

1 SENATE BILL 182

2 55TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2022

3 INTRODUCED BY

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10 AN ACT

11 RELATING TO HEALTH INSURANCE; REQUIRING THE SUPERINTENDENT OF
12 INSURANCE TO PROMULGATE RULES ESTABLISHING A TIME FRAME FOR
13 INSURERS TO LOAD INFORMATION ON APPROVED PROVIDERS INTO THEIR
14 PROVIDER PAYMENT SYSTEMS; REQUIRING INSURERS TO REIMBURSE
15 APPROVED PROVIDERS IF THE INSURERS FAIL TO LOAD THAT
16 INFORMATION WITHIN FORTY-FIVE DAYS OF RECEIVING A COMPLETE
17 CREDENTIALING APPLICATION.

18
19 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

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

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

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

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

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

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

14 E. Nothing in this section shall be construed to
15 require an insurer to credential or provisionally credential a
16 provider.

17 F. The rules that the superintendent adopts and
18 promulgates shall establish that an insurer or an insurer's
19 agent shall:

20 (1) assess and verify the qualifications of a
21 provider applying to become a participating provider within
22 forty-five calendar days of receipt of a complete credentialing
23 application and issue a decision in writing to the applicant
24 approving or denying the credentialing application; ~~[and]~~

25 (2) within ten working days after receipt of a

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~~[bracketed material] = delete~~

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

12 (3) no later than forty-five days after
13 receipt of a complete credentialing application, load into the
14 insurer's provider payment system all provider information,
15 including all information needed to correctly reimburse a newly
16 approved provider according to the provider's contract. The
17 insurer or insurer's agent shall add the approved provider's
18 data to the provider directory upon loading the provider's
19 information into the 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 forty-five calendar days after the date on which the insurer
24 received a complete credentialing application for that provider
25 [~~provided that~~] if:

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

6 [~~(2) the insurer has approved, or has failed~~
7 ~~to approve or deny, the applicant's complete credentialing~~
8 ~~application within the time frame established pursuant to~~
9 ~~Paragraph (1) of Subsection F of this section;~~

10 [~~(3) the provider]~~

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

16 [~~(4) the provider]~~

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

19 (2) the insurer:

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

24 (b) fails to load the approved
25 applicant's information into the insurer's provider payment

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1 system in accordance with Paragraph (3) of Subsection F of this
2 section.

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

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

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

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

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

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

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1 L. As used in this section:

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

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

9 SECTION 2. Section 59A-23-14 NMSA 1978 (being Laws 2015,
10 Chapter 111, Section 2, as amended) is amended to 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 application
20 established pursuant to Subsection A of this section.

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

24 D. The rules that the superintendent adopts and
25 promulgates shall require primary credential verification no

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1 more frequently than every three years and allow provisional
2 credentialing for a period of one year.

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

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

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

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

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1 (3) no later than forty-five days after
2 receipt of a complete credentialing application, load into the
3 insurer's provider payment system all provider information,
4 including all information needed to correctly reimburse a newly
5 approved provider according to the provider's contract. The
6 insurer or insurer's agent shall add the approved provider's
7 data to the provider directory upon loading the provider's
8 information into the insurer's provider payment system.

9 G. An insurer shall reimburse a provider for
10 covered health care services for any claims from the provider
11 that the insurer receives with a date of service more than
12 forty-five calendar days after the date on which the insurer
13 received a complete credentialing application for that provider
14 [~~provided that~~] if:

15 (1) the provider:

16 (a) has submitted a complete
17 credentialing application and any supporting documentation that
18 the insurer has requested in writing within the time frame
19 established in Paragraph (2) of Subsection F of this section;

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

24 ~~(3) the provider]~~

25 (b) has no past or current license

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1 sanctions or limitations, as reported by the New Mexico medical
2 board or another pertinent licensing and regulatory agency, or
3 by a similar out-of-state licensing and regulatory entity for a
4 provider licensed in another state; and

5 [~~(4) the provider~~]

6 (c) has professional liability insurance
7 or is covered under the Medical Malpractice Act; and

8 (2) the insurer:

9 (a) has approved, or has failed to
10 approve or deny, the applicant's complete credentialing
11 application within the time frame established pursuant to
12 Paragraph (1) of Subsection F of this section; or

13 (b) fails to load the approved
14 applicant's information into the insurer's provider payment
15 system in accordance with Paragraph (3) of Subsection F of this
16 section.

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

22 I. A provider who, at the time services were
23 rendered, was employed by a practice or group that has
24 contracted with the insurer to provide services at specified
25 rates of reimbursement shall be paid by the insurer in

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1 accordance with the terms of that contract.

2 J. The superintendent shall adopt and promulgate
3 rules to provide for the resolution of disputes relating to
4 reimbursement and credentialing arising in cases where
5 credentialing is delayed beyond forty-five days after
6 application.

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

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

12 (2) the passage of three years from the date
13 the insurer received the provider's complete credentialing
14 application.

15 L. As used in this section:

16 (1) "credentialing" means the process of
17 obtaining and verifying information about a provider and
18 evaluating that provider when that provider seeks to become a
19 participating provider; and

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

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

25 "59A-46-54. PROVIDER CREDENTIALING--REQUIREMENTS--

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1 DEADLINE.--

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

7 B. A carrier shall not require a provider to submit
8 information not required by a credentialing application
9 established pursuant to Subsection A of this section.

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

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

17 E. Nothing in this section shall be construed to
18 require a carrier to credential or provisionally credential a
19 provider.

20 F. The rules that the superintendent adopts and
21 promulgates shall establish that a carrier or a carrier's agent
22 shall:

23 (1) assess and verify the qualifications of a
24 provider applying to become a participating provider within
25 forty-five calendar days of receipt of a complete credentialing

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1 application and issue a decision in writing to the applicant
2 approving or denying the credentialing application; ~~and~~

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

15 (3) no later than forty-five days after
16 receipt of a complete credentialing application, load into the
17 carrier's provider payment system all provider information,
18 including all information needed to correctly reimburse a newly
19 approved provider according to the provider's contract. The
20 carrier or carrier's agent shall add the approved provider's
21 data to the provider directory upon loading the provider's
22 information into the carrier's provider payment system.

23 G. A carrier shall reimburse a provider for covered
24 health care services for any claims from the provider that the
25 carrier receives with a date of service more than forty-five

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1 calendar days after the date on which the carrier received a
2 complete credentialing application for that provider [~~provided~~
3 ~~that~~] if:

4 (1) the provider:

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

9 [~~(2) the carrier has approved, or has failed~~
10 ~~to approve or deny, the applicant's complete credentialing~~
11 ~~application within the time frame established pursuant to~~
12 ~~Paragraph (1) of Subsection F of this section;~~

13 ~~(3) the provider]~~

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

19 ~~[(4) the provider]~~

20 (c) has professional liability insurance
21 or is covered under the Medical Malpractice Act; and

22 (2) the carrier:

23 (a) has approved, or has failed to
24 approve or deny, the applicant's complete credentialing
25 application within the time frame established pursuant to

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1 Paragraph (1) of Subsection F of this section; or
2 (b) fails to load the approved
3 applicant's information into the carrier's provider payment
4 system in accordance with Paragraph (3) of Subsection F of this
5 section.

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

11 I. A provider who, at the time services were
12 rendered, was employed by a practice or group that has
13 contracted with the carrier to provide services at specified
14 rates of reimbursement shall be paid by the carrier in
15 accordance with the terms of that contract.

16 J. The superintendent shall adopt and promulgate
17 rules to provide for the resolution of disputes relating to
18 reimbursement and credentialing arising in cases where
19 credentialing is delayed beyond forty-five days after
20 application.

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

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

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

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

6 "59A-47-49. PROVIDER CREDENTIALING--REQUIREMENTS--
7 DEADLINE.--

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

13 B. A health care plan shall not require a provider
14 to submit information not required by a credentialing
15 application established pursuant to Subsection A of this
16 section.

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

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

24 E. Nothing in this section shall be construed to
25 require a health care plan to credential or provisionally

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1 credential a provider.

2 F. The rules that the superintendent adopts and
3 promulgates shall establish that a health care plan or a health
4 care plan's agent shall:

5 (1) assess and verify the qualifications of a
6 provider applying to become a participating provider within
7 forty-five calendar days of receipt of a complete credentialing
8 application and issue a decision in writing to the applicant
9 approving or denying the credentialing application; ~~and~~

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

22 (3) no later than forty-five days after
23 receipt of a complete credentialing application, load into the
24 health care plan's provider payment system all provider
25 information, including all information needed to correctly

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underscoring material = new
[bracketed material] = delete

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

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

12 (1) the provider:

13 (a) has submitted a complete
14 credentialing application and any supporting documentation that
15 the health care plan has requested in writing within the time
16 frame established in Paragraph (2) of Subsection F of this
17 section;

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

22 [~~(3) the provider]~~

23 (b) has no past or current license
24 sanctions or limitations, as reported by the New Mexico medical
25 board or another pertinent licensing and regulatory agency, or

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1 by a similar out-of-state licensing and regulatory entity for a
2 provider licensed in another state; and

3 [~~(4) the provider~~]

4 (c) has professional liability insurance
5 or is covered under the Medical Malpractice Act; and

6 (2) the health plan:

7 (a) has approved, or has failed to
8 approve or deny, the applicant's complete credentialing
9 application within the time frame established pursuant to
10 Paragraph (1) of Subsection F of this section; or

11 (b) fails to load the approved
12 applicant's information into the health care plan's provider
13 payment system in accordance with Paragraph (3) of Subsection F
14 of this section.

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

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

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underscoring material = new
~~[bracketed material] = delete~~

1 J. The superintendent shall adopt and promulgate
2 rules to provide for the resolution of disputes relating to
3 reimbursement and credentialing arising in cases where
4 credentialing is delayed beyond forty-five days after
5 application.

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

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

11 (2) the passage of three years from the date
12 the health care plan received the provider's complete
13 credentialing application."