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HEALTH PLAN CONTACT INFORMATION

BCBSNM 800-788-1792
BCBSNM Medicare Advantage 877-299-1008
www.bcbsnm.com

Express Scripts Medicare 800-551-1866
Express Scripts Non-Medicare .. 800-501-0987
www.express-scripts.com

Presbyterian Health Plan 888-275-7737
Presbyterian Medicare Advantage .800-797-5343
www.phs.org

Humana 866-396-8810
www.humana.com

New Mexico Health Connections ... 877-210-8239
<http://www.mynmhc.org/nmrhca>

UnitedHealthcare 866-622-8014
www.uhcretiree.com

United Concordia Companies 888-898-0370
www.ucci.com

Delta Dental 877-395-9420
www.deltadentalnm.com

Davis Vision 800-999-5431
www.davisvision.com

Standard Insurance 888-609-9763
www.standard.com/mybenefits/newmexico_rhca

NMRHCA CONTACT INFORMATION

4308 Carlisle Blvd NE, Suite 104
Albuquerque, NM 87107-4849

33 Plaza La Prensa
Santa Fe, NM 87507

800-233-2576 (Toll Free)
505-476-7540 (Santa Fe)
505-884-8611 (Fax)

Email: customerservice@state.nm.us

Hours: 8 a.m.-5 p.m. Monday-Friday

Please visit us online at www.nmrhca.org



your Benefit Messenger

NMRHCA 2018 Newsletter Vol. 3 - Spring Edition

NM HEALTH CONNECTIONS, NM HEART INSTITUTE CONTRACTS TERMINATED

New Mexico Retiree Health Care Authority announces the following coverage changes taking place in July.

As of July 1, 2018, NMRHCA no longer will carry New Mexico Health Connections' Value HMO medical plan for our Pre-Medicare members.

And as of July 12, New Mexico Heart Institute no longer will be an in-network service benefit for Presbyterian Health Plan and Medicare Advantage Plan members.

Those currently in an NMHC plan have the following enrollment options:

- 1: Blue Cross Blue Shield Value HMO Plan (same monthly premium as NMHC).
- 2: Blue Cross Blue Shield Premier PPO Plan.

- 3: Presbyterian Value Plan (same premium as NMHC).
- 4: Presbyterian Premier PPO Plan.

For more details and information regarding plan options, please review the 2018 Summary of Benefits form on the Forms page of our website, nmrhca.org. To make a change, fill out a Change Request Form (also available on our Forms page) and mail to our office by June 4. If you do not notify us of your selection, NMRHCA will enroll you in the BCBS Value HMO Plan, effective July 1.

Any amounts you and your enrolled family members accumulate toward your deductible and out-of-pocket maximum through June 30 will be credited to your new plan after July 1.

Regarding Presbyterian and NMHI,

those enrolled have three options:

- 1. Participants can keep coverage through Presbyterian and transition care to an in-network provider (Call Presbyterian for details).
- 2. Participants with out-of-network benefits (Premier Plan/Medicare Advantage Plan members) can continue to see NMHI providers, and their benefits will be processed out of network for services after July 12, resulting in higher out-of-pocket expenses.
- 3. Contact NMRHCA to change your health plan with a Change Request form postmarked by June 4.

We apologize for any inconvenience. If you have any concerns or questions about these changes, please call us at 1-800-233-2576.

EXECUTIVE DIRECTOR'S UPDATE: HOW TO HELP CURB HEALTHCARE COSTS

The New Mexico Retiree Health Care Authority is currently in the process of evaluating its plan costs, medical trends and changes in the marketplace to formulate a strategy in 2019 that addresses the growing cost of healthcare for its members.

This evaluation determines several variables, including your monthly plan premium and plan design (deductibles, copays, and coinsurance), as the benefits we offer for the plan year beginning January 1, 2019.

The evaluation process also allows us to identify and implement cost containment opportunities based on negoti-

ations with our health plan partners and their agreements with prescription drug manufacturers, provider groups and delivery systems.

Ultimately, our goal is to provide comprehensive and affordable healthcare programs for current and future retirees.

Not all healthcare costs and services can be avoided, but there is growing evidence to support the conclusion that an unhealthy diet and lack of exercise directly impacts our plan costs and the premiums we need to collect from

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2,400 YEARS OF KNOWLEDGE GONE IN 2 GENERATIONS

By Thomas Morrow, MD

The fastest growing disease in the US... no, actually the entire human race... is type 2 diabetes. I started medical school in 1973 at the age of 22. Up until then, I had met only two people who had diabetes; a fellow student in elementary school with type 1 (an autoimmune disease) and my employer, who had type 2.

Fast forward to 2018. If you know adults, you will probably know at least one with type 2. And if you know 3 adults, one of them probably has prediabetes ... which is a condition where the body's ability to handle glucose has already deteriorated to the point where the blood sugar is becoming elevated, but not high enough to actually make the diagnosis of diabetes.

Why? Why have prediabetes and type 2 diabetes become so common? Most would answer; "because we Americans have become fatter" or "we are not exercising" or "we are eating too much fast food" or even "it is because of the invention of the TV remote control."

And all of these are correct, but to quote Paul Harvey let's talk about the "rest of the story."

With families becoming "double income" families (in the 1980s) and the move to a "commuter" lifestyle, we started to eat more prepared food and we started to eat out more. Food companies and fast food companies responded in a way that only American business can respond ... they industrialized the creation of

food ... or at least what we were lulled into thinking was food. Prepared foods came to dominate the grocery stores and cheap, fast food filled with processed ingredients became the norm. We turned fruit into juice, grain into white flour.

Food scientists found three ingredients that are rare in nature were also VERY delightful to eat: sugar, salt, and fat. Think of it. Before industrialization of our grocery products, sugar was only found in fresh fruit or honey. Salt does not exist on the surface of the earth as rain dissolves it and washes it away. Wild meat lacks fat ... that is why deer hunters mix venison with pork to give it the desired flavor and consistency.

Our "food" was developed in ways to actually make it "addicting" to our taste buds. One company actually had a slogan: "Bet you can't eat just one!" ... and we responded by eating more processed food and cooking less. And as a nation, we saw a dramatic increase in our body weight ... and we saw an explosion of diabetes. We took diabetes, a relatively rare condition, to one where some estimates suggest 1 in every 3 people in the US will develop diabetes by mid-century!

Excerpts of this article reprinted by permission of the author and the Alabama Public Education Employees' Health Insurance Plan newsletter. Go to nmrhca.org's home page and click on the article in the scrolling news to read the entire article.

EXECUTIVE DIRECTOR'S UPDATE: HOW TO HELP CURB HEALTHCARE COSTS

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members to support the benefits we provide.

Therefore, I would encourage you to review the information and resources we make available to you on our website: <http://nmrhca.org/wellness.aspx> and take the opportunity to engage the programs made available through our health plan partnerships.

In addition, I encourage you to familiarize yourself with your benefit plan, covered services, pre-authorization requirements and cost-sharing arrangements prior to obtaining services.

For example, if you are a Pre-Medicare member, did you know that you can limit your out-of-pocket exposure when receiving high-tech radiology (MRI, PET & CT Scans) services at a freestanding radiology clinic, rather than in an outpatient or hospital setting?

Savings opportunities do not apply to all services and situations.

Still, we encourage members to think about their choices and consider lower costing alternatives whenever possible.

There is no simple solution for challenges our program faces.

However, the combination of knowledge and personal responsibility will go a long way toward helping us maintain and extend the life of the program.

— David Archuleta
Executive Director

UNDERSTANDING THE DIFFERENCE BETWEEN WELLNESS CARE & PREVENTIVE CARE

As New Mexico Retiree Health Care Authority embarks on another year with our Wellness Incentive Program — in which we give you a \$50 gift card for completing two wellness programs — we continue to receive numerous forms with members writing down screenings they've undergone (mammograms, colonoscopies, blood pressure, cholesterol and even flu shots) as “wellness programs.”

While we are thrilled to see our members take an active role in managing their health by engaging in these screenings, they do not qualify as “wellness programs.” They are considered as preventive health screenings. Here's the difference:

Let's say someone does a mammogram or a cholesterol screening, and the results come back normal. That is, the mammogram shows no signs of cancer or the member's cholesterol level is in an acceptable range. No further action of the member is required. Essentially, the member has not done anything to improve his or her health or wellness.

These screenings are measures to inform members whether they have an illness. The screenings are considered preventive; if they indicate a problem, they signal to the members that they must take additional steps to eradicate the problem or keep the problem from getting worse.

An additional step would be to participate in a wellness program to eliminate or manage the problem. If the person undergoing the mammogram is diagnosed for breast cancer, that person then can participate in a chronic disease self-management program to treat the illness. THAT is a wellness program.



According to WebMD, “Wellness care is all about improving your health and fitness with various programs to help you stop smoking, lose weight, manage your diabetes and more. Preventive care is all about routine health maintenance, including screening tests and regular checkups ... things to prevent health problems.

A person with high cholesterol can take a healthy cooking class, participate in a nutrition seminar or take an aerobics class. Those would be considered wellness programs.

A wellness program consists of actively participating in a program to manage or improve your health or wellbeing. Lifting weights three times a week or taking a fitness class improves a member's health. Older adults at risk of falling can benefit from a strength class, a seminar on improving balance or identifying potential hazards that lead to falls.

Someone wanting to lose weight due to high cholesterol or a prediabetes condition can enroll in Good Measures, a nutrition program in

which that person works with a registered dietitian to formulate goals and a strategy to reduce risk of heart problems or diabetes.

Think of the preventative measure as a procedure that alerts you of a potential problem and the wellness program as the means in eliminating or solving the problem.

And even if screenings don't indicate any warnings about your health, a wellness program still provides benefits in improving your health. You don't need to be a prediabetic to start a fitness routine.

If you have any more questions about the difference between “preventive” and “wellness,” please contact us at 800-233-2576.

NMRHCA AT A GLANCE

MEDICARE SEMINARS DATES REMAIN IN ALBUQUERQUE, SANTA FE IN 2018

To help our Medicare retirees manage their health care, NMRHCA will continue its Medicare Informational Sessions in 2018.

Sessions will be at our offices in Albuquerque (9:30 a.m.) and Santa Fe (1:30 p.m.) on the following days:

- June 13 (ABQ and SF)
- July 18 (ABQ Only)
- August 15 (ABQ and SF)

- September 12 (ABQ Only)
- December 12 (ABQ and SF)

NMRHCA WELCOMES NEW CFO

Peggy Martinez joined NMRHCA as Chief Financial Officer in March.

She previously served as the CFO for Miners' Colfax Medical Center, was budget director for the State of New Mexico's Department of Homeland Security and was finance bureau chief at the State of New Mexico General Services Department.