or provided to the Authority shall provide the Authority with eligibility and coverage information that will enable the Authority to determine the existence of third party coverage for Medicaid recipients and the necessary information to determine during what period Medicaid recipients may be or may have been covered by the health insurer and the nature of the coverage that is or was provided, including the name, address, and identifying number of the plan.

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

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

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

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

D. The Oklahoma Health Care Authority Board shall promulgate rules governing the exchange of information under this section. Such rules shall be consistent with all laws relating to the confidentiality or privacy of personal information or medical

records including, but not limited to, provisions under the federal Health Insurance Portability and Accountability Act (HIPAA).

SECTION 2. This act shall become effective November 1, 2011.

Passed the Senate the 3rd day of May, 2011.

Presiding Officer of the Senate

Passed the House of Representatives the 18th day of April, 2011.

Presiding Officer of the House
of Representatives