



STATE OF NEW MEXICO  
OFFICE OF SUPERINTENDENT OF INSURANCE (OSI)

Vaccine Purchase Act (VPA) – Frequently Asked Questions (FAQ)

**Q-01: What is the time period to submit a report for the 2026 reporting period?**

**A-01:** Start Date: May 01, 2026

End Date: July 01, 2026, 11:59 p.m. (MDT)

**Q-02: What organizations are required to report to the OSI?**

**A-02:** All major medical health plans that cover New Mexico residents and their dependents.

Every “health insurer” and “group health plan,” as defined in the VPA, that provides 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. 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-03: What is a Covered Entity?**

**A-03:** Covered entities include: all health insurers, group health plans, self-funded Employee Retirement Income Security Act (ERISA) group health plans, fully insured individual health plans, fully insured group 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 employees in New Mexico by employers outside of New Mexico.

**Q-04: What are the definitions of the plan types?**

**A-04:**

- **Fully-insured commercial health plans** – 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.
  - **Individual health plan** – health insurance issued to individuals where the policy is issued to an individual covering the individual and their dependents in the individual market. This includes conversions from group policies.
  - **Group health plan** – health insurance issued to employers, associations, trusts, or other groups covering employees or members and their dependents, to whom a certificate of coverage may be provided.
- **Third-party administrator (TPA) 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-05: Are there any exceptions for reporting?**

**A-05:** Yes, organizations do not need to report the following:

- Children who are enrolled in Medicaid or in any medical assistance program administered by either the New Mexico Department of Health (DOH) Vaccines for Children (VFC) federal program 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-06: What happens if I miss the reporting deadline?**

**A-06:** You must still submit a report after the deadline. The report will have an electronic timestamp of the date and time submitted. Your organization may be subject to late penalties as defined under the VPA of five hundred dollars (\$500) per day for each day from the date the report was due pursuant to Section 24-5A-7 NMSA 1978.

**Q-07: I am registering as user in the VPA Reporting System. What does that mean?**

**A-07:** As a registered user you are acting as the reporter for the Covered Entity.

**Q-08: What does it mean when I 'link' myself to an organization in the VPA Reporting System?**

**A-08:** It means you, as a registered user of the VPA Reporting System, are representing an organization and reporting on their behalf.

**Q-09: What if I do not work for the organization I am linking to?**

**A-09:** A reporter does not have to be an employee of the organization they are representing for VPA reporting. If you work for the TPA that has a contract with the client organization, you may rightfully report on their behalf.

**Q-10: What if the reporting or client organization I am trying to link to has the wrong information listed? How do I make corrections to the information?**

**A-10:** Please refer to the VPA Application User Guide for instructions on updating an organization's information.

**Q-11: Do I have a time limit to request changes in my report due to reporting errors?**

**A-11:** The time limit to request changes is September 30<sup>th</sup>, which is 30 days after the first quarter invoice.

**Q-12: What if I need to change the number of lives I submitted in my initial report?**

**A-12:** Before submitting a corrected report, the reporter must first email OSI at [vpa.data@osi.nm.gov](mailto:vpa.data@osi.nm.gov) to request authorization to amend the number of lives. Upon receiving permission from OSI, the reporter may submit a new report with the corrected number of lives in the VPA Application system. After the corrected report has been submitted, the reporter must email OSI again at [vpa.data@osi.nm.gov](mailto:vpa.data@osi.nm.gov) to confirm that the updated report is available in the system.



The email subject line must follow the format: “Number of Lives Changed – [Client Organization’s Name] – [Reporter’s Name]”

Example:

Number of Lives Changed – Acme Company – Jane Smith

The body of the email must include the following information for both the original and corrected submissions:

- submission ID numbers
- submission dates
- reporting organization
- client organization (if applicable)
- a detailed explanation for the reason the number of lives was changed

Refer to Q-11 for the deadline.

Pursuant to **Subsection C of 24-5A-7 NMSA 1978**, the OSI may require a health insurer or group health plan subject to the VPA to produce records that were used to prepare the report required under Subsection A of Section 6 of the VPA. If the OSI determines that there is an “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-13: I manage multiple organizations of different types, which are licensed with your agency. Which organization is this notice intended for?**

**A-13:** Our query is specifically directed to all Covered Entities that provide health care to New Mexico residents and their dependents. See Q-03 for definition of Covered Entities.

**Q-14: Currently, we do not have any employees with children under 19 residing in New Mexico.**

**A-14:** The organization will still need to submit a report for submission compliance. All organizations defined as covered entities [Refer to Q-03] must report even if the total number of lives is zero (0).

For example:

Acme Company offers health insurance to their employees. None of the employees or their employees’ dependents are under the age of 19. Therefore, there are zero (0) lives to report. The VPA requires Acme Company to submit a report with zero (0) lives. Reporting a zero (0) lives report ensures Acme Company is complying, and no enforcement actions will be pursued.

**Q-15: If an employee terminated their health coverage at any time during the reporting year, do we have to report the covered child/children?**

**A-15:** Covered entities must annually report the number of insured children who were under the age of 19 on the last calendar day of the previous year (for the 2026 VPA Campaign, report children insured **on December 31, 2025**).



**Q-16: As a TPA, I do not have a mechanism for obtaining the client’s contact information for the groups that we administer.**

**A-16:** Client contact information is a requirement for reporting. Please reach out to your clients for this information. To avoid duplicative reporting, it is important for you, as a TPA, know your clients and have an agreement with them prior to submitting reports. It is your responsibility to contact and coordinate with your clients. Refer to the regulation:

**Pursuant to Subsection D of 13.10.40.8 NMAC:** 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-17: If I am unsure of a client’s FEIN, am I required to obtain and enter it for reporting? If so, how can I obtain them?**

**A-17:** The FEIN is a requirement for reporting, along with the Client Organization’s contacts and information. Please reach out to your clients for this information [Refer to Q-16].

**Q-18: Will the VPA Application save my information so I can finish it later?**

**A-18:** The system will save all completed steps of a single submission. If an interruption in a single submission process occurs, it will result in loss of the entered information. If you have more than one (1) report to submit, you may submit the additional reports later.

**Q-19: What if I have to report on behalf of more than one (1) client?**

**A-19:** You will need to create a submission for each client separately. The VPA Application User Guide outlines the seven (7) steps to complete each submission. The start date has been moved to May 1st, allowing additional time to work within the VPA Reporting System. Please plan accordingly to adhere to the deadline of July 1st.

**Q-20: Can I run a complete report of my submissions in the VPA Application?**

**A-20:** Yes. Please refer to the VPA Application User Guide for instructions on running a ‘Reporting Organization Submission Report’ using system-generated reports feature. This report can be run at any time during your submission process.

**Q-21: Does the New Mexico Medical Insurance Pool need to submit a VPA report?**

**A-21:** The New Mexico Medical Insurance Pool is not subject to the regulation of the OSI as defined in NMSA 1978, Section 24-5A-2.

**Q-22: Our employer group health plan terminated its plan mid-year and now we have a new health insurer. Who submits the report for the prior year’s insured children?**

**A-22:** As described in Subsection E of 13.10.40.8 NMAC, the new health insurer will be responsible for reporting the prior year’s insured children and responsible for reimbursing the vaccine purchasing fund for coverage of those children. Please ensure the prior and new health insurers communicate with each other to confirm the entity will submit the report, so that one report is filed and duplicate reporting in the VPA system is avoided.



**Q-23: Our organization is going out of business. How do we notify OSI that we don't need to report?**

**A-23:** Under the New Mexico Vaccine Purchasing Act (VPA), Sections 24-5A-1 through –9 NMSA 1978, and 13.10.40 NMAC, covered entities must annually report to the OSI the total number of insured children who are under the age of 19. VPA reporting is based on the **calendar year**, so an organization that closed or stopped doing business may still need to evaluate whether it had covered lives during the applicable reporting year. Please seek the advice of your organization's legal counsel. Legal counsel should be able to determine if your organization has responsibilities as a covered entity under the law.

OSI has created a form for entities that have closed or are going out of business, so please check the OSI website for the proper forms, instructions, and submission links. Entities should also work directly with OSI Licensing to complete any required notification related to business closure or license cancellation, and with the New Mexico Department of Health (DOH).

Payment is still due if changes occur within the billing fiscal year. For questions regarding whether you will be billed or the status of the invoice, please contact DOH directly at [VPA.Fund@doh.nm.gov](mailto:VPA.Fund@doh.nm.gov).

**Q-24: We have no eligible major medical health plans written in the state of New Mexico. Do we need to submit a report?**

**A-24:** Entities that do not offer or sponsor major medical health plans for New Mexico residents are generally not required to submit a VPA report. Reporters are responsible for determining their reporting obligations based on applicable statutes and guidance. If you have questions about how the requirements apply to your organization, you may contact OSI at [vpa.data@osi.nm.gov](mailto:vpa.data@osi.nm.gov) for general guidance. OSI can provide clarification on reporting requirements and applicable rules; however, OSI does not make legal determinations regarding whether an entity is required to report. Entities may wish to consult legal counsel to assess their specific obligations.

**Q-25: My organization has corrections to make to our submissions. How do we resolve these errors?**

**A-25:** Reporting organizations should validate their data prior to entering submissions into the VPA Application. Reporting entities need to ensure their data is accurate prior to entering it into the VPA system.

Organizations should doublecheck and validate their information before submitting it in the VPA Application; however, after submission, if a duplicate error has occurred, they will receive an email advising a potential duplicate exists. Duplicates will appear on the user's homepage for review as well. The reporting option is also available for an overview. Correction requests must be sent to [vpa.data@osi.nm.gov](mailto:vpa.data@osi.nm.gov) so OSI can coordinate communication and required system updates.

Reporting organizations are expected to review and validate their data before entering submissions into the VPA Application. The VPA system is intended to collect submitted reporting data; it is not a data validation or data correction tool.

The table below is an example of the information required for communicating an amendment to OSI.

Correct FEIN	Original Submission ID Number (to Reject)	New Submission ID Number (Corrected)	Reason for the Correction
##	<i>Example: 000000</i>	<i>Example: 111111</i>	<i>Example: Corrected Number of Lives</i>
##	<i>Example: 222222</i>	<i>Example: 333333</i>	<i>Example: Corrected Number of Lives, Updated Group Number</i>

Please note that amendments to VPA reports may be subject to review by the Office of Superintendent of Insurance (OSI). Pursuant to Section 24-5A-7(C) NMSA 1978 and 13.10.40.8 NMAC, OSI may require supporting records related to amended or corrected reports and may assess civil penalties where discrepancies are determined to be other than good faith discrepancies or reporting errors. Submission of an amended report does not waive or limit OSI's authority to review compliance or impose applicable statutory penalties.

#### **Q-26: When should an organization submit a report with zero (0) covered lives?**

**A-26:** You are required to report if your organization offers group health insurance coverage to a New Mexico resident through a group health plan or policy issued by a health insurer. If the New Mexico residents' beneficiaries do not include any individuals who meet the definition of a "covered life," then you should report zero (0) covered lives.

#### **Q-27: We offer fully-insured, individual plans. How should we report the covered lives for those plans?**

**A-27:** You may enter a single submission reflecting the total number of covered lives across all fully-insured, individual plans. If applicable, use the assigned group number to identify the submission as a combined, fully insured, individual plan report. If you have no assigned group number, use "INDV" in the group number field of the submission.

#### **Q-28: I'm having trouble with how to factor in the children who are added or dropped from plans throughout the year?**

**A-28:** When you report the number of children under 19, count how many children were in your plan at any time during the previous year and were under age 19 on December 31. Do NOT include children who don't live in New Mexico, who were enrolled in Medicaid or another state-run medical assistance program, or who are members of a Native American tribe. (13.10.40 NMAC).

#### **Q-29: What if my client offers multiple plan types and they have enrollment in each?**

**A-29:** When submitting a report, at step six (6), "Submission Details," if the data for group number, network type, or plan type varies, enter a separate submission to capture that detail for each unique cohort of insured lives.

#### **Q-30: How quickly is a submission accepted by New Mexico?**

**A-30:** The acceptance of a submission is automatic, unless the submission indicates inconsistencies or anomalies were detected (e.g., duplicate submission). A reporter can view the status of their submitted reports on the VPA Application homepage. The submitted reports are date/time stamped in the VPA system. Reporters may contact us at our monitored email, [vpa.data@osi.nm.gov](mailto:vpa.data@osi.nm.gov), and notify the OSI VPA team if they have concerns about a report's status or if a correction is needed. For



timelines, refer to Question 11.

**Q-31: The VPA Application won't let me in and says, "Login is currently disabled for this fiscal year." Can you help?**

**A-31:** The VPA system and login officially opens on the start date of each campaign. In fiscal year 2027, the VPA Campaign start date is May 1, 2026, with the VPA Application becoming accessible on that date.

**Q-32: How can carriers limit duplicate VPA submissions?**

**A-32:** Each VPA submission should represent one unique combination of Client FEIN, Network Type, and Group Number. Before submitting, carriers should confirm that a record with the same combination has not already been entered.

If a carrier has multiple reporting groups, each distinct combination of Client FEIN, Network Type, and Group Number should be submitted as a separate record. Carriers should not create more than one record for the same combination.

**Q-33: I have questions about the VPA billing. Who can help me understand this?**

**A-33:** Questions related to billing, invoicing, and payment under the VPA should be directed to the DOH, which administers VPA fund collection and invoicing. The DOH website for VPA is available at the following link: [Vaccine Purchase Act](https://www.nmhealth.org/about/phd/idb/imp/vpa) (<https://www.nmhealth.org/about/phd/idb/imp/vpa>). For questions regarding whether you will be billed or the status of the invoice, please contact DOH directly at [VPA.Fund@doh.nm.gov](mailto:VPA.Fund@doh.nm.gov).