

## **Statement of Approach to Public Regulation Commission, Insurance Division: Regulation NMAC13.10.21.9 Uniform Provider Credentialing for Health Maintenance Organizations (HMOs), and Human Services Department Regulation NMAC 8.305.8.14 Standards for Credentialing and Recredentialing**

Since July 2009, Hospital Services Corporation (HSC) has been working with its contracted New Mexico health plans and provider groups to ensure compliance with the requirements outlined in the New Mexico Department of Insurance (DOI) Regulation NMAC13.10.21.9 and Human Services Department (HSD) Regulation NMAC 8.305.8.14, addressing provider credentialing for health maintenance organizations and Medicaid. The NMAC regulations are effective September 1, 2009.

Working collaboratively, we have interpreted and will implement the new regulations as outlined below. This approach meets the requirements for communicating openly and effectively with providers throughout the credentialing process, while maintaining a consistent and timely process for the providers. This approach meets the intent of the regulation to simplify the credentialing process for providers.

### **Statement of Approach**

We defined the application components necessary to consider the application “complete”. An application will be considered complete upon receipt of the last required item. The receipt date of the last item will become the official “File Start Date”, and this date will be used to track the time taken to complete the credentialing process. All of the documents must be current and valid for a period of 45 days after their receipt by HSC in order for the new regulatory time frames to be met. Items and documents necessary to consider an application complete follow.

1. Application form with all applicable sections completed in full, including details of licenses, education, work history, and answers to all professional practice questions.
2. Signed attestation.
3. Signed release.
4. Hospital affiliation or PAF (Primary Admitting Facility).
5. Explanation of any work history gap greater than 6 months, if applicable.
6. Professional Practice Questionnaire (PPQ) explanation, as applicable.
7. Copy of DEA and/or CSR.
8. Copy of insurance.

If the elements above are not present and current, providers will be notified by HSC within 10 working days of receipt of their application of any outstanding items needed to consider their application “complete”. The notification will provide details of the items that have not yet been received.

In order to reduce the provider administrative burden, an application submitted by the provider will be used to credential the provider for multiple organizations as long as the attestation and release are current, and the age of the application and the accompanying documents fall within the requirements outlined by the National Committee for Quality Assurance (NCQA) or regulators. Applications will be clearly date stamped by HSC to reflect the re-use date when it is possible to use the application for multiple organizations.

The provider will receive notification from HSC within 10 working days of the re-use date of the application of outstanding or expired documents that must be resubmitted to bring the application to the “complete application” status. To maintain a timely and efficient credentialing process free from unnecessary delays, HSC will begin primary source verification of the

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information contained in the provider's application upon receipt of a signed release from the provider, even if there are still items outstanding from the provider. The timing of the 45-day period during which the provider's credentialing application will be processed, will not begin until all elements considered to make up a completed application, as listed above, have been received by HSC, i.e. the "File Start Date".

Providers will find that there will be new processes for notification throughout the credentialing process to increase the transparency of the process as required by the new regulations. HSC and the health plans are committed to working with providers to facilitate the process of credentialing and recredentialing, however, it is recognized that the credentialing of a provider is a mutual endeavor and that providers share in the responsibility for the timely completion of the process by providing complete and up-to-date information.

1. As stated above, providers will be notified within 10 working days of the application receipt date to HSC of any missing or incomplete items required to satisfy the definition of a "completed application". Provider applications will be monitored to ensure that outstanding elements are submitted to HSC within 45 calendar days of the receipt of the application. If all items are not received during that time period, each health plan will notify the provider of its decision to close-out or pend the applicant from the credentialing process, based on the health plan's policies.
2. HSC and the health plans will work together to complete the provider credentialing process within 45 calendar days of the receipt of the last item needed to satisfy the definition of a "completed application" following the DOI and HSD credentialing regulations.
3. The health plans will send a detailed notification letter to the provider informing the provider of his/her application status or credentialing decision.

The above process meets the requirements of the new regulations and encourages efficient and timely credentialing and recredentialing for providers practicing in New Mexico. The process:

- provides a clear and consistent process that can be used for New Mexico healthcare organizations
- provides detailed and clear information to providers throughout each step of the credentialing process.
- reduces the providers administrative burden associated with credentialing.
- provides a framework designed to complete the credentialing process within 45 days of receipt of all the required documents from the provider