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
claim or forty-five days if submitted manually;

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

   (a) is a participating provider;

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

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


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

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

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

   (1) the amount of a clean claim electronically submitted by the eligible provider and not
paid within thirty days of the date of receipt and within
fourteen days of the date of receipt of a claim for
prescription drugs and related fees if the eligible provider
is a pharmacy; and

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

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

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

E. The office of superintendent of insurance,
with input from interested parties, including health plans
and eligible providers, shall promulgate rules to require health plans to provide:

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

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

(3) standard claims forms; and

(4) uniform calculation of interest."

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