

HOUSE HEALTH, GOVERNMENT AND INDIAN
AFFAIRS COMMITTEE SUBSTITUTE FOR
HOUSE BILL 66

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

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 insured's coverage. The identification card shall contain the
2 following information in a readily identifiable format on the
3 face of the card and via electronic coding associated with the
4 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 name of the primary care provider for
17 each insured where selection of a primary care provider is
18 required;

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

23 (10) in-network cost-sharing information,
24 including amounts applicable to primary care provider visits,
25 specialist visits, emergency room visits and hospital stays.

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

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

6 (2) within thirty days of the date that the
7 group health plan receives the enrollment information of the
8 primary insured, after the primary insured initially becomes
9 eligible for coverage under an existing group health plan; and

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

14 C. A group health plan that has provided an
15 identification card to a primary insured before January 1, 2014
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. The provisions of this section shall not apply
20 to group health coverage intended to supplement major medical
21 group-type coverage such as medicare supplement, long-term
22 care, disability income, specified disease, accident-only,
23 hospital indemnity or any other limited-benefit health
24 insurance policy.

25 E. As used in this section:

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

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

10 SECTION 2. A new section of Chapter 59A, Article 22 NMSA
11 1978 is enacted to read:

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

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

24 (1) the name of the administrator or insurer
25 issuing the health insurance policy, health care plan or

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1 certificate of health insurance;

2 (2) the name of the holder of the health
3 insurance policy, health care plan or certificate of health
4 insurance;

5 (3) the name of the insured;

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

8 (5) the insured's identification number;

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

10 (7) the date upon which the insured's coverage
11 became effective;

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

15 (9) 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 (10) 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's, health care plan's or certificate of health
2 insurance's effective date;

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

9 (3) no later than thirty days after the
10 insurer or administrator receives notice of a change in any
11 information that an identification card is required to contain
12 pursuant to Subsection A of this section.

13 C. An individual health insurance policy, health
14 care plan or certificate of health insurance that has provided
15 an identification card to a primary insured before January 1,
16 2014 shall replace that card upon renewal of the policy, plan
17 or certificate with an identification card that complies with
18 the provisions of this section.

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

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1 E. The provisions of this section shall not apply
 2 to individual health insurance policies, plans or certificates
 3 intended to supplement major medical group-type coverage such
 4 as medicare supplement, long-term care, disability income,
 5 specified disease, accident-only, hospital indemnity or any
 6 other limited-benefit health insurance policy, plan or
 7 certificate.

8 F. As used in this section:

9 (1) "identification card" means a health
 10 insurance policy, health care plan or certificate of health
 11 insurance identification card; and

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

19 **SECTION 3.** A new section of Chapter 59A, Article 23 NMSA
 20 1978 is enacted to read:

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

23 A. An insurer or administrator that delivers,
 24 issues for delivery or renews a group or blanket health
 25 insurance policy, health care plan or certificate of health

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1 insurance in this state shall issue an identification card to
2 the primary insured. The insurer or administrator may also
3 issue identification cards to individuals covered under the
4 primary insured's coverage. The identification card shall
5 contain the following information in a readily identifiable
6 format on the face of the card and via electronic coding
7 associated with the card:

8 (1) the name of the administrator of or the
9 insurer issuing the health insurance policy, health care plan
10 or certificate of health insurance;

11 (2) the name of the holder of the health
12 insurance policy, health care plan or certificate of health
13 insurance;

14 (3) the name of the insured;

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

17 (5) the identification number of the insured;

18 (6) the group or blanket number, if
19 applicable;

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

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

24 (9) the name of the primary care provider for
25 each insured where selection of a primary care provider is

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1 required;

2 (10) a telephone number or electronic address
3 at which authorization or admission certification may be
4 obtained, if authorization or admission certification is
5 required; and

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

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

12 (1) within thirty days of a health insurance
13 policy, health care plan or certificate of health insurance
14 becoming effective;

15 (2) within thirty days of the date that the
16 insurer or administrator receives the enrollment information of
17 the primary insured, after the primary insured initially
18 becomes eligible for coverage under an existing health
19 insurance policy, health care plan or certificate of health
20 insurance; and

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

25 C. An insurer or administrator that has provided an

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1 identification card to a primary insured before January 1, 2014
2 shall replace that card upon renewal of the policy, plan or
3 certificate with an identification card that complies with the
4 provisions of this section.

5 D. Each insurer and administrator of a group or
6 blanket health insurance policy, health care plan or
7 certificate of health insurance in the state shall make an
8 informational filing of the identification card form with the
9 superintendent. The filing shall contain the form of the
10 identification card with all information required pursuant to
11 this section. All variants of the form shall be identified.

12 E. The provisions of this section shall not apply
13 to a group or blanket policy, plan or contract intended to
14 supplement major medical coverage such as medicare supplement,
15 long-term care, disability income, specified disease, accident-
16 only, hospital indemnity or any other limited-benefit health
17 insurance policy.

18 F. As used in this section:

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

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

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

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

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

17 (1) the name of the carrier issuing the health
 18 maintenance organization contract;

19 (2) the name of the holder of the health
 20 maintenance organization contract;

21 (3) the name of the enrollee;

22 (4) an indication of whether the health
 23 maintenance organization contract is insured or self-insured;

24 (5) the identification number of the enrollee;

25 (6) the contract number, if applicable;

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- 1 (7) the group number, if applicable;
- 2 (8) the date upon which the enrollee's
- 3 coverage became effective;
- 4 (9) the name of the primary care provider for
- 5 each enrollee where selection of a primary care provider is
- 6 required;
- 7 (10) 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 (11) 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 carrier shall provide each primary enrollee a
15 new identification card issued pursuant to this section
16 according to the following schedule:

17 (1) within thirty days of a health maintenance
18 organization contract's effective date;

19 (2) within thirty days of the date that the
20 carrier receives the enrollment information of the primary
21 enrollee, after the primary enrollee initially becomes eligible
22 for coverage under an existing health maintenance organization
23 contract; and

24 (3) no later than thirty days after the
25 carrier receives notice of a change in any information that an

1 identification card is required to contain pursuant to
2 Subsection A of this section.

3 C. A carrier that has provided an identification
4 card to a primary enrollee before January 1, 2014 shall replace
5 that card upon renewal of the health maintenance organization
6 contract with an identification card that complies with the
7 provisions of this section.

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

14 E. The provisions of this section shall not apply
15 to an individual or group health maintenance organization
16 contract intended to supplement major medical coverage such as
17 medicare supplement, long-term care, disability income,
18 specified disease, accident-only, hospital indemnity or any
19 other limited-benefit health insurance contract.

20 F. As used in this section:

21 (1) "identification card" means a health
22 maintenance organization 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 5. A new section of the Nonprofit Health Care
6 Plan Law is enacted to read:

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

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

16 (1) the name of the issuer or administrator of
17 the health care plan;

18 (2) the name of the holder of the health care
19 plan;

20 (3) the name of the subscriber;

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

23 (5) the identification number of the
24 subscriber;

25 (6) the health care plan or contract number,

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1 if applicable;

2 (7) the group number, if applicable;

3 (8) the date upon which the subscriber's
4 coverage became effective;

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

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

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

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

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

20 (2) within thirty days of the date that the
21 health care plan receives the enrollment information of the
22 primary subscriber, after the primary subscriber initially
23 becomes eligible for coverage under an existing health care
24 plan; and

25 (3) no later than thirty days after the health

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1 care plan receives notice of a change in any information that
2 an identification card is required to contain pursuant to
3 Subsection A of this section.

4 C. A health care plan that has provided an
5 identification card to a primary subscriber before January 1,
6 2014 shall replace that card upon renewal of the health care
7 plan with an identification card that complies with the
8 provisions of this section.

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

15 E. The provisions of this section shall not apply
16 to an individual or group health care plan intended to
17 supplement major medical coverage such as medicare supplement,
18 long-term care, disability income, specified disease,
19 accident-only, hospital indemnity or any other limited-benefit
20 health insurance health care plan.

21 F. As used in this section:

22 (1) "identification card" means a health care
23 plan identification card; and

24 (2) "primary care provider" means a health
25 care practitioner acting within the scope of the health care

1 practitioner's license who provides the first level of basic or
2 general health care for a person's health needs, including
3 diagnostic and treatment services, initiates referrals to other
4 health care practitioners and maintains the continuity of care
5 when appropriate."

6 SECTION 6. EFFECTIVE DATE.--The effective date of the
7 provisions of this act is January 1, 2014.

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