

HOUSE BILL 402

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

INTRODUCED BY

Joshua N. Hernandez

This document may incorporate amendments proposed by a committee, but not yet adopted, as well as amendments that have been adopted during the current legislative session. The document is a tool to show amendments in context and cannot be used for the purpose of adding amendments to legislation.

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 HHHC → PROVIDERS ← HHHC HHHC → DENTISTS ← HHHC INTO THEIR PROVIDER PAYMENT SYSTEMS; REQUIRING HEALTH INSURANCE CARRIERS TO REIMBURSE APPROVED HHHC → PROVIDERS ← HHHC HHHC → DENTISTS ← HHHC IF THE HEALTH INSURANCE CARRIERS FAIL TO LOAD THAT INFORMATION WITHIN THIRTY DAYS OF RECEIVING A COMPLETE CREDENTIALING

.229924.1AIC February 26, 2025 (4:17pm)

underscored material = new
[bracketed material] = delete
Amendments: new = →bold, blue, highlight←
delete = →bold, red, highlight, strikethrough←

underscoring material = new
[bracketed material] = delete
Amendments: new = → bold, blue, highlight ←
delete = → bold, red, highlight, strikethrough ←

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-- HHHC→PROVIDER←HHHC
HHHC→DENTIST←HHHC CREDENTIALING-- REQUIREMENTS--DEADLINE.--

A. The superintendent shall adopt and promulgate rules to provide for a uniform and efficient
HHHC→provider←HHHC HHHC→dentist←HHHC credentialing process.
The superintendent shall approve no more than two forms of application to be used for the credentialing of
HHHC→providers←HHHC HHHC→dentists←HHHC .

B. A health insurance carrier shall not require a
HHHC→provider←HHHC HHHC→dentist←HHHC to submit information not required by a credentialing application established pursuant to Subsection A of this section.

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

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

E. Nothing in this section shall be construed to require a health insurance carrier to credential or

underscored material = new
[bracketed material] = delete
Amendments: new = →bold, blue, highlight←
delete = →bold, red, highlight, strikethrough←

provisionally credential a HHHC→~~provider~~←HHHC
HHHC→~~dentist~~←HHHC .

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

(1) assess and verify the qualifications of a HHHC→~~provider~~←HHHC HHHC→~~dentist~~←HHHC applying to become a participating provider within thirty calendar days of receipt of a complete credentialing application and issue a decision in writing to the applicant approving or denying the credentialing application;

(2) be permitted to extend the credentialing period to assess and issue a determination by an additional fifteen calendar days if, upon review of a complete application, it is determined that the circumstance presented, including an admission of sanctions by the state licensing board, an investigation or a felony conviction, a revocation of clinical privileges or a denial of insurance coverage, requires additional consideration;

(3) within ten working days after receipt of a credentialing application, send a written notification, via United States certified mail, to the applicant requesting any information or supporting documentation that the health insurance carrier requires to approve or deny the credentialing application. The notice to the applicant shall include a

underscored material = new
[bracketed material] = delete
Amendments: new = →bold, blue, highlight←
delete = →bold, red, highlight, strikethrough←

complete and detailed description of all of the information or supporting documentation required and the name, address and telephone number of a person who serves as the applicant's point of contact for completing the credentialing application process. Any information required pursuant to this section shall be reasonably related to the information in the application; and

(4) no later than thirty calendar days as described in Paragraph (1) of this subsection or an additional fifteen days as described in Paragraph (2) of this subsection, load into the health insurance carrier's provider payment system all HHHC→provider←HHHC HHHC→dentist←HHHC information, including all information needed to correctly reimburse a newly approved HHHC→provider←HHHC HHHC→dentist←HHHC according to the HHHC→provider's←HHHC HHHC→dentist's←HHHC contract. The health insurance carrier or health insurance carrier's agent shall add the approved HHHC→provider's←HHHC HHHC→dentist's←HHHC data to the provider directory upon loading the HHHC→provider's←HHHC HHHC→dentist's←HHHC information into the health insurance carrier's provider payment system.

G. A health insurance carrier shall reimburse a HHHC→provider←HHHC HHHC→dentist←HHHC for covered health care services for any claims from the HHHC→provider←HHHC HHHC→dentist←HHHC that the health insurance carrier receives

underscored material = new
[bracketed material] = delete
Amendments: new = →bold, blue, highlight←
delete = →bold, red, highlight, strikethrough←

with a date of service more than thirty calendar days after the date on which the health insurance carrier received a complete credentialing application for that HHC→provider←HHC HHC→dentist←HHC if:

(1) the HHC→provider←HHC HHC→dentist←HHC

:

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

(b) has no past or current license sanctions or limitations, as reported by the New Mexico HHC→medical←HHC board HHC→of dental health care←HHC or another pertinent licensing and regulatory agency, or by a similar out-of-state licensing and regulatory entity for a HHC→provider←HHC HHC→dentist←HHC licensed in another state; and

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

(2) the health insurance carrier:

(a) has approved, or has failed to approve or deny, the applicant's complete credentialing application within the time frame established pursuant to Paragraph (1) or (2) of Subsection F of this section; or

underscoring material = new
[bracketed material] = delete
Amendments: new = bold, blue, highlight
delete = bold, red, highlight, strikethrough

(b) fails to load the approved applicant's information into the health insurance carrier's provider payment system in accordance with Paragraph (4) of Subsection F of this section.

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

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

J. The superintendent shall adopt and promulgate rules to provide for the resolution of disputes relating to reimbursement and credentialing arising in cases where credentialing is delayed beyond thirty days after application.

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

- (1) the health insurance carrier's approval or

underscored material = new
[bracketed material] = delete
Amendments: new = →bold, blue, highlight←
delete = →bold, red, highlight, strikethrough←

denial of the HHHC→provider's←HHHC HHHC→dentist's←HHHC
complete credentialing application; or

(2) the passage of three years from the date
the health insurance carrier received the HHHC→provider's←HHHC
HHHC→dentist's←HHHC complete credentialing application.

L. As used in this section:

(1) "credentialing" means the process of
obtaining and verifying information about a HHHC→provider←HHHC
HHHC→dentist←HHHC and evaluating that HHHC→provider←HHHC
HHHC→dentist←HHHC when that HHHC→provider←HHHC
HHHC→dentist←HHHC seeks to become a participating provider;
and

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