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April 3, 2017

ENGROSSED HOUSE  
BILL NO. 2236

By: Mulready of the House

and

Stanislawski of the Senate

An Act relating to insurance; amending 36 O.S. 2011, Section 4512, which relates to information required from employer carriers; modifying applicability of requirement; modifying timeline for insurance carrier to provide certain information under certain circumstances; and providing an effective date.

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

SECTION 1. AMENDATORY 36 O.S. 2011, Section 4512, is amended to read as follows:

Section 4512. A. This section applies to an insured employer health benefit plan providing health insurance to employees of employers employing ~~fifty (50)~~ twenty (20) or more full-time or full-time-equivalent employees.

B. An employer carrier, on written request from an insured employer covered by that carrier, shall report to the employer

1 information from the twelve (12) months preceding the date of the  
2 report regarding:

3 1. The total amount of charges submitted to the carrier for  
4 persons covered under the employer health benefit plan;

5 2. The total amount of premium payments made by the  
6 policyholder to the insured carrier;

7 3. The total amount of payments made by the carrier to health  
8 care providers for persons covered under the plan, including the  
9 total hospital charges, physician charges, and pharmaceutical  
10 charges; and

11 4. For any claims for an individual paid in excess of Ten  
12 Thousand Dollars (\$10,000.00), information on claims paid, including  
13 diagnostic evaluations.

14 C. An employer shall have to make a written request for  
15 information. The employer may make one request per year prior to  
16 the anniversary or renewal date. In addition, prior to the date of  
17 a rate change, an employer may make additional written requests for  
18 the information, provided the employer shall not make more than one  
19 additional request in any one (1) year.

20 D. ~~An~~ Except as otherwise provided in this subsection, an  
21 employer carrier shall provide the information provided for in this  
22 section not later than sixty (60) days before the anniversary or  
23 annual renewal date, or thirty (30) days before the date of any rate  
24 change action of the employer's benefit plan. Provided, if the

1 carrier receives the request from the employer less than sixty (60)  
2 days before the anniversary or renewal date or less than thirty (30)  
3 days before the date of a rate change, the carrier shall have sixty  
4 (60) days from the date of receiving the request to provide the  
5 information. Provided further, if the carrier requires the employer  
6 to submit any changes to the benefit plan prior to the anniversary  
7 or annual renewal date, the carrier shall provide the information  
8 not later than sixty (60) days before the date the employer is  
9 required to submit any changes.

10 E. An employer carrier shall not report any information  
11 required under this section if the release of such information is  
12 prohibited by federal law or regulation.

13 F. Claim information provided by an employer carrier under this  
14 section shall be provided in the aggregate, without information  
15 through which a specific individual covered by the health insurance  
16 or evidence or coverage may be identified. Claim information shall  
17 include the total claims made, the total claims paid, the total plan  
18 charges and the head count by coverage.

19 G. 1. If an employer carrier fails to provide the information  
20 in the time required by subsection D of this section, the Insurance  
21 Commissioner may, after notice and hearing, subject an insurer to a  
22 civil penalty of One Hundred Dollars (\$100.00) for each day that the  
23 information is delinquent.

1        2. If an employer carrier has a risk-bearing contract with a  
2 medical group, independent practice association (IPA), or management  
3 services organization (MSO) that stipulates the delegation of claims  
4 payment, and the carrier satisfies the Insurance Commissioner that  
5 the medical group, IPA, or MSO has failed to provide the information  
6 to the employer carrier in a sufficient time for the carrier to  
7 comply with subsection D of this section, the Commissioner may waive  
8 the penalty provided for in paragraph 1 of this subsection.

9        3. The civil penalty may be enforced in the same manner in  
10 which civil judgments may be enforced, as provided in Section 312A  
11 of ~~Title 36 of the Oklahoma Statutes~~ this title. Such penalties  
12 shall be placed in the State Insurance Commissioner Revolving Fund.  
13 Any person aggrieved by the determination of the Insurance  
14 Commissioner may seek judicial review pursuant to Section 320 of  
15 ~~Title 36 of the Oklahoma Statutes~~ this title.

16        H. The Insurance Commissioner shall promulgate rules for the  
17 implementation and administration of this section.

18        I. As used in this section, "employer carrier" means any entity  
19 which provides health insurance in this state. For the purposes of  
20 this section, employer carrier includes a licensed insurance  
21 company, not-for-profit hospital service or medical indemnity  
22 corporation, a fraternal benefit society, a health maintenance  
23 organization, a multiple employer welfare arrangement or any other  
24

1 entity providing a plan of health insurance or health benefits  
2 subject to state insurance regulation.

3 SECTION 2. This act shall become effective November 1, 2017.

4 COMMITTEE REPORT BY: COMMITTEE ON RETIREMENT AND INSURANCE  
5 April 3, 2017 - DO PASS  
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