STATE OF OKLAHOMA

1st Session of the 56th Legislature (2017)

HOUSE BILL 2236 By: Mulready

AS INTRODUCED

An Act relating to insurance; amending 36 O.S. 2011, Section 4512, which relates information required from employer carriers; expanding applicability to employers with any number of employees; 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) or more full-time or full-time-equivalent~~ any number of employees.

B. An employer carrier, on written request from an insured employer covered by that carrier, shall report to the employer information from the twelve (12) months preceding the date of the report regarding:

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

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

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

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

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

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

days before the date of a rate change, the carrier shall have sixty (60) days from the date of receiving the request to provide the information. Provided further, if the carrier requires the employer to submit any changes to the benefit plan prior to the anniversary or annual renewal date, the carrier shall provide the information not later than sixty (60) days before the date the employer is required to submit any changes.

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

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

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

2. If an employer carrier has a risk-bearing contract with a medical group, independent practice association (IPA), or management services organization (MSO) that stipulates the delegation of claims

payment, and the carrier satisfies the Insurance Commissioner that the medical group, IPA, or MSO has failed to provide the information to the employer carrier in a sufficient time for the carrier to comply with subsection D of this section, the Commissioner may waive the penalty provided for in paragraph 1 of this subsection.

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

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

I. As used in this section, "employer carrier" means any entity which provides health insurance in this state. For the purposes of this section, employer carrier includes a licensed insurance company, not-for-profit hospital service or medical indemnity corporation, a fraternal benefit society, a health maintenance organization, a multiple employer welfare arrangement or any other entity providing a plan of health insurance or health benefits subject to state insurance regulation.

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

56-1-5408 AMM 01/11/17