

1 **HOUSE OF REPRESENTATIVES - FLOOR VERSION**

2 STATE OF OKLAHOMA

3 1st Session of the 53rd Legislature (2011)

4 COMMITTEE SUBSTITUTE
5 FOR ENGROSSED
6 SENATE BILL NO. 412

By: Brown of the Senate

and

Cox of the House

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10 COMMITTEE SUBSTITUTE

11 An Act relating to information shared by insurers
12 with the Oklahoma Health Care Authority; amending
13 Section 12, Chapter 464, O.S.L. 2003, as amended by
14 Section 3, Chapter 74, O.S.L. 2007 (63 O.S. Supp.
15 2010, Section 5051.5), which relates to information
16 shared by insurers with the Oklahoma Health Care
17 Authority; directing certain entities to accept
18 specified right of recovery and assignment of rights;
19 prohibiting certain fees; and providing an effective
20 date.

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

22 SECTION 1. AMENDATORY Section 12, Chapter 464, O.S.L.
23 2003, as amended by Section 3, Chapter 74, O.S.L. 2007 (63 O.S.
24 Supp. 2010, Section 5051.5), is amended to read as follows:

1 Section 5051.5 A. 1. On or after November 1, 2003, any entity
2 that provides health insurance in this state including, but not
3 limited to, a licensed insurance company, not-for-profit hospital
4 service, medical indemnity corporation, managed care organization,
5 self-insured plan, pharmacy benefit manager or other party that is,
6 by statute, contract, or agreement, legally responsible for payment
7 of a claim for a health care item or service is hereby required to
8 compare data from its files with data in files provided to the
9 entity by the Oklahoma Health Care Authority and accept the
10 Authority's right of recovery and the assignment of rights and not
11 charge the Authority or any of its authorized agents any fees for
12 the processing of claims or eligibility requests. Data files
13 requested by or provided to the Authority shall provide the
14 Authority with eligibility and coverage information that will enable
15 the Authority to determine the existence of third party coverage for
16 Medicaid recipients and the necessary information to determine
17 during what period Medicaid recipients may be or may have been
18 covered by the health insurer and the nature of the coverage that is
19 or was provided, including the name, address, and identifying number
20 of the plan.

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

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

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

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

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

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

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3 COMMITTEE REPORT BY: COMMITTEE ON PUBLIC HEALTH, dated 03-31-2011 -
4 DO PASS, As Amended.
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