



It is unknown to what degree conflicts over provider credentialing, re-credentialing, provider reimbursement requests or plan reimbursement recoupment requests impact our health care delivery system in New Mexico.

### **SIGNIFICANT ISSUES**

The bill attempts to create a process to avoid future conflicts between health care providers and MHCPs over provider credentialing and re-credentialing, provider reimbursement (payment requests), and reimbursement (payment) recoupment procedures. Reimbursement recoupment means a MHCP's request to a health care provider for repayment of claim payments paid to the provider for a patient later deemed ineligible for plan benefits.

The bill attempts to expand on the reimbursement guidelines in Section 59A-16-21.1 NMSA 1978. This Section currently provides that if a plan is unable to determine liability for or refuses to pay a claim of a provider within thirty days if submitted electronically or forty-five days if submitted manually, the plan shall make a good-faith effort to notify the provider by fax, electronic or other written communication within thirty days of receipt of the claim, of all specific reasons why it is not liable for the claim or that specific information is required to further determine liability for the claim.

The bill requires that a plan shall not seek reimbursement recoupment from a provider if the plan erroneously assigns benefits and pays for health care services that are not part of the plan.

The bill further requires that a plan shall offer provider training in its administrative and financial procedures at least quarterly in several locations around the state.

MHCPs will be required in Statute to adopt and implement grievance procedures and a fair hearing process that include the right of a provider to dispute the existence of adequate cause to terminate his/her participation with the plan.

### **PERFORMANCE IMPLICATIONS**

If an unresolved dispute exists between a health care provider and a MHCP, either party may ask the Public Regulation Commission's Insurance Division to review the matter and issue a decision.

The provisions of the bill will apply to contracts between a plan and a provider entered into after July 1, 2011.

### **ADMINISTRATIVE IMPLICATIONS**

Human Services Department managed care contracts are excluded from the provider reimbursement request guidelines and plan reimbursement recoupment procedures as defined in the bill. These contracts provide for provider training in accordance with Centers for Medicare and Medicaid Services (CMS) requirements. CMS also has its own provider reimbursement request guidelines and plan reimbursement recoupment procedures.

**TECHNICAL ISSUES**

The bill will require a MHCP to maintain a website listing the status of all claims submitted to the plan by a provider. The bill is silent as to whether these websites will be required to meet federal and state requirements for patient privacy.

The bill will allow a plan to submit only one reimbursement recoupment request per individual claim to the health care provider.

**OTHER SUBSTANTIVE ISSUES**

Healthcare providers subject to an audit must be cognizant of insurer appeals regulations, as those regulations impact the rights of providers to challenge an audit determination.

**WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

There may be no uniform approach to provider grievances regarding credentialing, re-credentialing, provider reimbursement requests or plan reimbursement recoupment requests for certain MHCPs operating in New Mexico.

AHO/svb:bym