(PLEASE FIND THE AGENDA/TABLE OF CONTENTS ON PAGE 4.)

REGULAR MEETING
OF THE
BOARD OF DIRECTORS

January 5, 2021
9:30 AM

Online: https://global.gotomeeting.com/join/285319637
Telephone: 1-669-224-3412/ Access Code: 285-319-637

New Mexico Retiree Health Care Authority
Regular Meeting

BOARD OF DIRECTORS

ROLL CALL

January 5, 2021

	Member in Attendance		
Mr. Crandall, President			
Ms. Saunders, Vice President			
Ms. Larranaga-Ruffy, Secretary			
Mr. Propst			
Ms. Goodwin			
Mr. Linton			
Mr. Salazar			
Mr. Eichenberg			
Mr. Cushman			
Mr. Bhakta			
Ms. Moon			
Ms. Madrid			

NMRHCA BOARD OF DIRECTORS

JANUARY 2021

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Regular Meeting of the
NEW MEXICO RETIREE HEALTH CARE AUTHORITY
BOARD OF DIRECTORS

January 5, 2021
9:30 AM
Online: https://global.gotomeeting.com/join/285319637
Telephone: 1-669-224-3412 / Access Code: 285-319-637

AGENDA

1.	Call to Order	Mr. Crandall, President	Page
2.	Roll Call to Ascertain Quorum	Ms. Beatty, Recorder	
3.	Pledge of Allegiance	Mr. Crandall, President	
4.	Approval of Agenda	Mr. Crandall, President	4
5.	Approval of Regular Meeting Minutes November 3, 2020	Mr. Crandall, President	5
6.	Public Forum and Introductions	Mr. Crandall, President	
7.	Committee Reports	Mr. Crandall, President	
8.	Executive Director's Updates	Mr. Archuleta, Executive Director	
	a. Operations/HR Updates/COVID-19		
	b. January 2021 Billing Discrepancy		
	c. Switch/Open Enrollment		12
	d. Proposed Changes to Medicare Part D		13
	e. Proposed Changes to Audit Rule		19
	f. Opioid Litigation		
	g. Socorro Soil & Water Conservation District Program Participation		
	h. Livongo Diabetes Management Program		21
	i. Legislative		38
	j. SALGBA Appointment		60
	k. October 31/November 30, 2020 SIC Report		61
	l. 3rd QTR Investment Performance Analysis		63
9.	FY20 Financial Audit	Mr. Hoggan CPA, Partner, Moss Adams Mr. Hamilton, CPA, Senior Mgr., Moss Adams	66
10.	FY21 New Contract – GAS75 Review (Action Item)	Mr. Kueffer, Deputy Director	119
11.	2021 Exchange Rates and Plan Comparison	Mr. Kueffer, Deputy Director	120
12.	2021 Work Plan	Mr. Archuleta, Executive Director	121
13.	Other Business	Mr. Crandall, President	
14.	Executive Session Pursuant to NMSA 1978, Section 10-15-1(H)(6) To Discuss Limited Personnel Matters	Mr. Crandall, President	
15.	Date & Location of Next Board Meeting	Mr. Crandall, President	

February 2, 2021
Via: GoToMeetings: https://global.gotomeeting.com/join/880665029
Telephone: 1-571-317-3122 / Access Code: 880-665-029

16. Adjourn

ACTION SUMMARY

NM RETIREE HEALTH CARE AUTHORITY/REGULAR BOARD MEETING

November 3, 2020

Item	Action	Page
APPROVAL OF AGENDA	Approved	3
APPROVAL OF MINUTES: October 6, 2020	Approved	3
COMMITTEE REPORTS	Informational	3
PUBLIC FORUM & INTRODUCTIONS	Informational	3
EXECUTIVE DIRECTOR'S UPDATES Operations/HR Updates/COVID-19 Employee Newsletter Opioid Litigation Livongo Diabetes Management Program Legislative September SIC Report	Informational	3
ASSET ALLOCATION	Approved Wilshire recommendation	5
GAS 74 ACTUARIAL VALUATION	Informational	6
FY21 FIRST QUARTER BUDGET REVIEW	Informational	6
FY21 CONTRACT AMENDMENTS	Approved	6

OTHER BUSINESS: None

EXEC SESSION: None

MINUTES OF THE

NEW MEXICO RETIREE HEALTH CARE AUTHORITY/BOARD OF DIRECTORS

REGULAR MEETING/VIA TELECONFERENCE

November 3, 2020

1. CALL TO ORDER

A Regular Meeting of the Board of Directors of the New Mexico Retiree Health Care Authority was called to order on this date at 9:30 a.m. via teleconference.

2. ROLL CALL TO ASCERTAIN A QUORUM

A quorum was present.

Members Present:
Mr. Doug Crandall, President
Ms. Therese Saunders, Vice President
Ms. LeAnne Larrañaga-Ruffy, Secretary
Mr. Sam Collins, Deputy State Treasurer
Mr. Loren Cushman
Ms. Jan Goodwin
Mr. Terry Linton
Ms. Leane Madrid
Mr. Joe Montaño
Ms. Pamela Moon

Members Excused:
Mr. Sanjay Bhakta

Staff Present:
Mr. Dave Archuleta, Executive Director
Mr. Neil Kueffer, Deputy Director
Mr. Greg Archuleta, Director of Communication & Member Engagement
Ms. Peggy Martinez, CFO
Ms. Judith S. Beatty, Board Recorder

3. PLEDGE OF ALLEGIANCE

Mr. Linton led the pledge.

4. APPROVAL OF AGENDA

Mr. Montaño moved approval of the agenda, as published. Ms. Larrañaga-Ruffy seconded the motion, which passed unanimously by roll call vote.

5. APPROVAL OF REGULAR MEETING MINUTES: October 6, 2020

Ms. Saunders moved approval of the October 6 meeting minutes, as submitted. Ms. Moon seconded the motion, which passed unanimously by roll call vote.

6. PUBLIC FORUM AND INTRODUCTIONS

There was no public comment.

7. COMMITTEE REPORTS

- Chairman Crandall reported that the Executive Committee met to review today's agenda.
- Ms. Larrañaga-Ruffy said the Finance Committee met last week and reviewed items that would be heard on today's agenda.

8. EXECUTIVE DIRECTOR'S UPDATES

a. Operations/HR Updates/COVID-19

-- Page 15 of the board book includes a copy of the Concise Explanatory Statement issued by the State Personnel Office, which was approved in October with three amendments: (1) Allows exempt employees to donate unused annual leave to classified state employees, and vice versa; (2) increases the number of personal leave days awarded to classified state employees each year from one to two after completion of their probationary period; and (3) allows state employees to use annual leave in excess of 240 hours through July 9, 2021.

-- The New Mexico Environment Department has updated its guidelines with regard to reporting employees who test positive. It requires the NMRHCA as an employer group to report that information within four hours of being notified of a positive test. To date, the agency has had one positive test in the office and several potential cases. Up to this point, actions taken have been to shut the office until the electrostatic cleaning is done, and anyone who is potentially infected has to stay home.

-- NMRHCA has ordered the computers so they can be set up in employees' homes in the event the office has to be completely shut down for a prolonged period.

-- Mr. Archuleta provided HR updates.

-- Greg Archuleta stated that NMRHCA held ten two-hour switch enrollment webinars between October 1 and October 28. There were 530 total attendees, and 712 questions were taken. Most of the feedback from the members was positive, as many asked that this format be repeated next year for those who can't attend in person. The questions most often asked were why Medicare Advantage rates were so

low for 2021, and for the panelists to explain the donut hole. He thanked the panelists and health providers who participated and made these webinars such a success.

-- Chairman Crandall read a letter submitted by NMRHCA members Don and Rosemary Ditmore, who live in Arizona, commending the NMRHCA executive team and all of the employees who organized and assisted with the webinars for creating a highly workable and excellent format that was accessible and user friendly, especially given the challenges of working from home and relocating the agency in the middle of a pandemic.

-- Ms. Saunders said she joined a couple of webinars and particularly liked the way that David Archuleta and Neil Kueffer would answer questions and would also pass them off to the health partners to answer. As a result, everybody got their questions answered, and she was truly impressed with how smoothly things went.

b. Employee Newsletter

-- Mr. Archuleta reviewed highlights from the quarterly newsletter.

c. Opioid Litigation

-- As reported previously, NMRHCA is working with the Attorney General's Office to supply information regarding consumption of opioids by members dating back to 2013. In other news, Purdue Pharma recently pleaded guilty in an $8 billion legal settlement; however, what impact it might have to NMRHCA is not known at this point.

d. Livongo Diabetes Management Program

-- As of last week, NMRHCA has increased enrollment to 385 members, or 14.5% of the diabetic population. Considering that the program was initiated just three months ago, NMRHCA is pleased with the results and is well on target to meeting its goal of about 30 percent. A meeting with Livongo is scheduled for this afternoon that will include discussion on ways to generate additional interest in the program.

e. Legislative

-- The October 2020 LFC Newsletter (page 23) notes that the majority of New Mexico counties fall under the federal Health Resources and Services Administration designation of a health professional shortage, and all but Los Alamos County have too few primary and mental health providers. UNM healthcare workforce data from 2018 showed similar shortfalls, with just eight counties hitting the mark for primary care physicians and five for an adequate number of psychiatrists. This is obviously an issue of concern to NMRHCA, which will continue to work with the health plan partners to make telehealth more available to the members. The newsletter also notes that the Public School Insurance Authority, a member of IBAC, calculated about $15 million in savings in FY20 because of delayed or canceled treatments because of the pandemic. What those savings will look like for NMRHCA is not yet known.

-- The presentations scheduled before the LFC last week regarding the NMRHCA's FY22 appropriation request have been moved to November 16.

-- NMRHCA will present its 2021 legislative proposal, which the board adopted last month, to IPOC on November 24.

f. <u>September 30, 2020 SIC Report</u>

-- September balances reflect 839.8 million, reflecting steady progress toward meeting the June 2021 solvency targets.

9. <u>ASSET ALLOCATION</u>: THOMAS TOTH, MANAGING DIRECTOR, WILSHIRE

Mr. Toth reviewed the asset allocation recently approved by the board and presented a high level overview on ways to think about utilizing active management within a portfolio, including decision factors and quantitative tools.

Mr. Toth presented the following active management recommendation:

<u>Index oriented management for Small/Mid cap portfolio</u>

- Small Cap Core universe of active managers have not consistently outperformed the index, indicating a challenging stock selection environment
- Active pool has not consistently added value versus the S&P 600 small cap index or the Russell 2000
- Index pool is currently about 50 bps less expensive than the Active pool

<u>Active management for Emerging Markets Equity</u>

- Active management in emerging markets increases opportunity to manage downside market risk
- Active emerging market managers have, on average, outperformed the index
- Emerging Market Active pool has produced better risk-adjusted returns than the Index pool on a net of fee basis

Chairman Crandall noted that the SIC is projecting the land grant permanent fund to grow an average of 3.3% annually compared with the fund's long-term target of 7%. Noting NMRHCA's target of 7.25%, he asked what kinds of returns can be expected over the next decade. Mr. Toth responded that the environment for expected returns going forward is very challenging because of very low interest rates. In thinking about the risk-free rate plus risk premiums on top of that, even assuming a risk premium on equities of about 5%, the total expected return for equities is around 6%. For portfolios that require some stability, income and built-in liquidity, fixed income instruments provide additional headwind. Wilshire's expectation from core fixed income is just above 1% and between 6% and 6.5% returns on equities.

Chairman Crandall asked at what point the board should review its interest rate expectations. Mr. Toth responded that the board should start having that conversation now, continuing up to the next asset allocation.

Mr. Cushman moved approval of Wilshire's recommendation to go to active pool for emerging markets and passive for small and midcap. Ms. Larrañaga-Ruffy seconded the motion, which passed unanimously by roll call vote.

10. GAS 74 ACTUARIAL VALUATION – JUNE 30, 2020: MELISSA KRUMHOLZ, ACTUARY, SEGAL

Ms. Krumholtz presented this report, with the following highlights:

-- Total OPEB liability rose from $4 billion in 2019 to $5 billion in 2020, driven by the fact that the blended discount rate dropped from 4.16% for the June 30, 2019 measure down to 2.86% for the June 2020 measure.

-- Plan fiduciary net position rose from $756 million to $829 million, leaving the net OPEB liability still fairly high at $4.2 billion, or a 26% increase over last year.

Chairman Crandall thanked Ms. Krumholtz for this report, which will be helpful to share with legislators in the upcoming session.

Ms. Krumholtz said Segal does test the long-term rate of return on the solvency side, and if it does go down, that will unfortunately be another factor that will not help the GASB piece.

11. FY21 FIRST QUARTER BUDGET REVIEW

Mr. Archuleta presented the Q1 budget review.

Mr. Archuleta commented that NMRHCA hopes to update the website by the end of this year to include a portal so that members can access their information, and it has submitted a special appropriation request to cover that cost.

12. FY21 CONTRACT AMENDMENTS

Mr. Kueffer stated that proposed contract amendments in the Healthcare Benefits Administration Fund would reflect certain enhancements to performance guarantees, program descriptions, gain share agreements, and benefit summary documentation. The amendments also reflect the premium reductions applied to the upcoming calendar year.

Mr. Kueffer requested approval to amend the Blue Cross Blue Shield, Presbyterian, and Humana Medicare Advantage contracts to reflect the monthly charges applicable to the 2021 calendar year.

Ms. Moon moved for approval. Ms. Saunders seconded the motion, which passed unanimously by roll call vote.

13. OTHER BUSINESS

None.

14. EXECUTIVE SESSION

None.

15 DATE AND LOCATION OF NEXT BOARD MEETING

To be announced.

ADJOURN

Meeting adjourned at 10:37 a.m.

Accepted by:

_____

Doug Crandall, President

Medical Plans
January 2021 Switch Enrollment Counts
Additional Members and Members who Cancelled

		NON-MEDICARE				MEDICARE									
	FROM	**TO**	**TO**	**TO**	**TO**	**TO**	**TO**	**TO**	**TO**	**TO**	**TO**	**TO**	**TO**	**TO**	**TOTAL TERMED FROM EACH**
		BCBS Premier	BCBS VP	Pres Premier	Pres VP	BCBS Supp	BCBS MA I	BCBS MA II	Humana Plan I	Humana Plan II	Pres Plan I	Pres Plan II	United Plan I	United Plan II	
PRE 65	BCBS Premier		52	13	6	43	5	1	1	6			23	1	**151**
	BCBS Value Plan	62			16	1	2			2			3		**86**
	Presbyterian Premier	38	2		53	5	1		1	1	24		12	1	**138**
	Presbyterian Value Plan	26	15	40				1		2	9		5	1	**99**
MEDICARE	BCBS Supplemental						56	4	21	17	27	1	45	20	**191**
	BCBS MA Plan I					22		3	2	3	10		6	2	**48**
	BCBS MA Plan II					7	50			11	2	1	3	8	**82**
	Humana MA Plan I					19	6			6	6		7	2	**46**
	Humana MA Plan II					3		1	11			2	4	2	**23**
	Presbyterian MA Plan I					19	21		2	4		10	26	8	**90**
	Presbyterian MA Plan II					1	5	1	1	1	96		6	10	**121**
	United Healthcare MA Plan I					5	5		3	1	5			21	**40**
	United Healthcare MA Plan II					3	3		2	6	2	1	39		**56**
	TOTAL ADDITIONS TO EACH	**126**	**69**	**53**	**75**	**128**	**154**	**11**	**44**	**60**	**181**	**15**	**179**	**76**	**1,171**
	NET +/-	**(25)**	**(17)**	**(85)**	**(24)**	**(63)**	**106**	**(71)**	**(2)**	**37**	**91**	**(106)**	**139**	**20**	**-**

	Cancelled Participation in the NMRHCA									
Medicare Plans	BCBS Supp	BCBS MA I	BCBS MA II	Humana I	Humana II	Pres Senior I	Pres Senior II	United I	United II	Total Members Cancelled
Cancelled	87	12	8	8	4	16	8	14	7	164

	Cancelled Participation in the NMRHCA				
Non-Medicare Plans	BCBS Premier	BCBS VP	Pres Premier	Pres VP	Total Members Cancelled
Cancelled	64	4	22	44	134

	New Enrollments in the NMRHCA									
Medicare Plans	BCBS Supp	BCBS MA I	BCBS MA II	Humana I	Humana II	Pres Senior I	Pres Senior II	United I	United II	Total New Members
New	50	23	6	20	26	72	7	34	31	269

	New Enrollments in the NMRHCA				
Non-Medicare Plans	BCBS Premier	BCBS VP	Pres Premier	Pres VP	Total New Members
New	119	42	86	95	342

HHS.gov U.S. Department of Health & Human Services

FOR IMMEDIATE RELEASE
November 20, 2020

Contact: HHS Press Office
202-690-6343
media@hhs.gov

Fact Sheet: Trump Administration Finalizes Proposal to Lower Drug Costs by Targeting Backdoor Rebates and Encouraging Direct Discounts to Patients

Directed by President Trump's July 24, 2020 Executive Order on "Lowering Prices for Patients by Eliminating Kickbacks to Middlemen," the Department of Health and Human Services Secretary Alex Azar and the HHS Office of Inspector General (OIG) have finalized a regulation that encourages lower list prices and reduced out-of-pocket spending on prescription drugs.

This regulation addresses a perverse incentive identified by the Department, by expressly excluding rebates on prescription drugs paid by manufacturers to pharmacy benefit managers (PBMs) and Part D plans from safe harbor protection under the Anti-Kickback Statute (AKS). The rule creates a new safe harbor protecting discounts reflected in the price of the drug at the pharmacy counter. Finally, the rule creates new safe harbor protection for fixed-fee services arrangements between manufacturers and PBMs.

The President's May 2018 drug pricing blueprint identified how the current rebate-based system rewards higher list prices, enriches middlemen, and drives up patients' costs. Now, Secretary Azar is taking action to encourage the drug industry to shift away from the opaque rebate system, and toward a system that offers true discounts reflected at the point of sale.

Point-of sale discounts will lower out-of-pocket costs for patients using drugs with high prices and high rebates, particularly during the deductible or coinsurance phases of their benefits. This rule changes the incentives in our system that reward list price increases.

WHAT'S WRONG WITH TODAY'S SYSTEM

The current rebate-driven system is part of an unacceptable status quo characterized by high prices and backdoor deals. It creates three main problems for patients:

1. Rebates reward ever-increasing list prices. Everyone in today's system, including PBMs and Part D plans, typically negotiate rebates as a percentage of list price. When list prices rise, everyone benefits but taxpayers and the patients paying for the drug.

PBMs play an important role in negotiating with drug companies. But if the negotiation favors higher rebates instead of lower cost drugs, it can lead to higher list prices. Indeed, nearly every drug company taking a January 2019 price increase announced that all or nearly all of the increase was being paid to PBMs or insurers as rebates.

A system that favors higher list prices hurts patients, who often pay a percentage or all of the list price. It also drives up total spending for plans and payers.

By re-designing the AKS safe harbors to protect upfront discounts, this rule counteracts the incentives behind rising list prices. Drug companies will no longer be able to cite their rebate contracts as an excuse to keep raising list prices.

2. Drug companies pay rebates and other payments to PBMs, but these payments are not reflected in patient out-of-pocket drug costs. The average difference between the list price of a drug and the net price after a rebate is nearly 30 percent for brand drugs. These rebates, negotiated in Medicare Part D and private plans, are typically not used to reduce patients' cost sharing for a particular drug.

- If the patient is spending out-of-pocket up to their deductible, they pay the amount agreed to between the plan and the pharmacy, usually based in some way on the drug's list price and not taking into account rebates to plans.
- If a patient is paying co-insurance, as is common for expensive specialty drugs, they pay it as a percentage of the amount agreed to between the plan and the pharmacy, usually based in some way on the drug's list price, and whether the plan received a rebate does not typically affect the price.
- In some cases, a patient's cost sharing alone can actually be higher than the net price paid by the health plan after rebates.

By amending the safe harbor regulations to offer protection for reductions in price that are reflected at the point of sale, the rule provides a strong incentive for drug manufacturers to offer discounts that directly benefits Medicare patients by lowering their out-of-pocket costs at the pharmacy counter and eliminates the perverse incentives for ever higher list prices for all patients.

3. The current rebate system discourages the use of safe, effective lower-priced generics and biosimilars.

A growing number of Part D plans have moved generic drugs to non-preferred tiers, and we have yet to realize the potential of biosimilar competition for high-cost biologics. Too often, this is because insurers and Part D plan sponsors can extract higher rebates for brand drugs and biologics.

Manufacturers of brand drugs and biologics can prevent generic or biosimilar competition by increasing the size of the rebates they pay for a drug or group of drugs, and condition the payment of those rebates on maintaining their exclusive formulary position. This makes it easier for PBMs and insurers to collect bigger rebates on already-existing sales volume than it is to lower drug spending by using lower costs drugs.

Excluding rival drugs with "rebate walls" distorts competition, discourages generic use and biosimilar adoption, and causes patients to pay more out of pocket.

WHAT THIS MEANS FOR PEOPLE WITH MEDICARE

Replacing safe harbor protections for opaque rebates with transparent discounts is expected to lead to lower Part D spending for Medicare beneficiaries as a whole, because the projected reductions in out-of-pocket costs are larger than potential increases in premiums.

By removing the incentives that reward list price increases, patients who have out-of-pocket costs based on list price will save. This includes patients who are spending through a deductible, using a drug not covered by their insurance, or who pay co-insurance that is tied to the list price. If drug companies offer discounts that must instead be reflected in the price at the pharmacy counter, patients will save.

A large share of beneficiaries will benefit from such changes. Individual savings will vary based on annual drug costs and type of drugs they take, but sicker beneficiaries or those with higher drug costs are most likely to save the most. The new system will work as insurance is intended to: where those with especially high out-of-pocket drug costs will be most likely to benefit.

The Department believes that Part D plans are likely to choose to cover more generics, improve negotiation with drug companies, and reduce overhead costs in order to hold premiums constant, making savings even greater—as laid out in the President's July Executive Order, which directed that the final rule will not increase premiums. In reaching this conclusion, the Secretary has reviewed analyses prepared by the Office of the Actuary (OACT) at the Centers for Medicare & Medicaid Services (CMS) and the White House Council of Economic Advisors (CEA), as well as outside expert opinions, including those of Milliman, a highly respected international actuarial and benefit analysis firm that advises many of the nation's health insurers on the design and financing of pharmacy benefits. These analyses are included in the rule.

PART OF THE PRESIDENT'S BLUEPRINT

Replacing the rebate system with upfront discounts for patients was one of the ideas put forth in President Trump's "American Patients First - PDF" blueprint for lowering prescription drug prices and out-of-pocket costs. As Secretary Azar said in announcing the blueprint, "We believe that the entire system of pharmacy benefit managers negotiating rebates needs to be re-examined. Right now, we're asking a pretty

straightforward question: What if, instead of the current system where drug companies get paid rebates and middlemen take a cut, we just had fixed-price discounts? This would fix the situation where even the pharmacy benefit manager, who is hired to help keep prices low, makes money from higher list prices."

Today's rule also enhances other key ideas from the blueprint that have already been implemented or are in the process of implementation, including:

- Providing new tools for Medicare Part D plans to negotiate deeper discounts for patients, which under today's rule will be directly reflected in patients' cost-sharing.
- Cutting down on practices that impede the approval and marketing of generic drugs and biosimilars, which are expected to be made more competitive by the replacement of rebates with upfront discounts.

WHAT THIS MEANS FOR PRIVATE PLANS

Longstanding OIG guidance explains that price reductions offered to one payor but not to Medicare may implicate and may violate the Anti-Kickback statute by disguising remuneration for federal healthcare program business through the payment of amounts purportedly related to non-federal healthcare program business. This concern extends to certain pharmaceutical rebate arrangements.

This rule exercises the Department's regulatory authority to address arrangements subject to the AKS, which is limited to federal healthcare programs. Congress has more power to prohibit rebates in commercial insurance.

The National Business Group on Health surveyed large employers and found 3 in 4 employers do not believe drug manufacturer rebates are an effective tool for helping to drive down pharmaceutical costs and more than 90 percent will welcome an alternative to the rebate-driven approach to managing drug costs.

HOW THE RULE WORKS

This rule updates the discount safe harbor at 42 CFR 1001.952(h) to explicitly exclude reductions in price offered by drug manufacturers to PBMs and Part D plans from the safe harbor's definition of a "discount." It also creates a new safe harbor designed specifically for price reductions on pharmaceutical products, but only those that are reflected in the price charged to the patient at the pharmacy counter.

The rule carries out Congress's directive to identify legitimate and beneficial payment practices that should not be subject to prosecution under the AKS, and its expectation that the safe harbor rules will be periodically evaluated and updated to reflect changes in health care delivery and payment practices.

The discount safe harbor as it exists today has evolved to protect both up-front discounts to buyers, as well as "delayed" discounts, or rebates, that are paid to a buyer sometime after the sale. While rebates can function like legitimate reductions in price, the use of rebates in the prescription drug supply chain has

had increasingly pernicious effects.

The current discount safe harbor has not been updated since the establishment of the Medicare Part D program, and the regulations we are proposing today are designed to specifically address, for the first time since implementing the Part D program, certain payment arrangements among participants in the prescription drug supply chain.

The finalized rule advances the President's promise outlined in the Administration's blueprint for lowering drug prices and putting American patients first: specifically the intent to investigate "measures to restrict the use of rebates, including revisiting the safe harbor under the anti-kickback statute for drug rebates."

The draft rule was proposed on January 31, 2019. The Department never withdrew the proposal from consideration and is finalizing the proposal today in a way which addresses the comments received.

HOW IS THE FINAL RULE DIFFERENT FROM THE PROPOSED?

The following are the major changes made to the final rule.

- **Effective Date**

  - The most impactful change we made from the Proposed Rule to the Final Rule is to finalize an effective date of January 1, 2022 instead of January 1, 2020 for the revisions to the discount safe harbor (42 C.F.R. § 1001.952(h)). Our proposal to make these changes effective on January 1, 2020 generated a large number of comments, highlighting many reasons that this effective date would be difficult, if not impossible, for some entities. By finalizing a date of January 1, 2022, entities have well over a year to make any necessary changes to their business arrangements. We expect this change, which has considerable substantive significance (i.e., with regards to implementation timeframe), to be well-received by stakeholders.

- **Formulary Placement**

  - We clarify in this Final Rule that reductions in price offered to Part D plan sponsors or Medicaid MCOs contingent on formulary placement can be protected under the new point-of-sale reductions in price safe harbor at 42 C.F.R. § 1001.952(cc), and reductions in price offered to Medicaid MCOs contingent on formulary placement were and continue to be protected by the discount safe harbor at 42 C.F.R. § 1001.952(h).

- **Medicaid Managed Care Organizations (MCOs)**

  - We are not moving forward with our proposal to amend the discount safe harbor (42 C.F.R. § 1001.952(h)) to exclude rebates offered to Medicaid MCOs. In other words, rebates offered from pharmaceutical manufacturers directly to Medicaid MCOs can still be protected by this safe harbor if all conditions of the safe harbor are met. We expect this change to be well-received by stakeholders.

- Medicaid MCOs will be able to use the new safe harbor for point-of-sale reductions in price for prescription pharmaceutical products (42 C.F.R. § 1001.952(cc)).

- **Chargeback Process**

  - We make clear that the Department is agnostic as to which entities (*e.g.*, PBMs, wholesalers) administer the chargeback function and we do not prescribe any requirements regarding chargeback administration arrangements.

  - We are finalizing certain revisions to the proposed definition of "chargeback."

    - First, in response to commenters, we are renaming it a "point-of-sale chargeback."

    - We proposed to define a "chargeback" as a payment from a manufacturer to a dispensing pharmacy that would be at least equal to the discounted price of the drug agreed to by the manufacturer and the Part D Plan sponsor or Medicaid MCO. We agree with commenters who noted that our proposed definition could lead to gaming and that the chargeback should be equal to the reduction in price, not the discounted price of the drug, so we define a chargeback in the final rule as a payment equal to the reduction in price. This definition ensures that the pharmacy is made whole for the difference between acquisition cost, plan payment, and beneficiary out-of-pocket payment.

WHY NOW

Back in July, the President directed, through an Executive Order with the aim of Lowering Prices for Patients by Eliminating Kickbacks to Middlemen, that we finalize this rule. Since then the team at HHS and OIG have worked to get the rule ready for publication today.

###

Note: All HHS press releases, fact sheets and other news materials are available at https://www.hhs.gov/news.

Like HHS on Facebook, follow HHS on Twitter @HHSgov, and sign up for HHS Email Updates.

Last revised: November 20, 2020

Archuleta, David, NMRHCA

From: Pamela A. Moon <pmoon@bernco.gov>
Sent: Monday, December 07, 2020 3:04 PM
To: Liza.Kerr@osa.state.nm.us
Cc: Valdez, Frank; Natalie Cordova; Ragin, Shirley; Archuleta, David, NMRHCA; Goodwin, Jan, ERB; Larranaga, Leanne, PERA
Subject: [EXT] Potential Revisions to the Audit Rule

Dear Ms. Kerr,

In response to the Office of the State Auditor (OSA) providing an early opportunity for suggestions regarding potential revisions to the current Audit Rule, I would like to provide feedback on something that I noticed while serving on the New Mexico Retirees Health Care Board. For several years the OSA has required that NMRHCA have two audits. Since NMRHCA is using qualified auditors that are approved IPAs, this seems to be an excessive requirement and it costs additional funds. It is my understanding that this requirement is in place for PERA and ERB also. Please consider eliminating this duplicative audit when you are considering potential revisions to the Audit Rule.

AA. GASBS 75, accounting and financial reporting for postemployment benefits other than pensions: The retiree health care authority (RHCA) shall prepare a schedule of employer allocations as of June 30 of each fiscal year. The state auditor requires the following:
(1) Prior to distribution of the schedule of employer allocations, RHCA shall obtain an audit of the schedule. This audit shall be conducted in accordance with government auditing standards and AU-C 805, special considerations - audits of single financial statements and specific elements, accounts, or items of a financial statement.
(2) Pursuant to AU-C 805.16, the RHCA auditors shall issue a separate auditor's report and express a separate opinion on the AU-C 805 audit performed (distinct from the agency's regular financial statement and compliance audit). Additionally, the auditor shall apply the procedures required by AU-C 725 to all supplementary information schedules included in the schedule of employer allocations report in order to determine whether the supplementary information is fairly stated, in all material respects, in relation to the financial statements as a whole. The IPA shall include the supplementary information schedules in the related reporting in the other-matter paragraph pursuant to AU-C 725.09, regarding whether such information is fairly stated in all material respects in relation to the schedule of employer allocations as a whole.
(3) RHCA shall include note disclosures in the schedule of employer allocations report that detail each component of allocable OPEB expense at the fund level, excluding employer-specific OPEB expense for changes in proportion. RHCA shall also include note disclosures by fund detailing collective fund-level deferred outflows of resources and deferred inflows of resources. The disclosures shall include a summary of changes in the collective deferred outflows and inflows of resources (excluding employer specific amounts), by year of deferral.
(4) RHCA shall each obtain at least one concurring review of the schedule of employer allocations by an outside IPA firm (different from the firm performing the AU-C 805 audit). The firm selected to perform the concurring review is subject to OSA approval.
(5) The AU-C 805 audit and resulting separate report on the RHCA schedule of employer allocations shall be submitted to the OSA for review and release pursuant to Subsection A of 2.2.2.13 NMAC, prior to distribution to the participant employers.
(6) As soon as the AU-C 805 reports become public record, RHCA shall make the information available to its participant employers.
(7) RHCA shall prepare an employer guide that illustrates the correct use of the schedule of employer allocations report by its participant employers. The guide shall explicitly distinguish between the plan-level reporting and any employer-specific items. The calculations and record-keeping necessary at the employer level (for adjusting journal entries, amortization of deferred amounts, etc.) shall be described and illustrated. The employer guide shall be made available to the participant employers by June 30 of the subsequent fiscal year.

Sincerely,

Pamela Moon
Director of Accounting and Budget
Finance Division
One Civic Plaza
10th Floor, Suite 10045

Albuquerque, NM 87102
Email: pmoon@bernco.gov
O: (505) 468-1407
C: (505) 944-6825
www.bernco.gov

Livongo®

Empowering People with Chronic Conditions to Live Better and Healthier Lives

New Mexico Retiree Health Care Authority
December 2020 Update

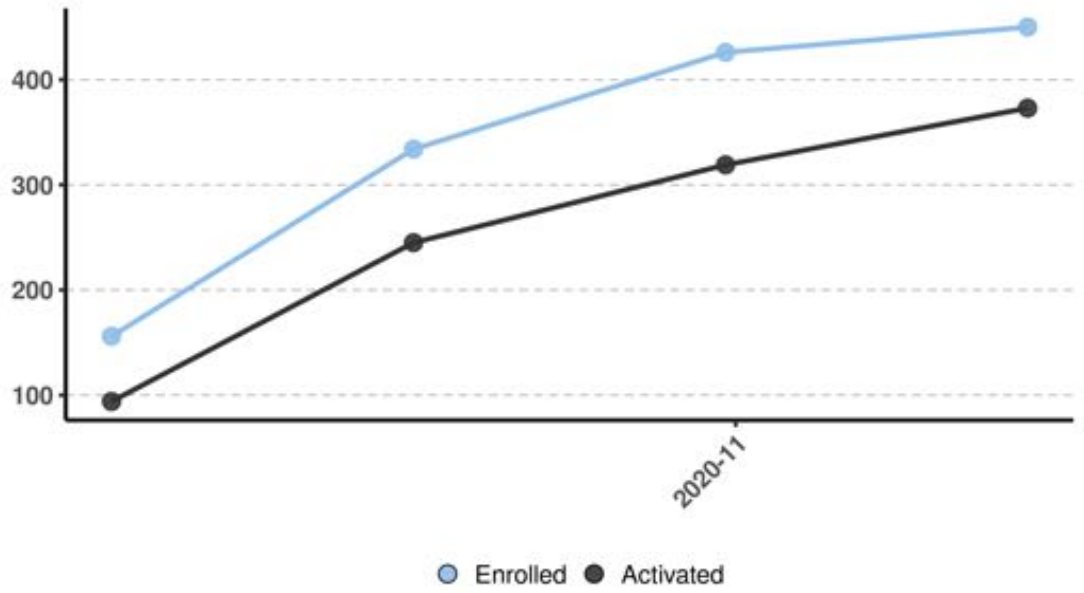
Enrollment and Activation Diabetes Dashboard

RECRUITABLE
2,601

ENROLLED
450
17% of Recruitable

ACTIVATED
375
83% of Enrolled

Diabetes Enrollment and Activation Trends



Enrollment: Completed registration and eligible for Program
Activation: Used the device for a first blood glucose test

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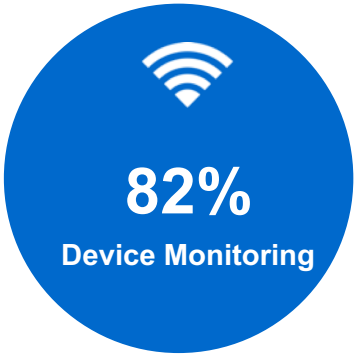
Livongo Engagement - Diabetes

Average 90 Day Member Engagement Rates (% of Enrolled)



Connected blood glucose meter usage

Email opens, log-ins, Health Summary Report sharing, food logs

Health Nudges, 5-day Challenges

Alert-based, on-demand, and scheduled coaching

Members engage with Livongo on average 30 times per month

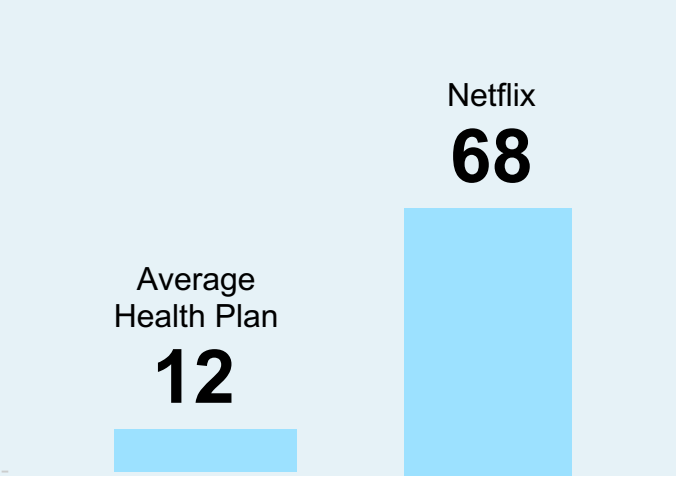
Livongo®

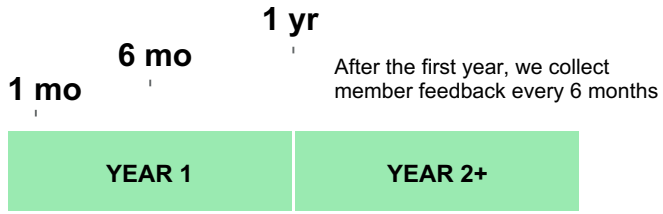
Member Satisfaction

Livongo®

Capturing the Voice of the Member

Industry-Leading Member Satisfaction
(Net Promoter Score)





Validated Measurement Tools assess Members' confidence in managing their health

- **Diabetes Empowerment Scale**
- **Diabetes Distress Scale**

Livongo®

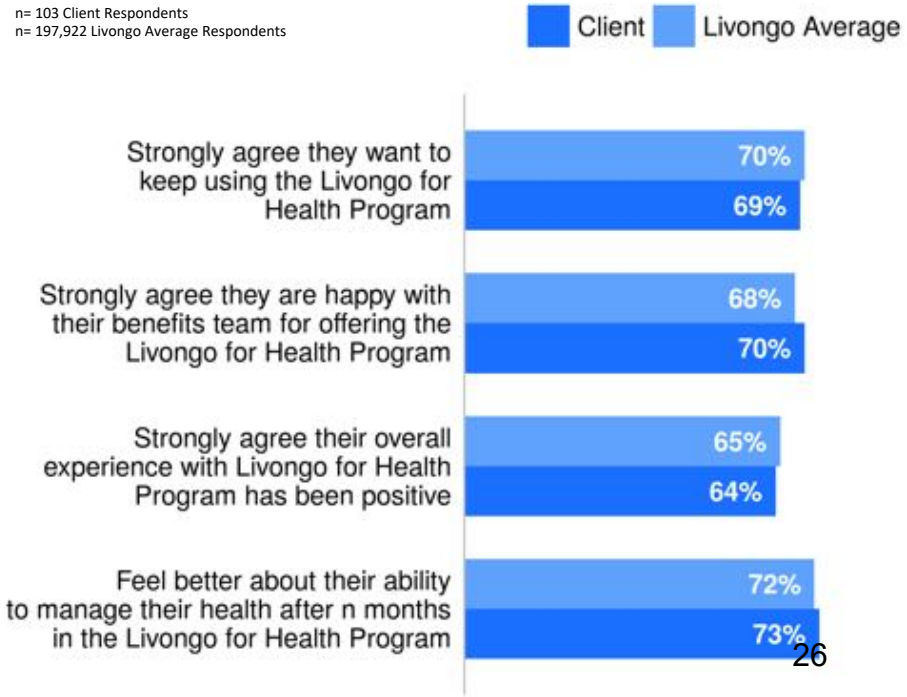
Livongo
NMRHCA NPS Score

+58

Members Love Livongo

Member Satisfaction & NPS

n= 103 Client Respondents
n= 197,922 Livongo Average Respondents



Diabetes Empowerment and Distress Scale

Diabetes Empowerment Scale	Pre-program	Last Survey	Change
I am able to turn my diabetes goals into a workable plan.	4.08	4.26	0.18
I can ask for support for having and caring for my diabetes when I need it.	4.07	4.25	0.18
I can find ways to feel better about having diabetes.	3.81	4.16	0.35
I can try out different ways of overcoming barriers to my diabetes goals.	4.13	4.35	0.22
I know enough about myself as a person to make diabetes care choices that are right for me.	4.11	4.46	0.35
I know the positive ways I cope with diabetes-related stress.	3.80	4.25	0.45
I know what helps me stay motivated to care for my diabetes.	4.04	4.21	0.17
I know what part(s) of my diabetes I am dissatisfied with.	3.77	4.26	0.49

Diabetes Distress Scale	Pre-program	Last Survey	Change
Feeling overwhelmed by the demands of living with diabetes.	2.54	1.64	-0.90
Feeling that I am often failing with my diabetes routine.	2.56	1.55	-1.01

DES is measured on a scale of 1 - 5, with 5 being the most empowered
DDS is measured on a scale of 1 - 6, with 1 being the least distressed
92 Client Last Survey Respondents and 126 Client Pre-program Survey Respondents

At Livongo, our mission is to empower people with chronic conditions to live a better life.

Improvements in the Diabetes Empowerment Scale indicate people are increasingly confident in their ability to successfully manage their diabetes and improve their blood glucose control.

Diabetes Distress Scale measures the unique, often hidden emotional burdens and worries with chronic disease management.

High levels of Diabetes Distress have been significantly associated with poor glycemic control.

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Livongo Executive Summary for Diabetes

Data Thru: 2020-11
Client Launch: 2020-08-01

New Mexico Retiree Health Care Authority

Enrollment

17%

450 of 2,601

of Recruitable population currently enrolled in Livongo for Diabetes at end of month

Activation

83%

of currently enrolled members

Blood Glucose Checking

Client population blood glucose checking metrics last 3 months

1.46	checks per day
78%	in range
153	mg/dL
152	alerts

Program Engagement

Percentage of enrolled members using feature in the last 3 months

82%	blood glucose meter
44%	mobile app
50%	web portal
84%	member communications
8%	CDE encounters

Client NPS

58

NPS of All Members' Most Recent Response

Livongo Average Change in eHbA1c

-1.02

Change in eHbA1c from self-reported HbA1c values for members who started uncontrolled (HbA1c >=7%) and enrolled at least 6 months

Livongo®

What other opportunities exist to promote enrollment?

Some clients have used:

- Monthly HR kit (can be customized)
- Lunch & Learn events (can be done virtually)
- Newsletters
- Flyers posted on the company intranet
- Posters and flyers in physical locations

Livongo®

January HR Monthly Assets

About: January is New Year, New You.

We are providing some helpful tips to create new habits for the new year.

Objective: Increase enrollment and usage by encouraging our members to take care of themselves.

Livongo®

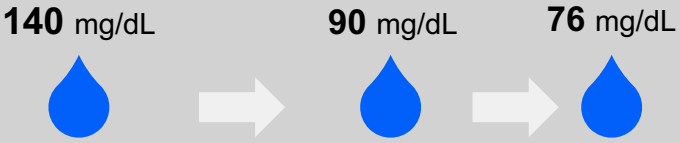
CGM-powered insights overview

Effective October 2020

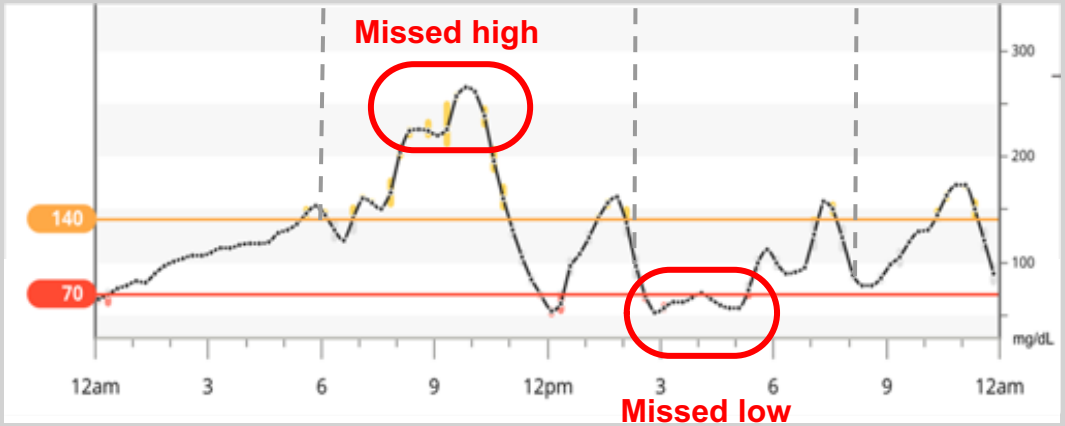
CGM Can Be Life Changing But Only Addresses Part of the Challenge

Translating CGM data into actionable insights requires more contextual data (e.g., food, activity, medication) and the ability to interpret rich glucose information into lifestyle changes

Finger sticks reveal point-in-time glucose readings



CGMs track glucose levels continuously to more completely reveal patterns and trends, including dangerous lows and highs sometimes missed by finger sticks



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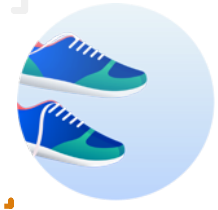
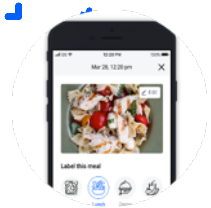
Livongo Unlocks the Power of CGM Data

Synthesizing multiple sources of data and delivering insights to more effectively engage one of the most complex / highest risk segments

Activity data



Food log



CGM data

Enhanced Health Signals

Livongo®

Personalized, Actionable Insights Across Multiple Touchpoints

CGM-Powered Nudges

CGM-Powered Coaching

Bi-weekly Report

20+ new CGM-specific nudges that:

- Refer Members to relevant content
- Suggest a coaching session
- Encourage food logging
- Provide positive reinforcement

Dedicated 1:1 digital or live coaching to:

- Interpret the CGM user's ambulatory glucose profile (AGP) and highlight areas of interest
- Make connections between food, activity, medication, and glucose to provide actionable insights and recommendations

Retrospective report that:

- Delivers focused CGM insights based on combined data streams
- Provides personalized insights that interpret the Member's data in a narrative way
- Identifies opportunities for education and actionable next steps

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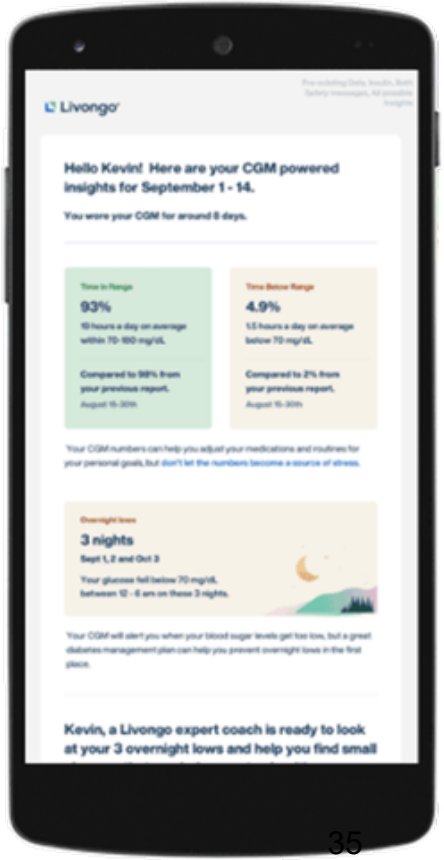
CGM Bi-Weekly Report

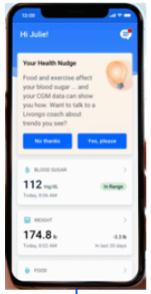
- Easy-to-understand reports that translate Members' complex AGP reports into meaningful, actionable information
- Includes an overview, insights from the report, safety guidance, trends / patterns, and positive highlights
- Member proactively receives a personalized CGM insights report via **email** every two weeks, based on CGM activity
- Combines CGM-provided glucose data with food and step data from the Livongo program for a more complete view of progress
- May be shared via **email** with the Member's expert Livongo coach or their care team



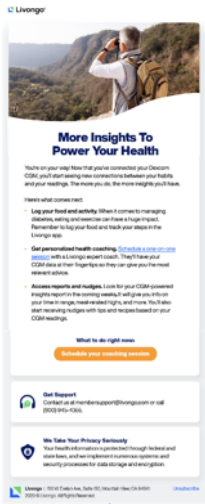
Livongo®

Member Experience: Existing Dexcom CGM Users

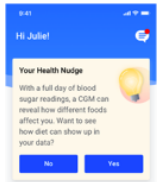
CTA email



Authorization



Welcome Email



Nudges[1]

Bi-Weekly Insights

Coaching Sessions[2]

1. Nudges will be sent if eligibility rules are met
2. Coaching sessions are scheduled upon request

AN ACT

RELATING TO HEALTH CARE PLANS; ESTABLISHING LIMITS ON COST SHARING FOR CERTAIN PRESCRIPTION DRUGS; REQUIRING A REPORT RECOMMENDING ADDITIONAL DRUGS AND SERVICES FOR COST-SHARING LIMITATIONS; REQUIRING A STUDY OF THE COST OF PRESCRIPTION DRUGS FOR NEW MEXICO CONSUMERS AND MAKING RECOMMENDATIONS ON INCREASING ACCESSIBILITY OF PRESCRIPTION DRUGS; AMENDING AND ENACTING SECTIONS OF THE NMSA 1978.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. A new section of the Health Care Purchasing Act is enacted to read:

"INSULIN FOR DIABETES--COST-SHARING CAP.--Group health care coverage, including any form of self-insurance, offered, issued or renewed under the Health Care Purchasing Act shall cap the amount an insured is required to pay for a preferred formulary prescription insulin drug or a medically necessary alternative at an amount not to exceed a total of twenty-five dollars ($25.00) per thirty-day supply."

SECTION 2. Section 59A-22-41 NMSA 1978 (being Laws 1997, Chapter 7, Section 1 and also Laws 1997, Chapter 255, Section 1) is amended to read:

"59A-22-41. COVERAGE FOR INDIVIDUALS WITH DIABETES.--

A. Each individual and group health insurance policy, health care plan, certificate of health insurance and

managed health care plan delivered or issued for delivery in this state shall provide coverage for individuals with insulin-using diabetes, with non-insulin-using diabetes and with elevated blood glucose levels induced by pregnancy. This coverage shall be a basic health care benefit and shall entitle each individual to the medically accepted standard of medical care for diabetes and benefits for diabetes treatment as well as diabetes supplies, and this coverage shall not be reduced or eliminated.

B. Except as otherwise provided in this subsection, coverage for individuals with diabetes may be subject to deductibles and coinsurance consistent with those imposed on other benefits under the same policy, plan or certificate, as long as the annual deductibles or coinsurance for benefits are no greater than the annual deductibles or coinsurance established for similar benefits within a given policy. The amount an individual with diabetes is required to pay for a preferred formulary prescription insulin drug or a medically necessary alternative is an amount not to exceed a total of twenty-five dollars ($25.00) per thirty-day supply.

C. When prescribed or diagnosed by a health care practitioner with prescribing authority, all individuals with diabetes as described in Subsection A of this section enrolled in health policies described in that subsection

shall be entitled to the following equipment, supplies and appliances to treat diabetes:

(1) blood glucose monitors, including those for the legally blind;

(2) test strips for blood glucose monitors;

(3) visual reading urine and ketone strips;

(4) lancets and lancet devices;

(5) insulin;

(6) injection aids, including those adaptable to meet the needs of the legally blind;

(7) syringes;

(8) prescriptive oral agents for controlling blood sugar levels;

(9) medically necessary podiatric appliances for prevention of feet complications associated with diabetes, including therapeutic molded or depth-inlay shoes, functional orthotics, custom molded inserts, replacement inserts, preventive devices and shoe modifications for prevention and treatment; and

(10) glucagon emergency kits.

D. When prescribed or diagnosed by a health care practitioner with prescribing authority, all individuals with diabetes as described in Subsection A of this section enrolled in health policies described in that subsection shall be entitled to the following basic health care

benefits:

(1) diabetes self-management training that shall be provided by a certified, registered or licensed health care professional with recent education in diabetes management, which shall be limited to:

(a) medically necessary visits upon the diagnosis of diabetes;

(b) visits following a physician diagnosis that represents a significant change in the patient's symptoms or condition that warrants changes in the patient's self-management; and

(c) visits when re-education or refresher training is prescribed by a health care practitioner with prescribing authority; and

(2) medical nutrition therapy related to diabetes management.

E. When new or improved equipment, appliances, prescription drugs for the treatment of diabetes, insulin or supplies for the treatment of diabetes are approved by the food and drug administration, all individual or group health insurance policies as described in Subsection A of this section shall:

(1) maintain an adequate formulary to provide these resources to individuals with diabetes; and

(2) guarantee reimbursement or coverage for

the equipment, appliances, prescription drug, insulin or supplies described in this subsection within the limits of the health care plan, policy or certificate.

F. The provisions of Subsections A through E of this section shall be enforced by the superintendent.

G. The provisions of this section shall not apply to short-term travel, accident-only or limited or specified disease policies.

H. For purposes of this section:

(1) "basic health care benefits":

(a) means benefits for medically necessary services consisting of preventive care, emergency care, inpatient and outpatient hospital and physician care, diagnostic laboratory and diagnostic and therapeutic radiological services; and

(b) does not include mental health services or services for alcohol or drug abuse, dental or vision services or long-term rehabilitation treatment; and

(2) "managed health care plan" means a health benefit plan offered by a health care insurer that provides for the delivery of comprehensive basic health care services and medically necessary services to individuals enrolled in the plan through its own employed health care providers or by contracting with selected or participating health care providers. A managed health care plan includes

only those plans that provide comprehensive basic health care services to enrollees on a prepaid, capitated basis, including the following:

(a) health maintenance organizations;

(b) preferred provider organizations;

(c) individual practice associations;

(d) competitive medical plans;

(e) exclusive provider organizations;

(f) integrated delivery systems;

(g) independent physician-provider organizations;

(h) physician hospital-provider organizations; and

(i) managed care services organizations."

SECTION 3. Section 59A-46-43 NMSA 1978 (being Laws 1997, Chapter 7, Section 3 and Laws 1997, Chapter 255, Section 3) is amended to read:

"59A-46-43. COVERAGE FOR INDIVIDUALS WITH DIABETES.--

A. Each individual and group health maintenance organization contract delivered or issued for delivery in this state shall provide coverage for individuals with insulin-using diabetes, with non-insulin-using diabetes and with elevated blood glucose levels induced by pregnancy. This coverage shall be a basic health care service and shall

entitle each individual to the medically accepted standard of medical care for diabetes and benefits for diabetes treatment as well as diabetes supplies, and this coverage shall not be reduced or eliminated.

B. Except as provided in this subsection, coverage for individuals with diabetes may be subject to deductibles and coinsurance consistent with those imposed on other benefits under the same contract, as long as the annual deductibles or coinsurance for benefits are no greater than the annual deductibles or coinsurance established for similar benefits within a given contract. The amount an individual with diabetes is required to pay for a preferred formulary prescription insulin drug or a medically necessary alternative is an amount not to exceed a total of twenty-five dollars ($25.00) per thirty-day supply.

C. When prescribed or diagnosed by a health care practitioner with prescribing authority, all individuals with diabetes as described in Subsection A of this section enrolled under an individual or group health maintenance organization contract shall be entitled to the following equipment, supplies and appliances to treat diabetes:

(1) blood glucose monitors, including those for the legally blind;

(2) test strips for blood glucose monitors;

(3) visual reading urine and ketone strips;

(4) lancets and lancet devices;

(5) insulin;

(6) injection aids, including those adaptable to meet the needs of the legally blind;

(7) syringes;

(8) prescriptive oral agents for controlling blood sugar levels;

(9) medically necessary podiatric appliances for prevention of feet complications associated with diabetes, including therapeutic molded or depth-inlay shoes, functional orthotics, custom molded inserts, replacement inserts, preventive devices and shoe modifications for prevention and treatment; and

(10) glucagon emergency kits.

D. When prescribed or diagnosed by a health care practitioner with prescribing authority, all individuals with diabetes as described in Subsection A of this section enrolled under an individual or group health maintenance contract shall be entitled to the following basic health care services:

(1) diabetes self-management training that shall be provided by a certified, registered or licensed health care professional with recent education in diabetes management, which shall be limited to:

(a) medically necessary visits upon the

diagnosis of diabetes;

(b) visits following a physician diagnosis that represents a significant change in the patient's symptoms or condition that warrants changes in the patient's self-management; and

(c) visits when re-education or refresher training is prescribed by a health care practitioner with prescribing authority; and

(2) medical nutrition therapy related to diabetes management.

E. When new or improved equipment, appliances, prescription drugs for the treatment of diabetes, insulin or supplies for the treatment of diabetes are approved by the food and drug administration, each individual or group health maintenance organization contract shall:

(1) maintain an adequate formulary to provide these resources to individuals with diabetes; and

(2) guarantee reimbursement or coverage for the equipment, appliances, prescription drug, insulin or supplies described in this subsection within the limits of the health care plan, policy or certificate.

F. The provisions of Subsections A through E of this section shall be enforced by the superintendent.

G. The provisions of this section shall not apply to short-term travel, accident-only or limited or specified

disease policies."

SECTION 4. TEMPORARY PROVISION--STUDY AND REPORT.--The superintendent of insurance shall convene an advisory group to include the secretary of human services, the secretary of health and the secretary of general services or their designees and the dean of the university of New Mexico college of pharmacy or the dean's designee to study the cost of prescription drugs for New Mexico consumers and make recommendations on increasing accessibility of prescription drugs. The report shall be submitted to the legislative health and human services committee and the legislative finance committee no later than October 1, 2020. The study shall examine, at a minimum, the benefits to New Mexico consumers and the potential costs of setting cost-sharing limitations for the following categories of drugs:

A. inhaled prescription drugs used to control asthma;

B. oral medications to treat or control diabetes;

C. injectable epinephrine devices for severe allergic reactions;

D. opioid reversal agents;

E. medications used to treat hypertension;

F. antidepressant medications;

G. antipsychotic medications;

H. lipid-lowering agents; and

I. anticonvulsants.

SECTION 5. EFFECTIVE DATE.--

A. The effective date of the provisions of Sections 1 through 3 of this act is January 1, 2021.

B. The effective date of the provisions of Section 4 of this act is May 20, 2020.

_____ BILL

55TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2021

INTRODUCED BY

DISCUSSION DRAFT

AN ACT

RELATING TO RETIREE HEALTH CARE; AMENDING CERTAIN DEFINITIONS IN THE RETIREE HEALTH CARE ACT TO CONFORM TO THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT; REPEALING PROVISIONS OF LAW RELATING TO THE DISCOUNT PRESCRIPTION DRUG PROGRAM.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. Section 10-7C-4 NMSA 1978 (being Laws 1990, Chapter 6, Section 4, as amended) is amended to read:

"10-7C-4. DEFINITIONS.--As used in the Retiree Health Care Act:

A. "active employee" means an employee of a public institution or any other public employer participating in either the Educational Retirement Act, the Public Employees Retirement Act, the Judicial Retirement Act, the Magistrate

underscored material = new
[bracketed material] = delete

Retirement Act or the Public Employees Retirement Reciprocity Act or an employee of an independent public employer;

B. "authority" means the retiree health care authority created pursuant to the Retiree Health Care Act;

C. "basic plan of benefits" means only those coverages generally associated with a medical plan of benefits;

D. "board" means the board of the retiree health care authority;

E. "current retiree" means an eligible retiree who is receiving a disability or normal retirement benefit under the Educational Retirement Act, the Public Employees Retirement Act, the Judicial Retirement Act, the Magistrate Retirement Act, the Public Employees Retirement Reciprocity Act or the retirement program of an independent public employer on or before July 1, 1990;

F. "eligible dependent" means a person obtaining retiree health care coverage based upon that person's relationship to an eligible retiree as follows:

(1) a spouse;

(2) [~~an unmarried~~] a child under the age of [~~nineteen~~] twenty-six who is:

(a) a natural child;

(b) a legally adopted child;

(c) a stepchild living in the same household who is primarily dependent on the eligible retiree

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for maintenance and support;

(d) a child for whom the eligible retiree is the legal guardian and who is primarily dependent on the eligible retiree for maintenance and support, as long as evidence of the guardianship is evidenced in a court order or decree; or

(e) a foster child living in the same household;

[~~(3) a child described in Subparagraphs (a) through (e) of Paragraph (2) of this subsection who is between the ages of nineteen and twenty-five and is a full-time student at an accredited educational institution; provided that "full-time student" shall be a student enrolled in and taking twelve or more semester hours or its equivalent contact hours in primary, secondary, undergraduate or vocational school or a student enrolled in and taking nine or more semester hours or its equivalent contact hours in graduate school;~~

~~(4)~~] (3) a dependent child over [~~nineteen~~] twenty-six who is wholly dependent on the eligible retiree for maintenance and support and who is incapable of self-sustaining employment by reason of [~~mental retardation~~] intellectual disability or physical handicap; provided that proof of incapacity and dependency shall be provided within thirty-one days after the child reaches the limiting age and at such times thereafter as may be required by the board;

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[~~(5)~~] (4) a surviving spouse defined as follows:

(a) "surviving spouse" means the spouse to whom a retiree was married at the time of death; or

(b) "surviving spouse" means the spouse to whom a deceased vested active employee was married at the time of death; or

[~~(6)~~] (5) a surviving dependent child who is the dependent child of a deceased eligible retiree and whose other parent is also deceased;

G. "eligible employer" means either:

(1) a "retirement system employer", which means an institution of higher education, a school district or other entity participating in the public school insurance authority, a state agency, state court, magistrate court, municipality, county or public entity, each of which is affiliated under or covered by the Educational Retirement Act, the Public Employees Retirement Act, the Judicial Retirement Act, the Magistrate Retirement Act or the Public Employees Retirement Reciprocity Act; or

(2) an "independent public employer", which means a municipality, county or public entity that is not a retirement system employer;

H. "eligible retiree" means:

(1) a "nonsalaried eligible participating

underscored material = new
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entity governing authority member", which means a person who is not a retiree and who:

(a) has served without salary as a member of the governing authority of an employer eligible to participate in the benefits of the Retiree Health Care Act and is certified to be such by the executive director of the public school insurance authority;

(b) has maintained group health insurance coverage through that member's governing authority if such group health insurance coverage was available and offered to the member during the member's service as a member of the governing authority; and

(c) was participating in the group health insurance program under the Retiree Health Care Act prior to July 1, 1993; or

(d) notwithstanding the provisions of Subparagraphs (b) and (c) of this paragraph, is eligible under Subparagraph (a) of this paragraph and has applied before August 1, 1993 to the authority to participate in the program;

(2) a "salaried eligible participating entity governing authority member", which means a person who is not a retiree and who:

(a) has served with salary as a member of the governing authority of an employer eligible to participate in the benefits of the Retiree Health Care Act;

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(b) has maintained group health insurance through that member's governing authority, if such group health insurance was available and offered to the member during the member's service as a member of the governing authority; and

(c) was participating in the group health insurance program under the Retiree Health Care Act prior to July 1, 1993; or

(d) notwithstanding the provisions of Subparagraphs (b) and (c) of this paragraph, is eligible under Subparagraph (a) of this paragraph and has applied before August 1, 1993 to the authority to participate in the program;

(3) an "eligible participating retiree", which means a person who:

(a) falls within the definition of a retiree, has made contributions to the fund for at least five years prior to retirement and whose eligible employer during that period of time made contributions as a participant in the Retiree Health Care Act on the person's behalf, unless that person retires on or before July 1, 1995, in which event the time period required for employee and employer contributions shall become the period of time between July 1, 1990 and the date of retirement, and who is certified to be a retiree by the educational retirement director, the executive secretary of the public employees retirement board or the governing authority of

underscored material = new
[bracketed material] = delete

an independent public employer;

(b) falls within the definition of a retiree, retired prior to July 1, 1990 and is certified to be a retiree by the educational retirement director, the executive secretary of the public employees retirement association or the governing authority of an independent public employer; but this paragraph does not include a retiree who was an employee of an eligible employer who exercised the option not to be a participating employer pursuant to the Retiree Health Care Act and did not after January 1, 1993 elect to become a participating employer; unless the retiree: 1) retired on or before June 30, 1990; and 2) at the time of retirement, did not have a retirement health plan or retirement health insurance coverage available from the retiree's employer; or

(c) is a retiree who: 1) was at the time of retirement an employee of an eligible employer who exercised the option not to be a participating employer pursuant to the Retiree Health Care Act, but which eligible employer subsequently elected after January 1, 1993 to become a participating employer; 2) has made contributions to the fund for at least five years prior to retirement and whose eligible employer during that period of time made contributions as a participant in the Retiree Health Care Act on the person's behalf, unless that person retires prior to the eligible employer's election to become a participating employer or less

underscored material = new
[bracketed material] = delete

than five years after the date participation begins when the participation date begins before July 1, 2009, in which event the time period required for employee and employer contributions shall become the period of time, if any, between the date participation begins and the date of retirement or when the participation date begins on or after July 1, 2009, in which event the person and employer shall contribute to the fund an amount equal to the full actuarial present value of the accrued benefits as determined by the authority; and 3) is certified to be a retiree by the educational retirement director, the executive director of the public employees retirement board or the governing authority of an independent public employer;

(4) a "legislative member", which means a person who is not a retiree and who served as a member of the New Mexico legislature for at least two years, but is no longer a member of the legislature and is certified to be such by the legislative council service; or

(5) a "former participating employer governing authority member", which means a person, other than a nonsalaried eligible participating entity governing authority member or a salaried eligible participating entity governing authority member, who is not a retiree and who served as a member of the governing authority of a participating employer for at least four years but is no longer a member of the

underscored material = new
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governing authority and whose length of service is certified by the chief executive officer of the participating employer;

I. "fund" means the retiree health care fund;

J. "group health insurance" means coverage that includes but is not limited to life insurance, accidental death and dismemberment, hospital care and benefits, surgical care and treatment, medical care and treatment, dental care, eye care, obstetrical benefits, prescribed drugs, medicines and prosthetic devices, medicare supplement, medicare carveout, medicare coordination and other benefits, supplies and services through the vehicles of indemnity coverages, health maintenance organizations, preferred provider organizations and other health care delivery systems as provided by the Retiree Health Care Act and other coverages considered by the board to be advisable;

K. "ineligible dependents" includes:

(1) those dependents created by common law relationships;

(2) dependents while in active military service;

(3) parents, aunts, uncles, brothers, sisters, grandchildren and other family members left in the care of an eligible retiree without evidence of legal guardianship; and

(4) anyone not specifically referred to as an eligible dependent pursuant to the rules adopted by the board;

underscored material = new
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L. "participating employee" means an employee of a participating employer, which employee has not been expelled from participation in the Retiree Health Care Act pursuant to Section 10-7C-10 NMSA 1978;

M. "participating employer" means an eligible employer who has satisfied the conditions for participating in the benefits of the Retiree Health Care Act, including the requirements of Subsection M of Section 10-7C-7 NMSA 1978 and Subsection D or E of Section 10-7C-9 NMSA 1978, as applicable;

N. "public entity" means a flood control authority, economic development district, council of governments, regional housing authority, conservancy district or other special district or special purpose government; and

O. "retiree" means a person who:

(1) is receiving:

(a) a disability or normal retirement benefit or survivor's benefit pursuant to the Educational Retirement Act;

(b) a disability or normal retirement benefit or survivor's benefit pursuant to the Public Employees Retirement Act, the Judicial Retirement Act, the Magistrate Retirement Act or the Public Employees Retirement Reciprocity Act; or

(c) a disability or normal retirement benefit or survivor's benefit pursuant to the retirement

underscored material = new
[bracketed material] = delete

program of an independent public employer to which that employer has made periodic contributions; or

(2) is not receiving a survivor's benefit but is the eligible dependent of a person who received a disability or normal retirement benefit pursuant to the Educational Retirement Act, the Public Employees Retirement Act, the Judicial Retirement Act, the Magistrate Retirement Act or the Public Employees Retirement Reciprocity Act."

SECTION 2. REPEAL.--Sections 10-7C-17 through 10-7C-19 NMSA 1978 (being Laws 2002, Chapter 75, Section 2 and Laws 2002, Chapter 80, Section 2; Laws 2002, Chapter 75, Section 3 and Laws 2002, Chapter 80, Section 3; and Laws 2002, Chapter 75, Section 4 and Laws 2002, Chapter 80, Section 4, as amended) are repealed.

SECTION 3. EFFECTIVE DATE.--The effective date of the provisions of this act is July 1, 2021.

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SALGBA
State & Local Government Benefits Association

VALUE ★ EXPERTISE ★ SUPPORT ★ CONNECTION

December 4, 2020

David Archuleta, Executive Director
New Mexico Retiree Health Care Authority (NMRHCA)
6300 Jefferson St. NE, Suite 150
Albuquerque, NM 87109

Dear David,

On behalf of the SALGBA Board of Directors, we congratulate you on being appointed to the SALGBA Board of Directors. The appointment was approved by the Board on Friday, November 20, 2020 and the term ends at the SALGBA 2022 National Conference or June 30, 2022 whichever occurs first.

The SALGBA Board is a strategic body tasked with keeping the organization sustainable and leading the SALGBA forward. The time obligation includes participation in two annual in-person meeting, one held in conjunction with the annual conference and the other in the August-November timeframe: and quarterly conference calls. Duties of the position include active participation in board meetings, adherence to the Board Code of Conduct, setting strategic planning goals, and working with fellow leaders, management, and members to move the organization forward as the premier organization for public sector benefits professionals.

We are thrilled to have you on the SALGBA leadership team and look forward to learning and benefiting from your exceptional expertise and qualifications.

Our next Board meeting is scheduled for January 15, 2021 via zoom and an invitation has been sent. If you have any questions, please let me know. You can reach me via email at tina.bowling@salgba.org or via mobile number (859) 358-3443.

Best regards,

Tina Bowling

Tina Bowling
Executive Director

New Mexico Retiree Health Care Authority (CP)
Change in Market Value
For the Month of Oct 2020
(Report as of November 16, 2020)

Investment Name	Prior Ending Market Value	Contributions	Distributions	Fees	Income	Gains - Realized & Unrealized	Market Value
Core Bonds Pool	180,663,127.92	-	-	-	434,027.11	(1,700,047.13)	179,397,107.90
Credit & Structured Finance	117,914,073.74	-	-	-	17,569.48	888,514.59	118,820,157.81
NM Retiree Health Care Authority Cash Account	-	-	-	-	-	-	-
Non-US Developed Markets Index Pool	107,852,328.51	-	-	-	97,220.90	(4,126,233.31)	103,823,316.10
Non-US Emerging Markets Index Pool	82,893,170.67	-	-	-	82,747.53	1,423,275.38	84,399,193.58
Private Equity Pool	92,937,049.44	-	-	-	77,379.42	(156,141.26)	92,858,287.60
Real Estate Pool	80,302,581.62	-	-	-	225,585.65	(250,369.81)	80,277,797.46
Real Return Pool	34,069,005.03	-	-	-	52,012.84	94,875.13	34,215,893.00
US Large Cap Index Pool	128,557,036.72	-	-	-	132,513.87	(3,223,610.75)	125,465,939.84
US Small/Mid Cap Pool	14,682,396.49	-	-	-	11,009.45	256,761.58	14,950,167.52
Sub - Total New Mexico Retiree Health Care	839,870,770.14	-	-	-	1,130,066.25	(6,792,975.58)	834,207,860.81
Total New Mexico Retiree Health Care A	**839,870,770.14**	**-**	**-**	**-**	**1,130,066.25**	**(6,792,975.58)**	**834,207,860.81**

New Mexico Retiree Health Care Authority (CP)
Change in Market Value
For the Month of Nov 2020
(Report as of December 16, 2020)

Investment Name	Prior Ending Market Value	Contributions	Distributions	Fees	Income	Gains - Realized & Unrealized	Market Value
Core Bonds Pool	179,397,107.90	2,000,000.00	-	(50,294.87)	421,598.37	2,396,752.98	184,165,164.38
Credit & Structured Finance	118,820,157.81	1,500,000.00	-	-	204,804.64	1,800,765.33	122,325,727.78
NM Retiree Health Care Authority Cash Account	-	-	-	-	-	-	-
Non-US Developed Markets Index Pool	103,823,316.10	1,400,000.00	-	(10,583.46)	142,001.37	15,564,515.29	120,919,249.30
Non-US Emerging Markets Index Pool	84,399,193.58	1,000,000.00	-	(23,651.84)	35,016.24	8,259,948.29	93,670,506.27
Private Equity Pool	92,858,287.60	1,000,000.00	-	-	101,766.83	188,099.21	94,148,153.64
Real Estate Pool	80,277,797.46	1,000,000.00	-	-	133,403.55	19,391.42	81,430,592.43
Real Return Pool	34,215,893.00	500,000.00	-	(7,045.36)	90,814.27	594,102.73	35,393,764.64
US Large Cap Index Pool	125,465,939.84	1,400,000.00	-	(1,434.06)	230,598.85	14,694,610.74	141,789,715.37
US Small/Mid Cap Pool	14,950,167.52	200,000.00	-	(15,620.57)	25,853.42	2,717,544.62	17,877,944.99
Sub - Total New Mexico Retiree Health Care	834,207,860.81	10,000,000.00	-	(108,630.16)	1,385,857.54	46,235,730.61	891,720,818.80
Total New Mexico Retiree Health Care A	**834,207,860.81**	**10,000,000.00**	**-**	**(108,630.16)**	**1,385,857.54**	**46,235,730.61**	**891,720,818.80**

Quarterly Investment Performance Analysis

New Mexico State Investment Council

Period Ended: September 30, 2020

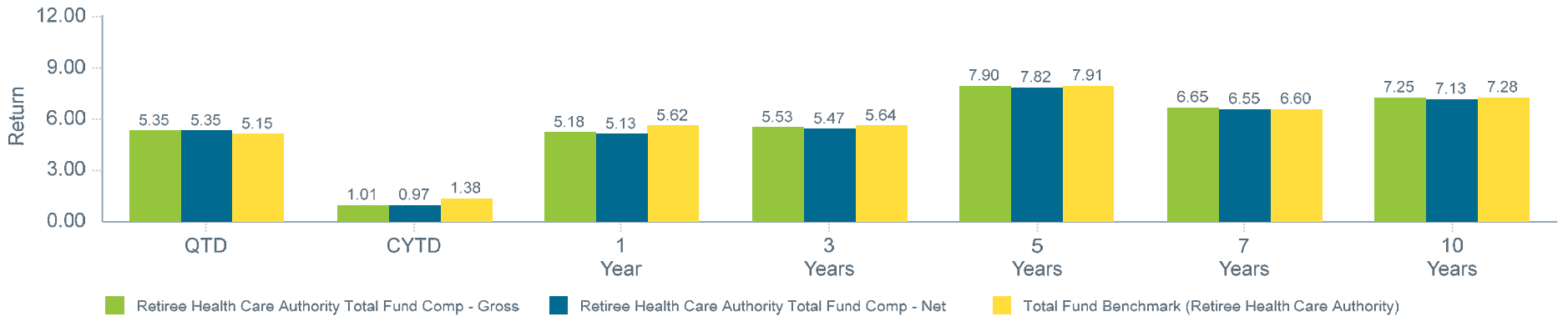
Overview

The New Mexico Retiree Health Care Authority (NMRHCA) was established in 1990 to provide health care coverage to retirees of state agencies and eligible participating public entities. Approximately 300 public entities including cities, counties, universities and charter schools participate in NMRHCA. The agency provides medical plans for both non Medicare and Medicare eligible retirees and their dependents as well as dental, vision and life insurance. The Authority currently provides coverage to approximately 58,000 retirees and their dependents.

Asset Allocation vs. Target Allocation

	Market Value ($)	Allocation (%)	Target (%)	Difference (%)
Large Cap US Equity Index	128,557,037	15.31	14.00	1.31
Small/Mid Cap US Equity Active	14,682,397	1.75	2.00	-0.25
Non-US Developed Markets Index	107,852,330	12.84	14.00	-1.16
Non-US Emerging Markets Index	82,893,154	9.87	10.00	-0.13
US Core Bonds	180,663,123	21.51	20.00	1.51
Credit & Structured Finance	117,914,071	14.04	15.00	-0.96
Private Equity	92,937,051	11.07	10.00	1.07
Real Estate	80,302,582	9.56	10.00	-0.44
Real Return	34,069,006	4.06	5.00	-0.94
Total Fund	839,870,750	100.00	100.00	0.00

Comparative Performance



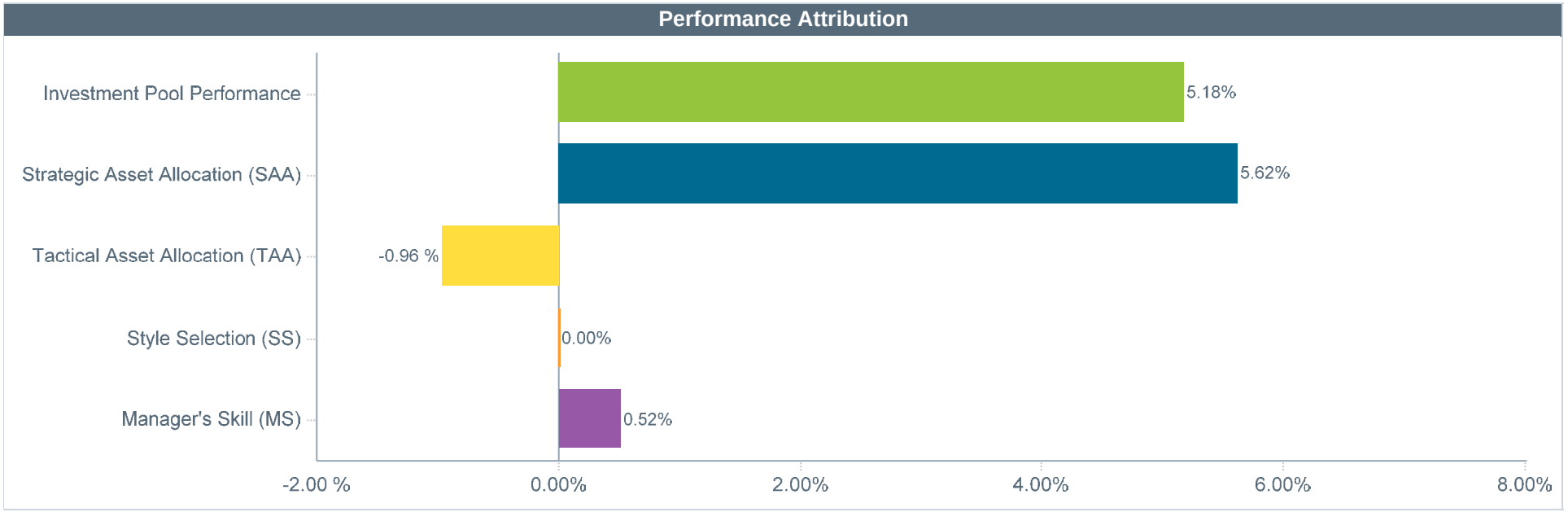
Comparative Performance

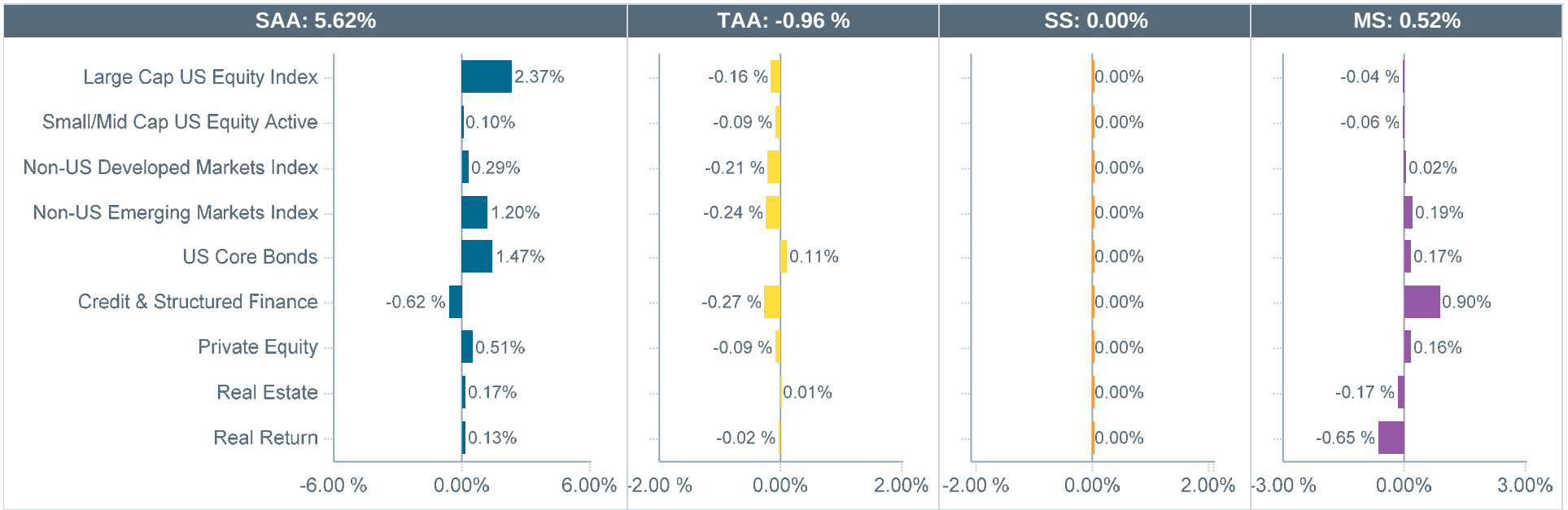
	QTD	CYTD	1 Year	3 Years	5 Years	7 Years	10 Years	2019	2018	2017
Retiree Health Care Authority Total Fund Comp - Gross	**5.35**	**1.01**	**5.18**	**5.53**	**7.90**	**6.65**	**7.25**	**13.27**	**-1.24**	**17.44**
Total Fund Benchmark (Retiree Health Care Authority)	*5.15*	*1.38*	*5.62*	*5.64*	*7.91*	*6.60*	*7.28*	*14.25*	*-2.04*	*16.94*
Difference	0.20	-0.37	-0.44	-0.11	-0.01	0.05	-0.03	-0.98	0.80	0.50
Retiree Health Care Authority Total Fund Comp - Net	**5.35**	**0.97**	**5.13**	**5.47**	**7.82**	**6.55**	**7.13**	**13.21**	**-1.32**	**17.35**
Total Fund Benchmark (Retiree Health Care Authority)	*5.15*	*1.38*	*5.62*	*5.64*	*7.91*	*6.60*	*7.28*	*14.25*	*-2.04*	*16.94*
Difference	0.20	-0.41	-0.49	-0.17	-0.09	-0.05	-0.15	-1.04	0.72	0.41

Schedule of Investable Assets

Periods Ending	Beginning Market Value ($)	Net Cash Flow ($)	Gain/Loss ($)	Ending Market Value ($)	% Return
CYTD	**780,225,287**	**49,999,043**	**9,646,420**	**839,870,750**	**0.97**

Allocations shown may not sum up to 100% exactly due to rounding. Performance shown is net of fees, except where noted otherwise. Performance includes receipt of additional units of the US Large Cap Index Pool effective July 1, 2020.





Performance shown is gross of fees. Calculation is based on monthly periodicity. See Glossary for additional information regarding the Total Fund Attribution - IDP calculation.

REPORTS OF INDEPENDENT AUDITORS
AND FINANCIAL STATEMENTS

NEW MEXICO RETIREE HEALTH CARE AUTHORITY

June 30, 2020

MOSSADAMS

Table of Contents

New Mexico Retiree Health Care Authority

OFFICIAL ROSTER

June 30, 2020

Board of Directors

Doug Crandall, Board President	Retired Public Employees of New Mexico
Therese Saunders, Vice-President	NEA-NM, Classroom Teachers Association
LeAnne Larrañaga-Ruffy, Secretary	Public Employee's Retirement Association of New Mexico Designee
Tim Eichenberg	State Treasurer of New Mexico
Jan Goodwin	New Mexico Educational Retirement Board
Wayne Propst	Public Employees' Retirement Association of New Mexico
Terry Linton	Governor's Appointee
Sanjay Bhakta	New Mexico Municipal League
Pamela Moon	New Mexico Association of Counties
Joe Montaño	New Mexico Association of Educational Retirees
Leane Madrid	State of New Mexico Personnel Employees
Loren Cushman	Public School Superintendent's Association of New Mexico

Staff

David Archuleta	Executive Director
Neil Kueffer	Deputy Director
Peggy Martinez	Chief Financial Officer

MOSSADAMS

Report of Independent Auditors

The Board of Directors
New Mexico Retiree Health Care Authority
Brian S. Colón, Esq.
New Mexico State Auditor

Report on the Financial Statements

We have audited the accompanying financial statements of fiduciary net position and changes in fiduciary net position of New Mexico Retiree Health Care Authority (the Authority), a component unit of the State of New Mexico, as of and for the year ended June 30, 2020, and the related notes to the financial statements, which collectively comprise the Authority*'s* basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of New Mexico Retiree Health Care Authority as of June 30, 2020, and the changes in financial position for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, schedule of revenues and expenses – budget and actual: administrative fund, schedule of revenues and expenses – budget and actual: benefits fund, schedule of changes in net OPEB liability, schedule of employer contributions, and schedule of investment returns be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Authority's basic financial statements. The Schedule 1 – Combining schedule of fiduciary net position by functional activity, Schedule 2 – Combining schedule of changes in fiduciary net position by functional activity, and Schedule 3 – Schedule of investment fees (collectively, the supplementary information) are presented for purposes of additional analysis and are not a required part of the basic financial statements.

The supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Information

The Schedule 4 – Combining schedule of general and administrative expenses by functional activity, Schedule 5 – Combining schedule of state general fund investment pool, and Schedule 6 – Schedule of appropriations are presented for the purposes of additional analysis and are not a required part of the financial statements. The other information has not been subjected to the auditing procedures applied in the audit of the basic financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated November 17, 2020 on our consideration of Authority's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Authority's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Authority's internal control over financial reporting and compliance.

Moss Adams LLP

Albuquerque, New Mexico
November 17, 2020

INTRODUCTION

The New Mexico Retiree Health Care Authority (the Authority) fosters quality of life and peace of mind by responsibly administering affordable, secure health care benefits for public retirees and their families. The Authority's management has provided this discussion and analysis of the financial activities of the Authority for the year ended June 30, 2020. The narrative offers an overview of the financial reporting requirements, financial highlights, budgetary analysis, and comparative information. Financial data has been provided for the year ended June 30, 2019 for comparative purposes.

FINANCIAL REPORTING REQUIREMENTS

The Authority's financial statements have been prepared in conformity with standards published by the Governmental Accounting Standards Board (GASB) for retiree health systems. The basic financial statements presented comprise the following:

- **Statement of Fiduciary Net Position** – The statement of fiduciary net position provides a snapshot of the retiree health trust. It reports the Authority's assets, liabilities, and net position restricted for postemployment benefits other than pensions at the end of the fiscal year.

- **Statement of Changes in Fiduciary Net Position** – The statement of changes in fiduciary net position presents the additions and deductions to the net position restricted for postemployment benefits other than pensions and is a summary of the Authority's transactions occurring during the fiscal year.

- **Notes to the Financial Statements** – The notes to the financial statements are an integral part of Authority's financial statement presentation and provide additional information not readily evident in the statements as presented.

- **Required Supplementary Information** – The required supplementary information provides a detailed and informative analysis about the financial condition of the trust administered by the Authority.

- **Supplementary Information** – The supplementary information contains additional information not required by the GASB but has been deemed useful in evaluating the Authority's overall financial condition.

FINANCIAL HIGHLIGHTS

The Authority's statement of fiduciary net position can be summarized as follows:

	June 30, 2020	June 30, 2019
ASSETS		
Cash and cash equivalents	$ 46,960,882	$ 41,121,683
Contributions and other receivables	19,219,738	18,235,784
Investments with New Mexico State Investment Council	788,273,802	722,651,689
Capital assets, net	1,222,018	1,230,241
Total assets	855,676,440	783,239,397
LIABILITIES		
Reserve for loss and loss adjustment expense	20,520,855	21,653,000
Other current liabilities	5,074,775	4,416,831
Retiree premiums received in advance	408,905	420,575
Total liabilities	26,004,535	26,490,406
NET POSITION RESTRICTED FOR POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS	$ 829,671,905	$ 756,748,991

The Authority's statement of changes in fiduciary net position can be summarized as follows:

	Year Ended June 30, 2020	Year Ended June 30, 2019
ADDITIONS		
Contributions	$ 322,949,777	$ 305,112,035
Investment income	10,836,882	41,663,496
Tax administration suspense fund revenue	29,406,967	26,256,221
Medicare Part D rebates and other	30,352,322	26,625,941
Total additions	393,545,948	399,657,693
DEDUCTIONS		
Premiums and claims paid	316,936,067	296,459,494
Expenses and other	3,686,967	4,105,502
Total deductions	320,623,034	300,564,996
NET INCREASE IN NET POSITION	$ 72,922,914	$ 99,092,697

Net position increased by approximately $72.9 million, or 9.6%, during fiscal year 2020 compared to fiscal year 2019. The increase during the current year is primarily due to the following:

- The fair value of investments increased by $65.6 million, or 9.1%, due to net appreciation in the fair market value of the Authority's investment portfolio and investment purchases that occurred during the year.
- Cash balances increased by $5.8 million, or 14.2%, due to timing of transfers made to the trust fund held by the New Mexico State Investment Council.
- Contributions increased by approximately $17.8 million, or 5.8%, from the prior fiscal year. This is due to an increase in retiree contributions. Contributions by source were as follows:

	Year Ended June 30,	
	2020	2019
Retirees	$ 178,132,212	$ 172,270,192
Employer	96,503,837	88,516,368
Employee	48,251,919	44,258,184
Employer buy-ins interest portion	61,809	67,291
Total contributions	$ 322,949,777	$ 305,112,035

- Claims paid and expenses increased by $20.1 million, or 6.7%, during fiscal year 2020 compared to fiscal year 2019.

The Authority reported an estimated net OPEB liability of $4,198,908,018 and $3,242,388,746 as of June 30, 2020 and 2019, respectively, representing an increase of $956,519,272 during the year ended June 30, 2020. The increase is the result of a change in assumption related to the blended discount rate, assumed participation rates, and projected growth in healthcare costs. The net OPEB liability as of June 30, 2020 is comprised of the Authority's total OPEB liability of $5,028,579,923 calculated by the Authority's independent actuaries, offset by the plan's fiduciary net position of $829,671,905. As of June 30, 2020, the plan's fiduciary net position as a percentage of the total OPEB liability (funded status) was 16.50%, a decrease of 2.42 percentage points compared to the 18.92% funded status as of June 30, 2019.

BUDGETARY ANALYSIS

The fiscal year 2020 operating budget authorized expenditures totaling $358.1 million, including $2.1 million in personal services and employee benefits, $355.5 million in contractual services, and $580 thousand in other expenses. Actual expenditures totaled $321.1 million, supported by revenues and investment earnings totaling $383.9 million, resulting in an increase in net position of $62.7 million. Highlights are as follows:

- Program Support – The program ended fiscal year 2020 with a $324 thousand surplus generated by $92 thousand in savings from the personal services and employee benefits category, $157 thousand savings in the contractual services category and $75 thousand in savings from the other category.

CURRENTLY KNOWN FACTS, DECISIONS, AND CONDITIONS

The New Mexico Retiree Health Care Act (the Act) was enacted in Sections 10-7C-1 through 10-7C-19 NMSA 1978, for the purpose of providing comprehensive group health insurance coverage for persons who have retired from certain public service in the State of New Mexico and their eligible dependents. The Authority offers both pre-Medicare and Medicare plans to eligible retirees, as well as ancillary coverage including dental, vision, and life insurance. The Act provides that the benefits offered to retired public employees may be modified, diminished, or extinguished by the Legislature, and that the Act does not create any contract, trust, or other rights to public employees for health care benefits. Financing is provided through the setting of premiums for retirees by the Authority's Board of Directors and the allocation of governmental revenue streams by the Legislature on a "pay-as-you-go" basis.

The Authority administers the Act. It has a funding base comprised of active employee payroll deductions, participating employer contributions, monthly premium contributions of enrolled participants, investment income, and amounts distributed annually from the Taxation Administration Suspense Fund (TAA Fund).

Based on actuarial projections at the beginning of fiscal year 2020, the Authority was expected to start deficit spending in fiscal year 2022 and projected to become insolvent in fiscal 2044 (25 years). As in prior measurement periods, the solvency assumes changes to variables such as medical and prescription drug trends, plan participation, growth in payroll and investment earnings. While accurately projecting medical costs 10 years, 20 years and 30 years from now is difficult, the solvency study helps measure the long-term impact of policies adopted by the Board of Directors each year.

The successes of these policies are reflected by the continued improvements to the estimated life of the trust fund. At the end of fiscal 2020, our consulting actuaries reported that the solvency had been extended beyond 30 years, at which point, significant assets would remain in the fund. These results were supported by increases in payroll, lower-than-expected costs driven by the onset of the COVID-19 pandemic and significant reductions in prices negotiated for Medicare Advantage plans beginning in January 2021.

In February 2020, the Authority successfully convinced both houses of the State Legislature to pass House Bill 45, which proposed an increase in employee and employer contributions and further support improvements to the funded status of the program. Unfortunately, the Governor vetoed the bill, citing the impact on state agencies' operating budgets. Lastly, despite certain retirements and the reorganization of the Board of Directors at the end of fiscal 2020, the Board remains committed to balancing the value of benefits provided to current retirees with the obligation to maintain a fiscally sound program for future participants.

The solvency analysis indicates continued improvements to the financial outlook of the program, on a pay-as-you-go basis. However, the solvency analysis and reporting requirements associated with GASB Statements No. 74 and No. 75 continue to indicate significant long-term challenges associated with the financing of retiree healthcare benefits.

FUTURE CHALLENGES

The long-term challenges associated with providing healthcare to a growing retiree population have been exacerbated by the COVID-19 pandemic. For example, as members delay or avoid seeking care for conditions that could be detected and treated early, they may not be able to avoid more costly and less successful treatments when a disease or condition advances. Typically, the longer it takes to identify and begin treating a disease condition, the more expensive and less successful the outcome becomes. This, combined with the reported long-term effects of COVID-19 on surviving members, has the potential to significantly increase plan costs in the near future.

New Mexico Retiree Health Care Authority
Statement of Fiduciary Net Position
June 30, 2020

ASSETS	
Interest in State General Fund Investment Pool	$ 46,960,882
Receivables	
Contributions - employers, employees, and retirees, net	12,856,181
Due from other state agencies	2,450,581
Due from charter schools	301,017
Accounts receivable - rebates and Medicare Part D	2,816,079
Buy-in obligations receivable	795,880
Total receivables	19,219,738
Investments with State Investment Council	
U.S. Large Cap Index Pool	112,486,969
Non U.S. Emerging Markets Index Pool	73,372,486
Non U.S. Developed Markets Index Pool	99,502,396
Private Equity Pool	90,356,213
Credit and Structured Finance Pool	112,681,325
Real Estate Pool	78,116,914
Small/Mid Cap Active Pool	13,455,490
Real Return Pool	33,458,536
Core Bond Pool	174,843,473
Total investments	788,273,802
Capital assets, net of accumulated depreciation	1,222,018
Total assets	855,676,440
LIABILITIES	
Accounts payable	4,794,680
Payroll liabilities	90,190
Compensated absences	189,905
Reserve for loss and loss adjustment expense	20,520,855
Retiree premiums received in advance	408,905
Total liabilities	26,004,535
NET POSITION RESTRICTED FOR POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS	$ 829,671,905

See notes to financial statements.

New Mexico Retiree Health Care Authority
Statement of Changes in Fiduciary Net Position
Year Ended June 30, 2020

ADDITIONS	
Contributions	
Retirees	$ 178,132,212
Employer	96,503,837
Employees	48,251,919
Employer buy-ins interest portion	61,809
Total contributions	322,949,777
Investment income	
Net appreciation in fair value of investments	9,622,109
Interest adjustment on State General Fund Investment Pool	1,214,773
Total investment income	10,836,882
Other	
Tax administration suspense fund revenue	29,406,967
Medicare Part D subrogation and rebates	30,352,322
Total other	59,759,289
Total additions	393,545,948
DEDUCTIONS	
Premiums and claims paid	316,936,067
General and administrative expenses	3,072,619
Refunds to retirees	579,270
Depreciation expense	35,078
Total deductions	320,623,034
NET INCREASE IN NET POSITION	72,922,914
NET POSITION RESTRICTED FOR POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS	
Beginning of year	756,748,991
End of year	$ 829,671,905

Note 1 – Retiree Health Care Act Plan

The New Mexico Retiree Health Care Authority (the Authority) was formed on February 13, 1990, under the New Mexico Retiree Health Care Act (the Act) of New Mexico Statutes Annotated, as amended (NMSA 1978), to administer the Retiree Health Care Fund (10-7C-1-19 NMSA 1978) (the Fund) which was created to provide comprehensive group health insurance coverage for individuals (and their spouses, dependents, and surviving spouses) who have retired or will retire from public service in New Mexico.

The Fund is a multiple employer cost sharing defined benefit healthcare plan that provides eligible retirees (including terminated employees who have accumulated benefits but are not yet receiving them), their spouses, dependents and surviving spouses and dependents with health insurance and prescription drug benefits consisting of a plan, or optional plans of benefits, that can be purchased by funds flowing into the Fund and by co-payments or out-of-pocket payments of eligible retirees. Employees of the Authority participate in the plan.

The Act created a governing Board of Directors (the Board) comprised of not more than 12 members. Membership of the Board includes the following:

1. One member who is not employed by or on behalf of, or contracting with, an employer participating in or eligible to participate in the Fund (10-7C-1 to 10 7C-19 NMSA 1978), and who shall be appointed by the Governor to serve at the pleasure of the Governor;

2. The director of the Educational Retirement Board (ERB) or the ERB director's designee;

3. One member to be selected by the Public School Superintendent's Association of New Mexico;

4. One member who shall be a teacher who is certified and teaching in elementary or secondary education to be selected by a committee composed of one person designated by the New Mexico Association of Classroom Teachers, one person designated by the National Education Association of New Mexico and one person designated by the New Mexico Federation of Teachers;

5. One member who shall be an eligible retiree of a public school and who shall be selected by the New Mexico Association of Retired Educators;

6. One member who shall be an eligible retiree of an institution of higher education participating in the Act and who shall be selected by the New Mexico Association of Retired Educators (the institutions of higher education do not currently have the requisite number of participants for board representation);

7. The executive secretary of the Public Employees' Retirement Association (PERA) or the PERA executive secretary's designee;

8. One member who shall be an eligible State government retiree and who shall be selected by the Retired Public Employees of New Mexico;

9. One member who shall be an elected official or employee of a municipality participating in the Fund to be selected by the New Mexico Municipal League;

Note 1 – Retiree Health Care Act Plan (continued)

10. One member who shall be an elected official or employee of a county participating in the Fund to be selected by the New Mexico Association of Counties;

11. The State Treasurer or the State Treasurer's designee; and

12. One member who shall be a classified State employee selected by the Personnel Board in response to statutory amendment.

Every member of the Board serves at the pleasure of the party or parties that selected that member. The Board elects from its membership a president, vice president, and secretary.

The Board may enter into contracts or arrangements with consultants, professional persons or firms as may be necessary to carry out the provisions of the Act. Other legal duties of the Board are defined by Section 10-7C-7 of the Act.

The plan has 301 participating employers and 154,177 current members, including active employees, terminated eligible members, retirees, and surviving spouses. The following schedule summarizes the number of members enrolled in the plan as of June 30, 2020:

Plan membership	
Current retirees and surviving spouses	52,179
Inactive and eligible for deferred benefit	10,916
Current active members	91,082
	154,177
Active membership	
State general	17,097
State police and corrections	1,830
Municipal general	17,538
Municipal police	3,159
Municipal FTRE	1,966
Educational Retirement Board	49,492
	91,082

The Authority operates and administers the plan from the following funds:

Administrative Fund (38000): Created by 10-7C-16 NMSA 1978. The purpose of this fund is to provide administrative support to carry out the purpose of the Benefit Fund and the Act. This fund is not financed by the general fund; it is financed by and reverts to the Benefit Fund (38100).

Benefit Fund (38100): Created by the Act (10-7C-1 to 10-7C-19 NMSA 1978). The purpose of this fund is to provide core group and optional healthcare and life insurance benefits for current and future retirees and their dependents as mentioned above.

Note 1 – Retiree Health Care Act Plan (continued)

The Authority is an independent agency of the State of New Mexico. The funds administered by the Authority are considered part of the State of New Mexico financial reporting entity and are OPEB trust funds of the State of New Mexico. The Authority's financial information should be included with the financial presentation of the State of New Mexico.

The Authority has developed criteria to determine whether other state agencies, boards or commissions which benefit the members of the Authority should be included within its financial reporting entity. The criteria include, but are not limited to, whether the Authority exercises oversight responsibility on financial interdependency, selection of governing authority, designation of management, ability to significantly influence operations and accountability for fiscal matters, scope of public service, and special financing relationships. Based on these criteria, management has determined that no other such entities should be included in its financial reporting entity. The Authority does not have any component units.

Because the Authority is a self-funded, mainly self-insured entity pursuant to Section 10-7C, NMSA 1978, the Authority is not construed to be transacting insurance activity otherwise subject to the laws of the State of New Mexico that regulate insurance companies and therefore, not subject to minimum statutory reserve requirements.

Employer and employee contributions to the Authority total 3% for non-enhanced retirement plans and 3.75% of enhanced retirement plans of each participating employee's salary as required by 10-7C-15 NMSA 1978. The contributions are established by statute and are not based on an actuarial calculation. All employer and employee contributions are non-refundable under any circumstance, including termination of the employer's participation in the Authority.

Current retirees are required to make monthly contributions for individual basic medical coverage. The Board may designate other plans as "optional coverages." See Section 10-7C-13, NMSA 1978 for more details.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The Authority's financial statements are prepared using the economic resource measurement focus and the accrual basis of accounting. The economic resource measurement focus is used for all assets, deferred outflows, liabilities, deferred inflows, revenues, expenses, gains, and losses. Under the accrual basis of accounting, revenues are recognized in the accounting period in which they are earned and expenses are recorded at the time liabilities are incurred. Contributions are recognized when due. Benefits and refunds are recognized when due and payable in accordance with the terms of the plan.

Note 2 – Summary of Significant Accounting Policies (continued)

Interest in State General Fund Investment Pool
Interest in State General Fund Investment Pool include the Authority's pro rata share of liquid internal investment pools to include cash on deposit held by the New Mexico State Treasurer (State Treasurer). Deposits with the State Treasurer are required to be collateralized at a minimum level of 50%. The State Treasurer issues separate financial statements, which disclose the collateral pledged to secure these deposits and the market value of purchased investments. The only checking account is a zero balance lock box depository at the State Fiscal Agent and monies are transferred daily to the State Treasurer.

Accounts Receivable and Employer Buy-Ins
Accounts receivable derived from employers and participants consist of amounts due from employers and for contributions relating to payrolls paid prior to June 30, 2020 and amounts due from retirees for monthly premiums. Advance premiums from retirees are recorded as unearned revenues.

Qualified employers previously declining participation may elect to buy-in under 10-7C-1, NMSA 1978. Upon meeting requirements and approval, the employer will pay a determined amount to compensate the Authority and other participants for prior periods of nonparticipation and for additionally incurred liabilities. Payments can be lump sum or on the installment method for up to 13 years and are in addition to regular monthly contributions.

Investments
The Authority accounts for its investments in accordance with GASB No. 40, *Deposit and Investment Risk Disclosures* (GASB No. 40) and GASB No. 72, *Fair Value Measurement and Application* (GASB No. 72). Please refer to the financial statements of the State Investment Council and the State Treasurer's Office for full disclosures, including security credit ratings for investment assets that conform to GASB No. 40 requirements. The Authority is subject to the Uniform Prudent Investor Act, NMSA 45-7 and has structured their investment policy to comply to NMSA 45-7.

Capital Assets
Acquisitions of property and equipment and improvements and replacements of equipment with an initial individual cost of at least $5,000 (per Section 12-6-10, NMSA 1978) and an estimated useful life in excess of one year are capitalized at cost. Depreciation and amortization is provided using the straight-line method over the estimated useful lives of the assets. The useful lives are 10 years for furniture and office equipment and three to seven years for computer equipment.

Income Taxes
The Authority provides an essential governmental function to its participants as described in Section 115 of the Internal Revenue Code (the Code) and therefore considers the Authority exempt from federal income taxes pursuant to the Code.

Note 2 – Summary of Significant Accounting Policies (continued)

Net Position Restricted for Postretirement Benefits Other Than Pensions
The plan's net position and State of New Mexico pension tax revenue are restricted to provide for payment of claims and premiums in future years and to continue to provide health benefits to eligible retirees. All fiduciary funds revenue, including pension tax, is held in trust for qualified retirees. These funds are not available to the State of New Mexico for appropriation for other purposes. The restrictions on the plan net position are deemed to be legally enforceable and, therefore, the net position is reported as restricted pursuant to GASB standards. When restricted and unrestricted resources are available for the same purpose, it is the policy of the Authority to first apply the unrestricted resources.

Program Revenue
Program revenue shown on the accompanying statement of changes in fiduciary net position consists primarily of contributions received from retirees, employers, and employees, including amounts received and accrued from employer buy-ins. Operating revenue is distinguished from non-operating revenue by considering the core purpose of the Authority to provide comprehensive group health insurance. As a result, contributions received from participants are considered operating revenues.

Budgetary Process and Budgetary Basis of Accounting
The Authority prepares its budget on the accrual basis. Investment gains and losses, depreciation, and changes in incurred but not reported (IBNR) claim expenses are not budgeted. An operating budget is submitted annually for approval to the Budget Division of the New Mexico Department of Finance and Administration (DFA) and reviewed by the Legislative Finance Committee. The Authority submits two budgets reflecting the Health Benefits Administration Fund and Program Support Fund. The legal level of budgetary control is at the functional level. Budget Adjustment Requests must be reviewed by the Department of Finance and Administration. Administrative line item expenditures may legally exceed amounts budgeted; however, the total budget category expenditures may not legally exceed approved budget category amounts.

Use of Estimates
The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities as of the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period.

Upcoming Accounting Standard
GASB Statement No. 87, *Leases,* increases the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under this Statement, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset thereby enhancing the relevance and consistency of information about governments' leasing activities. The Statement is effective for the year ending June 30, 2022. The Authority is currently examining the impact, if any, to its current accounting policies and financial reporting from this Statement.

Note 2 – Summary of Significant Accounting Policies (continued)

Net OPEB Liability
The net OPEB liability and the plan's actuarial valuation were calculated by the Authority's independent actuary as of June 30, 2020. The plan's valuation and measurement of the total OPEB liability and related net OPEB liability were performed in accordance with GASB No. 74 requirements at the request of the Authority.

Net Pension Liability and Related Pension Amounts
The Authority, as part of the primary government of the State of New Mexico, is a contributing employer to a cost-sharing multiple employer defined benefit pension plan administered by PERA. Overall, total pension liability exceeds plan net position, resulting in a net pension liability. The State of New Mexico has determined that the State's proportionate share of the net pension liability is a liability of the State of New Mexico as a whole, and the net pension liability or other pension amounts will not be reported in the department or agency level of the State. All required disclosures will be presented in the Comprehensive Annual Financial Report (CAFR) of the State of New Mexico.

Information concerning the net pension liability, pension expense, and pension-related deferred outflows and inflows of resources of the primary government are included in the State of New Mexico's CAFR and will be available when issued from the Office of the State Controller, Room 166, Bataan Memorial Building, 407 Galisteo Street, Santa Fe, New Mexico 87501.

Postemployment Benefits – State Retiree Health Care Plan
The Authority, as part of the primary government of the State of New Mexico, is a contributing employer to the Fund on behalf of the Authority's employees and for persons who have retired from certain public service positions in New Mexico. The State has determined the State's share of the net OPEB liability to be a liability of the State as a whole, rather than any agency or department of the State, and the liability will not be reported in the department or agency level financial statements of the State. All required disclosures will be presented in the CAFR of the State of New Mexico.

Information concerning the net liability, benefit expense, and benefit-related deferred inflows and deferred outflows of resources of the primary government will be contained in the State of New Mexico CAFR for the year ended June 30, 2020 and will be available, when issued, from the Office of the State Controller, Room 166, Bataan Memorial Building, 407 Galisteo Street, Santa Fe, New Mexico 87501.

Note 3 – Interest in State General Fund Investment Pool

Contributions and other funds received by the Authority are held by the New Mexico State Treasurer and pooled with the State General Fund Investment Pool. The Authority can withdraw its funds from the State Treasurer as needed, and therefore considers them to be cash equivalents. All earnings on deposits are retained by the State General Fund; therefore, from the Authority's perspective, the cash balances are non-interest bearing and stated at cost. Money deposited by the Authority with the State Treasurer is pooled and invested by the State Treasurer. The State Treasurer deposits public monies with New Mexico financial institutions in denominations which generally are in excess of the $250,000 in insurance coverage provided by federal agencies. Accordingly, the State Treasurer requires that depository financial institutions provide additional collateral for such investments. The collateral generally is in the form of marketable debt securities and is required in amounts ranging from 50% to 102% of the par value of the investment dependent upon the institutions operating results and capital. Collateral for the fiscal account is required in amounts equal to 50% of the average investment balance. To obtain pledged collateral, investment risk, and insurance coverage information for the Department's State Treasurer deposits, a copy of separately issued financial statements can be obtained from the State Treasurer's Office. All collateral is held in third-party safekeeping.

For cash management and investment purposes, funds of various state agencies are deposited in the State General Fund Investment Pool (the Pool), which is managed by the Office of the New Mexico State Treasurer. Claims on the Pool are reported as assets by the various agencies investing in the Pool.

In June 2012, an independent diagnostic report revealed that Pool balances had not been reconciled at a "business unit by fund" level since the inception of the Statewide Human Resources, Accounting, and Management Reporting System (SHARE) system in July 2006. This report, entitled "Current State Diagnostic of Cash Control," also described a difference between Pool bank balances and the corresponding general ledger balances and indicated that the effect of reconciling items was unknown. The report dated June 20, 2012 is available on the website of the New Mexico DFA at http://www.nmdfa.state.nm.us/Cash_Control.aspx.

By state statute, the DFA is responsible for the performance of monthly reconciliations with the balances and accounts kept by the State Treasurer. Therefore, under the direction of the State Controller / Financial Control Division Director, the Financial Control Division (FCD) of the New Mexico Department of Finance & Administration undertook action to address the situation. DFA/FCD initiated the Cash Management Remediation Project (Remediation Project) in partnership with the Office of the New Mexico State Treasurer, the New Mexico Department of Information Technology, and a contracted third party with expertise in the Enterprise System Software used by the State.

The Remediation Project's objective was to design and implement changes necessary to ensure ongoing completion of timely, accurate, and comprehensive reconciliation of the Pool. DFA has or is in the process of implementing all the recommendations resulting for the Remediation Project and has made changes to the State's SHARE system configuration, cash accounting policies and procedures, business practices, and banking structure. This has enabled DFA to complete timely and accurate reconciliation of bank-to-book balances at the State and Business Unit level on a post-implementation basis, however it did not resolve historical reconciling items. Additional changes recommended by the Remediation Project continue to be cascaded through DFA and state agencies to support the Business Unit by Fund accounting requirements.

Note 3 – Interest in State General Fund Investment Pool (continued)

A plan to address historical reconciling items is being assessed and a separate initiative will need to be undertaken to resolve the historical reconciling items. Management considers it unlikely that this separate initiative will be successful in allocating all historical reconciling items to the State entities invested in the Pool. As a result, any remaining differences post specific allocation to Pool participants will be reported in the State General Fund.

The Authority employs cash management practices and techniques to monitor and verify the Authority's cash position. The cash management processes of the Authority include: regular monitoring of the agency's share of the General Fund Investment Pool (GFIP) reflected by DFA/FCD in the SHARE accounting system; monthly reconciliation of all cash activities to the GFIP balance and full book-to-bank reconciliations; effective internal controls over authorized cash related activities; and utilization of effective cash forecasting methods. Through the design and implementation of procedures noted above, the Authority has determined there has been no material impact to its interest in the Pool.

The fair value of the cash and cash equivalents maintained in the Pool with the New Mexico State Treasurer's Office is as follows:

Fund	SHARE Fund No.	Balance June 30, 2020
Benefits Fund	38100	$46,536,420
Administrative Fund	38000	424,462
Total interest in State General Fund Investment Pool		$46,960,882

This Pool represents cash and short-term investments. The State Treasurer invests excess cash balances on behalf of certain earmarked funds of state agencies identified by State statute and local governments. Interest earnings are distributed based on average outstanding cash balances for local governments and the state agencies where interest is allowed to be earned. All other interest earnings are transferred to the State General Fund. Currently, there are no limitations or restrictions on withdrawals on the investment in the Pool.

Credit Risk and Interest Rate Risk

The New Mexico State Treasurer pools are not U.S. Securities and Exchange registered. The State Treasurer is authorized to invest the short-term investment funds, with the advice and consent of the State Board of Finance, in accordance with Sections 6-10-10(I) though 6-10-10(O) and Sections 6-10-10(1)(A) and (E), NMSA 1978. At the end of each month, all interest earned is distributed by the State Treasurer to the contributing entities in amounts directly proportionate to the respective amounts deposited in the fund and length of time the funds amounts were invested. The end of the fiscal year credit risk rating and the weighted-average maturity (interest risk in number of days) is available on the State Treasurer's website at www.nmsto.gov. Participation in the local government pool is voluntary.

Note 4 – Receivables

The Authority receives contributions monthly from employers who remit the employer and the employee portions. Contributions are statutory, based on the gross payroll reported by each employer for the month. Because gross payroll can change in any month, the Authority does not bill the participating employers but depends on monthly reporting and contributions remitted from employers. Accounts receivable also includes amounts to be received for Medicare Part D. There is no allowance for uncollectible receivables recorded as of June 30, 2020, as management deems any uncollectible amounts as immaterial.

As of June 30, 2020, the buy-in receivable includes notes receivable from Sierra County. The remaining balance on the note is $795,880. The obligation is receivable monthly over 13 years at a 7.5% fixed interest rate, maturing in June 2030. The current and long-term portions on the Sierra County note are $51,557 and $744,323, respectively.

Revenue is transferred from the New Mexico Taxation and Revenue Department in accordance with NMSA 1978, Section 7-1-6.30 and NMSA 1978, Section 7-1-6.56. Monies are transferred on the month following the month due, and any amount due to the Authority that is not received by June 30 is accrued. Transfers from the New Mexico Taxation and Revenue Suspense Fund are based on an additional amount of $3.0 million per year with a 12% per annum increase of carryforward contribution amounts beginning July 1, 2002. However, in 2016 legislation altered the law governing this appropriation and removed the $3.0 million per year and froze the 12% annual increases until July 1, 2019. For the year ended June 30, 2020, revenues totaled $29,406,967. As of June 30, 2020, amounts due from other governments consist of balances due from the Taxation and Revenue Department (Business Unit: 33300; Fund: 83200) totaling $2,450,581 and accrued reversions receivable from the Benefits Fund totaling $363,381.

Note 5 – Investments and Fair Value Measurements

The Authority maintains a joint powers agreement with the New Mexico State Investment Council (NMSIC) to provide investment services in accordance with guidelines listed in the Authority's Investment Policy. The Authority monies are invested in accordance with the NMSA Section 6-8-9. NMSIC issues a separate, publicly available financial report that includes financial statements and required supplementary information.

The Authority's Board of Directors has adopted an investment allocation policy. The Board is authorized to review and amend the investment allocation policy from time to time to meet the Authority's long-term objective. Investments are managed on a total return basis with a long-term objective of achieving and maintaining a fully funded status.

Note 5 – Investments and Fair Value Measurements (continued)

The following schedule summarizes the current investment allocation policy as of June 30, 2020:

Asset Class	Target Allocation
U.S. core fixed income	20%
U.S. equity - large cap	20%
Non U.S. - emerging markets	15%
Non U.S. - developed equities	12%
Credit and structured finance	10%
Private equity	10%
Real estate	5%
Absolute return	5%
U.S. equity - small/mid cap	3%
	100%

The Authority accounts for its investments in accordance with GASB No. 72, *Fair Value Measurement and Application*, which establishes fair value standards for certain investments held by governmental entities. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Investments are measured at fair value on a recurring basis which is based upon the Authority's share of NMSIC's pooled investments. Fair value measurements are categorized based on the valuation inputs used to measure an asset's fair value. The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Authority has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Note 5 – Investments and Fair Value Measurements (continued)

Following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in the methodologies used as of June 30, 2020.

The Authority invests in a number of investment pools offered by the NMSIC. Each pool is comprised of units of participation of unlimited quantity. The pools are held in NMSIC's name. No unit in the pool has priority or preference over any other unit and represents an equal beneficial interest in the pool. The valuation the Authority's units in the investment pool is provided by the NMSIC on a monthly basis and represents the fair market value as of that date. Therefore, management has determined that all the investments are measured at Net Asset Value as a practical expedient (NAV practical expedient).

The table below summarizes the investments valued at NAV practical expedient and other pertinent liquidity information:

Investments Measured at NAV Practical Expedient	Fair Value June 30, 2020	Redemption Frequency	Redemption Notice Period
U.S. Large Cap Index Pool	$112,486,969	Daily	5 business days
Non U.S. Emerging Markets Index Pool	73,372,486	Daily	5 business days
Non U.S. Developed Markets Index Pool	99,502,396	Daily	5 business days
Private Equity Pool	90,356,213	Twice per year	9 months
Credit and Structured Finance Pool	112,681,325	4 times per year	3 months
Real Estate Pool	78,116,914	Twice per year	6 months
Small/Mid Cap Active Pool	13,455,490	Daily	5 business days
Real Asset Pool	33,458,536	Twice per year	6 months
Core Bond Pool	174,843,473	Daily	5 business days
	$788,273,802		

The U.S. Large Cap Index Pool is a passively managed portfolio and seeks to invest in U.S. equities with large market capitalizations. Daily redemptions are allowed provided the Authority gives a Notice of Intent to redeem the units five business days in advance unless $5 million or more is requested, then 30 days' notice is required.

The Non-U.S. Emerging Markets Index Pool is a passively managed portfolio benchmarked against the MSCI Emerging Market Free Index and invests in emerging market equities around the globe. Daily redemptions are allowed provided the Authority gives a Notice of Intent to redeem the units five business days in advance unless $5 million or more is requested, then 30 days' notice is required.

The Non-U.S. Developed Markets Active Pool is actively managed by four investment managers (each focused on large-cap value, large-cap core, large-cap growth, and small-cap value). The pool is benchmarked against the MSCI EAFE Index. Daily redemptions are allowed provided the Authority gives a Notice of Intent to redeem the units five business days in advance unless $5 million or more is requested, then 30 days' notice is required.

Note 5 – Investments and Fair Value Measurements (continued)

The Credit & Structured Finance Pool invests in various classes of fixed income securities oriented toward credit. The role of this pool is to provide growth of capital and income generation. The pool is managed by investment managers outside the NMSIC. NMRHCA is allowed to redeem this investment four times per year but not less than one month since the last redemption. Notice of Intent to redeem is required three months in advance. There is a 12-month lockup period on this investment class.

The Real Estate Pool contains open- and closed-end comingled real estate funds, dominated by stable, core real estate properties. The pool's objective is to match the rate of return on the NCREIF-ODCE index, plus a small premium from active management. The pool seeks to provide modest growth of capital, income generation, and provide diversification from equities and fixed income investment pools. Redemption notices are required six months in advance and are only allowed twice per year. The redemptions cannot occur within three months of each other. There is an 18-month lockup period on this investment class.

The Private Equity Pool contains more than 100 private equity funds diversified across the different sectors of private equity and seeks to provide a higher rate of return than the Venture Economics All Private Equity Index. The pool's main goal is to provide growth of capital. There is a 24-month lockup period on this investment class with 9-month Notice of Intent to redeem. Redemptions are allowed twice a year and no less than three months apart.

The U.S. Small/Mid Cap Index Pool is passively managed in comparison to the Russell 2000 Index portfolio. Daily redemptions are allowed provided the Authority gives a Notice of Intent to redeem the units five business days in advance unless $5 million or more is requested, then 30 days' notice is required.

The Real Asset Pool is managed across 34 funds with 18 managers. The pool seeks to provide a higher rate of return than the Real Assets CPI + 300 bps benchmark. Redemption notices are required six months in advance and are only allowed twice per year. The redemptions cannot occur within three months of each other. There is an 18-month lockup period on this investment class.

The Core Bond Pool seeks to exceed returns of the Barclays US Aggregate Bond Index through active external management using complementary core-plus strategies. Redemptions are permitted up to five days prior to month-end. Redemptions larger than $5 million require 30 days' notice.

The investment and administrative fees are deducted from the ending investment account balance on a monthly basis in accordance with the joint powers agreement. For the year ended June 30, 2020, the annual money-weighted rate of return on the Authority's investments, net of related investment expenses, was 5.80%. The money-weighted rate of return expresses investment performance, net of investment expense, adjusted for the changing amounts actually invested.

Note 6 – Capital Assets

A summary of capital asset balances and activity during the year ended June 30, 2020 is as follows:

Description	Balance at June 30, 2019	Additions	Deletions	Transfers	Balance at June 30, 2020
Furniture and equipment	$ 208,608	$ 26,855	$ -	$ -	$ 235,463
Information technology	2,031,450	-	-	-	2,031,450
	2,240,058	26,855	-	-	2,266,913
Accumulated depreciation	(1,009,817)	(35,078)	-	-	(1,044,895)
	$ 1,230,241	$ (8,223)	$ -	$ -	$ 1,222,018

Depreciation expense totaled $35,078 for the year ended June 30, 2020, of which $10,260 of depreciation was allocated to the Administrative Fund while $24,818 was allocated to the Benefits Fund.

Note 7 – Accrued Vacation and Sick Leave

Accumulated vacation, compensating time, and sick leave earned and not taken are recorded as an expense in the current year. Vacation earned and not taken is cumulative; however, upon termination, vacation is limited to 240 hours (30 days). Sick pay accumulated in excess of 600 hours, not to exceed 120 hours, is payable semiannually to qualified employees at a rate equal to 50% of the employee's hourly wage.

Balance June 30, 2019	Leave Accrued	Leave Used	Balance June 30, 2020	Amount Due Within One Year
$ 123,904	$ 92,354	$ (26,353)	$ 189,905	$ 95,436

Note 8 – Reserve for Losses and Loss Adjustments

The amount shown on the accompanying statement of fiduciary net position as reserve for losses and loss adjustment expenses is an actuarially calculated estimate of the ultimate costs of settling all incurred, but not reported claims as of June 30, 2020, while the amount shown on the accompanying statement of changes in fiduciary net position as losses and loss adjustment expenses represents the change in this estimate during the year ended June 30, 2020. These reserves represent, in management's opinion, the best estimate of the ultimate cost of settling all reported and unreported claims. A range of variability exists around the best estimate of the ultimate cost of settling all unpaid claims. Accordingly, the amount reflected in the accompanying financial statements may not ultimately be the actual cost of settling all unpaid claims, and the difference may be significant.

Note 8 – Reserve for Losses and Loss Adjustments (continued)

As of June 30, 2020, the estimated claims liability for claims incurred but not reported (IBNR) totaled $20,520,855. This estimated liability represents liability for outstanding claims for services rendered prior to July 1, 2020 and paid after June 30, 2020.

Note 9 – Net OPEB Liability

The components of the net OPEB liability of the Authority are as follows:

	June 30, 2020
Total OPEB liability	$5,028,579,923
Plan fiduciary net position	829,671,905
Net OPEB liability	$4,198,908,018
Plan fiduciary net position as a percentage of the total OPEB liability ("funded status")	16.50%

The total OPEB liability was determined by an actuarial valuation as of June 30, 2019, rolled forward to a measurement date of June 30, 2020, using the following actuarial assumptions:

Valuation date	June 30, 2019
Actuarial cost method	Entry age normal, level percent of pay, calculated on individual employee basis
Asset valuation method	Market value of assets
Actuarial assumptions:	
Inflation	2.50% for ERB; 2.50% for PERA
Projected payroll increases	3.25% to 13.50% based on years of service, including inflation
Investment rate of return	7.25%, net of OPEB plan investment expense and margin for adverse deviation including inflation
Healthcare cost trend rate	8% graded down to 4.5% over 14 years for Non-Medicare medical plan costs and 7.5% graded down to 4.5% over 12 years for Medicare medical plan costs

Note 9 – Net OPEB Liability (continued)

The long-term expected rate of return on OPEB plan investments was determined using a building-block method in which the expected future real rates of return (net of investment fees and inflation) are developed for each major asset class. These returns are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage. The target allocation and projected arithmetic real rates of return for each major asset class, net of assumed inflation, but before investment expenses, used in the derivation of the long-term expected investment rate of return assumptions are summarized as follows:

Asset Class	Long-Term Rate of Return
U.S. core fixed income	2.1%
U.S. equity - large cap	7.1
Non U.S. - emerging markets	10.2
Non U.S. - developed equities	7.8
Private equity	11.8
Credit and structured finance	5.3
Real estate	4.9
Absolute return	4.1
U.S. equity - small/mid cap	7.1

The discount rate used to measure the total OPEB liability is 2.86% as of June 30, 2020. The projection of cash flows used to determine the discount rate assumed that employer contributions will be made at rates proportional to the actuary determined contribution rates. For this purpose, employer contributions that are intended to fund benefits of current plan members and their beneficiaries are included. Projected employer contributions that are intended to fund the service costs for future plan members and their beneficiaries are not included. Based on those assumptions, the OPEB plan's fiduciary net position was projected to be available to make all projected future benefit payments for current plan members through the fiscal year ending June 30, 2041. The 7.25% assumed investment return on Plan assets, which includes the assumed inflation rate of 2.50%, was used to calculate the net OPEB liability through 2040. The index rate for 20-year, tax exempt general obligation municipal bonds with an average rating of AA/Aa or higher was used beyond 2041, resulting in a blended discount rate of 2.86%.

The following presents the net OPEB liability, calculated using the discount rate of 2.86%, as well as what the Fund's net OPEB liability would be if it were calculated using a discount rate that is 1% lower or 1% higher than the current rate:

1% Decrease (1.86%)	Current Discount (2.86%)	1% Increase (3.86%)
$ 5,219,259,918	$ 4,198,908,018	$ 3,410,281,542

The following presents the net OPEB liability calculated using the current trend rates as well as what Fund’s net OPEB liability would be if it were calculated using a trend rate that is 1% point lower or 1% point higher than the current rate:

1% Decrease	Current Trend	1% Increase
$ 3,446,518,222	$ 4,198,908,018	$ 4,769,615,641

Note 10 – Pension Plan (Public Employees Retirement Plan)

Plan Description – Substantially all of the Authority's full-time employees participate in a public employee retirement system authorized under the Public Employees Retirement Act (Chapter 10, Article 11 NMSA 1978). PERA is the administrator of the plan, which is a cost-sharing multiple-employer defined benefit retirement plan. The plan provides for retirement benefits, disability benefits, survivor benefits, and cost-of-living adjustments to plan members and beneficiaries. PERA issues a separate, publicly available financial report that includes financial statements and required supplementary information for the plan. That report may be obtained by writing to PERA, P.O. Box 2123, Santa Fe, New Mexico 87504-2123 or on PERA's website at www.pera.state.nm.us.

Funding Policy – Plan members are required to contribute 8.92% of their gross pay. The Authority is required to contribute 16.99% of gross covered salary. The contribution requirements of plan members and the Authority are established under Chapter 10, Article 11 NMSA 1978. The requirements may be amended by acts of the Legislature. The Authority's contributions to PERA for the year ended June 30, 2020 totaled $227,211, equal to the amount of the required contribution for the year.

Note 11 – Post–Employment Benefits (State Retiree Health Care Plan)

Plan Description – The Authority, as an employer, contributes to the Fund, a cost-sharing multiple-employer defined benefit postemployment healthcare plan administered by the Authority. The Authority provides healthcare insurance and prescription drug benefits to retired employees of participating employers, their spouses, dependents, and surviving spouses and dependents. The Authority's Board was established by the Act (Chapter 10, Article 7C, NMSA 1978). The Board is responsible for establishing benefit provisions of the healthcare plan and is also authorized to designate optional and/or voluntary benefits like dental, vision, supplemental life insurance, and long-term care policies.

Eligible retirees are: 1) retirees who make contributions to the fund for at least five years prior to retirement and whose eligible employer during the period of time made contributions as a participant in plan on the person's behalf, unless that person retires before the employer's effective date, in which event the time period required for employee and employer contributions shall become the period of time between the employer's effective date and the date of retirement; 2) retirees defined by the Act who retired prior to July 1, 1990; 3) former legislators who served at least two years; and 4) former governing authority members who served at least four years.

The Authority issues a publicly available stand-alone financial report that includes financial statements and required supplementary information for the postemployment healthcare plan. That report and further information can be obtained by writing to the New Mexico Retiree Health Care Authority at 6300 Jefferson Street NE, Suite 150, Albuquerque, NM 87109.

Note 11 – Post–Employment Benefits (State Retiree Health Care Plan) (continued)

Funding Policy – The Act authorizes the Board to establish the monthly premium contributions that retirees are required to pay for healthcare benefits. Each participating retiree pays a monthly premium according to a service-based subsidy rate schedule for the medical, plus basic life plan, plus an additional participation fee of five dollars ($5) if the eligible participant retired prior to the employer's effective date or is a former legislator or former governing authority member. Former legislators and governing authority members are required to pay 100% of the insurance premium to cover their claims and the administrative expenses of the plan. The monthly premium rate schedule can be obtained from the Authority or viewed on their website at www.nmrhca.state.nm.us.

The employer, employee, and retiree contributions are required to be remitted to the Authority on a monthly basis. The statutory requirements for the employer and employee contributions can be changed by the New Mexico State Legislature. Employers that choose to become participating employers after January 1, 1998, are required to make contributions to the fund in the amount determined to be appropriate by the Board.

The Act is the statutory authority that establishes the required contributions of participating employers and their employees. For employees that were members of an enhanced retirement plan (state police and adult correctional officer member coverage plan 1; municipal police member coverage plans 3, 4, or 5; municipal fire member coverage plan 3, 4, or 5; municipal detention officer member coverage plan 1; and members pursuant to the Judicial Retirement Act) during the fiscal year ended June 30, 2015, the statute required each participating employer to contribute 2.5% of each participating employee's annual salary; and each participating employee was required to contribute 1.25% of their salary. For employees that were not members of an enhanced plan during the fiscal year ended June 30, 2020, the statute required each participating employer to contribute 2% of each participating employee's annual salary; each participating employee was required to contribute 1% of their salary. In addition, pursuant to Section 10-7C-5(G) NMSA 1978, at the first session of the Legislature following July 1, 2014, the legislature shall review and adjust the distributions pursuant to Section 7-1-6.1 NMSA 1978 and the employer and employee contributions to the authority in order to ensure the actuarial soundness of the benefits provided under the Act.

The Authority's contributions to the plan for the year ended June 30, 2020 totaled $26,359, which equals the required contributions for the year.

Note 12 – Joint Powers Agreements

The Authority has entered into two joint powers agreements:

1. An agreement exists between the Authority and the New Mexico State Investment Council (NMSIC) under which NMSIC acts as the investment manager of the Retiree Health Care Fund for the Authority and will invest the Authority's long-term reserves and provide services in accordance with the guidelines provided in the Authority's Investment Policy. The agreement was effective June 25, 1992, renewed December 8, 2011, and continues in force until terminated by either party upon 30 days' written notice to the other party.

Note 12 – Joint Powers Agreements (continued)

The funds under management are invested by NMSIC in accordance with the provision of NMSA 1978, Sections 6-8-1 through 6-8-16. Fees charged for investment services are netted from investment income provided by the Authority on a monthly basis.

The Authority's policy determines the amount to invest with NMSIC. The Authority maintains ownership of all securities and cash balances on deposit in the Authority's accounts at the New Mexico State Treasurer's Office, the fiscal agent bank, and the custodial bank. The Authority is responsible for all audits performed relating to its financial records, including all investment transactions.

2. An agreement exists among the Authority, New Mexico Public Schools Insurance Authority, Albuquerque Public Schools, and the State's Risk Management Division of the General Services Department (collectively, the Interagency Benefits Advisory Committee). The purpose is to authorize the parties to exercise their common powers to provide and administer healthcare insurance programs, and to implement the purposes of the Health Care Purchasing Act. Each agency acts as its own fiscal agent for cost purposes. The agreement was effective March 15, 1999 and continues in force until terminated by any party upon 90 days' written notice to the other parties.

Note 13 – Optional Coverages

The Authority offers eligible retirees voluntary coverages: two dental plans, a vision plan, and supplemental life. The plans are a pay-all basis by the retiree, whereby the retiree pays monthly for the entire premium for any optional coverages opted for and the Authority in turn pays the optional plan provider the monies collected from the retiree. Therefore, the revenue generated through the collection of optional premium dollars by the Authority is a direct dollar-for-dollar pass through to the providers of optional coverages. Revenues are recorded as retiree contributions and expenses are recorded as premiums in the financial statements.

Note 14 – Legally Required Reserves

There is no stated monetary reserve requirement. Under Section 10-7C-8, the Authority's Board is charged with determining what is to comprise the long-term reserves. Those long-term reserves are to be placed in investments pursuant to Section 6 8-1 through 6-8-16 NMSA 1978.

Note 15 – Commitments and Contingencies

The Authority is subject to various legal proceedings, claims, and liabilities that arise in the ordinary course of operations, including personnel matters. In the opinion of the Authority's management and legal counsel, the ultimate resolution of such matters will not have a material adverse impact on the financial position or results of operations of the Authority.

Note 15 – Commitments and Contingencies (continued)

The Authority is exposed to various risks of loss for which the Authority carries insurance (Auto; Employee Fidelity Bond; General Liability; Civil Rights and Foreign Jurisdiction; Money and Securities; Property; and Workers' Compensation) with the State of New Mexico Risk Management Division (RMD). The Authority pays premiums to participate in the State Insurance Program. Coverages are designed to satisfy the requirements of the State tort claims. Also, any claims are processed through RMD. There are no pending or threatened legal proceedings at year-end.

In June 2017, the Authority entered into several service contracts with healthcare providers. The total amount of these contracts approximates $318,120,000 for costs expected for fiscal year 2021.

The Authority's main office leases its office space at 3600 Jefferson Street NE in Albuquerque for a 10-year period ending August 2030. The Authority also leases office space under a lease inside the PERA Building located at 33 Plaza La Prensa in Santa Fe. The PERA Building lease expires in August 2030. The Authority has a four-year equipment lease for one mailing machine through June 30, 2021 and a month-to-month copier lease for two machines. All leases are operating leases. Lease expenses totaled $163,333 for the year ended June 30, 2020.

Future minimum operating lease commitments are as follows for years ending June 30:

2021	$ 141,581
2022	124,322
2023	128,052
2024	131,897
2025	135,850
Thereafter	769,262
	$ 1,430,964

Note 16 – Operating Transfers

The following operating transfers occurred between the Authority's functional activities during the year ended June 30, 2020:

	Benefits 38100 From (To)	Administration 38000 From (To)
Administration appropriation	$ (3,357,700)	$ 3,357,700
Reversion of administration	363,381	(363,381)
	$ (2,994,319)	$ 2,994,319

The purpose of the transfers was to fund appropriations, to revert unused appropriations between funds, and was conducted on a routine basis.

Note 17 – Appropriations, Budget Adjustments, and Reversions

The Authority submits annually for approval an Administrative Budget Request as part of the operating budget. The DFA and the Legislative Finance Committee (LFC) review the request, and the Legislature takes action to approve and/or amend the Authority's administrative request. Appropriated amounts are then transferred into the Administrative Fund from the Benefits Funds. Unused appropriations from the Benefits Fund to the Administration Fund, if any, revert back to the Benefits Fund, but unused appropriations from the State General Fund to the Discount Prescription Drug Program Fund do not generally revert back to the State General Fund per 10-7C-18 NMSA 1978.

The Authority recorded a $3,357,700 appropriation from the Benefits Fund to the Administration Fund for fiscal year 2020 (NM-HB2, Section 3). As of June 30, 2020, reversions totaling $363,381 are accrued from the Benefits Fund.

Note 18 – COVID-19 Pandemic

In response to the COVID-19 pandemic, the Authority has seen several significant changes to its operations for the last few months of fiscal year 2020 and to the start of fiscal year 2021. In light of recent public health orders mandated by the Office of the Governor, all non-essential staff and those staff eligible to telecommute were sent home. The safety and health of the employees as well as the general public that the Authority serves is of great importance. The Authority remains committed to the purpose of our agency and ensuring that adequate internal controls over financial transactions and reporting were maintained.

As a result of this pandemic, the economy in which the Authority operates has seen declines in the market values of investments, gross receipts tax revenues, and revenues derived from the oil and gas industry, all of which are significant sources of revenue for the State of New Mexico, which allocates these resources through appropriations to individual state agencies. Additionally, there may be direct or indirect impacts on short-term health plan costs, short-term or long-term impacts on mortality on the covered population, and the potential for additional deferral or state fiscal relief. Due to the uncertainty and fluidity of these current and future events, they have not been included in the actuarial assumptions in generating the Fund's total OPEB liability as of June 30, 2020.

Required Supplementary Information

New Mexico Retiree Health Care Authority
Schedule of Revenues and Expenses – Budget and Actual: Administrative Fund
Year Ended June 30, 2020

	Original Budget	Final Budget	Actual	Variance
REVENUES				
Investment income	$ 3,207,700	$ 3,357,700	$ 55,240	$ 3,302,460
Total revenues	3,207,700	3,357,700	55,240	3,302,460
EXPENSES				
Personal services/employee benefits	2,053,000	2,028,000	1,935,699	92,301
Contractual services	616,600	791,600	634,913	156,687
Other	538,100	538,100	462,853	75,247
Total expenses	3,207,700	3,357,700	3,033,465	324,235
TRANSFERS				
Transfers in - Intra agency from SHARE 38100	3,357,700	3,357,700	3,357,700	-
Transfers out - Intra agency to SHARE 38100 - reversion	-	-	(363,381)	363,381
Net transfers	$ 3,357,700	$ 3,357,700	$ 2,994,319	$ 363,381
NET CHANGE (budgetary basis)			$ 16,094	
Depreciation			(10,260)	
NET CHANGE (GAAP basis)			$ 5,834	

New Mexico Retiree Health Care Authority
Schedule of Revenues and Expenses – Budget and Actual: Benefits Fund
Year Ended June 30, 2020

	Original Budget	Final Budget	Actual	Variance
REVENUES				
Retiree contributions	$170,030,000	$170,180,000	$ 178,132,212	$ (7,952,212)
Employer/employee contributions	124,696,700	124,696,700	144,755,756	(20,059,056)
Pension taxes	32,935,700	32,935,700	29,406,967	3,528,733
Investment income	100,000	100,000	1,159,554	(1,059,554)
Miscellaneous revenue	30,230,700	30,230,700	30,352,301	(121,601)
Total revenues	357,993,100	358,143,100	383,806,790	(25,663,690)
EXPENSES				
Contractual services	354,743,400	354,743,400	318,068,212	36,675,188
Other	42,000	42,000	39,154	2,846
Total expenses	354,785,400	354,785,400	318,107,366	36,678,034
TRANSFERS				
Transfers in - Intra agency from SHARE 38000 - reversion	-	-	363,381	363,381
Transfers out - Intra agency to SHARE 38000	(3,357,700)	(3,357,700)	(3,357,700)	-
Total transfers	$ (3,357,700)	$ (3,357,700)	$ (2,994,319)	$ 363,381
NET CHANGE (budgetary basis)			$ 62,705,105	
Gain on investments excluding interest			9,622,109	
Employer buy-ins revenue and interest portion			61,809	
Change in IBNR liability			1,132,145	
Refunds - retirees			(579,270)	
Depreciation			(24,818)	
NET CHANGE (GAAP basis)			$ 72,917,080	

New Mexico Retiree Health Care Authority
Schedule of Changes in Net OPEB Liability
Year Ended June 30, 2020

	Year Ended June 30,			
	2020	2019	2018	2017
TOTAL OPEB LIABILITY				
Service cost	$ 123,904,973	$ 156,597,766	$ 188,372,284	$ 265,229,268
Interest	169,239,236	208,666,100	199,583,585	187,563,383
Differences between expected and actual experience	(150,535,215)	(754,197,414)	(145,524,098)	(210,435,519)
Changes in assumptions	989,792,910	(535,456,730)	(225,363,066)	(958,756,001)
Change of benefit terms	6,623,960	14,004,267	-	-
Claims and premiums	(318,068,212)	(295,383,494)	(320,403,577)	(294,107,402)
Retiree's contributions offset to claims and premiums	178,132,212	172,270,192	167,949,226	153,464,136
Medicare Part D and rebates offset to claims and premiums	30,352,322	26,625,941	30,255,096	26,944,632
NET CHANGE IN TOTAL OPEB LIABILITY	1,029,442,186	(1,006,873,372)	(105,130,550)	(830,097,503)
TOTAL OPEB LIABILITY - BEGINNING	3,999,137,737	5,006,011,109	5,111,141,659	5,941,239,162
TOTAL OPEB LIABILITY - ENDING (a)	5,028,579,923	3,999,137,737	5,006,011,109	5,111,141,659
PLAN FIDUCIARY NET POSITION				
Contributions - employee and retiree	226,384,131	216,528,376	210,650,057	196,393,352
Contributions - employer	96,503,837	88,516,368	85,401,662	85,858,432
Net investment income	10,836,882	41,663,496	49,757,591	67,759,695
Other revenue	59,821,098	52,949,453	57,529,941	55,556,164
Claims and premiums paid	(318,068,212)	(296,417,494)	(321,479,577)	(294,393,452)
Administrative expenses	(3,686,967)	(4,147,502)	(3,672,021)	(4,179,901)
NET CHANGE IN PLAN FIDUCIARY NET POSITION	71,790,769	99,092,697	78,187,653	106,994,290
PLAN FIDUCIARY NET POSITION - BEGINNING	756,748,991	657,656,294	579,468,641	472,474,351
PLAN FIDUCIARY NET POSITION - ENDING (b)	828,539,760	756,748,991	657,656,294	579,468,641
NET OPEB LIABILITY (a) - (b)	$4,200,040,163	$3,242,388,746	$4,348,354,815	$4,531,673,018
PLAN FIDUCIARY NET POSITION AS A PERCENTAGE OF TOTAL OPEB LIABILITY	16.48%	18.92%	13.14%	11.34%
COVERED PAYROLL	$4,298,116,494	$4,172,928,635	$4,290,616,760	$4,290,616,760
NET OPEB LIABILITY AS A PERCENTAGE OF COVERED PAYROLL	97.72%	77.70%	101.35%	105.62%

NOTES:

2020: Changes in assumptions and differences between expected and actual experience include adjustments resulting from a decrease in the discount rate from 4.16% to 2.86%, changes in medical carrier election assumptions based on recent enrollment, and updated Medicare Advantage trends for 2020/2021 and 2021/2022 to reflect 2020 and 2021 premiums.

2019: Changes in assumptions and differences between expected and actual experience include adjustments resulting from an increase in the discount rate from 4.08% to 4.16%, decrease in expected participation rates for future retirees from 75% to 60% and a decrease in the spousal coverage rate for future male retirees from 55% to 35%.

This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the Authority will present information for those years with available information.

New Mexico Retiree Health Care Authority
Schedule of Employer Contributions
Year Ended June 30, 2020

Year Ended June 30,	Actuarially Determined Contributions	Contributions in Relation to the Actuarially Determined Contributions	Contributions Deficiency	Covered Payroll	Contributions as a Percentage of Covered Payroll
2020	$ 96,503,837	$ 96,503,837	$ -	$ 4,298,116,494	2.25%
2019	$ 88,516,369	$ 88,516,369	$ -	$ 4,172,928,635	2.12%
2018	$ 85,401,662	$ 85,401,662	$ -	$ 4,290,616,760	1.99%
2017	$ 85,858,432	$ 85,858,432	$ -	$ 4,165,647,340	2.06%

This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the Authority will present information for those years with available information.

Actuarial methods and assumptions used:

Actuarial cost method	Entry age, level percent of pay, calculated on individual basis
Amortization method	Level percent of payroll
Remaining amortization period	30 years open (non-decreasing)
Asset valuation method	Market value of assets
Actuarial assumptions	
Investment rate of return	7.25%
Inflation rate	2.5%
Salary increases	3.25%-13.50%

New Mexico Retiree Health Care Authority
Schedule of Investment Returns
Year Ended June 30, 2020

Year Ended June 30,	Annual Money - Weighted Rate of Return
2020	1.43%
2019	6.53%
2018	9.06%
2017	13.98%

This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the Authority will present information for those years with available information.

Supplementary Information

New Mexico Retiree Health Care Authority
Combining Schedule of Fiduciary Net Position by Functional Activity
June 30, 2020

	Benefits 38100	Administration 38000	Eliminations	Total
ASSETS				
Interest in State General Fund Investment Pool	$ 46,536,420	$ 424,462	$ -	$ 46,960,882
Receivables				
Contributions - employers, employees, and retirees	12,856,181	-	-	12,856,181
Due from other governments	2,450,581	-	-	2,450,581
Due from charter schools	301,017	-	-	301,017
Accounts receivable - rebates and Medicare Part D	2,816,079	-	-	2,816,079
Buy-in obligations receivable	795,880	-	-	795,880
Due from other funds	363,381	-	(363,381)	-
Total receivables	19,583,119	-	(363,381)	19,219,738
Investments with New Mexico State Investment Council				
U.S. Large Cap Index Pool	112,213,634	273,335	-	112,486,969
Non-U.S. Emerging Markets Index Pool	73,194,196	178,290	-	73,372,486
Non U.S. Developed Markets Index Pool	99,260,613	241,783	-	99,502,396
Private Equity Pool	90,136,654	219,559	-	90,356,213
Credit and Structured Finance Pool	112,407,518	273,807	-	112,681,325
Real Estate Pool	77,927,096	189,818	-	78,116,914
Small/Mid Cap Active Pool	13,422,794	32,696	-	13,455,490
Real Asset Pool	33,377,234	81,302	-	33,458,536
Core Bond Pool	174,418,617	424,856	-	174,843,473
Total investments	786,358,356	1,915,446	-	788,273,802
Capital assets, net of accumulated depreciation	1,179,026	42,992	-	1,222,018
Total assets	853,656,921	2,382,900	(363,381)	855,676,440
LIABILITIES				
Accounts payable	4,680,850	113,830	-	4,794,680
Payroll liabilities	-	90,190	-	90,190
Compensated absences	-	189,905	-	189,905
Reserve for loss and loss adjustment expense	20,520,855	-	-	20,520,855
Retiree premiums received in advance	408,905	-	-	408,905
Due to other funds	-	363,381	(363,381)	-
Total liabilities	25,610,610	757,306	(363,381)	26,004,535
NET POSITION RESTRICTED FOR POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS	$828,046,311	$ 1,625,594	$ -	$829,671,905

New Mexico Retiree Health Care Authority
Combining Schedule of Changes in Fiduciary Net Position by Functional Activity
Year Ended June 30, 2020

	Benefits 38100	Administration 38000	Eliminations	Total
ADDITIONS				
Contributions				
Retiree	$ 178,132,212	$ -	$ -	$ 178,132,212
Employer/employee	144,755,756	-	-	144,755,756
Employer buy-ins interest portion	61,809	-	-	61,809
Total contributions	322,949,777	-	-	322,949,777
Investment income				
Net depreciation in fair value of investments	9,622,109	-	-	9,622,109
Interest	1,159,554	55,219	-	1,214,773
Total investment income	10,781,663	55,219	-	10,836,882
Other				
Taxation administration fund revenue	29,406,967	-	-	29,406,967
Medicare Part D subrogation and rebates	30,352,301	21	-	30,352,322
Total other	59,759,268	21	-	59,759,289
Total additions	393,490,708	55,240	-	393,545,948
DEDUCTIONS				
Premiums and claims	316,936,067	-	-	316,936,067
General and administrative expenses	39,154	3,033,465	-	3,072,619
Refunds to retirees	579,270	-	-	579,270
Depreciation	24,818	10,260	-	35,078
Total deductions	317,579,309	3,043,725	-	320,623,034
Transfers in (out), net	(2,994,319)	2,994,319	-	-
NET CHANGE	72,917,080	5,834	-	72,922,914
NET POSITION RESTRICTED FOR POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS				
Beginning of year	755,129,231	1,619,760	-	756,748,991
End of year	$ 828,046,311	$ 1,625,594	$ -	$ 829,671,905

New Mexico Retiree Health Care Authority
Schedule of Investment Fees
Year Ended June 30, 2020

Investment Class	Value of Investment	Management Fees
Large Cap Index	$ 112,486,969	$ 2,497
Non US Dev Index	99,502,396	10,159
Non US Emg Index	73,372,486	21,261
Small Mid Cap	13,455,490	15,421
Credit and Structure	112,681,325	-
Core Bond	174,843,473	41,973
Private Equity	90,356,213	-
Real Estate	78,116,914	-
Real Return Asset	33,458,536	7,960
	$ 788,273,802	$ 99,271

Other Information

New Mexico Retiree Health Care Authority

Combining Schedule of General and Administrative Expenses by Functional Activity
Year Ended June 30, 2020

	Benefits 38100	Administration 38000	Total
GENERAL AND ADMINISTRATIVE EXPENSES			
Professional services	$ -	$ 1,397,064	$ 1,397,064
Employee benefits	-	538,635	538,635
Operating costs	39,154	411,023	450,177
Contractual services	-	634,913	634,913
Repairs and maintenance	-	6,076	6,076
Supplies	-	25,060	25,060
In-state travel	-	15,838	15,838
Out-of-state travel	-	4,856	4,856
	$ 39,154	$ 3,033,465	$ 3,072,619

New Mexico Retiree Health Care Authority
Combining Schedule of State General Fund Investment Pool
June 30, 2020

	Benefits 38100	Administration 38000	Total
INVESTMENT BALANCES PER DFA			
New Mexico State Treasurer			
Share Fund 34300-38100	$ 46,536,420	$ -	$ 46,536,420
Share Fund 34300-38000	-	424,462	424,462
	$ 46,536,420	$ 424,462	$ 46,960,882

New Mexico Retiree Health Care Authority
Schedule of Appropriations
Year Ended June 30, 2020

Description	Authority	Appropriation Period	Share Fund	Total Appropriation	Prior Year Expenditures	Current Year Expenditures	Current Year Reversion Amount
Administrative Fund program support	Laws 2019 House Bill 2	2020	38000	$ 3,207,700	$ -	$ 2,994,319	$ 363,381

According to 10-7C-16 NMSA 1978, funds to administer the New Mexico Retiree Health Care Act are to be made by an operating budget adopted by the Board, adopted by the State Budget Division, and pursuant to appropriation by the Legislature. The appropriated amounts to SHARE Fund 38000 are recorded as transfers between Benefit Fund (38100) and the Administrative Fund (38000). See Note 17. Unexpended amounts under the special appropriation are not recognized until all eligibility requirements have been fulfilled under the appropriation including the expenditure of allowable amounts.

MOSSADAMS

Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Board of Directors
New Mexico Retiree Health Care Authority
Brian S. Colón, Esq.
New Mexico State Auditor

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of fiduciary net position and changes in fiduciary net position of New Mexico Retiree Health Care Authority (the Authority), a component unit of the State of New Mexico, as of and for the year ended June 30, 2020, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements, and have issued our report thereon dated November 17, 2020.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Authority's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Authority's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards* and which are described in the accompanying schedule of findings as item 2020-001.

Authority's Response to Finding

The Authority's response to the finding identified in our audit is described in the accompanying schedule of findings. The Authority's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Moss Adams LLP

Albuquerque, New Mexico
November 17, 2020

New Mexico Retiree Health Care Authority
Schedule of Findings and Responses
Year Ended June 30, 2020

FINANCIAL STATEMENTS

Type of auditors' report issued:	Unmodified

INTERNAL CONTROL OVER FINANCIAL REPORTING

Material weaknesses identified?	No
Significant deficiencies identified not considered to be material weaknesses?	No

COMPLIANCE AND OTHER MATTERS

Noncompliance material to the financial statements noted?	No

FINANCIAL STATEMENT FINDINGS

2020-001 Funded Status (Previously reported as 2018-001) (Other Matter)

Condition – The New Mexico Retiree Health Care Fund's (the Fund's) funded status was approximately 16.5% as of June 30, 2020 and historical contribution rates have been consistently below the actuarially determined contribution rates. While the Fund's low funded status does not represent an internal control deficiency or risk of material misstatement to the financial statements, the long-term sustainability of the Fund is jeopardized.

Criteria – Management of the Authority has a fiduciary responsibility over the long-term sustainability of the Fund.

Effect – The Fund's funded status directly impacts the net OPEB liability reported by the Authority and the allocated liabilities recorded by each of the participating employers.

Cause – The Fund was not adequately funded at its inception, and the Authority has not made sufficient changes to the its funding policies to ensure long-term sustainability.

Recommendation – We recommend that management and those charged with governance of the Fund work with legislators and other funding sources to develop and adopt a funding policy to improve the funded status and position the Fund for long-term financial sustainability. Management should work with the Authority's actuary or a consultant to consider alternatives for plan provision changes or enhancing contribution levels to develop a long-term sustainable funding solution.

Management's Response – The Authority will continue to work with the legislature and the Governor to pursue increases in employee and employer contributions to improve funding for the program. Also, the Authority will work to oppose policies and legislation that would inadvertently increase costs to the program by limiting the Board's ability to implement changes that would discourage competition among services, prescriptions and provider networks. The timeline to address this issue is dependent on the development of a long-term funding policy for the Fund based on budgetary appropriations and potential changes to plan provisions.

Responsible Persons – RHCA Board, New Mexico State Legislature and Governor

FINDINGS IN ACCORDANCE WITH 2.2.2. NMAC – OTHER

None

New Mexico Retiree Health Care Authority
Schedule of Prior Year Findings
Year Ended June 30, 2020

RESOLUTION OF PRIOR YEAR FINDINGS

2019-001 (2018-001) - Repeated

New Mexico Retiree Health Care Authority
Exit Conference
June 30, 2020

An exit conference was held remotely on November 17, 2020 in a closed session, with the following in attendance:

New Mexico Retiree Health Care Authority Personnel and Board Members:

David Archuleta, Executive Director
Peggy Martinez, Chief Financial Officer
Greg Archuleta, Director of Communication and Members Engagement
Neil Kueffer, Deputy Director
Sanjay Bhakta, Board Member - Municipal League
Leane Madrid, Board Member - State Classified Employee
Pam Moon, Board Member - Association of Counties
Jan Goodwin, Board Member - Educational Retirement Board
Terry Linton, Board Member - Governor Appointee

Moss Adams LLP:

Kory Hoggan, Partner
Aaron Hamilton, Senior Manager

The Authority is responsible for the contents of the financial statements. Moss Adams LLP assisted with the preparation of the financial statements.

FY21 New Contract (Action Item)
Program Support

Background

According to Section AA. GASB 75, accounting and financial reporting for post-employment benefits other than pensions: The New Mexico Retiree Health Care Authority (NMRHCA) shall prepare a schedule of employer allocations as of June 30 of each fiscal year. Additionally, NMRHCA is required to obtain at least one concurring review of the schedule of employer allocations by an outside IPA firm (different from the firm performing the AU-805 audit). The firm selected to perform the concurring review is subject to OSA approval.

These services fall into the category of a "small purchase" performed under the $60,000 threshold of a small purchase. As such, NMRHCA staff is recommending the selection of CliftonLarsonAllen (CLA) to perform these services based on their experience with NMRHCA and the pension plans.

Approval of the requested action will leave NMRHCA with $125 in the contractual services category of Program Support. Given the outstanding obligation to the State Personnel Office for Shared HR Service, a budget adjustment request will be submitted later in the fiscal year.

Program Support Contractual Services Information

FY21 Approved Operating Budget - Program Support/Contractual Services --- $663,400						
Adjusted Operating Budget	***$663,400***					
Contract	**Amount Encumbered YTD**	**Expended End of Q2**	**Contract Balance**	**Percent Remaining**	**Proposed Amendment/ New**	**Revised Total**
Segal	$345,000	$185,920	$159,080	46.1%	$0	$345,000
Judith Beatty	$6,500	$1,878	$4,622	71.1%	$0	$6,500
Moss Adams	$68,500	$41,856	$26,644	38.9%	$0	$68,500
Rodey	$60,000	$19,222	$40,778	68.0%	$0	$60,000
Rodey Appeal	$20,400	$20,169	$231	0.0%	$0	$20,400
Real Time Solutions	$5,879	$0	$5,879	100.0%	$0	$5,879
Work Quest	$4,500	$650	$3,850	85.5%	$0	$4,500
RESPEC	$97,400	$24,625	$72,775	74.7%	$0	$97,400
Haworth	$8,034	$7,829	$205	2.5%	$0	$8,034
Wilshire	$37,500	$0	$37,500	100.0%	$0	$37,500
CLA	$0	$0	$0	NA	$8,500	$8,500
Albuquerque - IT Disposal	$1,063	$991	$71	6.7%		
SPO (MOU)	$0	$0	$0	NA	$0	$0
Total	**$654,775**	**$303,140**	**$351,635**	53.7%	**$8,500**	$663,275
Unencumbered Balance	$8,625	$8,625	NA	NA	$125	$125

Requested Action

NMRHCA staff respectfully requests authority to execute a new small purchase agreement with CliftonLarsonAllen (CLA) for concurring review of the GASB 75 Employer Allocation Schedules totaling $8,500.

2021 Market Comparison of Commercially Available Plans (Pre-Medicare)

New Mexico Health Care Exchange Plans	Retiree Premium	Spouse Premium	Ret + Spouse Premium	Plan Type	Plan Level	Deductible Individual	Out-of-Pocket Max Individual	First Dollar Coverage
Blue Cross Blue Shield (205) - Age: 60 - Albuquerque	$716	$716	$1,431	HMO	Gold	$750	$8,550	Y
True Health (G. Premier) - Age: 60 - Albuquerque	$718	$718	$1,437	HMO	Gold	$500	$8,550	Y
Ambetter from Western Sky Comm. Care (Secure Care 5)	$815	$815	$1,630	HMO	Gold	$1,450	$6,300	Y
Blue Cross Blue Shield (204) - Age: 60 - Albuquerque	$726	$726	$1,452	HMO	Silver	$1,600	$8,550	Y
True Health (S. Premier) - Age: 60 - Albuquerque	$719	$719	$1,438	HMO	Silver	$4,000	$8,550	Y
Ambetter from Western Sky Comm. Care (Balanced Care 28)	$771	$771	$1,542	HMO	Silver	$1,500	$8,200	N
Blue Cross Blue Shield (202) - Age: 60 - Albuquerque	$575	$575	$1,151	HMO	Bronze	$4,500	$6,900	N
True Health (B. Premier) - Age: 60 - Albuquerque	$562	$562	$1,124	HMO	Bronze	$6,750	$8,550	Y
Ambetter from Western Sky Comm. Care (Essential Care 2)	$552	$552	$1,104	HMO	Bronze	$6,900	$6,900	N
Blue Cross Blue Shield (205) - Age: 60 - Santa Fe	$999	$999	$1,997	HMO	Gold	$750	$8,550	Y
True Health (G. Premier) - Age: 60 - Santa Fe	$775	$775	$1,550	HMO	Gold	$500	$8,550	Y
Ambetter from Western Sky Comm. Care (Secure Care 5)	$881	$881	$1,761	HMO	Gold	$1,450	$6,300	Y
Blue Cross Blue Shield (204) - Age: 60 - Santa Fe	$1,012	$1,012	$2,025	HMO	Silver	$1,600	$8,550	Y
True Health (S. Premier) - Age: 60 - Santa Fe	$776	$776	$1,551	HMO	Silver	$4,000	$8,550	Y
Ambetter from Western Sky Comm. Care (Balanced Care 28)	$833	$833	$1,666	HMO	Silver	$1,500	$8,200	N
Blue Cross Blue Shield (202) - Age: 60 - Santa Fe	$803	$803	$1,606	HMO	Bronze	$4,500	$6,900	N
True Health (B. Premier) - Age: 60 - Santa Fe	$606	$606	$1,213	HMO	Bronze	$6,750	$8,550	Y
Ambetter from Western Sky Comm. Care (Essential Care 2)	$596	$596	$1,193	HMO	Bronze	$6,900	$6,900	N
Blue Cross Blue Shield (205) - Age: 60 - Las Cruces	$1,002	$1,002	$2,004	HMO	Gold	$750	$8,550	Y
True Health (G. Premier) Age: 60 - Las Cruces	$777	$777	$1,553	HMO	Gold	$500	$8,550	Y
Ambetter from Western Sky Comm. Care (Secure Care 5)	$943	$943	$1,885	HMO	Gold	$1,450	$6,300	Y
Blue Cross Blue Shield (204) - Age: 60 - Las Cruces	$1,016	$1,016	$2,032	HMO	Silver	$1,600	$8,550	Y
True Health (S. Premier) - Age: 60 - Las Cruces	$777	$777	$1,554	HMO	Silver	$4,000	$8,550	Y
Ambetter from Western Sky Comm. Care (Balanced Care 28)	$892	$892	$1,783	HMO	Silver	$1,500	$8,200	N
Blue Cross Blue Shield (202) - Age: 60 - Las Cruces	$806	$806	$1,611	HMO	Bronze	$4,500	$6,900	N
True Health (B. Premier) - Age: 60 - Las Cruces	$608	$608	$1,215	HMO	Bronze	$6,750	$8,550	Y
Ambetter from Western Sky Comm. Care (Essential care 2)	$638	$638	$1,276	HMO	Bronze	$6,900	$6,900	N

2021 Work Plan

Spring

- 2021 Legislative Session and Proposed Legislation
- COVID-19 Vaccine Communication
- Web Portal Development
- PBM Consultant RFP
- PBM Audit
- Virtual Wellness Week
- Administrative Guide Development
- Virtual Medicare Information Presentations
- Strategic Plan Review
- GASB 75 – Employer Allocation Schedules

Summer

- Administrative Guide Finalized
- NMAC Rule Changes
    - Termination/Reinstatement/Retroactive payments
    - Purchase of Air Time
- Annual Board Meeting
    - Board Training
    - Strategic Plan Affirmed/Revised
- Interim Legislative Committee Hearings
- Web Portal Finalized
- Virtual Medicare Information Presentations
- PBM RFP Development

Fall

- Web Portal Deployed
- Switch Enrollment – Virtual/In-person
- PBM RFP
- Virtual/In-person Medicare Information Presentations
- GASB 74 – Actuarial Valuation

Winter

- Financial Audit
- Virtual/In-person Medicare Information Presentations