ENGROSSED SENATE AMENDMENT
TO
ENGROSSED HOUSE
BILL NO. 2217 By: Mulready of the House

and

Stanislawski of the Senate

[insurance – clarifying language - effective date]

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]

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

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

A. This section shall only apply to a physician who joins a 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. 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 and satisfy the published participation criteria of the health benefit plan;

2. Submit to the health benefit plan the complete and accurate uniform credentialing application in the format required by the health benefit plan, with all supporting documentation and information required by the health benefit plan; 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 with all supporting documentation and information 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 or through other methods, 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 the applicant physician or physician's medical group shall immediately permit such recovery upon notice from the health benefit plan; 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.

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

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

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

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

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Presiding Officer of the Senate

Passed the House of Representatives the ____ day of _____, 2015.

_____
Presiding Officer of the House of Representatives

ENGROSSED HOUSE
BILL NO. 2217 By: Mulready of the House

and

Stanislawski of the Senate

[insurance – clarifying language - effective date]

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

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

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

B. To qualify for expedited 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 established 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 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.

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

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

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

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Presiding Officer of the House
of Representatives

Passed the Senate the ___ day of _____, 2015.

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Presiding Officer of the Senate