

1 **SENATE FLOOR VERSION**

2 March 7, 2011

3 As Amended

4 SENATE BILL NO. 412

5 By: Brown of the Senate

6 and

7 Cox of the House

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

11
12 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

13 SECTION 1. AMENDATORY Section 12, Chapter 464, O.S.L.
14 2003, as amended by Section 3, Chapter 74, O.S.L. 2007 (63 O.S.
15 Supp. 2010, Section 5051.5), is amended to read as follows:

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

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

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

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

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

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

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

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

17 COMMITTEE REPORT BY: COMMITTEE ON APPROPRIATIONS, dated 3-2-11 - DO
18 PASS, As Amended and Coauthored.

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