

Vaccine Purchase Act (VPA) FAQs

Q: What organizations are covered entities under the VPA and required to report to the OSI?

A: All major medical health plans that cover New Mexico residents and their dependents. Every “health insurer” and “group health plan,” as defined in the Vaccine Purchasing Act (“VPA”), that provide coverage to residents of New Mexico, regardless of location of the policy, and are therefore subject to compliance obligations under Sections 24-5A-1 through 24-5A-9 NMSA 1978. For purposes of this rule, a multiple employer welfare arrangement as defined in Section 59A-1-8.1 NMSA 1978 is considered a “health insurer” subject to the VPA.

Q: Who is a Covered Entity?

A: Covered entities include: all health insurers, self-funded ERISA (Employee Retirement Income Security Act) group health plans, fully insured individual health plans, fully insured commercial health plans, and third-party administrators, so long as the plan provides coverage to a resident of New Mexico. This requirement includes plans issued to employers located outside of New Mexico.

Q: What are the definitions of the plan types?

A: Fully insured health plans:

Fully insured commercial health plans - refers to an **individual or group health plan** where an individual, employer or association purchases health insurance from a commercial insurer in order to provide coverage for him/herself, the individual's family, employees or association members.

- **Group health plan** - health insurance issued to employers, associations, trusts, or other groups covering employees or members and/or their dependents, to whom a certificate of coverage may be provided.

- **Individual health plan** – health insurance issued to individuals where the policy is issued to an individual covering the individual and/or their dependents in the individual market. This includes conversions from group policies.

Third-party Administrator for group self-funded plan – a plan administrator that reports on behalf of a self-funded plan, self-funded non-federal governmental plan, or multiple employer welfare arrangement.

Employer with a self-funded plan – an employer group health insurance plan that is funded by the premiums of the group or business.

Q: Are there any exceptions for reporting?

A: Yes, the following organizations do not need to report:

Children who were enrolled in Medicaid or in any medical assistance program administered with either the New Mexico Department of Health (DOH) or the New Mexico Human Services Department (HSD).

Any children who are members of an American Indian or Alaska Native Tribe.

Children covered under the following types of policies: Specified disease, hospital confinement, fixed indemnity, accident-only, credit, dental, vision, long-term care, disability income, workers' compensation, automobile medical payment, or short-term medical.

Q: What happens if I miss the reporting deadline or payment due date?

A: You must still submit a report and pay the invoice after the deadline. The survey report will have an electronic timestamp of the date and time submitted. Your organization may be subject to late penalties as defined under the Vaccine Purchasing Act of five hundred dollars (\$500) per day for each day from the date the report and/or payment was due pursuant to Section 24-5A-7 NMSA 1978.

Q: What is a Third-Party Administrator (TPA)?

A: Third Party Administrator (TPA) is any entity contracted to administer a self-funded group health plan. For example, Acme Health Company (TPA) submits a report on all self-funded plans for which it administers benefits.

Q: How can I correct our survey reporting?

A: Send OSI an email at vpa.data@osi.nm.gov and provide your name, email address, the organization information that is incorrect followed by the correct information. OSI staff will respond to your email with information and directions.

Q14: What if I need to change the number of lives I reported on my initial report?

A: Send OSI an email at vpa.data@osi.nm.gov and provide the submission ID number, submission date and reporting organization and a complete explanation and reason for the changes in number of lives.

*Pursuant to **Subsection C of Section 24-5A-7 NMSA 1978**, The office of superintendent may require a health insurer or group health plan subject to the Vaccine Purchasing Act to produce records that were used to prepare the report required under Subsection A of Section 6 of the Vaccine Purchasing Act. If the office of superintendent determines that there is other than a good faith discrepancy between the number of insured children reported and the number of insured children that should have been reported, the health insurer or group health plan shall pay a civil penalty of five hundred dollars (\$500) for each report filed for which the office of superintendent determines there is such a discrepancy.*

Q: What if I need to dispute the amount of my invoice?

A: Requests to dispute the invoice must be submitted in writing and directed to the Department of Health Immunization Program Manager within 10 working days of receipt of the department's invoice in accordance with NMAC 7.5.4.13.

B. The health insurer or group health plan may submit a letter requesting an initial administrative review of the invoice and any supporting documents to the immunization program manager or designee within 10 working days of receipt of the department's invoice. Such requests shall be submitted to the immunization program manager at P.O. Box 26110, Santa Fe, NM 87502-6110, or via email at VPA.Fund@doh.nm.gov

Q: Currently, we do not have any employees with children under 19 residing in New Mexico. If an employee terminated their health coverage at any time during the reporting year, do we have to report the covered child/children?

A: As per regulations any children that were covered with health insurance anytime during the plan year, the covered entity must still report the child/children. See below regulation:

*Pursuant to NMAC **13.10.40.8 (B)(1)** the number of children who were enrolled in or participated in the plan during any part of the prior year, and who were under the age of 19 as of December 31.*

*Organizations who are covered entities [See Q2] must annually report the number of insured children who were under the age of 19 **on the last calendar day of the previous year.***

Q: We have no eligible major medical health plans written in the state of New Mexico. Do we need to submit a report?

A: Your organization does not need to report if you do not sell or sponsor major medical insurance for New Mexico residents. Send OSI an email at vpa.data@osi.nm.gov and request a review of your plan prior to the reporting deadline. Provide a detailed explanation of the type of plans your organization offer in New Mexico.

Q: As a third-party administrator (TPA), I do not have a mechanism for obtaining the client contact information for the groups that we administer.

A: It is your responsibility to contact and collaborate with your clients. To avoid duplicative reporting, it is important for you, as a TPA to know your clients and have an agreement with them as to who will be responsible for reporting the covered lives. See below regulation:

Pursuant to NMAC 13.10.40.8 D. Responsibility for reporting. A health insurer or group health plan is solely responsible for reporting. A group health plan may delegate reporting obligations to an employer group or plan administrator, but the group health plan or health insurer remains responsible for any late report or reporting error, and corresponding statutory penalties.

Q: I am unsure of the FEIN for the clients that I am responsible for reporting on their behalf; will I need the FEIN? If so, how can I obtain them?

A: The FEIN is a requirement for reporting along with the Client Organization contact information. Please reach out to your clients for this information.

Q: Who should I contact with questions regarding invoicing and payment deadlines?

*A. Contact the New Mexico Department of Health (DOH)
VPA.Fund@doh.nm.gov*

Q: Do I have to submit a report even if we had no covered children under the age of 19?

A: Yes, all organizations defined as covered entities must report even if the total number of lives is zero (0). Reporting ensures compliance, no enforcement actions will be pursued.

Q: How is the unit cost per life determined?

A: *The Vaccine Purchasing Act (VPA) invoice formula is derived from the following:*

Annual vaccine projected amount ÷ Total Lives Reported to OSI = Annual Cost Per Life.

Annual Cost Per Life ÷ 4 Billing Quarters= Unit Cost Per Life billed each quarter. Please see NMDOH website for Vaccine Purchase Act Cost Estimate.

Q: Why am I receiving this Vaccine Purchasing Act invoice when I never submitted any report?

A: *Your Third-party Administrator (TPA) may have reported on your company's behalf and requested that NMDOH bill the client.*

Q: We are now fully funded through (insurance company) as of January 1st (of current year). Do we no longer have to pay? How do we inquire if we still need to be billed?

A: *The Vaccine Purchasing Act (VPA) Survey reporting and compliance is managed through the New Mexico Office of Superintendent of Insurance (OSI). All VPA compliance inquiries must be reported and approved by OSI. Email: VPA.Data@osi.nm.gov*