

1 **SENATE FLOOR VERSION**

2 March 26, 2015

3 COMMITTEE SUBSTITUTE  
4 FOR ENGROSSED  
5 HOUSE BILL NO. 2217

By: Mulready of the House

and

Stanislawski of the Senate

6  
7  
8  
9 An Act relating to insurance; providing  
10 applicability; providing qualifications for in-  
11 network payment during credentialing; requiring a  
12 health benefit plan's issuer to treat an applicant  
13 physician in a certain manner; authorizing the issuer  
14 to exclude an applicant physician from certain  
15 listings; authorizing recovery of certain payments;  
16 exempting an enrollee from certain charges and fees;  
17 eliminating liability; defining term; providing for  
18 codification; and providing an effective date.

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

20 SECTION 1. NEW LAW A new section of law to be codified  
21 in the Oklahoma Statutes as Section 4405.2 of Title 36, unless there  
22 is created a duplication in numbering, reads as follows:

23 A. This section shall only apply to a physician who joins a  
24 medical group that has a current contract in force with a health  
benefit plan.

B. To qualify for in-network payment during credentialing, an  
applicant physician must:

1 1. Be licensed in this state by, and be in good standing with,  
2 the Oklahoma Board of Medical Licensure and Supervision or the  
3 Oklahoma State Board of Osteopathic Examiners;

4 2. Submit the uniform credentialing application to a health  
5 benefit plan insurer; and

6 3. Agree to comply with the terms of a health benefit plan's  
7 provider contract currently in force with the applicant physician's  
8 medical group.

9 C. Upon submission of the uniform credentialing application to  
10 a health benefit plan's issuer, and for payment purposes only, the  
11 issuer shall treat the applicant physician as if the physician were  
12 a participating provider in a health benefit plan network when the  
13 applicant physician provides services to a health benefit plan's  
14 enrollees, including authorizing the applicant physician to collect  
15 copayments from the enrollees and making payments to the applicant  
16 physician.

17 D. Pending the approval of the applicant physician, the health  
18 benefit plan issuer may exclude the applicant physician from the  
19 issuer's directory of participating physicians, the issuer's  
20 website, or any other listing of participating physicians.

21 E. If, on completion of the credentialing process, a health  
22 benefit plan issuer determines that the applicant physician does not  
23 meet the issuer's credentialing requirements:

24

1 1. A health benefit plan issuer may recover, through  
2 reprocessing the claim, from the applicant physician or the  
3 physician's medical group an amount equal to the difference between  
4 payments for in-network benefits and out-of-network benefits; and

5 2. The applicant physician or the physician's medical group may  
6 retain any copayments collected or in the process of being collected  
7 as of the date of the issuer's determination that the physician does  
8 not meet the credentialing requirements.

9 F. An enrollee in a health benefit plan is not responsible and  
10 shall be held harmless for the difference between in-network  
11 copayments paid by an enrollee to a physician who is determined to  
12 be ineligible under subsection E of this section and a health  
13 benefit plan issuer's charges for out-of-network services. A  
14 physician and a physician's medical group may not charge the  
15 enrollee for any portion of the physician's fee that is not  
16 reimbursed by the enrollee's health benefit plan.

17 G. A health benefit plan issuer that complies with this section  
18 shall not be liable for damages arising out of or in connection  
19 with, directly or indirectly, payment by the issuer of an applicant  
20 physician as if the physician were a participating provider in the  
21 health benefit plan network.

22 H. As used in this section, "health benefit plan" and  
23 "credentialing" shall have the same meanings as provided in Section  
24 4405.1 of Title 36 of the Oklahoma Statutes.

SECTION 2. This act shall become effective November 1, 2015.

COMMITTEE REPORT BY: COMMITTEE ON INSURANCE  
March 26, 2015 - DO PASS AS AMENDED

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24