
Molina Healthcare of New Mexico, Inc. Timely Filing Requirements

Effective January 15, 2018, Molina Healthcare of New Mexico, Inc. (Molina Healthcare) will apply NMAC Program Rules for timely filing:

NMAC 8.302.2.11

- A. (4): Ninety (90) days for retroactive eligibility
- B. (2): Ninety (90) days for claim resubmissions
- B. (3): Ninety (90) days for claim reconsideration reviews
- B. (4): Ninety (90) days for claim adjustment requests

Details of the above regulations can be found on the New Mexico Human Services Department Website [NMAC Program Rules](#).

The 2018 Molina Healthcare Centennial Care Provider Manual will reflect these updated filing limits and will be posted on the Provider Website January 2018.

As our partner, we want to ensure that you are aware of this update. We value our collaborative relationship and joint focus on improving health care for Molina Healthcare Members in New Mexico.

Thank you for the valued service you provide to our Members. Please contact your dedicated Provider Service Representative toll free at (800) 377-9594 with any questions.

Network Management and Operations
Molina Healthcare of New Mexico, Inc.