

1 SENATE BILL 232

2 **56TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2023**

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 THIRTY 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~~] thirty calendar days of receipt of a complete  
23 credentialing application and issue a decision in writing to  
24 the applicant approving or denying the credentialing  
25 application; [~~and~~]

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1 (2) within ten working days after receipt of a  
2 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. The  
6 notice to the applicant shall include a complete and detailed  
7 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 (3) no later than thirty days after receipt of  
14 a complete credentialing application, load into the insurer's  
15 provider payment system all provider information, including all  
16 information needed to correctly reimburse a newly approved  
17 provider according to the provider's contract. The insurer or  
18 insurer's agent shall add the approved provider's data to the  
19 provider directory upon loading the provider's information into  
20 the insurer's provider payment system.

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

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1 provider [~~provided that~~] if:

2 (1) the provider:

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

7 [~~(2) the insurer has approved, or has failed~~  
8 ~~to 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;~~

11 (3) ~~the provider]~~

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

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

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

20 (2) the insurer:

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

25 (b) fails to load the approved

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1 applicant's information into the insurer's provider payment  
2 system in accordance with Paragraph (3) of Subsection F of this  
3 section.

4 H. A provider who, at the time services were  
5 rendered, was not 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 insurer's standard reimbursement rate.

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

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

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

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

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

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1 application.

2 L. As used in this section:

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

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

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

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

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

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

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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 a  
6 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 a  
11 provider applying to become a participating provider within  
12 ~~[forty-five]~~ thirty calendar days of receipt of a complete  
13 credentialing application and issue a decision in writing to  
14 the applicant approving or denying the credentialing  
15 application; ~~[and]~~

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

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1 Any information required pursuant to this section shall be  
2 reasonably related to the information in the application; and  
3 (3) no later than thirty days after receipt of  
4 a complete credentialing application, load into the insurer's  
5 provider payment system all provider information, including all  
6 information needed to correctly reimburse a newly approved  
7 provider according to the provider's contract. The insurer or  
8 insurer's agent shall add the approved provider's data to the  
9 provider directory upon loading the provider's information into  
10 the insurer's provider payment system.

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

17 (1) the provider:

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

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

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1                   ~~(3) the provider]~~

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

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

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

10                   (2) the insurer:

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

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

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

24                   I. A provider who, at the time services were  
25 rendered, was employed by a practice or group that has

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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 terms of that contract.

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

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

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

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

17 L. As used in this section:

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

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

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

2 "59A-46-54. PROVIDER CREDENTIALING--REQUIREMENTS--  
3 DEADLINE.--

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

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

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

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

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

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

25 (1) assess and verify the qualifications of a

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1 provider applying to become a participating provider within  
2 [~~forty-five~~] thirty calendar days of receipt of a complete  
3 credentialing application and issue a decision in writing to  
4 the applicant approving or denying the credentialing  
5 application; [~~and~~]

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

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

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1 G. A carrier shall reimburse a provider for covered  
2 health care services for any claims from the provider that the  
3 carrier receives with a date of service more than ~~[forty-five]~~  
4 thirty calendar days after the date on which the carrier  
5 received a complete credentialing application for that provider  
6 ~~[provided that]~~ if:

7 (1) the provider:

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

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

16 ~~(3) the provider]~~

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

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

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

25 (2) the carrier:

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1                   (a) has approved, or has failed to  
2 approve or deny, the applicant's complete credentialing  
3 application within the time frame established pursuant to  
4 Paragraph (1) of Subsection F of this section; or  
5                   (b) fails to load the approved  
6 applicant's information into the carrier's provider payment  
7 system in accordance with Paragraph (3) of Subsection F of this  
8 section.

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

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

19                   J. The superintendent shall adopt and promulgate  
20 rules to provide for the resolution of disputes relating to  
21 reimbursement and credentialing arising in cases where  
22 credentialing is delayed beyond [~~forty-five~~] thirty days after  
23 application.

24                   K. A carrier shall reimburse a provider pursuant to  
25 Subsections G, H and I of this section until the earlier of the

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1 following occurs:

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

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

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

9 "59A-47-49. PROVIDER CREDENTIALING--REQUIREMENTS--  
10 DEADLINE.--

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

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

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

23 D. The rules that the superintendent adopts and  
24 promulgates shall require primary credential verification no  
25 more frequently than every three years and allow provisional

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1 credentialing for a period of one year.

2 E. Nothing in this section shall be construed to  
3 require a health care plan to credential or provisionally  
4 credential a provider.

5 F. The rules that the superintendent adopts and  
6 promulgates shall establish that a health care plan or a health  
7 care plan's agent shall:

8 (1) assess and verify the qualifications of a  
9 provider applying to become a participating provider within  
10 [~~forty-five~~] thirty calendar days of receipt of a complete  
11 credentialing application and issue a decision in writing to  
12 the applicant approving or denying the credentialing  
13 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 thirty days after receipt of  
2 a complete credentialing application, load into the health care  
3 plan'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 health care plan or health care plan's agent shall add the  
7 approved provider's data to the provider directory upon loading  
8 the provider's information into the health care plan's provider  
9 payment system.

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

16                   (1) the provider:

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

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

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1                   ~~(3) the provider]~~

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

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

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

10                   (2) the health care plan:

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

15                   (b) fails to load the approved  
16 applicant's information into the health care plan's provider  
17 payment system in accordance with Paragraph (3) of Subsection F  
18 of this section.

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

25                   I. A provider who was, at the time services were

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1 rendered, employed by a practice or group that has contracted  
2 with the health care plan to provide services at specified  
3 rates of reimbursement shall be paid by the health care plan in  
4 accordance with the terms of that contract.

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

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

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

15 (2) the passage of three years from the date  
16 the health care plan received the provider's complete  
17 credentialing application."