

New Mexico Health Connections (NMHC) Frequently Asked Questions

May 27, 2021

(Updates from the 4/21/2021 version are highlighted)

Question		Response
GENERAL QUESTIONS		
1	What is the status of New Mexico Health Connections (NMHC)?	On March 19, 2021 Judge Benjamin Chavez approved the Petition for an Order of Insolvency and Appointing Receiver filed by the Superintendent on January 26, 2021. NMHC was ordered into liquidation.
2	What does liquidation mean?	An insurance company is ordered into liquidation when it no longer has the necessary cash and assets to meet its financial obligations. A state liquidation proceeding for insurance companies is similar in many ways to a federal bankruptcy proceeding for other types of companies. When a company is liquidated, the liquidator collects the remaining assets of the company, verifies the amount that the company owes and works through the court to pay the unpaid liabilities with the available funds.
3	Where can I find more information about the NMHC Receivership?	Go to www.mynmhc.org to see the receivership orders, Frequently Asked Questions (FAQs) and other notices. Please check the site on a regular basis for updates. If you have additional questions, please contact us at: customer.service@mynmhc.org If you are a creditor, please contact the Special Deputy Receiver staff at nmhc@riskreg.com

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4	What does liquidation mean for policyholders?	<p>NMHC planned to exit the market and ceased writing business as of January 1, 2021. There have been no active policies since December 31, 2020.</p> <p>The Company is being liquidated in accordance with NMSA 59-41. Liquidation is a court ordered process in which claims against the Company are paid according to a statutory priority of claims.</p>
5	NMHC members are not eligible for the protection afforded by the New Mexico Life & Health Insurance Guaranty Association. Why and what does that mean?	<p>NMHC was a Health Maintenance Organization (HMO), and HMOs are not covered by the New Mexico Life & Health Insurance Guaranty Association. That means the New Mexico Life & Health Insurance Guaranty Association cannot make any claim payments on behalf of NMHC, so any payments must be made from NMHC's remaining available assets.</p>
CLAIM QUESTIONS		
6	When will my claim be paid?	<p>Claimants will have to file a Proof of Claim following the Receiver's procedure (more information about the Proof of Claim process will be published in the near future). After the claims filing deadline, September 19, 2021, the Receiver will review the claims and make a recommendation to the court. When all of the claims have been approved and all legal requirements have been met, the Receiver will make a payment to the claimants. The amount of the payment will depend on the amount of NMHC's remaining assets. If the funds available are not sufficient to pay the claims at 100%, the claims will be paid at a lower percentage.</p>

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7	When is the claims filing deadline, and how do I file a proof of claim?	The claims filing deadline is September 19, 2021 . The Receiver will file a motion asking the court to approve a Proof of Claim process in the near future. Once approved by the court, the receiver will make the Proof of Claim process available to all potential claimants.
8	Can Providers balance bill a member amounts owed by the carrier?	<p>If the provider is in-network with NMHC, the member is only responsible for paying the member's cost share up front. This could be the copayment or any deductible or coinsurance. In-network providers must submit claims on the member's behalf.</p> <p>Providers can only bill members for the patient responsibility as indicated on the Explanation of Payment. Providers may not bill members for any unpaid claim costs that were the responsibility of NMHC.</p> <p>The member should submit a Proof of Claim for reimbursement if the member paid out of pocket.</p> <p>The New Mexico Insurance Code, particularly Chapter 59A Article 57A "Surprise Billing Protection," prohibits, in many cases, a nonparticipating provider's practice of issuing a bill to a covered person for the difference between the nonparticipating provider's billed charges on a claim and any amount paid by the health insurance carrier as reimbursement for that claim, excluding any cost-sharing amount due from the covered person. This activity is known as "balance billing" or "surprise billing."</p>

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9	Who should members contact if providers try to bill them for unpaid claims?	<p>Visit: https://www.osi.state.nm.us/index.php/managed-healthcare-complaint/ or send an e-mail about your concern to managedhealthcare@state.nm.us for information about how to file a complaint with the Office of the Superintendent of Insurance. You can also call the Office of the Superintendent of Insurance at (855) 427-5674.</p>
OPERATIONAL QUESTIONS		
10	How should medical claims be submitted to NMHC?	<p>Providers should continue to submit claims through the normal electronic process, or can submit paper claims to: PO Box 53 Sidney, NE 69162-0053</p> <p>PLEASE DO NOT SUBMIT PAPER CLAIMS DIRECTLY TO THE NMHC OFFICE AND DO NOT SUBMIT CLAIMS THAT HAVE ALREADY BEEN SUBMITTED – DOING THIS WILL DELAY PROCESSING.</p>
PREMIUM REFUNDS		
11	I terminated my plan early and have not obtained a premium refund. When will this be paid?	<p>Premium refunds will be part of the Proof of Claim process described above.</p>
BROKER QUESTIONS		
12	When will broker commissions be paid?	<p>There will be a Proof of Claim process which will enable brokers to file a claim for commissions. New Mexico's Receivership Statutes place commission payments at a lower level than member and physician claims and claims of the federal government. Commission payments will be paid in liquidation only if funds of NMHC are sufficient to pay all of the higher priority claims.</p>