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HOUSE JOINT MEMORIAL 3

49TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2010

INTRODUCED BY

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FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

A JOINT MEMORIAL

REQUESTING THE INSURANCE DIVISION OF THE PUBLIC REGULATION
COMMISSION TO CONVENE A TASK FORCE TO DEVELOP A SINGLE
STATEWIDE PROCESS FOR THE CREDENTIALING OF HEALTH CARE
PRACTITIONERS.

WHEREAS, credentialing is the process of obtaining,
verifying and assessing the qualifications of a health care
practitioner to provide care or services in or for a health
care organization; and

WHEREAS, the process of credentialing includes primary
source verification by which the reported qualifications of an
individual practitioner are verified by the original source or
an approved agent of that source of information; and

WHEREAS, credentialing of a health care practitioner must
occur in order for the practitioner to bill and to be

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1 reimbursed for care or services provided by an insurer or
2 health plan; and

3 WHEREAS, the process of credentialing is time consuming
4 and can take up to one hundred twenty days to complete; and

5 WHEREAS, the process is one that is performed and
6 duplicated multiple times by individual health care
7 practitioners, hospitals, health plans and clinics, all of
8 which have credentialing committees and staff dedicated to
9 ensuring the completion of the paperwork and to ensure the
10 applications are processed on a timely basis; and

11 WHEREAS, in the past, only medicare required
12 credentialing, but today, virtually all payer sources require
13 credentialing before payment can be made for care or services
14 provided; and

15 WHEREAS, following the initial credentialing process,
16 health care practitioners must be re-credentialed at least
17 every two years; and

18 WHEREAS, entities exist that perform the primary source
19 verification of the information provided in the credentialing
20 application, but health care practitioners still must complete
21 the paperwork to submit the application multiple times; and

22 WHEREAS, the New Mexico medical society has collaborated
23 with the New Mexico medical board and the hospital services
24 corporation to create a uniform application process that
25 insurers and health plans will accept, but some insurers and

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1 health plans utilize a different application for credentialing;
2 and

3 WHEREAS, the hospital services corporation maintains a
4 database of information for the applications it processes;
5 however, some insurers and health plans utilize a different
6 national organization to maintain a database of credentialing
7 information, resulting in no centralized database of
8 credentialing information; and

9 WHEREAS, the insurance division of the public regulation
10 commission recently promulgated new regulations that require
11 the use of a uniform credentialing application and that
12 processing of that application take no longer than forty-five
13 days, but these regulations govern only managed care
14 organizations; and

15 WHEREAS, state law requires the human services department
16 to negotiate with medicaid contractors to ensure that
17 contractors' credentialing requirements are coordinated with
18 other credentialing processes required of individual providers;
19 and

20 WHEREAS, despite these recent regulations and state
21 statute, evidence has not yet been seen to support the
22 simplification of the credentialing process for New Mexico
23 health care practitioners; and

24 WHEREAS, the creation and implementation of a consolidated
25 single credentialing process would greatly contribute to

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1 reducing what is currently an expensive, duplicative, time-
2 consuming and administratively burdensome process; and

3 WHEREAS, there is a need to align multiple credentialing
4 processes among multiple payers;

5 NOW, THEREFORE, BE IT RESOLVED BY THE LEGISLATURE OF THE
6 STATE OF NEW MEXICO that the insurance division of the public
7 regulation commission be requested to convene a task force to
8 develop a single statewide process for the credentialing of
9 health care practitioners; and

10 BE IT FURTHER RESOLVED that the membership of the task
11 force include representatives from the New Mexico medical
12 society, the San Juan independent practice association, the New
13 Mexico nurse practitioner council, all health plans with
14 medicaid contracts, the New Mexico hospital association, the
15 hospital services corporation, the New Mexico primary care
16 association and the New Mexico medical board and from at least
17 two private insurers; and

18 BE IT FURTHER RESOLVED that the findings and
19 recommendations of this task force be reported to the interim
20 legislative health and human services committee by November
21 2010; and

22 BE IT FURTHER RESOLVED that copies of this memorial be
23 transmitted to the insurance division of the public regulation
24 commission and the human services department.