

1 ENGROSSED SENATE AMENDMENT  
TO  
2 ENGROSSED HOUSE  
BILL NO. 2217

By: Mulready of the House

and

Stanislawski of the Senate

[ insurance - clarifying language - effective date ]

10 AMENDMENT NO. 1. Page 1, strike the stricken title, enacting clause  
and entire bill and insert

"[ insurance - qualifications for in-network payment  
during credentialing - codification - effective  
date ]

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

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

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

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

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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 and satisfy the  
4 published participation criteria of the health benefit plan;

5           2. Submit to the health benefit plan the complete and accurate  
6 uniform credentialing application in the format required by the  
7 health benefit plan, with all supporting documentation and  
8 information required by the health benefit plan; and

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

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

21           D. Pending the approval of the applicant physician, the health  
22 benefit plan issuer may exclude the applicant physician from the  
23 issuer's directory of participating physicians, the issuer's  
24 website, or any other listing of participating physicians.

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

4 1. A health benefit plan issuer may recover, through  
5 reprocessing the claim or through other methods, from the applicant  
6 physician or the physician's medical group an amount equal to the  
7 difference between payments for in-network benefits and out-of-  
8 network benefits and the applicant physician or physician's medical  
9 group shall immediately permit such recovery upon notice from the  
10 health benefit plan; and

11 2. The applicant physician or the physician's medical group may  
12 retain any copayments collected or in the process of being collected  
13 as of the date of the issuer's determination that the physician does  
14 not meet the credentialing requirements.

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

23 G. A health benefit plan issuer that complies with this section  
24 shall not be liable for damages arising out of or in connection

1 with, directly or indirectly, payment by the issuer of an applicant  
2 physician as if the physician were a participating provider in the  
3 health benefit plan network.

4 H. As used in this section, "health benefit plan" and  
5 "credentialing" shall have the same meanings as provided in Section  
6 4405.1 of Title 36 of the Oklahoma Statutes.

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

8 and when the title is restored, amend the title to  
9 conform

10 Passed the Senate the 16th day of April, 2015.

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12 \_\_\_\_\_  
13 Presiding Officer of the Senate

14 Passed the House of Representatives the \_\_\_\_ day of \_\_\_\_\_,  
15 2015.

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17 \_\_\_\_\_  
18 Presiding Officer of the House  
19 of Representatives

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1 ENGROSSED HOUSE  
2 BILL NO. 2217

By: Mulready of the House

3 and

4 Stanislawski of the Senate

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7 [ insurance - clarifying language - effective date ]  
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10 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

11 SECTION 3. NEW LAW A new section of law to be codified  
12 in the Oklahoma Statutes as Section 4405.2 of Title 36, unless there  
13 is created a duplication in numbering, reads as follows:

14 A. This section shall only apply to a physician who joins an  
15 established medical group that has a current contract in force with  
16 a health benefit plan.

17 B. To qualify for expedited credentialing, an applicant  
18 physician must:

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

22 2. Submit the uniform credentialing application to a health  
23 benefit plan insurer; and  
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1           3. Agree to comply with the terms of a health benefit plan's  
2 provider contract currently in force with the applicant physician's  
3 established medical group.

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

12           D. Pending the approval of the applicant physician, the health  
13 benefit plan issuer may exclude the applicant physician from the  
14 issuer's directory of participating physicians, the issuer's  
15 website, or any other listing of participating physicians.

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

19           1. A health benefit plan issuer may recover from the applicant  
20 physician or the physician's medical group an amount equal to the  
21 difference between payments for in-network benefits and out-of-  
22 network benefits; and

23           2. The applicant physician or the physician's medical group may  
24 retain any copayments collected or in the process of being collected

1 as of the date of the issuer's determination that the physician does  
2 not meet the credentialing requirements.

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

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

16 H. As used in this section, "health benefit plan" and  
17 "credentialing" shall have the same meanings as provided in Section  
18 4405.1 of Title 36 of the Oklahoma Statutes.

19 SECTION 4. This act shall become effective November 1, 2015.  
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1 Passed the House of Representatives the 9th day of March, 2015.

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3 \_\_\_\_\_  
4 Presiding Officer of the House  
of Representatives

5 Passed the Senate the \_\_\_\_ day of \_\_\_\_\_, 2015.

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9 Presiding Officer of the Senate