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HOUSE BILL 402

57TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2025

INTRODUCED BY

Joshua N. Hernandez

AN ACT

RELATING TO INSURANCE; REQUIRING THE SUPERINTENDENT OF
INSURANCE TO PROMULGATE RULES ESTABLISHING A TIME FRAME FOR
HEALTH INSURANCE CARRIERS TO LOAD INFORMATION ON APPROVED
PROVIDERS INTO THEIR PROVIDER PAYMENT SYSTEMS; REQUIRING HEALTH
INSURANCE CARRIERS TO REIMBURSE APPROVED PROVIDERS IF THE
HEALTH INSURANCE CARRIERS 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. A new section of the Short-Term Health Plan
and Excepted Benefit Act is enacted to read:

"[NEW MATERIAL] DENTAL PLAN--PROVIDER CREDENTIALING--
REQUIREMENTS--DEADLINE.--

A. The superintendent shall adopt and promulgate
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. A health insurance carrier shall not require a
5 provider 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 insurance carrier to credential or
17 provisionally credential a provider.

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

21 (1) assess and verify the qualifications of a
22 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;

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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 presented,
5 including an admission of sanctions by the state licensing
6 board, an investigation or a felony conviction, a revocation of
7 clinical privileges or a denial of insurance coverage, requires
8 additional consideration;

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

22 (4) no later than thirty calendar days as
23 described in Paragraph (1) of this subsection or an additional
24 fifteen days as described in Paragraph (2) of this subsection,
25 load into the health insurance carrier's provider payment

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

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

14 (1) the provider:

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

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

25 (c) has professional liability insurance

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1 or is covered under the Medical Malpractice Act; and

2 (2) the health insurance carrier:

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 insurance carrier's
9 provider payment system in accordance with Paragraph (4) of
10 Subsection F of this section.

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

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

23 J. The superintendent shall adopt and promulgate
24 rules to provide for the resolution of disputes relating to
25 reimbursement and credentialing arising in cases where

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1 credentialing is delayed beyond thirty days after application.

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

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

7 (2) the passage of three years from the date
8 the health insurance carrier received the provider's complete
9 credentialing application.

10 L. As used in this section:

11 (1) "credentialing" means the process of
12 obtaining and verifying information about a provider and
13 evaluating that provider when that provider seeks to become a
14 participating provider; and

15 (2) "provider" means a person who has
16 graduated and received a degree from a school of dentistry that
17 is accredited by the commission on dental accreditation and
18 holds a license to practice dentistry in New Mexico."