HOUSE BILL

53rd legislature - STATE OF NEW MEXICO - second session, 2018

INTRODUCED BY

FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

AN ACT

RELATING TO HEALTH COVERAGE; ENACTING SECTIONS OF THE HEALTH CARE PURCHASING ACT, THE PUBLIC ASSISTANCE ACT, THE NEW MEXICO INSURANCE CODE, THE HEALTH MAINTENANCE ORGANIZATION LAW AND THE NONPROFIT HEALTH CARE PLAN LAW TO ESTABLISH A LIMITATION ON RECOUPMENT OR RETROACTIVE DENIAL OF PROVIDER CLAIMS.

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

SECTION 1. A new section of the Health Care Purchasing
Act is enacted to read:

"[NEW MATERIAL] CLAIM RECOUPMENT--RETROACTIVE DENIAL OF CLAIM--LIMITATION ON ACTION.--Except in cases of fraud, a group health plan shall only seek to recoup payment from a provider of a claim submitted by the provider, or retroactively deny reimbursement to a provider for a claim submitted by the provider, during the twelve-month period after the date the

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group health plan paid the claim in question."

SECTION 2. A new section of the Public Assistance Act is enacted to read:

"[NEW MATERIAL] MEDICAID CLAIM RECOUPMENT--RETROACTIVE

DENIAL OF MEDICAID CLAIM--LIMITATION ON ACTION.--Except in

cases of fraud, a plan that provides medical assistance

coverage shall only seek to recoup payment from a provider of a

claim submitted by the provider, or retroactively deny

reimbursement to a provider for a claim submitted by the

provider, during the twelve-month period after the date the

medical assistance plan paid the claim in question."

SECTION 3. A new section of Chapter 59A, Article 22 NMSA 1978 is enacted to read:

"[NEW MATERIAL] CLAIM RECOUPMENT--RETROACTIVE DENIAL OF CLAIM--LIMITATION ON ACTION.--Except in cases of fraud, an insurer shall only seek to recoup payment from a provider of a claim submitted by the provider, or retroactively deny reimbursement to a provider for a claim submitted by the provider, during the twelve-month period after the date the insurer paid the claim in question."

SECTION 4. A new section of Chapter 59A, Article 23 NMSA 1978 is enacted to read:

"[NEW MATERIAL] CLAIM RECOUPMENT--RETROACTIVE DENIAL OF CLAIM--LIMITATION ON ACTION.--Except in cases of fraud, an insurer shall only seek to recoup payment from a provider of a .208770.1

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claim submitted by the provider, or retroactively deny reimbursement to a provider for a claim submitted by the provider, during the twelve-month period after the date the insurer paid the claim in question."

SECTION 5. A new section of the Health Maintenance Organization Law is enacted to read:

"[NEW MATERIAL] CLAIM RECOUPMENT--RETROACTIVE DENIAL OF CLAIM--LIMITATION ON ACTION. -- Except in cases of fraud, a carrier shall only seek to recoup payment from a provider of a claim submitted by the provider, or retroactively deny reimbursement to a provider for a claim submitted by the provider, during the twelve-month period after the date the carrier paid the claim in question."

SECTION 6. A new section of the Nonprofit Health Care Plan Law is enacted to read:

"[NEW MATERIAL] CLAIM RECOUPMENT--RETROACTIVE DENIAL OF CLAIM--LIMITATION ON ACTION. -- Except in cases of fraud, a health care plan shall only seek to recoup payment from a provider of a claim submitted by the provider, or retroactively deny reimbursement to a provider for a claim submitted by the provider, during the twelve-month period after the date the health care plan paid the claim in question."

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