

STATE OF NEW MEXICO OFFICE OF SUPERINTENDENT OF INSURANCE

DEPUTY SUPERINTENDENT

Robert E. Doucette, Jr.



DEPUTY SUPERINTENDENT

Andy Romero

SUPERINTENDENT OF INSURANCE

John G. Franchini

BULLETIN 2019-011

July 19, 2019

**TO: ALL INSURANCE CARRIERS THAT OFFER HEALTH BENEFITS PLANS
SUBJECT TO THE HEALTH INSURANCE PRIOR AUTHORIZATION ACT.**

RE: PRIOR AUTHORIZATION DATA CALL

THE FOLLOWING BULLETIN is issued pursuant to Sections 59A-2-8 and 59A-2-10, NMSA 1978, and 13.1.2.1 to 13.1.2.10 NMAC.

On April 4, 2019, Governor Michelle Lujan Grisham signed Senate Bill 188, the Health Insurance Prior Authorization Act ("the Act"). The Act requires the Office of Superintendent of Insurance ("OSI") to collect and issue a report on each health insurer's use of prior authorization protocols by September 1, 2019, and each September 1 thereafter.

Accordingly, all health insurers subject to the Health Insurance Prior Authorization Act shall submit the required data to OSI using the attached reporting form by 12:00 p.m. MST on August 15, 2019, to Rolanda Paña at rolanda.pana@state.nm.us. The form is also available in an editable format on OSI's website or upon request.

Insurers shall report data separately for fully-insured lines of business, Medicaid coverage, and coverage provided under the Health Care Purchasing Act. Reporting for fully-insured lines of business shall be aggregated for all markets.

Main Office: 1120 Paseo de Peralta, Room 428, Santa Fe, NM 87501
Satellite Office: 6200 Uptown Blvd NE, Suite 100, Albuquerque, NM 87110
Main Phone: (505) 827-4601 | Satellite Phone: (505) 322-2186 | Toll Free: (855) 4 - ASK - OSI
www.osi.state.nm.us

Any person aggrieved by a bulletin may request a hearing before the Superintendent in accordance with Section 59A-4-15, NMSA 1978.

If you have questions regarding this bulletin, please contact Rolanda Paña at (505) 322-2186 or rolanda.pana@state.nm.us.

DONE AND ORDERED this 19th day of July 2019.

A handwritten signature in blue ink, reading "John G. Franchini", is written over a horizontal line.

JOHN G. FRANCHINI
Superintendent of Insurance

Prior Authorization Report, 2018 Plan Year

Company name:

Line of business:

Contact name:

Contact phone number:

Contact email address:

Prior authorization (PA) requests generally:	Number
Total number of PAs requested	
Total number of PAs denied	
Total number of PAs approved	
Total number of PAs unresolved or indefinitely pending	

PA requests for specified benefits:		
<i>Prescription drug requests:</i>	Inpatient	Outpatient
Total number of PA requests for prescription drugs		
Number of PA requests for prescription drugs denied		
Number of PA requests for prescription drugs unresolved or indefinitely pending		
<i>Mental health (MH) and substance use disorder (SUD) treatment PA requests:</i>	Number	
Total number of PA requests for MH and/or SUD benefits		
Number of PA requests for MH and/or SUD benefits denied		
Number of PA requests for MH and/or SUD benefits unresolved or indefinitely pending		

Processing time:	5 days	6-15 days	15-30 days	30 days +
Number of decisions on nonurgent/nonemergent PA requests completed within....				
	24 hours	25-48 hours	49-72 hours	72 hours +
Number of decisions on urgent/emergent PA requests completed within....				

[illegible]