

LFC Requester: _____

AGENCY BILL ANALYSIS - 2025 REGULAR SESSION
WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO
AgencyAnalysis.nmlegis.gov and email to billanalysis@dfa.nm.gov
(Analysis must be uploaded as a PDF)

SECTION I: GENERAL INFORMATION

{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}

Date Prepared: _____ *Check all that apply:*
Bill Number: HB402Amended Original _____ Correction _____
 Amendment Substitute _____

Sponsor: Rep. Hernandez
Short Title: Health Insurance Provider Info Loading
Agency Name and Code: HCA 630
Number: _____
Person Writing: JoLou Trujillo-Ottino
Phone: 505-795-3464 **Email:** Jolou.trujillo-

SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
\$0	\$0	Nonrecurring	NA

(Parenthesis () indicate expenditure decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
\$0	\$0	\$0	Nonrecurring	NA

(Parenthesis () indicate revenue decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	\$0	\$0	\$0	\$0	Nonrecurring	N/A

(Parenthesis () Indicate Expenditure Decreases)

State Health Benefits no fiscal implications

Duplicates/Conflicts with/Companion to/Relates to:
Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis:

Purpose of the Bill:

This bill aims to streamline and regulate the credentialing and reimbursement process for healthcare providers, specifically dental providers, under health insurance carriers in New Mexico. It ensures timely loading of provider information into payment systems and mandates reimbursement when delays occur.

Key Provisions & Implications:

1. Establishment of Credentialing Rules (Section A-D)

- The Superintendent of Insurance must adopt rules for a uniform credentialing process.
- Only two credentialing application forms will be allowed, preventing unnecessary paperwork.
- Applies to both initial credentialing and recredentialing.
- Primary credential verification is limited to once every three years, with one-year provisional credentialing as an option.

2. Time Frame for Credentialing & Notification (Section F)

- Carriers must assess and verify provider qualifications within 30 days of receiving a complete application.
- If additional review is needed (e.g., due to sanctions or past felony convictions), an extension of 15 days is permitted.
- Carriers must notify providers within 10 days if additional documentation is required.
- Carriers have 30-45 days to load the provider's information into their payment system.

3. Reimbursement for Delayed Credentialing (Section G)

- If a carrier fails to load a provider's information within 30 days, it must retroactively reimburse the provider for services rendered.
- Reimbursement is contingent on:
 - A complete application submission.
 - The provider having no license sanctions or malpractice issues.
 - The provider maintaining professional liability insurance.
- The carrier must reimburse the provider until the application is approved/denied or for a maximum of three years.

4. Payment Terms Based on Employment (Section H-I)

- Non-contracted Providers not employed by a contracted group shall be paid by the health insurance carrier in accordance with the health insurance carrier's standard reimbursement rate.
- Providers employed by a contracted group will be reimbursed based on the negotiated contract rates.

5. Dispute Resolution (Section J)

- The Superintendent must create rules for resolving disputes where credentialing delays exceed 30 days.

FISCAL IMPLICATIONS

State Health Benefits no fiscal implications

Medical Assistance Division No fiscal implications

SIGNIFICANT ISSUES

State Health Benefits no significant issues

Medical Assistance Division No implications

PERFORMANCE IMPLICATIONS

State Health Benefits no performance implications

Medical Assistance Division No implications; this aligns with single credentialing efforts from the Medicaid agency through the Medicaid Managed Care Organizations

ADMINISTRATIVE IMPLICATIONS

State Health Benefits no administrative implications

Medical Assistance Division No implications

No IT impact.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

State Health Benefits no conflict or duplication

Medical Assistance Division No fiscal implications

TECHNICAL ISSUES

State Health Benefits no technical issues

Medical Assistance Division No fiscal implications

OTHER SUBSTANTIVE ISSUES

State Health Benefits no other issues

Medical Assistance Division No fiscal implications

ALTERNATIVES

N/A

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Status quo

AMENDMENTS