

**[N.M. Stat. § 59A-42A-2.]**

§ 59A-42A-2. Definitions: Provider Service Network Act

As used in the Provider Service Network Act:

- A. "association" means the provider service network guaranty association;
- B. "board" means the provider service network guaranty board;
- C. "health care facility" means an institution providing health care services, including a hospital or other licensed inpatient center, an ambulatory surgical or treatment center, a skilled nursing center, a residential treatment center, a home health agency, a diagnostic, laboratory or imaging center and a rehabilitation or other therapeutic health setting;
- D. "health care insurer" means a person that has a valid certificate of authority in good standing under the New Mexico Insurance Code to act as an insurer, health maintenance organization, nonprofit health care plan or prepaid dental plan;
- E. "health care professional" means a physician or other health care practitioner, including a pharmacist, who is licensed, certified or otherwise authorized by the state to provide health care services consistent with state law;
- F. "health care services" includes physical health services or community-based mental health or developmental disability services, including services for developmental delay;
- G. "person" means an individual or other legal entity;
- H. "provider" means a person that is licensed or otherwise authorized by the state to furnish health care services, including health care professionals and health care facilities; and
- I. "provider service network" means two or more providers affiliated for the purpose of providing health care services on a capitated or similar prepaid, flat-fee basis.