

**SENATE CHAMBER**  
**STATE OF OKLAHOMA**

DISPOSITION

☐ FLOOR AMENDMENT

No. \_\_\_\_\_

\_\_\_\_\_

☐ COMMITTEE AMENDMENT

\_\_\_\_\_  
(Date)

Mr./Madame President:

I move to amend House Bill No. 2217, by substituting the attached floor substitute for the title, enacting clause and entire body of the measure.

Submitted by:

\_\_\_\_\_  
Senator Stanislawski

Stanislawski-CD-FS-Req#1672  
2/18/2016 4:56 PM

(Floor Amendments Only)    Date and Time Filed: \_\_\_\_\_

☐ Untimely

☐ Amendment Cycle Extended

☐ Secondary Amendment

STATE OF OKLAHOMA

1st Session of the 55th Legislature (2015)

FLOOR SUBSTITUTE

FOR ENGROSSED

HOUSE BILL NO. 2217

By: Mulready of the House

and

Stanislawski of the Senate

FLOOR SUBSTITUTE

An Act relating to insurance; providing applicability; providing qualifications for in-network payment during credentialing; requiring a health benefit plan's issuer to treat an applicant physician in a certain manner; authorizing the issuer to exclude an applicant physician from certain listings; authorizing recovery of certain payments; providing procedures; exempting an enrollee from certain charges and fees; eliminating liability; defining term; providing for codification; and providing an 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.

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

3 1. Be licensed in this state by, and be in good standing with,  
4 the Oklahoma Board of Medical Licensure and Supervision or the  
5 Oklahoma State Board of Osteopathic Examiners and satisfy the  
6 published participation criteria of the health benefit plan;

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

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

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

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

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

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

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

6 H. As used in this section, "health benefit plan" and  
7 "credentialing" shall have the same meanings as provided in Section  
8 4405.1 of Title 36 of the Oklahoma Statutes.

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

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11 55-1-1672 CD 2/18/2016 4:56:52 PM  
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