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AN ACT

RELATING TO HEALTH INSURANCE; REQUIRING THE SUPERINTENDENT OF INSURANCE TO PROMULGATE RULES ESTABLISHING A TIME FRAME FOR INSURERS TO LOAD INFORMATION ON APPROVED PROVIDERS INTO THEIR PROVIDER PAYMENT SYSTEMS; REQUIRING INSURERS TO REIMBURSE APPROVED PROVIDERS IF THE INSURERS FAIL TO LOAD THAT INFORMATION WITHIN THIRTY DAYS OF RECEIVING A COMPLETE CREDENTIALING APPLICATION.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. Section 59A-22-54 NMSA 1978 (being Laws 2015, Chapter 111, Section 1, as amended) is amended to read:

"59A-22-54. PROVIDER CREDENTIALING--REQUIREMENTS--DEADLINE.--

A. The superintendent shall adopt and promulgate rules to provide for a uniform and efficient provider credentialing process. The superintendent shall approve no more than two forms of application to be used for the credentialing of providers.

B. An insurer shall not require a provider to submit information not required by a credentialing application established pursuant to Subsection A of this section.

C. The provisions of this section apply equally to SB 232
Page 1

1 initial credentialing applications and applications for
2 recredentialing.

3 D. The rules that the superintendent adopts and
4 promulgates shall require primary credential verification no
5 more frequently than every three years and allow provisional
6 credentialing for a period of one year.

7 E. Nothing in this section shall be construed to
8 require an insurer to credential or provisionally credential
9 a provider.

10 F. The rules that the superintendent adopts and
11 promulgates shall establish that an insurer or an insurer's
12 agent shall:

13 (1) assess and verify the qualifications of
14 a provider applying to become a participating provider within
15 thirty calendar days of receipt of a complete credentialing
16 application and issue a decision in writing to the applicant
17 approving or denying the credentialing application;

18 (2) be permitted to extend the credentialing
19 period to assess and issue a determination by an additional
20 fifteen calendar days if, upon review of a complete
21 application, it is determined that the circumstance
22 presented, including an admission of sanctions by the state
23 licensing board, investigation or felony conviction,
24 revocation of clinical privileges or denial of insurance
25 coverage, requires additional consideration;

1 (3) within ten working days after receipt of
2 a credentialing application, send a written notification, via
3 United States certified mail, to the applicant requesting any
4 information or supporting documentation that the insurer
5 requires to approve or deny the credentialing application.
6 The notice to the applicant shall include a complete and
7 detailed description of all of the information or supporting
8 documentation required and the name, address and telephone
9 number of a person who serves as the applicant's point of
10 contact for completing the credentialing application process.
11 Any information required pursuant to this section shall be
12 reasonably related to the information in the application; and

13 (4) no later than thirty calendar days as
14 described in Paragraph (1) of this subsection or an
15 additional fifteen days as described in Paragraph (2) of this
16 subsection, load into the insurer's provider payment system
17 all provider information, including all information needed to
18 correctly reimburse a newly approved provider according to
19 the provider's contract. The insurer or insurer's agent
20 shall add the approved provider's data to the provider
21 directory upon loading the provider's information into the
22 insurer's provider payment system.

23 G. An insurer shall reimburse a provider for
24 covered health care services for any claims from the provider
25 that the insurer receives with a date of service more than

1 thirty calendar days after the date on which the insurer
2 received a complete credentialing application for that
3 provider if:

4 (1) the provider:

5 (a) has submitted a complete
6 credentialing application and any supporting documentation
7 that the insurer has requested in writing within the time
8 frame established in Paragraph (3) of Subsection F of this
9 section;

10 (b) has no past or current license
11 sanctions or limitations, as reported by the New Mexico
12 medical board or another pertinent licensing and regulatory
13 agency, or by a similar out-of-state licensing and regulatory
14 entity for a provider licensed in another state; and

15 (c) has professional liability
16 insurance or is covered under the Medical Malpractice Act;
17 and

18 (2) the insurer:

19 (a) has approved, or has failed to
20 approve or deny, the applicant's complete credentialing
21 application within the time frame established pursuant to
22 Paragraph (1) or (2) of Subsection F of this section; or

23 (b) fails to load the approved
24 applicant's information into the insurer's provider payment
25 system in accordance with Paragraph (4) of Subsection F of

1 this section.

2 H. A provider who, at the time services were
3 rendered, was not employed by a practice or group that has
4 contracted with the insurer to provide services at specified
5 rates of reimbursement shall be paid by the insurer in
6 accordance with the insurer's standard reimbursement rate.

7 I. A provider who, at the time services were
8 rendered, was employed by a practice or group that has
9 contracted with the insurer to provide services at specified
10 rates of reimbursement shall be paid by the insurer in
11 accordance with the terms of that contract.

12 J. The superintendent shall adopt and promulgate
13 rules to provide for the resolution of disputes relating to
14 reimbursement and credentialing arising in cases where
15 credentialing is delayed beyond thirty days after
16 application.

17 K. An insurer shall reimburse a provider pursuant
18 to Subsections G, H and I of this section until the earlier
19 of the following occurs:

20 (1) the insurer's approval or denial of the
21 provider's complete credentialing application; or

22 (2) the passage of three years from the date
23 the insurer received the provider's complete credentialing
24 application.

25 L. As used in this section:

1 (1) "credentialing" means the process of
2 obtaining and verifying information about a provider and
3 evaluating that provider when that provider seeks to become a
4 participating provider; and

5 (2) "provider" means a physician or other
6 individual licensed or otherwise authorized to furnish health
7 care services in a state."

8 SECTION 2. Section 59A-23-14 NMSA 1978 (being
9 Laws 2015, Chapter 111, Section 2, as amended) is amended to
10 read:

11 "59A-23-14. PROVIDER CREDENTIALING--REQUIREMENTS--
12 DEADLINE.--

13 A. The superintendent shall adopt and promulgate
14 rules to provide for a uniform and efficient provider
15 credentialing process. The superintendent shall approve no
16 more than two forms of application to be used for the
17 credentialing of providers.

18 B. An insurer shall not require a provider to
19 submit information not required by a credentialing
20 application established pursuant to Subsection A of this
21 section.

22 C. The provisions of this section apply equally to
23 initial credentialing applications and applications for
24 recredentialing.

25 D. The rules that the superintendent adopts and

1 promulgates shall require primary credential verification no
2 more frequently than every three years and allow provisional
3 credentialing for a period of one year.

4 E. Nothing in this section shall be construed to
5 require an insurer to credential or provisionally credential
6 a provider.

7 F. The rules that the superintendent adopts and
8 promulgates shall establish that an insurer or an insurer's
9 agent shall:

10 (1) assess and verify the qualifications of
11 a provider applying to become a participating provider within
12 thirty calendar days of receipt of a complete credentialing
13 application and issue a decision in writing to the applicant
14 approving or denying the credentialing application;

15 (2) be permitted to extend the credentialing
16 period to assess and issue a determination by an additional
17 fifteen calendar days if, upon review of a complete
18 application, it is determined that the circumstance
19 presented, including an admission of sanctions by the state
20 licensing board, investigation or felony conviction,
21 revocation of clinical privileges or denial of insurance
22 coverage, requires additional consideration;

23 (3) within ten working days after receipt of
24 a credentialing application, send a written notification, via
25 United States certified mail, to the applicant requesting any

1 information or supporting documentation that the insurer
2 requires to approve or deny the credentialing application.
3 The notice to the applicant shall include a complete and
4 detailed description of all of the information or supporting
5 documentation required and the name, address and telephone
6 number of a person who serves as the applicant's point of
7 contact for completing the credentialing application process.
8 Any information required pursuant to this section shall be
9 reasonably related to the information in the application; and

10 (4) no later than thirty calendar days as
11 described in Paragraph (1) of this subsection or an
12 additional fifteen days as described in Paragraph (2) of this
13 subsection, load into the insurer's provider payment system
14 all provider information, including all information needed to
15 correctly reimburse a newly approved provider according to
16 the provider's contract. The insurer or insurer's agent
17 shall add the approved provider's data to the provider
18 directory upon loading the provider's information into the
19 insurer's provider payment system.

20 G. An insurer shall reimburse a provider for
21 covered health care services for any claims from the provider
22 that the insurer receives with a date of service more than
23 thirty calendar days after the date on which the insurer
24 received a complete credentialing application for that
25 provider if:

1 (1) the provider:

2 (a) has submitted a complete
3 credentialing application and any supporting documentation
4 that the insurer has requested in writing within the time
5 frame established in Paragraph (3) of Subsection F of this
6 section;

7 (b) has no past or current license
8 sanctions or limitations, as reported by the New Mexico
9 medical board or another pertinent licensing and regulatory
10 agency, or by a similar out-of-state licensing and regulatory
11 entity for a provider licensed in another state; and

12 (c) has professional liability
13 insurance or is covered under the Medical Malpractice Act;
14 and

15 (2) the insurer:

16 (a) has approved, or has failed to
17 approve or deny, the applicant's complete credentialing
18 application within the time frame established pursuant to
19 Paragraph (1) or (2) of Subsection F of this section; or

20 (b) fails to load the approved
21 applicant's information into the insurer's provider payment
22 system in accordance with Paragraph (4) of Subsection F of
23 this section.

24 H. A provider who, at the time services were
25 rendered, was not employed by a practice or group that has

1 contracted with the insurer to provide services at specified
2 rates of reimbursement shall be paid by the insurer in
3 accordance with the insurer's standard reimbursement rate.

4 I. A provider who, at the time services were
5 rendered, was employed by a practice or group that has
6 contracted with the insurer to provide services at specified
7 rates of reimbursement shall be paid by the insurer in
8 accordance with the terms of that contract.

9 J. The superintendent shall adopt and promulgate
10 rules to provide for the resolution of disputes relating to
11 reimbursement and credentialing arising in cases where
12 credentialing is delayed beyond thirty days after
13 application.

14 K. An insurer shall reimburse a provider pursuant
15 to Subsections G, H and I of this section until the earlier
16 of the following occurs:

17 (1) the insurer's approval or denial of the
18 provider's complete credentialing application; or

19 (2) the passage of three years from the date
20 the insurer received the provider's complete credentialing
21 application.

22 L. As used in this section:

23 (1) "credentialing" means the process of
24 obtaining and verifying information about a provider and
25 evaluating that provider when that provider seeks to become a

1 participating provider; and

2 (2) "provider" means a physician or other
3 individual licensed or otherwise authorized to furnish health
4 care services in the state."

5 SECTION 3. Section 59A-46-54 NMSA 1978 (being
6 Laws 2015, Chapter 111, Section 4, as amended) is amended to
7 read:

8 "59A-46-54. PROVIDER CREDENTIALING--REQUIREMENTS--
9 DEADLINE.--

10 A. The superintendent shall adopt and promulgate
11 rules to provide for a uniform and efficient provider
12 credentialing process. The superintendent shall approve no
13 more than two forms of application to be used for the
14 credentialing of providers.

15 B. A carrier shall not require a provider to
16 submit information not required by a credentialing
17 application established pursuant to Subsection A of this
18 section.

19 C. The provisions of this section apply equally to
20 initial credentialing applications and applications for
21 recredentialing.

22 D. The rules that the superintendent adopts and
23 promulgates shall require primary credential verification no
24 more frequently than every three years and allow provisional
25 credentialing for a period of one year.

1 E. Nothing in this section shall be construed to
2 require a carrier to credential or provisionally credential a
3 provider.

4 F. The rules that the superintendent adopts and
5 promulgates shall establish that a carrier or a carrier's
6 agent shall:

7 (1) assess and verify the qualifications of
8 a provider applying to become a participating provider within
9 thirty calendar days of receipt of a complete credentialing
10 application and issue a decision in writing to the applicant
11 approving or denying the credentialing application;

12 (2) be permitted to extend the credentialing
13 period to assess and issue a determination by an additional
14 fifteen calendar days if, upon review of a complete
15 application, it is determined that the circumstance
16 presented, including an admission of sanctions by the state
17 licensing board, investigation or felony conviction,
18 revocation of clinical privileges or denial of insurance
19 coverage, requires additional consideration;

20 (3) within ten working days after receipt of
21 a credentialing application, send a written notification, via
22 United States certified mail, to the applicant requesting any
23 information or supporting documentation that the carrier
24 requires to approve or deny the credentialing application.
25 The notice to the applicant shall include a complete and

1 detailed description of all of the information or supporting
2 documentation required and the name, address and telephone
3 number of a person who serves as the applicant's point of
4 contact for completing the credentialing application process.
5 Any information required pursuant to this section shall be
6 reasonably related to the information in the application; and

7 (4) no later than thirty calendar days as
8 described in Paragraph (1) of this subsection or an
9 additional fifteen days as described in Paragraph (2) of this
10 subsection, load into the carrier's provider payment system
11 all provider information, including all information needed to
12 correctly reimburse a newly approved provider according to
13 the provider's contract. The carrier or carrier's agent
14 shall add the approved provider's data to the provider
15 directory upon loading the provider's information into the
16 carrier's provider payment system.

17 G. A carrier shall reimburse a provider for
18 covered health care services for any claims from the provider
19 that the carrier receives with a date of service more than
20 thirty calendar days after the date on which the carrier
21 received a complete credentialing application for that
22 provider if:

23 (1) the provider:

24 (a) has submitted a complete
25 credentialing application and any supporting documentation

1 that the carrier has requested in writing within the time
2 frame established in Paragraph (3) of Subsection F of this
3 section;

4 (b) has no past or current license
5 sanctions or limitations, as reported by the New Mexico
6 medical board or another pertinent licensing and regulatory
7 agency, or by a similar out-of-state licensing and regulatory
8 entity for a provider licensed in another state; and

9 (c) has professional liability
10 insurance or is covered under the Medical Malpractice Act;
11 and

12 (2) the carrier:

13 (a) has approved, or has failed to
14 approve or deny, the applicant's complete credentialing
15 application within the time frame established pursuant to
16 Paragraph (1) or (2) of Subsection F of this section; or

17 (b) fails to load the approved
18 applicant's information into the carrier's provider payment
19 system in accordance with Paragraph (4) of Subsection F of
20 this section.

21 H. A provider who, at the time services were
22 rendered, was not employed by a practice or group that has
23 contracted with the carrier to provide services at specified
24 rates of reimbursement shall be paid by the carrier in
25 accordance with the carrier's standard reimbursement rate.

1 I. A provider who, at the time services were
2 rendered, was employed by a practice or group that has
3 contracted with the carrier to provide services at specified
4 rates of reimbursement shall be paid by the carrier in
5 accordance with the terms of that contract.

6 J. The superintendent shall adopt and promulgate
7 rules to provide for the resolution of disputes relating to
8 reimbursement and credentialing arising in cases where
9 credentialing is delayed beyond thirty days after
10 application.

11 K. A carrier shall reimburse a provider pursuant
12 to Subsections G, H and I of this section until the earlier
13 of the following occurs:

14 (1) the carrier's approval or denial of the
15 provider's complete credentialing application; or

16 (2) the passage of three years from the date
17 the carrier received the provider's complete credentialing
18 application."

19 SECTION 4. Section 59A-47-49 NMSA 1978 (being
20 Laws 2015, Chapter 111, Section 6, as amended) is amended to
21 read:

22 "59A-47-49. PROVIDER CREDENTIALING--REQUIREMENTS--
23 DEADLINE.--

24 A. The superintendent shall adopt and promulgate
25 rules to provide for a uniform and efficient provider

1 credentialing process. The superintendent shall approve no
2 more than two forms of application to be used for the
3 credentialing of providers.

4 B. A health care plan shall not require a provider
5 to submit information not required by a credentialing
6 application established pursuant to Subsection A of this
7 section.

8 C. The provisions of this section apply equally to
9 initial credentialing applications and applications for
10 recredentialing.

11 D. The rules that the superintendent adopts and
12 promulgates shall require primary credential verification no
13 more frequently than every three years and allow provisional
14 credentialing for a period of one year.

15 E. Nothing in this section shall be construed to
16 require a health care plan to credential or provisionally
17 credential a provider.

18 F. The rules that the superintendent adopts and
19 promulgates shall establish that a health care plan or a
20 health care plan's agent shall:

21 (1) assess and verify the qualifications of
22 a provider applying to become a participating provider within
23 thirty calendar days of receipt of a complete credentialing
24 application and issue a decision in writing to the applicant
25 approving or denying the credentialing application;

1 (2) be permitted to extend the credentialing
2 period to assess and issue a determination by an additional
3 fifteen calendar days if, upon review of a complete
4 application, it is determined that the circumstance
5 presented, including an admission of sanctions by the state
6 licensing board, investigation or felony conviction,
7 revocation of clinical privileges or denial of insurance
8 coverage, requires additional consideration;

9 (3) within ten working days after receipt of
10 a credentialing application, send a written notification, via
11 United States certified mail, to the applicant requesting any
12 information or supporting documentation that the insurer
13 requires to approve or deny the credentialing application.
14 The notice to the applicant shall include a complete and
15 detailed description of all of the information or supporting
16 documentation required and the name, address and telephone
17 number of a person who serves as the applicant's point of
18 contact for completing the credentialing application process.
19 Any information required pursuant to this section shall be
20 reasonably related to the information in the application; and

21 (4) no later than thirty calendar days as
22 described in Paragraph (1) of this subsection or an
23 additional fifteen days as described in Paragraph (2) of this
24 subsection, load into the health care plan's provider payment
25 system all provider information, including all information

1 needed to correctly reimburse a newly approved provider
2 according to the provider's contract. The health care plan
3 or health care plan's agent shall add the approved provider's
4 data to the provider directory upon loading the provider's
5 information into the health care plan's provider payment
6 system.

7 G. A health care plan shall reimburse a provider
8 for covered health care services for any claims from the
9 provider that the insurer receives with a date of service
10 more than thirty calendar days after the date on which the
11 health care plan received a complete credentialing
12 application for that provider if:

13 (1) the provider:

14 (a) has submitted a complete
15 credentialing application and any supporting documentation
16 that the health care plan has requested in writing within the
17 time frame established in Paragraph (3) of Subsection F of
18 this section;

19 (b) has no past or current license
20 sanctions or limitations, as reported by the New Mexico
21 medical board or another pertinent licensing and regulatory
22 agency, or by a similar out-of-state licensing and regulatory
23 entity for a provider licensed in another state; and

24 (c) has professional liability
25 insurance or is covered under the Medical Malpractice Act;

1 and

2 (2) the health care plan:

3 (a) has approved, or has failed to
4 approve or deny, the applicant's complete credentialing
5 application within the time frame established pursuant to
6 Paragraph (1) or (2) of Subsection F of this section; or

7 (b) fails to load the approved
8 applicant's information into the health care plan's provider
9 payment system in accordance with Paragraph (4) of
10 Subsection F of this section.

11 H. A provider who was not, at the time services
12 were rendered, employed by a practice or group that has
13 contracted with the health care plan to provide services at
14 specified rates of reimbursement shall be paid by the health
15 care plan in accordance with the health care plan's standard
16 reimbursement rate.

17 I. A provider who was, at the time services were
18 rendered, employed by a practice or group that has contracted
19 with the health care plan to provide services at specified
20 rates of reimbursement shall be paid by the health care plan
21 in accordance with the terms of that contract.

22 J. The superintendent shall adopt and promulgate
23 rules to provide for the resolution of disputes relating to
24 reimbursement and credentialing arising in cases where
25 credentialing is delayed beyond thirty days after

1 application.

2 K. A health care plan shall reimburse a provider
3 pursuant to Subsections G, H and I of this section until the
4 earlier of the following occurs:

5 (1) the insurer's approval or denial of the
6 provider's complete credentialing application; or

7 (2) the passage of three years from the date
8 the health care plan received the provider's complete
9 credentialing application." _____

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