1	STATE OF OKLAHOMA
2	1st Session of the 55th Legislature (2015)
3	COMMITTEE SUBSTITUTE FOR ENGROSSED
4	HOUSE BILL 2217 By: Mulready of the House
5	and
6	Stanislawski of the Senate
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9	COMMITTEE SUBSTITUTE
10	An Act relating to insurance; providing applicability; providing qualifications for in-
11	network payment during credentialing; requiring a health benefit plan's issuer to treat an applicant
12	physician in a certain manner; authorizing the issuer to exclude an applicant physician from certain
13	listings; authorizing recovery of certain payments; exempting an enrollee from certain charges and fees;
14	eliminating liability; defining term; providing for codification; and providing an effective date.
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17	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
18	SECTION 1. NEW LAW A new section of law to be codified
19	in the Oklahoma Statutes as Section 4405.2 of Title 36, unless there
20	is created a duplication in numbering, reads as follows:
21	A. This section shall only apply to a physician who joins a
22	medical group that has a current contract in force with a health
23	benefit plan.
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- B. To qualify for in-network payment during credentialing, an applicant physician must:
- 1. Be licensed in this state by, and be in good standing with, the Oklahoma Board of Medical Licensure and Supervision or the Oklahoma State Board of Osteopathic Examiners;
- 2. Submit the uniform credentialing application to a health benefit plan insurer; and
- 3. Agree to comply with the terms of a health benefit plan's provider contract currently in force with the applicant physician's medical group.
- C. Upon submission of the uniform credentialing application to a health benefit plan's issuer, and for payment purposes only, the issuer shall treat the applicant physician as if the physician were a participating provider in a health benefit plan network when the applicant physician provides services to a health benefit plan's enrollees, including authorizing the applicant physician to collect copayments from the enrollees and making payments to the applicant physician.
- D. Pending the approval of the applicant physician, the health benefit plan issuer may exclude the applicant physician from the issuer's directory of participating physicians, the issuer's website, or any other listing of participating physicians.

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

- 1. A health benefit plan issuer may recover, through reprocessing the claim, from the applicant physician or the physician's medical group an amount equal to the difference between payments for in-network benefits and out-of-network benefits; and
- 2. The applicant physician or the physician's medical group may retain any copayments collected or in the process of being collected as of the date of the issuer's determination that the physician does not meet the credentialing requirements.
- F. An enrollee in a health benefit plan is not responsible and shall be held harmless for the difference between in-network copayments paid by an enrollee to a physician who is determined to be ineligible under subsection E of this section and a health benefit plan issuer's charges for out-of-network services. A physician and a physician's medical group may not charge the enrollee for any portion of the physician's fee that is not reimbursed by the enrollee's health benefit plan.
- G. A health benefit plan issuer that complies with this section shall not be liable for damages arising out of or in connection with, directly or indirectly, payment by the issuer of an applicant physician as if the physician were a participating provider in the health benefit plan network.

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H. As used in this section, "health benefit plan" and
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    "credentialing" shall have the same meanings as provided in Section
    4405.1 of Title 36 of the Oklahoma Statutes.
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        SECTION 2. This act shall become effective November 1, 2015.
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