

1                   **HOUSE OF REPRESENTATIVES - FLOOR VERSION**

2                                   STATE OF OKLAHOMA

3                                   1st Session of the 55th Legislature (2015)

4 COMMITTEE SUBSTITUTE  
5 FOR  
6 HOUSE BILL NO. 2217

By: Mulready of the House

and

Stanislawski of the Senate

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10                                   COMMITTEE SUBSTITUTE

11                   An Act relating to insurance; providing  
12                   applicability; providing qualifications for expedited  
13                   credentialing; requiring a health benefit plan's  
14                   issuer to treat an applicant physician in a certain  
15                   manner; authorizing the issuer to exclude an  
16                   applicant physician from certain listings;  
17                   authorizing recovery of certain payments; exempting  
18                   an enrollee from certain charges and fees;  
19                   eliminating liability; defining terms; providing for  
20                   codification; and providing an effective date.

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

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

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

4 B. To qualify for expedited credentialing, an applicant  
5 physician must:

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

9 2. Submit the uniform credentialing application to a health  
10 benefit plan insurer; and

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

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

22 D. Pending the approval of the applicant physician, the health  
23 benefit plan issuer may exclude the applicant physician from the  
24

UNDERLINED language denotes Amendments to present Statutes.  
**BOLD FACE CAPITALIZED** language denotes Committee Amendments.  
~~Strike thru~~ language denotes deletion from present Statutes.

1 issuer's directory of participating physicians, the issuer's  
2 website, or any other listing of participating physicians.

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

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

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

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

22 G. A health benefit plan issuer that complies with this section  
23 shall not be liable for damages arising out of or in connection  
24 with, directly or indirectly, payment by the issuer of an applicant

1 physician as if the physician were a participating provider in the  
2 health benefit plan network.

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

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

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8 COMMITTEE REPORT BY: COMMITTEE ON INSURANCE, dated 02/24/2015 - DO  
9 PASS, As Amended and Coauthored.

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