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AN ACT  
RELATING TO INSURANCE; REGULATING THE PROCESSING AND PAYMENT  
OF PHARMACY CLAIMS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. Section 59A-16-21.1 NMSA 1978 (being Laws  
2000, Chapter 58, Section 1, as amended) is amended to read:

"59A-16-21.1. HEALTH PLAN REQUIREMENTS.--

A. As used in this section:

(1) "clean claim" means a manually or  
electronically submitted claim from an eligible provider  
that:

(a) contains substantially all the  
required data elements necessary for accurate adjudication  
without the need for additional information from outside of  
the health plan's system;

(b) is not materially deficient or  
improper, including lacking substantiating documentation  
currently required by the health plan; and

(c) has no particular or unusual  
circumstances requiring special treatment that prevent  
payment from being made by the health plan within fourteen  
days of receipt of a claim for prescription drugs and related  
fees if submitted electronically by a pharmacy, thirty days  
of the date of receipt of any other electronically submitted

1 claim or forty-five days if submitted manually;

2 (2) "eligible provider" means an individual  
3 or entity that:

4 (a) is a participating provider;

5 (b) a health plan has credentialed  
6 after assessing and verifying the provider's qualifications;  
7 or

8 (c) a health plan is obligated to  
9 reimburse for claims in accordance with the provisions of:

10 1) Subsection G of Section 59A-22-54 NMSA 1978; 2)  
11 Subsection G of Section 59A-23-14 NMSA 1978; 3) Subsection G  
12 of Section 59A-46-54 NMSA 1978; or 4) Subsection G of  
13 Section 59A-47-49 NMSA 1978;

14 (3) "health plan" means one of the following  
15 entities or its agent: health maintenance organization,  
16 nonprofit health care plan, provider service network or  
17 third-party payer; and

18 (4) "participating provider" means an  
19 individual or entity participating in a health plan's  
20 provider network.

21 B. A health plan shall provide for payment of  
22 interest on the plan's liability at the rate of one and  
23 one-half percent a month on:

24 (1) the amount of a clean claim  
25 electronically submitted by the eligible provider and not

1 paid within thirty days of the date of receipt and within  
2 fourteen days of the date of receipt of a claim for  
3 prescription drugs and related fees if the eligible provider  
4 is a pharmacy; and

5 (2) the amount of a clean claim manually  
6 submitted by the eligible provider and not paid within  
7 forty-five days of the date of receipt.

8 C. If a health plan is unable to determine  
9 liability for or refuses to pay a claim of an eligible  
10 provider within the times specified in Subsection B of this  
11 section, the health plan shall make a good-faith effort to  
12 notify the eligible provider by fax, electronic or other  
13 written communication within fourteen days of receipt of a  
14 claim for prescription drugs and related fees if submitted  
15 electronically by a pharmacy, thirty days of receipt of any  
16 other electronically submitted claim or forty-five days if  
17 submitted manually, of all specific reasons why it is not  
18 liable for the claim or that specific information is required  
19 to determine liability for the claim.

20 D. No contract between a health plan and a  
21 participating provider shall include a clause that has the  
22 effect of relieving either party of liability for its actions  
23 or inactions.

24 E. The office of superintendent of insurance,  
25 with input from interested parties, including health plans

1 and eligible providers, shall promulgate rules to require  
2 health plans to provide:

3 (1) timely eligible provider access to  
4 claims status information;

5 (2) processes and procedures for submitting  
6 claims and changes in coding for claims;

7 (3) standard claims forms; and

8 (4) uniform calculation of interest."

9 SECTION 2. EFFECTIVE DATE.--The effective date of the  
10 provisions of this act is July 1, 2021. \_\_\_\_\_

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