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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 DENTISTS AND DENTAL HYGIENISTS INTO THEIR PROVIDER PAYMENT SYSTEMS; REQUIRING HEALTH INSURANCE CARRIERS TO REIMBURSE APPROVED DENTISTS AND DENTAL HYGIENISTS IF THE HEALTH INSURANCE CARRIERS FAIL TO LOAD THAT INFORMATION WITHIN THIRTY DAYS OF RECEIVING A COMPLETE CREDENTIALING 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:

"DENTAL PLAN--PROVIDER CREDENTIALING--REQUIREMENTS--DEADLINE.--

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

B. A health insurance carrier shall not require a dentist or dental hygienist to submit information not required by a credentialing application established pursuant to Subsection A of this section.

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

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

8 E. Nothing in this section shall be construed to
9 require a health insurance carrier to credential or
10 provisionally credential a dentist or dental hygienist.

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

14 (1) assess and verify the qualifications of
15 a dentist or dental hygienist who is applying to become a
16 participating provider within thirty calendar days of receipt
17 of a complete credentialing application and issue a decision
18 in writing to the applicant approving or denying the
19 credentialing application;

20 (2) be permitted to extend the credentialing
21 period to assess and issue a determination by an additional
22 fifteen calendar days if, upon review of a complete
23 application, it is determined that the circumstance
24 presented, including an admission of sanctions by the state
25 licensing board, an investigation or a felony conviction, a

1 revocation of clinical privileges or a denial of insurance
2 coverage, requires additional consideration;

3 (3) within ten working days after receipt of
4 a credentialing application, send a written notification via
5 United States certified mail to the applicant requesting any
6 information or supporting documentation that the health
7 insurance carrier requires to approve or deny the
8 credentialing application. The notice to the applicant shall
9 include a complete and detailed description of all of the
10 information or supporting documentation required and the
11 name, address and telephone number of a person who serves as
12 the applicant's point of contact for completing the
13 credentialing application process. Any information required
14 pursuant to this section shall be reasonably related to the
15 information in the application; and

16 (4) no later than thirty calendar days as
17 described in Paragraph (1) of this subsection or an
18 additional fifteen days as described in Paragraph (2) of this
19 subsection, load into the health insurance carrier's provider
20 payment system all dentist or dental hygienist information,
21 including all information needed to correctly reimburse a
22 newly approved dentist or dental hygienist according to the
23 dentist's or dental hygienist's contract. The health
24 insurance carrier or health insurance carrier's agent shall
25 add the approved dentist's or dental hygienist's data to the

1 provider directory upon loading the dentist's or dental
2 hygienist's information into the health insurance carrier's
3 provider payment system.

4 G. A health insurance carrier shall reimburse a
5 dentist or dental hygienist for covered health care services
6 for any claims from the dentist or dental hygienist that the
7 health insurance carrier receives with a date of service more
8 than thirty calendar days after the date on which the health
9 insurance carrier received a complete credentialing
10 application for that dentist or dental hygienist if:

11 (1) the dentist or dental hygienist:

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

17 (b) has no past or current license
18 sanctions or limitations, as reported by the New Mexico board
19 of dental health care or another pertinent licensing and
20 regulatory agency or a similar out-of-state licensing and
21 regulatory entity for a dentist or dental hygienist who is
22 licensed in another state; and

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

1 (2) the health insurance carrier:

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

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

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

16 I. A dentist or dental hygienist who, at the time
17 services were rendered, was employed by a practice or group
18 that has contracted with the health insurance carrier to
19 provide services at specified rates of reimbursement shall be
20 paid by the health insurance carrier in accordance with the
21 terms of that contract.

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

1 application.

2 K. A health insurance carrier shall reimburse a
3 dentist or dental hygienist pursuant to Subsections G, H and
4 I of this section until the earlier of the following occurs:

5 (1) the health insurance carrier's approval
6 or denial of the dentist's or dental hygienist's complete
7 credentialing application; or

8 (2) the passage of three years from the date
9 the health insurance carrier received the dentist's or dental
10 hygienist's complete credentialing application.

11 L. As used in this section:

12 (1) "credentialing" means the process of
13 obtaining and verifying information about a dentist or dental
14 hygienist and evaluating that dentist or dental hygienist
15 when that dentist or dental hygienist seeks to become a
16 participating provider;

17 (2) "dental hygienist" means an individual
18 who has graduated and received a degree from a dental hygiene
19 educational program that is accredited by the commission on
20 dental accreditation, provides a minimum of two academic
21 years of dental hygiene curriculum and is an institution of
22 higher education; and "dental hygienist" means, except as the
23 context otherwise requires, an individual who holds a license
24 to practice dental hygiene in New Mexico; and

25 (3) "dentist" means a person who has

1 graduated and received a degree from a school of dentistry
2 that is accredited by the commission on dental accreditation
3 and holds a license to practice dentistry in New Mexico."

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