

LFC Requester:**Eric Chenier****AGENCY BILL ANALYSIS - 2026 REGULAR SESSION****WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO****AgencyAnalysis.nmlegis.gov and email to billanalysis@dfa.nm.gov*****(Analysis must be uploaded as a PDF)*****SECTION I: GENERAL INFORMATION***{Indicate if analysis is on an original bill, an amendment, substitute or a correction of a previous bill}***Date Prepared:** 1-23-2026*Check all that apply:***Bill Number:** HB136Original Correction Amendment Substitute **Sponsor:** Kathleen Cates/Liz Thomson**Agency Name
and Code**Office of Superintendent of
Insurance -440**Number:****Person Writing**Viara Ianakieva**Short Title:** HEALTH INSURANCE
CREDENTIALING**Phone:** 505-508-9073**Email** Viara.Ianakieva@osi.n
m.gov**SECTION II: FISCAL IMPACT****APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY26	FY27		
N/A	N/A	N/A	N/A

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY26	FY27	FY28		
N/A	N/A	N/A	N/A	N/A

(Parenthesis () indicate revenue decreases)

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY26	FY27	FY28	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total						

(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to: None.

Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

House Bill 136 (HB136) Amends Section 27-2-12.12 NMSA 1978, to require the Health Care Authority to create a centralized credentialing application process for individual health care providers participating in Medicaid managed care no later than January 1, 2027. HB136 also sets timelines for Medicaid managed care contractors to review credentialing applications, issue decisions, and load approved provider information into payment systems and provider directories. Recredentialing cannot occur more than once every three years, and the Authority must adopt rules to enforce these provisions.

FISCAL IMPLICATIONS

None to OSI.

SIGNIFICANT ISSUES

None to OSI.

PERFORMANCE IMPLICATIONS

None to OSI.

ADMINISTRATIVE IMPLICATIONS

None to OSI. House Bill 136 requires the New Mexico Health Care Authority to implement a centralized credentialing application process for individual providers participating in Medicaid managed care. This credentialing process aligns with credentialing requirements applicable to commercial plans under the Insurance Code.

The only difference in the metrics is regarding notification for additional information requirements. HB136 requires MCOs to send a written notice (via certified mail) requesting any additional documentation, including detailed requirements and contact info, within 10 calendar days. The Insurance Code offers 10 working days for the same requirement. See 59A-46-54(F)(3), 59A-22-54(F)(3), 59A-47-49(F)(3) and 59A-23-14(F)(3) NMSA 1978.

Applying the same core standards for credentialing to both, Medicaid managed care organizations and commercial plans, reduces administrative burden, improves data quality, and strengthens regulatory oversight.

As OSI is establishing a “One Source of Truth” provider data system, there is opportunity for future use of the database by both agencies and the aligned credentialing requirements will support consistency and compliance across the markets.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

None to OSI.

TECHNICAL ISSUES

None to OSI.

OTHER SUBSTANTIVE ISSUES

None to OSI.

ALTERNATIVES

None to OSI.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

None to OSI.

AMENDMENTS

None to OSI.