

BILL SUMMARY
1st Session of the 58th Legislature

Bill No.:	SB 550
Version:	Engrossed Senate
Request Number:	N/A
Author:	Rep. McEntire
Date:	3/29/2021
Impact:	\$0

Research Analysis

SB 550 requires insurers denying any portion of a clean claim to notify the insured, enrollee, or subscriber and health care provider in writing within thirty calendar days after receipt of the claim by the insurer. The written notice must specify in detail the reason for the denial including instructions on where a person or entity that received notification may respond. Recipients may submit a detailed appeal in writing explaining why the claim should be approved. If the appeal is denied, the insurer is required to address in writing the specific details included in the written appeal and provide the phone number of a health plan representative at the department of appeals of the insurer.

Prepared By: Dan Brooks

Fiscal Analysis

SB 550 deals with the notice and appeals process around denied clean claims to health insurance policies. According to officials at the Oklahoma Insurance Department, there is no fiscal impact to OID from SB 550. As OID is a nonappropriated agency, there should be no fiscal impact to the State.

Prepared By: Mariah Searock

Other Considerations

None.