



NM Health Security Plan: Some Advantages to Providers

To grasp what this statewide, cooperative-style, premium-based Plan would look like, imagine the following:

- No insurance company networks, which currently greatly complicate the lives of both providers and patients
- One set of prior authorization and formulary rules and data sets for almost all patients we treat
- Utilization rules made by an accountable, independent, nonprofit, geographically representative commission, with open meetings and 1/3 of its members representing provider and health facility interests
- Every NM resident having comprehensive health coverage
- Mental and behavioral health care being covered the same as other medical services
- The large patient-care obstacle of out-of-pocket costs being reduced
- Patients no longer being confused and worried about what's covered and how their coverage works
- Drug prices being negotiated down to reasonable levels for all patients
- No more arguing with multiple insurers regarding the terms of "fair" contracts
- Ready access to dispute resolution for financial issues providers might have with the Plan
- Lower practice and hospital costs for billing and prior authorizations
- Little wasting of health care dollars on marketing of insurance plans and their schemes to only insure the healthy
- Far fewer middlemen (clerks and reviewers) making health decisions
- Elimination of most of the cost-shifting, for both inpatient and outpatient care