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HOUSE BILL 66

51ST LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2013

INTRODUCED BY

Bill McCamley

AN ACT

RELATING TO HEALTH COVERAGE; ENACTING NEW SECTIONS OF THE HEALTH CARE PURCHASING ACT, THE NEW MEXICO INSURANCE CODE, THE HEALTH MAINTENANCE ORGANIZATION LAW AND THE NONPROFIT HEALTH CARE PLAN LAW TO ESTABLISH HEALTH CARE COVERAGE IDENTIFICATION CARD REQUIREMENTS.

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

SECTION 1. A new section of the Health Care Purchasing Act is enacted to read:

"[NEW MATERIAL] IDENTIFICATION CARDS--REQUIREMENTS--TIMELY ISSUANCE AND RENEWAL.--

A. A group health plan offering coverage pursuant to this section shall issue an identification card to the primary insured. The group health plan may also issue identification cards to individuals covered under the primary

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1 subscriber's coverage. The identification card shall contain
2 the following information in a readily identifiable format on
3 the face of the card and via electronic coding associated with
4 the card:

5 (1) the name of the third-party administrator
6 of the group health plan;

7 (2) the name of the holder of the group health
8 plan;

9 (3) the name of the insured;

10 (4) an indication that the group health plan
11 is self-insured;

12 (5) the identification number of the insured;

13 (6) the group health plan or contract number;

14 (7) the date upon which the insured's coverage
15 became effective;

16 (8) the beginning and ending dates of any
17 preexisting exclusion period;

18 (9) the name of the primary care provider for
19 each subscriber where selection of a primary care provider is
20 required;

21 (10) a telephone number or electronic address
22 at which authorization or admission certification may be
23 obtained, if authorization or admission certification is
24 required; and

25 (11) in-network cost-sharing information,

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1 including amounts applicable to primary care provider visits,
2 specialist visits, emergency room visits and hospital stays.

3 B. A group health plan shall provide each primary
4 insurer a new identification card issued pursuant to this
5 section according to the following schedule:

6 (1) within thirty days of a group health
7 plan's effective date;

8 (2) within thirty days of the date that the
9 primary subscriber initially becomes eligible for coverage
10 under an existing group health plan; and

11 (3) no later than thirty days after a change
12 in any information that an identification card is required to
13 contain pursuant to Subsection A of this section.

14 C. A group health plan that has provided an
15 identification card to a primary insured before July 1, 2013
16 shall replace that card upon renewal of the group health plan
17 with an identification card that complies with the provisions
18 of this section.

19 D. As used in this section:

20 (1) "identification card" means a group health
21 plan identification card; and

22 (2) "primary care provider" means a health
23 care practitioner acting within the scope of the health care
24 practitioner's license who provides the first level of basic or
25 general health care for a person's health needs, including

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1 diagnostic and treatment services, initiates referrals to other
2 health care practitioners and maintains the continuity of care
3 when appropriate."

4 SECTION 2. A new section of Chapter 59A, Article 22 NMSA
5 1978 is enacted to read:

6 "[NEW MATERIAL] IDENTIFICATION CARDS--REQUIREMENTS--TIMELY
7 ISSUANCE AND RENEWAL.--

8 A. An insurer or administrator that delivers,
9 issues for delivery or renews an individual health insurance
10 policy, health care plan or certificate of health insurance in
11 this state shall issue an identification card to the primary
12 insured. The insurer or administrator may also issue
13 identification cards to individuals covered under the primary
14 insured's coverage. The identification card shall contain the
15 following information in a readily identifiable format on the
16 face of the card and via electronic coding associated with the
17 card:

18 (1) the name of the administrator or insurer
19 issuing the health insurance policy, health care plan or
20 certificate of health insurance;

21 (2) the name of the holder of the health
22 insurance policy, health care plan or certificate of health
23 insurance;

24 (3) the name of the insured;

25 (4) an indication of whether the policy, plan

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1 or certificate is insured or self-insured;

2 (5) the insured's identification number;

3 (6) the policy, plan or certificate number;

4 (7) the date upon which the insured's coverage
5 became effective;

6 (8) the beginning and ending dates of any
7 preexisting exclusion period;

8 (9) the name of the primary care provider for
9 each insured where selection of a primary care provider is
10 required;

11 (10) a telephone number or electronic address
12 at which authorization or admission certification may be
13 obtained, if authorization or admission certification is
14 required; and

15 (11) in-network cost-sharing information,
16 including amounts applicable to primary care provider visits,
17 specialist visits, emergency room visits and hospital stays.

18 B. An insurer or administrator shall provide each
19 primary insured a new identification card issued pursuant to
20 this section according to the following schedule:

21 (1) within thirty days of a health insurance
22 policy's, health care plan's or certificate of health
23 insurance's effective date;

24 (2) within thirty days of the date that the
25 primary insured initially becomes eligible for coverage under

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1 an existing health insurance policy, health care plan or
2 certificate of health insurance; and

3 (3) no later than thirty days after a change
4 in any information that an identification card is required to
5 contain pursuant to Subsection A of this section.

6 C. An individual health insurance policy, health
7 care plan or certificate of health insurance that has provided
8 an identification card to a primary insured before July 1, 2013
9 shall replace that card upon renewal of the policy, plan or
10 certificate with an identification card that complies with the
11 provisions of this section.

12 D. Each insurer and administrator of an individual
13 health insurance policy, health care plan or certificate of
14 health insurance in the state shall make an informational
15 filing of the identification card form with the superintendent.
16 The filing shall contain the form of the identification card
17 with all information required pursuant to this section. All
18 variants of the form shall be identified.

19 E. As used in this section:

20 (1) "identification card" means a health
21 insurance policy, health care plan or certificate of health
22 insurance identification card; and

23 (2) "primary care provider" means a health
24 care practitioner acting within the scope of the health care
25 practitioner's license who provides the first level of basic or

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1 general health care for a person's health needs, including
2 diagnostic and treatment services, initiates referrals to other
3 health care practitioners and maintains the continuity of care
4 when appropriate."

5 SECTION 3. A new section of Chapter 59A, Article 23 NMSA
6 1978 is enacted to read:

7 "[NEW MATERIAL] IDENTIFICATION CARDS--REQUIREMENTS--TIMELY
8 ISSUANCE AND RENEWAL.--

9 A. An insurer or administrator that delivers,
10 issues for delivery or renews a group or blanket health
11 insurance policy, health care plan or certificate of health
12 insurance in this state shall issue an identification card to
13 the primary insured. The insurer or administrator may also
14 issue identification cards to individuals covered under the
15 primary insured's coverage. The identification card shall
16 contain the following information in a readily identifiable
17 format on the face of the card and via electronic coding
18 associated with the card:

19 (1) the name of the administrator of or the
20 insurer issuing the health insurance policy, health care plan
21 or certificate of health insurance;

22 (2) the name of the holder of the health
23 insurance policy, health care plan or certificate of health
24 insurance;

25 (3) the name of the insured;

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1 (4) an indication of whether the policy, plan
2 or certificate is insured or self-insured;

3 (5) the identification number of the insured;

4 (6) the group or blanket number, if
5 applicable;

6 (7) the policy, plan or certificate number, if
7 applicable;

8 (8) the date upon which the insured's coverage
9 became effective;

10 (9) the beginning and ending dates of any
11 preexisting exclusion period;

12 (10) the name of the primary care provider for
13 each insured where selection of a primary care provider is
14 required;

15 (11) a telephone number or electronic address
16 at which authorization or admission certification may be
17 obtained, if authorization or admission certification is
18 required; and

19 (12) in-network cost-sharing information,
20 including amounts applicable to primary care provider visits,
21 specialist visits, emergency room visits and hospital stays.

22 B. An insurer or administrator shall provide each
23 primary insured a new identification card issued pursuant to
24 this section according to the following schedule:

25 (1) within thirty days of a health insurance

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1 policy, health care plan or certificate of health insurance
2 becoming effective;

3 (2) within thirty days of the date that the
4 primary insured initially becomes eligible for coverage under
5 an existing health insurance policy, health care plan or
6 certificate of health insurance; and

7 (3) no later than thirty days after a change
8 in any information that an identification card is required to
9 contain pursuant to Subsection A of this section.

10 C. A group or blanket health insurance policy,
11 health care plan or certificate of health insurance that has
12 provided an identification card to a primary insured before
13 July 1, 2013 shall replace that card upon renewal of the
14 policy, plan or certificate with an identification card that
15 complies with the provisions of this section.

16 D. Each insurer and administrator of a group or
17 blanket health insurance policy, health care plan or
18 certificate of health insurance in the state shall make an
19 informational filing of the identification card form with the
20 superintendent. The filing shall contain the form of the
21 identification card with all information required pursuant to
22 this section. All variants of the form shall be identified.

23 E. As used in this section:

24 (1) "identification card" means a health
25 insurance policy, health care plan or certificate of health

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1 insurance identification card; and

2 (2) "primary care provider" means a health
3 care practitioner acting within the scope of the health care
4 practitioner's license who provides the first level of basic or
5 general health care for a person's health needs, including
6 diagnostic and treatment services, initiates referrals to other
7 health care practitioners and maintains the continuity of care
8 when appropriate."

9 SECTION 4. A new section of the Health Maintenance
10 Organization Law is enacted to read:

11 "[NEW MATERIAL] IDENTIFICATION CARDS--REQUIREMENTS--TIMELY
12 ISSUANCE AND RENEWAL.--

13 A. A carrier that delivers, issues for delivery or
14 renews an individual or group health maintenance organization
15 contract in this state shall issue an identification card to
16 the primary insured. The carrier may also issue identification
17 cards to individuals covered under the primary insured's
18 coverage. The identification card shall contain the following
19 information in a readily identifiable format on the face of the
20 card and via electronic coding associated with the card:

21 (1) the name of the carrier issuing the health
22 maintenance organization contract;

23 (2) the name of the holder of the health
24 maintenance organization contract;

25 (3) the name of the enrollee;

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- 1 (4) an indication of whether the health
2 maintenance organization contract is insured or self-insured;
- 3 (5) the identification number of the enrollee;
- 4 (6) the contract number, if applicable;
- 5 (7) the group number, if applicable;
- 6 (8) the date upon which the enrollee's
7 coverage became effective;
- 8 (9) the beginning and ending dates of any
9 preexisting exclusion period;
- 10 (10) the name of the primary care provider for
11 each insured where selection of a primary care provider is
12 required;
- 13 (11) a telephone number or electronic address
14 at which authorization or admission certification may be
15 obtained, if authorization or admission certification is
16 required; and
- 17 (12) in-network cost-sharing information,
18 including amounts applicable to primary care provider visits,
19 specialist visits, emergency room visits and hospital stays.
- 20 B. A carrier shall provide each primary insured a
21 new identification card issued pursuant to this section
22 according to the following schedule:
- 23 (1) within thirty days of a health maintenance
24 organization contract's effective date;
- 25 (2) within thirty days of the date that the

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1 primary enrollee initially becomes eligible for coverage under
2 an existing health maintenance organization contract; and

3 (3) no later than thirty days after a change
4 in any information that an identification card is required to
5 contain pursuant to Subsection A of this section.

6 C. A carrier that has provided an identification
7 card to a primary enrollee before July 1, 2013 shall replace
8 that card upon renewal of the health maintenance organization
9 contract with an identification card that complies with the
10 provisions of this section.

11 D. Each carrier issuing an identification card
12 pursuant to this section shall make an informational filing of
13 the identification card form with the superintendent. The
14 filing shall contain the form of the identification card with
15 all information required pursuant to this section. All
16 variants of the form shall be identified.

17 E. As used in this section:

18 (1) "identification card" means a health
19 maintenance organization identification card; and

20 (2) "primary care provider" means a health
21 care practitioner acting within the scope of the health care
22 practitioner's license who provides the first level of basic or
23 general health care for a person's health needs, including
24 diagnostic and treatment services, initiates referrals to other
25 health care practitioners and maintains the continuity of care

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1 when appropriate."

2 SECTION 5. A new section of the Nonprofit Health Care
3 Plan Law is enacted to read:

4 "[NEW MATERIAL] IDENTIFICATION CARDS--REQUIREMENTS--TIMELY
5 ISSUANCE AND RENEWAL.--

6 A. An individual or group health care plan shall
7 issue an identification card to the primary insured. The
8 health care plan may also issue identification cards to
9 individuals covered under the primary subscriber's coverage.
10 The identification card shall contain the following information
11 in a readily identifiable format on the face of the card and
12 via electronic coding associated with the card:

13 (1) the name of the issuer or administrator of
14 the health care plan;

15 (2) the name of the holder of the health care
16 plan;

17 (3) the name of the subscriber;

18 (4) an indication of whether the health care
19 plan is insured or self-insured;

20 (5) the identification number of the
21 subscriber;

22 (6) the health care plan or contract number,
23 if applicable;

24 (7) the group number, if applicable;

25 (8) the date upon which the subscriber's

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1 coverage became effective;

2 (9) the beginning and ending dates of any
3 preexisting exclusion period;

4 (10) the name of the primary care provider for
5 each subscriber where selection of a primary care provider is
6 required;

7 (11) a telephone number or electronic address
8 at which authorization or admission certification may be
9 obtained, if authorization or admission certification is
10 required; and

11 (12) in-network cost-sharing information,
12 including amounts applicable to primary care provider visits,
13 specialist visits, emergency room visits and hospital stays.

14 B. A health care plan shall provide each primary
15 subscriber a new identification card issued pursuant to this
16 section according to the following schedule:

17 (1) within thirty days of a health care plan's
18 effective date;

19 (2) within thirty days of the date that the
20 primary subscriber initially becomes eligible for coverage
21 under an existing health care plan; and

22 (3) no later than thirty days after a change
23 in any information that an identification card is required to
24 contain pursuant to Subsection A of this section.

25 C. A health care plan that has provided an

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1 identification card to a primary subscriber before July 1, 2013
2 shall replace that card upon renewal of the health care plan
3 with an identification card that complies with the provisions
4 of this section.

5 D. Each health care plan issuing an identification
6 card pursuant to this section shall make an informational
7 filing of the identification card form with the superintendent.
8 The filing shall contain the form of the identification card
9 with all information required pursuant to this section. All
10 variants of the form shall be identified.

11 E. As used in this section:

12 (1) "identification card" means a health care
13 plan identification card; and

14 (2) "primary care provider" means a health
15 care practitioner acting within the scope of the health care
16 practitioner's license who provides the first level of basic or
17 general health care for a person's health needs, including
18 diagnostic and treatment services, initiates referrals to other
19 health care practitioners and maintains the continuity of care
20 when appropriate."