

1 ENGROSSED HOUSE  
2 BILL NO. 2217

By: Mulready of the House

3 and

4 Stanislawski of the Senate

5  
6  
7 [ insurance - clarifying language - effective date ]  
8  
9

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

11 SECTION 1. 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  
24

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 2. This act shall become effective November 1, 2015.  
20  
21  
22  
23  
24

1 Passed the House of Representatives the 9th day of March, 2015.

2  
3 \_\_\_\_\_  
4 Presiding Officer of the House  
of Representatives

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

6  
7  
8 \_\_\_\_\_  
9 Presiding Officer of the Senate