

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

REGULAR MEETING OF THE BOARD OF DIRECTORS



**March 2, 2021
9:30 AM**

**Online: <https://global.gotomeeting.com/join/525517709>
Telephone: 1-872-240-3311/ Access Code: 525-517-709**

New Mexico Retiree Health Care Authority
Regular Meeting

BOARD OF DIRECTORS

ROLL CALL

March 2, 2021

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

NMRHCA BOARD OF DIRECTORS

MARCH 2021

Executive Director
Public Employees Retirement Association
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Mr. Doug Crandall, President
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The Honorable Mr. Tim Eichenberg
NM State Treasurer
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Ms. Leanne Larranaga-Ruffey, Secretary
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Regular Meeting of the
NEW MEXICO RETIREE HEALTH CARE AUTHORITY
BOARD OF DIRECTORS

March 2, 2021

9:30 AM

Online: <https://global.gotomeeting.com/join/525517709>

Telephone: 1-872-240-3311 / Access Code: 525-517-709

AGENDA

		Page
1. Call to Order	Mr. Crandall, President	
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 February 2, 2021	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		
b. Curry County Resolution		10
c. Taos Soil & Water Conservation District		
d. Naturally Slim/Wondr Health		
e. Legislative		12
f. Opioid/Generic Drug Pricing Litigation		20
g. Livongo Diabetes Management Program		33
h. Virtual Wellness Event		
i. January 31, 2020 SIC Report		45
j. Investment Performance Analysis December 31, 2020		46
9. FY21 PS Budget Adjustment Request (Action Item)	Mr. Archuleta, Executive Director	49
10. Pharmacy Benefit Consultant RFP (Action Item)	Mr. Kueffer, Deputy Director	52
11. Out-of-State Travel Request (Action Item)	Mr. Kueffer, Deputy Director	53
12. Other Business	Mr. Crandall, President	
13. Executive Session Pursuant to NMSA 1978, Section 10-15-1(H)(2) To Discuss Limited Personnel Matters	Mr. Crandall, President	
14. Date & Location of Next Board Meeting	Mr. Crandall, President	

April 6, 2021

Via: GoToMeetings: <https://global.gotomeeting.com/join/921945613>

Telephone: 1-571-317-3122 / Access Code: 921-945-613

15. Adjourn

MINUTES OF THE
NEW MEXICO RETIREE HEALTH CARE AUTHORITY/BOARD OF DIRECTORS
REGULAR MEETING/VIA TELECONFERENCE

February 2, 2021

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
The Hon. Tim Eichenberg, NM State Treasurer
Mr. Sanjay Bhakta
Ms. Jan Goodwin
Ms. Leane Madrid
Ms. Pamela Moon
Dr. Tomas Salazar

Members Excused:

Mr. Loren Cushman
Mr. Terry Linton

Staff Present:

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

3. PLEDGE OF ALLEGIANCE

Mr. Kueffer led the pledge.

4. APPROVAL OF AGENDA

Mr. Eichenberg moved approval of the agenda, as published. Ms. Goodwin seconded the motion, which passed unanimously by roll call vote.

5. **APPROVAL OF REGULAR MEETING MINUTES: January 5, 2021**

Ms. Saunders moved approval of the January 5 meeting minutes, as submitted. Ms. Larrañaga-Ruffy 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 last week 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.
- Ms. Saunders reported that the Legislative Committee met last week and discussed some legislation, which will be addressed later in today's agenda. She said David Archuleta and Greg Archuleta have created a one-page document to distribute to legislators (hard copies and email), describing the NMRHCA and also stating that, although the agency will not be requesting financial support during this legislative session, it is getting closer to deficit spending and will need financial support in the coming years. She added that Mr. Cushman, who is on the Legislative Committee, offered to distribute this document to the state superintendents. She suggested that NMRHCA board members provide copies of the document to members of their constituent groups and others. Chairman Crandall suggested having copies sent to city and county managers, too.

8. **EXECUTIVE DIRECTOR'S UPDATES**

a. **Operations/HR Updates/COVID-19**

-- There haven't been any significant changes to NMRHCA's operations. Santa Fe office employees are at work fulltime. In Albuquerque, shifts are rotated to limit exposure to other employees.

-- Mr. Archuleta provided HR updates.

b. **BCBS and San Juan IPA Contract Negotiations**

-- Following up on last month's report on the delay in contract negotiations between BCBS and the San Juan IPA in Farmington, Lori Bell has reported that 45 of the 51 provider groups that had previously held out are now under direct contract with BCBS. There was some concern for individuals receiving services, particularly through the oncology group, and being converted up to Durango or being

allowed to switch to Presbyterian Health Plan. There have been limited complaints about the situation, and NMRHCA is pleased that there has been some resolution to this issue.

Ms. Bell added that, of the six provider groups holding out, five of them have said a definitive no. BCBS is hoping that will change.

c. Legislative

-- The 2-page document that David Archuleta and Greg Archuleta prepared for distribution to legislators and others was on pages 12-13 in the board book. A handful of legislators thanked the agency for the document.

-- Dr. Salazar and Mr. Archuleta provided updates on pending legislation. Senate Bill 21, which passed the Senate Health and Public Affairs Committee on January 27, will go to the Senate Finance Committee next. As the bill is not controversial, it is expected that the legislature will pass it.

d. 2021 Winter Newsletters

-- Mr. Archuleta summarized highlights from the winter newsletter. The employee newsletter, also issued in January, details the upcoming rule changes. According to a discussion he had with the Association of Counties, some counties are concerned about the rule changes, which go into effect on July 1, 2021. Apparently, several are planning to issue proclamations opposing the rule change and submitting the, to the legislature. Mr. Archuleta has reached out and encouraged them to send comments to the NMRHCA as well as to join today's meeting. Based on the correspondence he has received so far, people are contemplating whether to retire sooner so they qualify for the benefit. Over the coming months, the NMRHCA may be hearing more about the rule, although the rulemaking period has passed, the agency has accepted comments, and the rule has been amended three times.

e. MetLife/Versant Health

-- The NMRHCA received official notice on January 6 announcing the acquisition of Versant Health, the parent company of Davis Vision, by MetLife. NMRHCA anticipates no changes to its existing contract or services, including account managers and people responsible for servicing members.

Davis Vision manager Sam Garcia stated that business continues as before, and the transition will be seamless to all of the members. They see no change that will affect the NMRHCA or its members.

f. Attorney General's Office Opioid Antitrust Litigation

-- The NMRHCA continues to work with the Attorney General's Office. The NMRHCA is involved in two lawsuits, one involving opioid abuse, and the other related to keeping drugs generic longer than they should have been. On the opioid side, the last correspondence was on December 29, when they requested a listing of all prescriptions issued to the members. Express Scripts is gathering the data, which dates back to 2013, which is expected to take 60 days.

g. Livongo Diabetes Management Program

-- The Livongo program continues to meet the NMRHCA's expectations. As of December 31, 484 people were enrolled in the program. The NMRHCA's goal at the end of the first year (July 31) is to have enrolled about 660 members, or 30 percent, of the 2,200 people who are eligible.

h. Virtual Wellness Event

-- Greg Archuleta shared details on the Virtual Wellness Event, to be held April 22-23, from 9:30 to noon.

i. December 31, 2020 SIC Report

-- As of January 19, the fund had gained almost \$2 million in income along with \$30.7 million in gains on investments, for a total of \$924 million. This is a single monthly record in terms of gains.

9. FY21 Q2 BUDGET STATUS REPORT

Mr. Archuleta presented this report.

In discussing FY21 budget projections, Mr. Archuleta said NMRHCA is expecting a slight deficiency in contractual services, but will have a surplus in personal services/employee benefits because several positions have been vacant during the pandemic. At the March meeting, staff will request approval to transfer the surplus into contractual services to: pay SPO for HR services (as per the MOU); get a security assessment of the IT systems (\$15,000 to \$16,000); and begin the planning process to develop the web portal to be developed with the requested \$100,000 legislative appropriation.

10. WORK PLAN/5-YEAR STRATEGIC PLAN REVIEW

Mr. Archuleta reviewed the 2021 Work Plan, including activities for the calendar year and the 5-year strategic plan.

11. OTHER BUSINESS

None.

12. EXECUTIVE SESSION: 10:30 AM

- Pursuant to NMSA Section 1978, Section 10-15-1(H)(7) Pertaining to Threatened or Pending Litigation, Lopez v. NMRHCA, N.M. Ct. App. No. A-1-CA-39121

Ms. Moon moved to enter executive session for the purpose of discussing threatened or pending litigation in Lopez v. NMRHCA, N.M. Ct. App. No. A-1-CA-39121. Ms. Goodwin seconded the motion, which passed unanimously on the following roll call vote: Mr. Crandall; Ms. Saunders; Ms. Larranaga-Ruffy, Ms. Goodwin; Dr. Salazar; Ms. Moon; Ms. Madrid.

The board came out of executive session at 10:36 a.m.

Chairman Crandall stated that the only matter discussed in executive session was threatened or pending litigation in Lopez v. NMRHCA, N.M. Ct. App. No. A-1-CA-39121.

13. DATE AND LOCATION OF NEXT BOARD MEETING

March 2, 2021
Via: GoToMeetings

ADJOURN

Meeting adjourned at 10:36 a.m.

Accepted by:

Doug Crandall, President

RESOLUTION #2021-08

**A RESOLUTION REQUESTING THAT THE
NEW MEXICO STATE LEGISLATURE, THE GOVERNOR'S OFFICE
REVIEW THE RULE CHANGE ENACTED BY THE NEW MEXICO
RETIREE HEALTHCARE AUTHORITY**

WHEREAS, the NMRHCA has previously adopted their own Rule Change establishing a new minimum age requirement of 55 to receive the subsidy and increasing the number of years required in order for members to receive maximum subsidy (NMRHCA's contribution towards your monthly healthcare premiums after retirement), which is to be effective July 31, 2021; and,

WHEREAS, the NMRHCA Rule Change does not apply to current employees who will be over the age of 55 or who are 55 years or over as of July 1, 2021; and,

WHEREAS, said Rule Change now mandates that in order to receive the subsidy on an employee's premium who is under the age of 55 (other than Sheriff's office employees covered by law enforcement PERA), the employee's retirement date must be prior to July 1, 2021; and,

WHEREAS, said Rule Change may result in a large number of employees electing to retire before July 1, 2021; and,

WHEREAS, those County employees who retire on or after July 1, 2021 will be required to work additional years in order to receive their maximum subsidy and will be subject to all of the other changes made by the NMRHCA (other than Sheriff's office employees covered by law enforcement PERA who are not subject to the rule change).

NOW, THEREFORE, the Board of Commissioners of Curry County hereby request that the New Mexico State Legislature, together with the New Mexico Governor's Office review the Rule Change made by the New Mexico Retiree Healthcare Authority (NMRHCA) establishing a new minimum age requirement of 55 to receive the subsidy and increasing the number of years required in order for members to receive maximum subsidy and the effect it will have on New Mexico governmental entities such as Curry County.

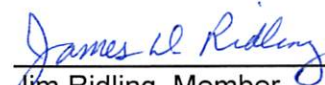
BE IT FURTHER RESOLVED, that the Board of Commissioners of Curry County request that the New Mexico Governor's Office and the New Mexico State Legislature take action to delay the implementation date for the Rule Change adopted by NMRHCA and delay the same to allow additional consideration from all State governmental employers.

PASSED, ADOPTED, AND APPROVED this 26th day of January, 2021 by the Board of County Commissioners.

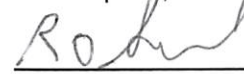
CURRY COUNTY BOARD OF COMMISSIONERS


Robert Thornton, Chairman


Seth Martin, Vice-Chair


Jim Ridling, Member

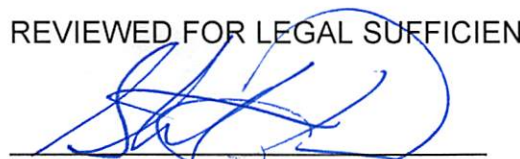

Chet Spear, Member


Robert Sandoval, Member



ATTEST:
(SEAL)


Annie Hogland, Curry County Clerk

REVIEWED FOR LEGAL SUFFICIENCY:

Stephen Doerr, County Attorney



NEW MEXICO
RETIREE
HEALTH CARE
AUTHORITY

Senate Finance Committee

George K. Muñoz, Chair

Nancy Rodriguez, Vice Chair

Agency Updates and Information

February 17, 2021

Doug Crandall, President

Therese Saunders, Vice President

LeAnne Larrañaga-Ruffy, Secretary

David Archuleta, Executive Director

Program Composition and Operating Budget

Active participation – 91,082 (6/30/20)

- Public Employer Groups - 302
 - Schools – 50%
 - State agencies – 25%
 - Local government – 25%

Retiree participation – 64,645 (2/1/21)

- Retirees – 40,352
 - Pre-Medicare – 9,913
 - Medicare – 30,349
 - Average age – 70.46
- Spouses/DP – 12,929
 - Pre-Medicare – 2,887
 - Medicare – 10,059
 - Average age – 68.84
- Dependent Children – 1,716
 - Pre-Medicare – 1,685
 - Medicare - 31
 - Average age – 20.15
- 2020 Average age upon retirement - 59

Funding Sources

- Employee/Employer Contributions
- Retiree Contributions
- Tax Suspense Fund
- Miscellaneous
- Interest Earnings

Operating Budget

- Benefits - \$353 million
- Program Support - \$3.2 million (26 FTE)

Investments

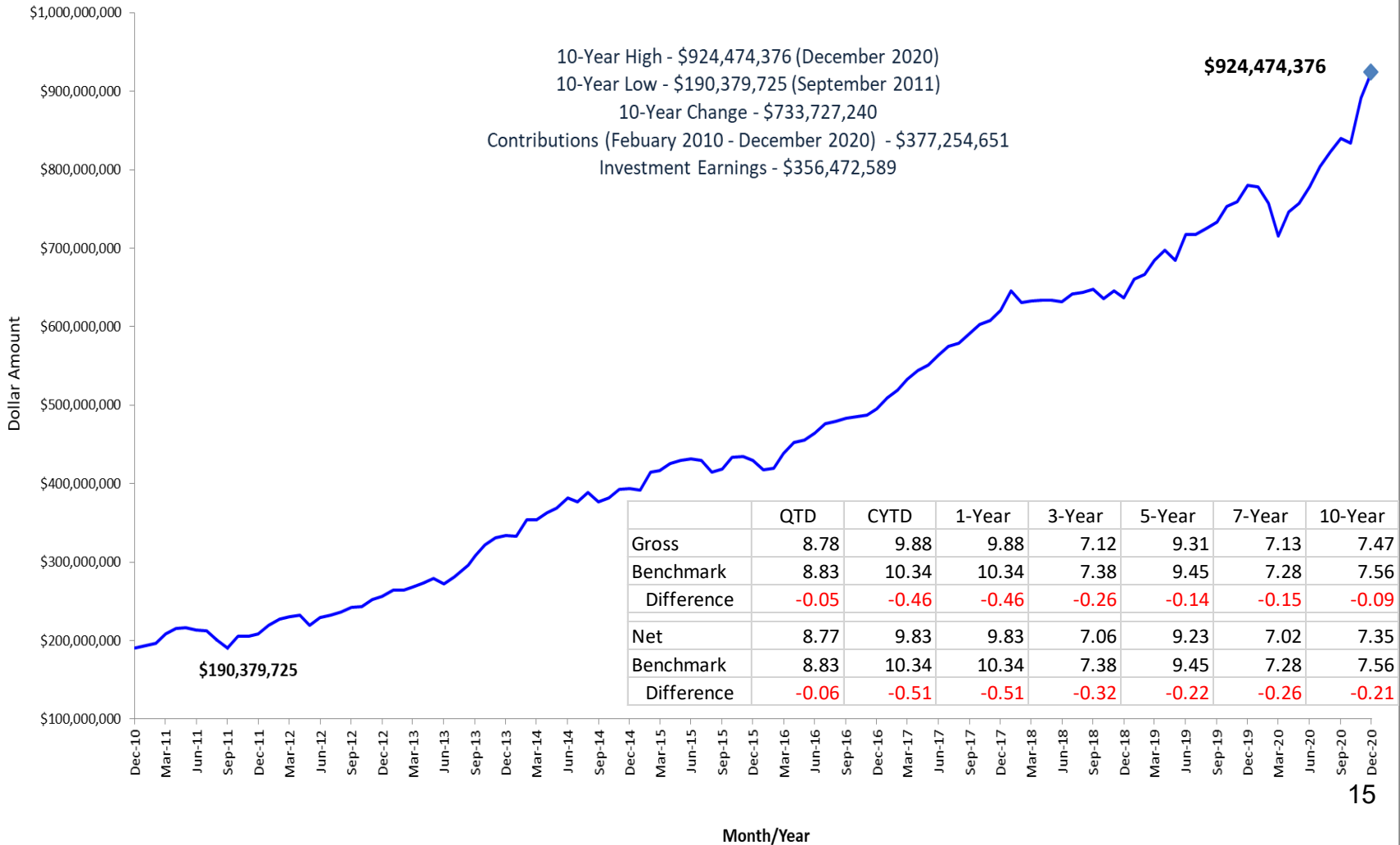
- Managed by the State Investment Council
- Biennial Asset Allocation Performed by Wilshire
- Asset Allocation Updated January 1, 2021
 - Transferred all assets in the Non-US Emerging Index Pool to Non-US Emerging Active pool
 - Transferred all assets in the US Small/Mid Cap Active Pool to US Small/Mid Cap Alternative Weighted Index Pool

Agency Updates

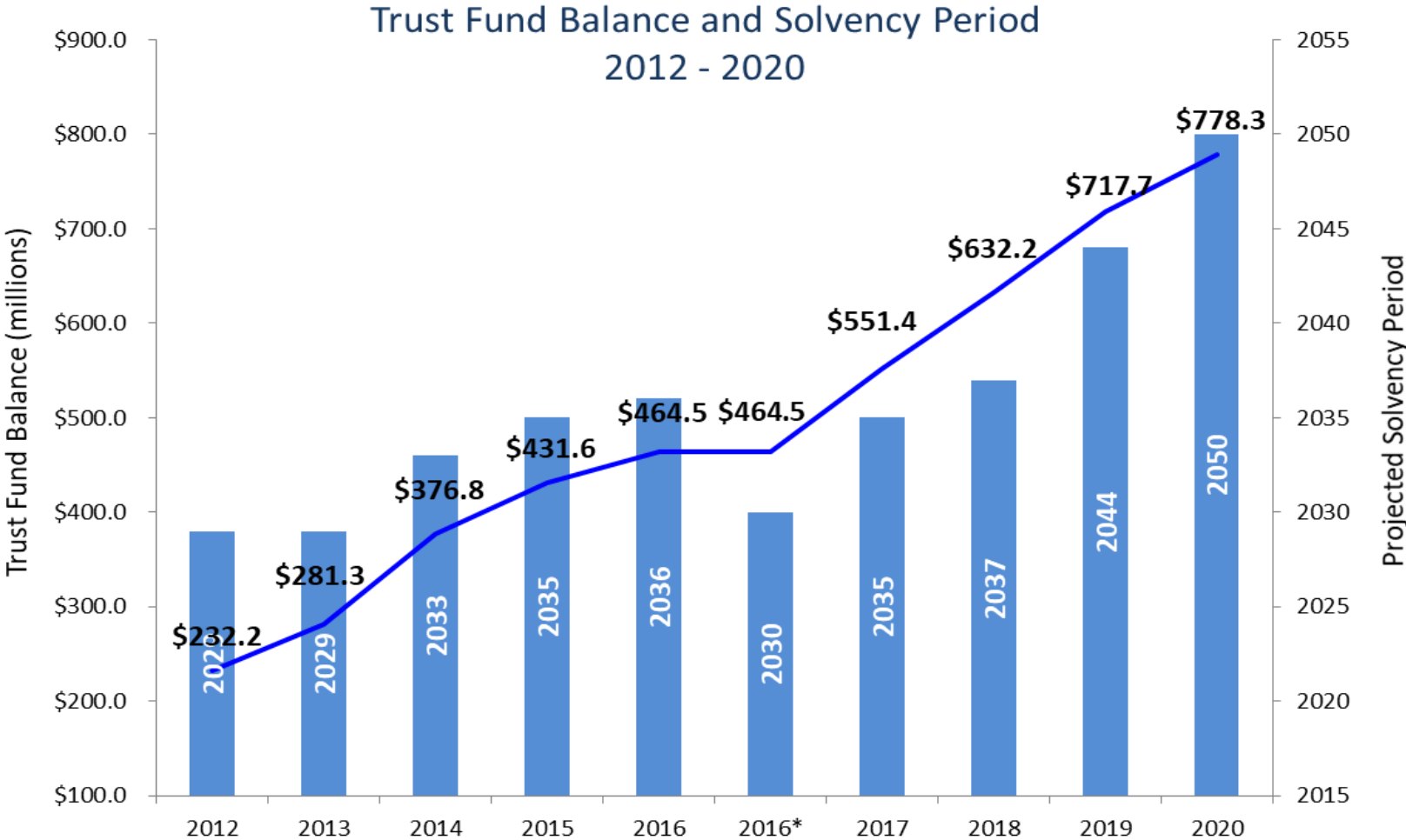
- COVID-19 Operations
 - Albuquerque Office Relocation
 - 6300 Jefferson St. NE, Suite 150 – Co-located w/PERA
- New medical, dental, vision and Medicare Advantage contracts (July 2020 – June 2024)
- Plan rates:
 - 2021 pre-Medicare plan rates: 5% increase
 - 2021 Medicare Supplement plan rates: 2% increase
 - 2021 Medicare Advantage plan rates: *36% – 84% reduction*
 - 2021 Dental and Vision plan rates: No change
- Pharmacy Benefit Manager Request of Proposal – Fall 2021
- Continued participation with the Interagency Pharmaceuticals Purchasing Council (SB 131, 2019)
- Board Organization
 - Former Board Members - Tom Sullivan, President and Joe Montano, Vice President
 - New Board Members - Sanjay Bhakta, Leane Madrid and Loren Cushman
 - Board Officers – Doug Crandall, Therese Saunders and LeAnne Larrañaga-Ruffly

Financial Updates

NMRHCA Trust Fund Balance History December 2010 - December 2020



2020 Solvency Analysis



*Post 2016 Special Session Action

■ Solvency Period — Trust Fund Balance

GASB Updates

- GASB 74 – Actuarial Valuation Review of Other Postemployment Benefits (OPEB) as of June 30, 2020
 - Completed November 4, 2020
 - **Total OPEB Liability: \$5,028,579,923 (2020) / \$3,999,137,737 (2019)**
 - Net OPEB Liabilities (NOL) increased \$989.9 million (driven by decrease in blended discount rate/lower bond index rates)
 - **2.86%** in 2020 vs 4.16% in 2019
 - Applicable discount rate = blend of assumed investment return on plan assets – 7.25% and the rate for 20-year, tax-exempt general obligation municipal bonds w/an average rate of AA/Aa or higher (e.g. 2.21% as of June 30, 2020 compared to 3.50% as of June 30, 2019)
 - Delay in increased years-of-service and minimum age rule requirements from January 1, 2021 to July 31, 2021 (7 months) added \$6.6 million in long-term liabilities
 - **NOL: \$4,198,908,018 (2020) / \$3,242,388,746 (2019)**
 - **Funded Status: 16.50% (2020) / 18.92% (2019)**

*The Coronavirus (COVID-19) pandemic is rapidly evolving and may have a significant financial impact on future expenditures.

Upcoming Rule Change

- Rule Changes effective July 31, 2021
- Impacts retirees not receiving a pension July 1, 2021
 - Initial target January 2020
 - Revised target January 2021
 - Re-revised target July 2021
- Minimum age of 55 to receive subsidy
- Minimum age does not apply to enhanced retirees (police officers, firefighters, corrections officers and judges)
- Increased years-of-service requirements for maximum subsidy (20 to 25)
- Example:
 - Currently under age 55 Pre-Medicare Plan (20 YOS) - \$292.96/\$228.95
 - After July under age 55 Pre-Medicare Plan (regardless of years) - \$813.79/\$635.69
 - After July over age 55 Pre-Medicare Plan (20 YOS) - \$416.97/\$325.72

Current		Jul-21	
Years of Credited Service	Percent of Subsidy	Years of Credited Service	Percent of Subsidy
5	6.25	5	4.76
6	12.50	6	9.52
7	18.75	7	14.29
8	25.00	8	19.05
9	31.25	9	23.81
10	37.50	10	28.57
11	43.75	11	33.33
12	50.00	12	38.10
13	56.25	13	42.86
14	62.50	14	47.62
15	68.75	15	52.38
16	75.00	16	57.14
17	81.25	17	61.90
18	87.50	18	66.67
19	93.75	19	71.43
20	100.00	20	76.19
		21	80.95
		22	85.71
		23	90.48
		24	95.24
		25	100.00

New Mexico Retiree Health Care Authority

David Archuleta, Executive Director

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Please call 800-233-2576 / 505-222-6400

Or visit us at: www.nmrhca.org or www.facebook.com/nmrhca

Business Hours: 8:00AM – 5:00PM (Monday through Friday)



GENERIC DRUG DEPT. OF JUSTICE PRICE-FIXING INVESTIGATION

DISCUSSION & POTENTIAL ACTION

FEBRUARY 3, 2021

AGENDA

1. Welcome & Introductions (Tom Lussier)
2. Statement from Roundtable (Tom Lussier)
3. Background (Andrew MacPherson)
4. Department of Justice Investigation & Legal Action Discussion (Cindy Reichline)
5. Questions & Next Steps (All)



ROUNDTABLE STATEMENT

The following presentation and discussion is provided for Roundtable member informational purposes only. The Public Sector HealthCare Roundtable is not providing an express or implied endorsement of any service, organization, action as a result of the information provided today.

The Roundtable is committed to providing timely information to its members a range of health care issues that impact them.

www.healthcareroundtable.org



ROUNDTABLE BACKGROUND ON GENERIC DRUG DEPT. OF JUSTICE INVESTIGATION

DEPT. OF JUSTICE INVESTIGATION & LEGAL OPTIONS



Cindy Reichline
Partner
BRS LLP



GENERIC DRUGS PRICE-FIXING LITIGATION

AFFIRMATIVE RECOVERY FOR
PUBLIC EMPLOYERS

BRS **LLP**
U S / U K

BUTLER • REICHLINE • SKRUZMANE

State and Federal Governments Focused on Alleged Price Fixing in the Generics Industry



Since at least 2014, the United States Congress has undertaken a series of probes into skyrocketing prices for generic drugs.



In 2016, the DOJ publicly announced its criminal investigation into pricing in the generic drug industry. The federal investigation has resulted in felony charges against at least 5 drug manufacturers and multiple cooperating witnesses. A number of manufacturers have agreed to pay criminal fines in the hundreds of millions of dollars.



On the heels of the first criminal indictments, the Attorneys General of a group of more than 40 states filed a series of sprawling civil antitrust actions alleging that the manufacturers conspired to fix and raise the price of generic drugs.

ALLEGED GENERIC DRUG PRICE FIXING CLAIMS

How the generic drugs industry should work:

- When high-priced branded drugs come off patent, generics inject competition into market where none previously existed
- Generic drugs long referred to as one of the few “bargains” in the United States healthcare system

Drug manufacturer conspiracy:

- By way of frequent calls and texts, along with communications at trade shows and conferences, generic drug maker executives agreed to fix prices and allocate customers for generic drugs
- Alleged conspiracies include drug specific agreements and an overarching conspiracy

As a result:

- Prices for dozens of generic drugs have skyrocketed, increasing in some cases by up to 1,000%
- Record profits for Defendants
- Generic drugs less accessible by those who need them

More than
200 drugs
are
implicated
in the
alleged
conspiracy:

Acetazolamide
Acetazolamide Tablets
Adapalene
Adapalene Cream
Adapalene Gel
Albuterol
Albuterol Sulfate
Alclometasone Dipropionate Cream
Alclometasone Dipropionate Ointment
Amiloride HCL/HCTZ

Amitriptyline
Ammonium Lactate Cream
Ammonium Lactate Lotion
Amoxicillin/Clavulanate
Amphetamine/Dextroamphetamine
Azithromycin
Baclofen
Benazepril HCTZ
Betamethasone Dipropionate Cream
Betamethasone Dipropionate Lotion

Betamethasone Valerate Cream

Betamethasone Valerate Lotion

Betamethasone Valerate Ointment
Bethanechol Chloride
Bromocriptine Mesylate Tablets
Budesonide
Budesonide DR
Budesonide Inhalation
Bumetanide
Buspirone HCL
Cabergoline

Calcipotriene Betamethasone Dipropionate
Ointment
Calcipotriene Solution
Capecitabine
Carbamazepine
Carbamazepine ER Tablets
Cefdinir
Cefpodoxime Proxetil Oral Suspension
Cefpodoxime Proxetil Tablets
Cefprozil
Celecoxib
Cephalexin
Cephalexin Suspension
Ciclopirox Cream
Ciclopirox Shampoo

Ciclopirox Solution
Cimetidine
Ciprofloxacin HCL
Clarithromycin ER
Clemastine Fumarate
Clindamycin Phosphate Cream
Clindamycin Phosphate Gel
Clindamycin Phosphate Lotion
Clindamycin Phosphate Solution
Clobetasol Propionate

Clobetasol Propionate Cream

Clobetasol Propionate Emollient Cream
Clobetasol Propionate Gel
Clobetasol Propionate Ointment
Clobetasol Propionate Solution
Clomipramine
Clonidine TTS
Clonidine TTS Patch
Clotrimazole
Clotrimazole 1% Cream
Clotrimazole Betamethasone Dipropionate
Cream

Clotrimazole Betamethasone Dipropionate
Lotion

Clotrimazole Topical Solution
Cyproheptadine HCL
Desmopressin Acetate
Desogestrel/Ethinyl Estradiol
Desonide
Desonide Cream
Desonide Lotion
Desonide Ointment
Desoximetasone Ointment

Dexmethylphenidate HCL ER
Dextroamphetamine Sulfate ER
Diclofenac Potassium
Dicloxacillin Sodium
Diflunisal
Digoxin
Diltiazem HCL
Disopyramide Phosphate
Divalproex ER
Divalproex Sodium ER
Doxazosin Mesylate
Doxycycline
Drospirenone and Ethinyl Estradiol (Ocella)
Econazole

Econazole Nitrate Cream
Enalapril Maleate
Entecavir
Epilex
Eplerenone Tablets
Erythromycin Base/Ethyl Alcohol Solution
Estazolam
Estradiol
Estradiol/Norethindrone Acetate (Mimvey)
Ethambutol HCL Tablets
Ethinyl Estradiol & Levonorgestrel (Portial
and Jolessa)
Ethinyl Estradiol/Norethindrone (Balziva)
Ethosuximide
Etodolac
Fenofibrate
Fluconazole
Fluocinolone Acetonide Cream
Fluocinolone Acetonide Ointment
Fluocinonide
Fluocinonide .1% Cream

Fluocinonide Gel

Fluocinonide Ointment

Fluocinonide Solution
Fluoxetine HCL
Flurbiprofen
Flutamide
Fluticasone Propionate Lotion
Fluvastatin Sodium
Fosinopril HCTZ
Gabapentin
Glimepiride

Glipizide
Glipizide-Metformin
Glyburide
Glyburide-Metformin
Griseofulvin
Griseofulvin Microsize Tablets
Griseofulvin Suspension
Haleperidol
Halobetasol Propionate Cream
Halobetasol Propionate Ointment
Hydralazine HCL
Hydrocortisone Acetate Suppositories
Hydrocortisone Valerate Cream
Hydroxyurea

Hydroxyzine Pamoate
Imiquimod Cream
Irbesartan
Isoniazid
Ketoconazole
Ketoconazole Cream
Ketoprofen
Ketorolac Tromethamine
Labetalol HCL
Lamivudine/Zidovudine (Combivir)

Latanoprost Drops

Leflunomide
Levothyroxine
Lidocaine
Lidocaine Ointment
Lidocaine-Prilocaine
Loperamide HCL
Medroxyprogesterone
Meprobamate
Metformin ER

Methazolamide Tablets

Methimazole
Methotrexate
Methylphenidate
Methylphenidate HCL ER Tablets
Methylphenidate HCL Tablets
Metronidazole
Metronidazole .1% Gel
Metronidazole .75% Gel
Metronidazole Cream
Metronidazole Lotion
Mimvey (Estradiol/Norethindrone Acetate)
Tablets

Moexipril HCL
Moexipril HCL/HCTZ
Mometasone Furoate Cream
Mometasone Furoate Ointment
Mometasone Furoate Solution
Nabumetone
Nadolol
Nafcillin Sodium Injectable Vials
Niacin ER
Nimodipine
Nitrofurantoin MAC
Norethindrone Acetate
Norethindrone/Ethinyl Estradiol

Nortriptyline HCL
Nystatin
Nystatin Ointment
Nystatin Triamcinolone Cream
Nystatin Triamcinolone Ointment
Omega-3-Acid Ethyl Esters
Ondansetron
Oxacillin Sodium Injectable Vials
Oxaprozin
Oxybutynin Chloride

Oxycodone/Acetaminophen
Paricalcitol
Paromomycin
Penicillin VK
Pentoxifylline
Phenytoin Sodium ER Capsules
Pioglitazone HCL Metformin HCL Tablets
Piroxicam
Potassium Chloride
Pravastatin

Prazosin HCL

Prochlorperazine
Promethazine HCL Suppositories
Propranolol HCL
Raloxifene HCL
Ranitidine HCL
Tacrolimus Ointment
Tamoxifen Citrate
Temozolomide
Terconazole Cream
Theophylline ER

Tizanidine
Tobramycin
Tolmetin Sodium
Tolterodine
Topiramate Sprinkle
Triamcinolone Acetonide Cream
Triamcinolone Acetonide Ointment
Triamcinolone Acetonide Paste
Trifluoperazine HCL
Ursodiol
Valsartan HCTZ
Verapamil
Warfarin Sodium
Zoledronic Acid

Overview of opportunity

Claims for affected entities

- Companies and institutions, including public employers and their pension funds, that have purchased large amounts of generic pharmaceuticals may have claims following the DOJ's decision to bring antitrust charges against generic drug manufacturers.

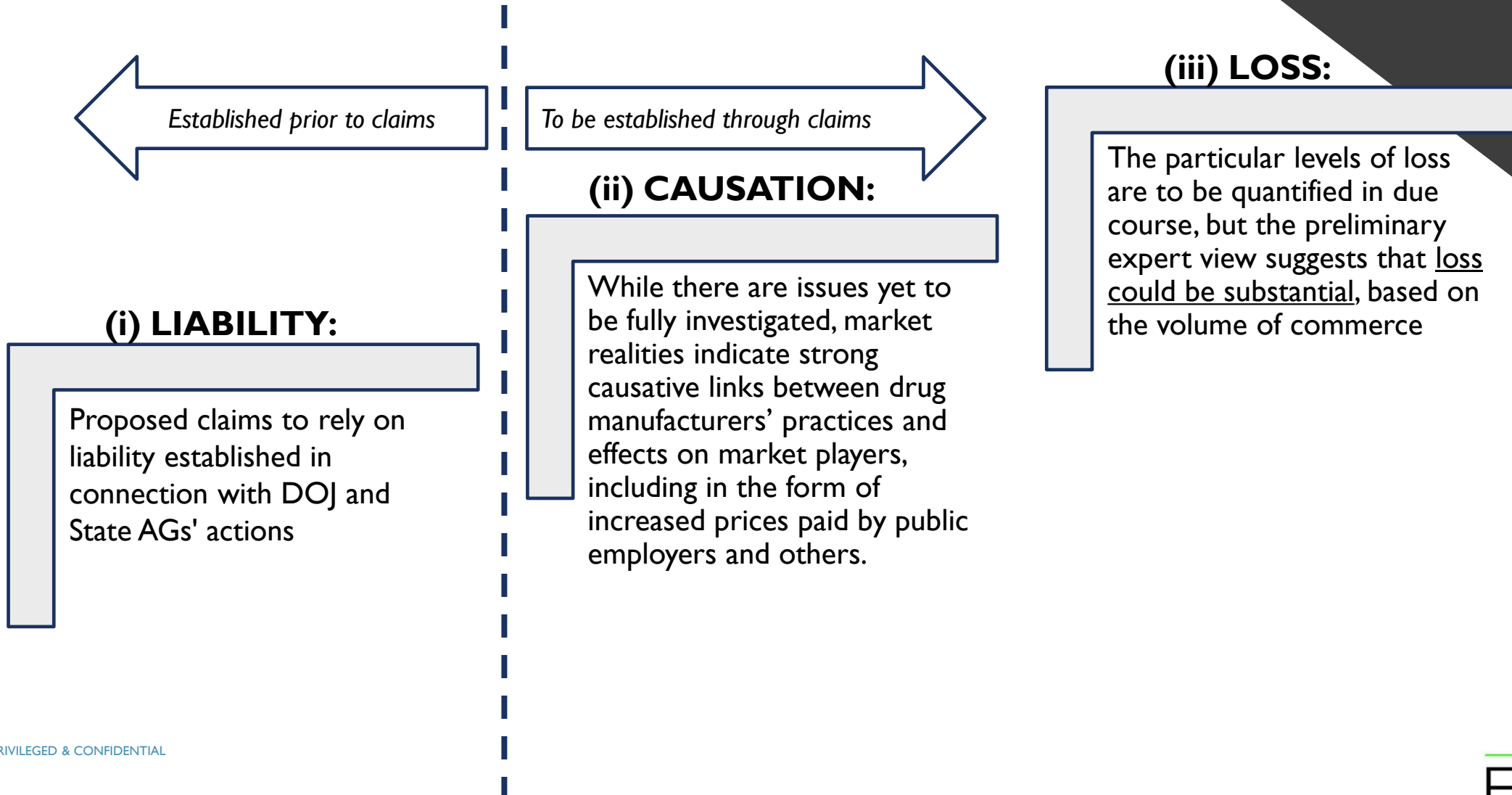
Claims decision factors

- Claim size: Volume of generic drug purchases indicates potentially significant claim value
- Chances of success: Very strong given DOJ charges against drug manufacturers
- Workload: Light touch for drug purchasers; heavier lifting for BRS LLP and team

Our claims proposal

- BRS LLP is an international leader in antitrust affirmative recovery actions
- We are building a group of claims to pursue recoveries through settlement or litigation
- We act on a full 'no win/no fee' contingency basis with no up front/ongoing legal costs

Strong chances of success for affirmative action claims





BRSLLP
US / UK

BUTLER • REICHLINE • SKRUZMANE



Questions and Discussion

More information:

genericdrugpricingfixing@healthcareroundtable.org

www.healthcareroundtable.org

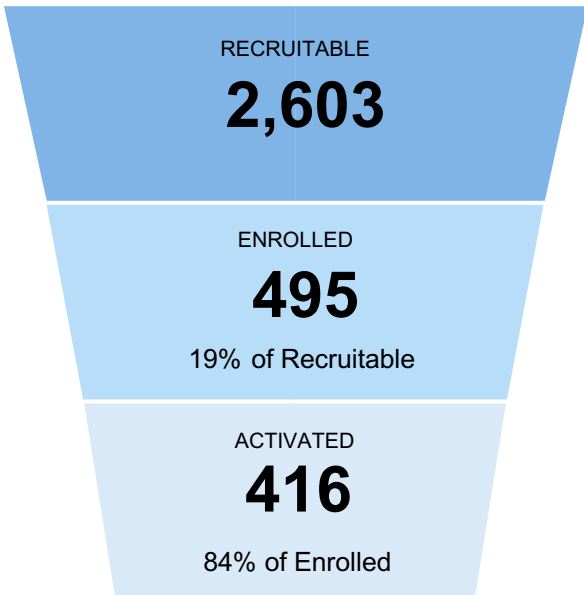


**Empowering People with
Chronic Conditions to Live
Better and Healthier Lives**

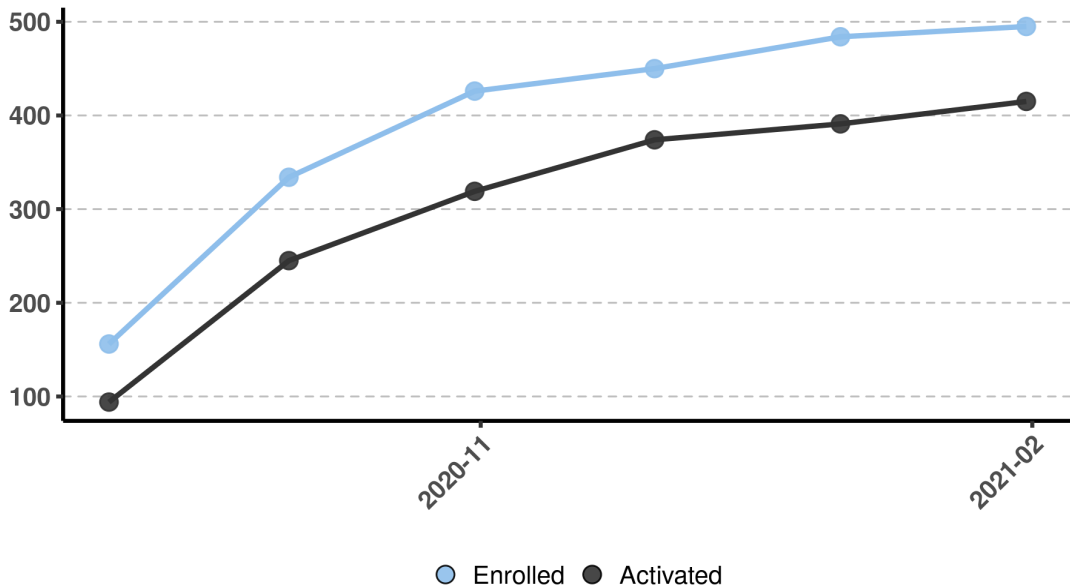
*Prepared for New Mexico Retiree Health Care Authority
Data Covering: 08/05/20 to 01/31/21
February 2021*



Enrollment and Activation Diabetes Dashboard



Diabetes Enrollment and Activation Trends



Enrollment: Completed registration and eligible for Program 34

Activation: Used the device for a first blood glucose test

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

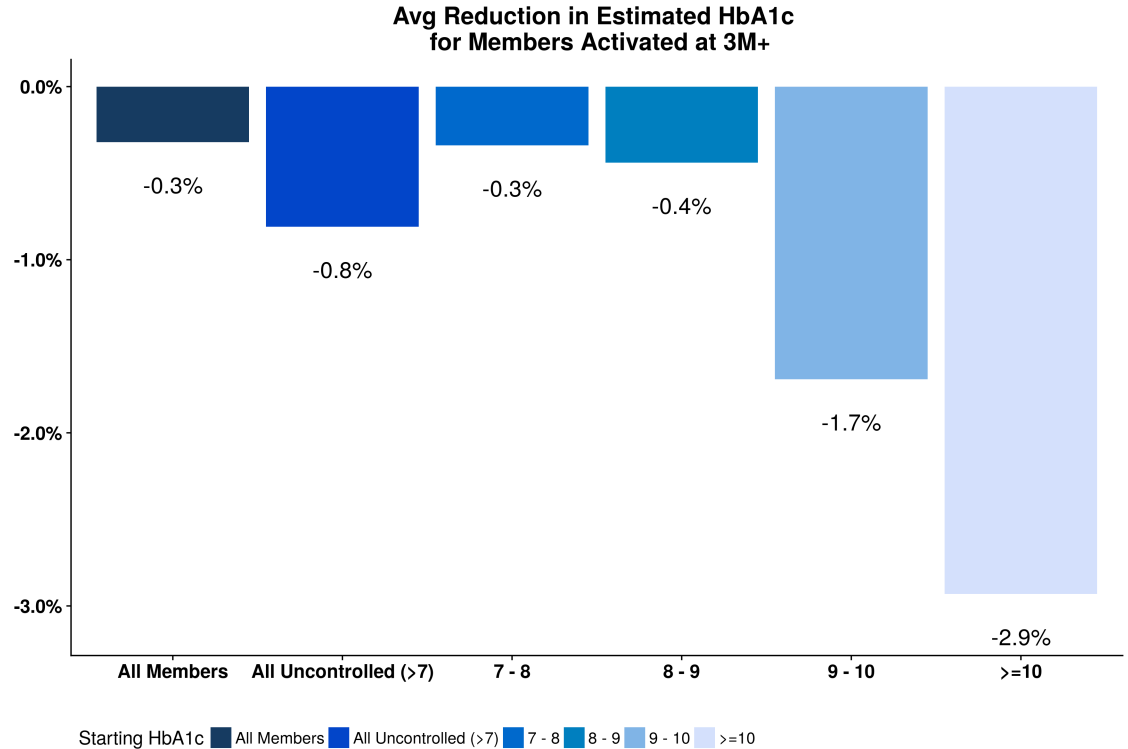


Alert-based, on-demand, and
scheduled coaching

Members engage with Livongo on average 27 times per month

Clinical Outcomes: Diabetes

Members enrolled at least 3 months who started uncontrolled (HbA1c $\geq 7\%$) have achieved a 0.81% decrease in estimated HbA1c from their self-reported values at registration.

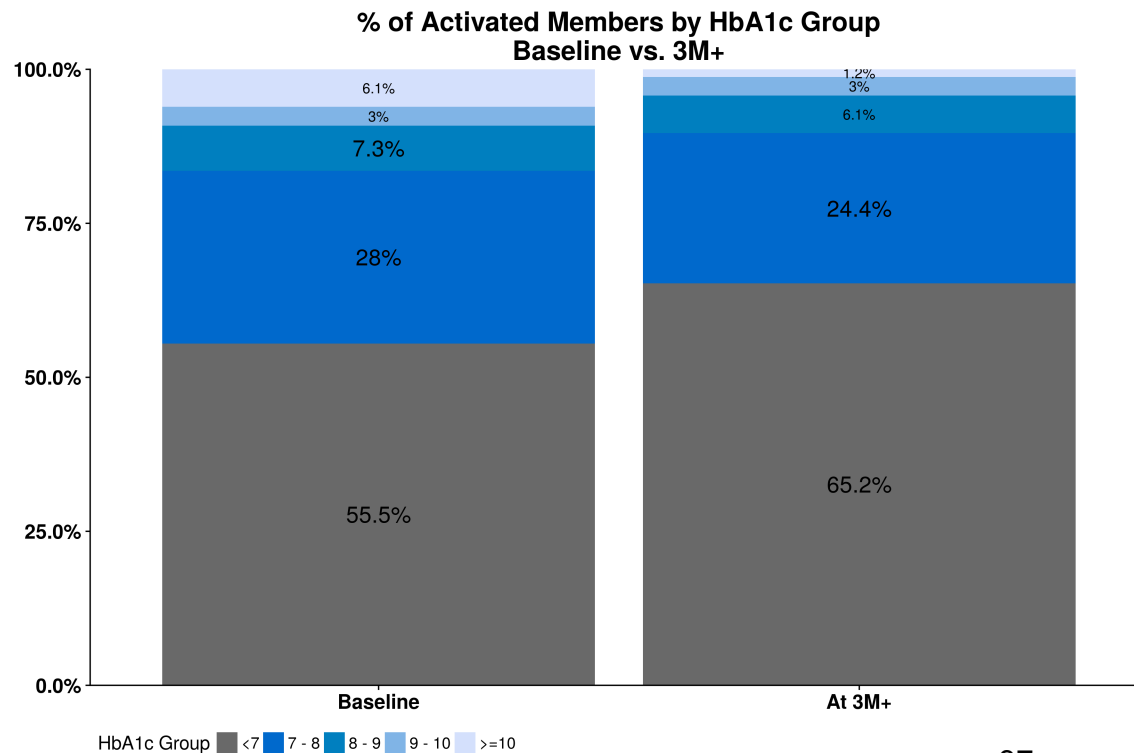


All Members N	All Uncontrolled (>7)	7 - 8	8 - 9	9 - 10	≥ 10
164	73	46	12	5	10

Clinical Outcomes: Diabetes Movement

For Members enrolled at least 3 months, the share of Members with controlled diabetes (HbA1c < 7%) has increased from 55.5% at baseline to 65.2%.

The share of Members with HbA1c > 8, which indicates an above normal BG, has decreased from 16.5% at baseline to 10.4%.



Alert Based Coaching (Last 90 days)



39 (8% Enrolled)

Received Alert



4

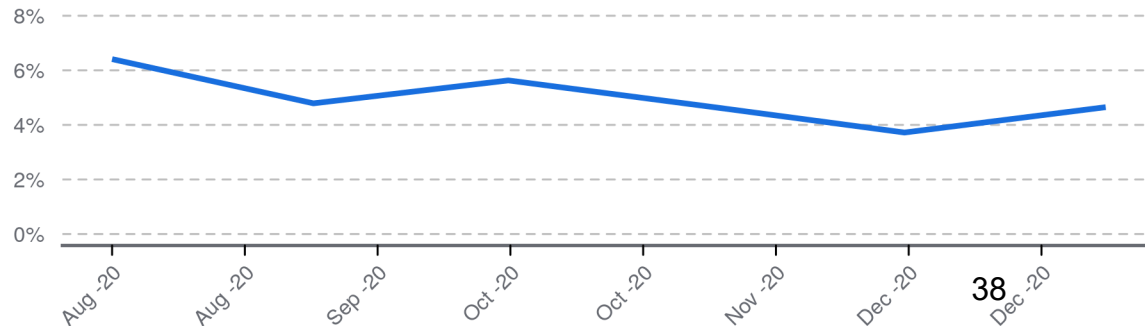
Average Alert-Based Coaching
Sessions per Member

(across members who have had alert-based coaching)

Alerts Details

	Last 90 Days			Total (Unique)
	<70 mg/dL	70~180 mg/dL	>=180 mg/dL	
# Members (% of enrolled)	15 (3%)	6 (1.2%)	22 (4.4%)	39
# Alerts / Member	2	6	7	5
% Alerts Responded	60%	36.6%	40.1%	42.1%

% of Enrolled Members who Received Alerts



Livongo Executive Summary for Diabetes

Data Thru: 2021-01
Client Launch: 2020-08-01

New Mexico Retiree Health Care Authority

Enrollment

19%

495 of 2,603

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

Activation

84%

of currently enrolled members

Blood Glucose Checking

Client population blood glucose checking metrics last 3 months



1.42

checks per day



78%

in range



153

mg/dL



238

alerts

Program Engagement

Percentage of enrolled members using feature in the last 3 months



78%

blood glucose meter



29%

mobile app



28%

web portal



78%

member communications



8%

CDE encounters

Client NPS

60

NPS of All Members' Most Recent Response

Average Change in eHbA1c

-0.81

Change in eHbA1c from self-reported HbA1c values for members who started uncontrolled (HbA1c $\geq 7\%$) and enrolled at least 3 months
39

Next Steps

Feedback / Notes:

Action Items:

-
-
-
-
-

Jo Halstead

Senior Client Success Manager

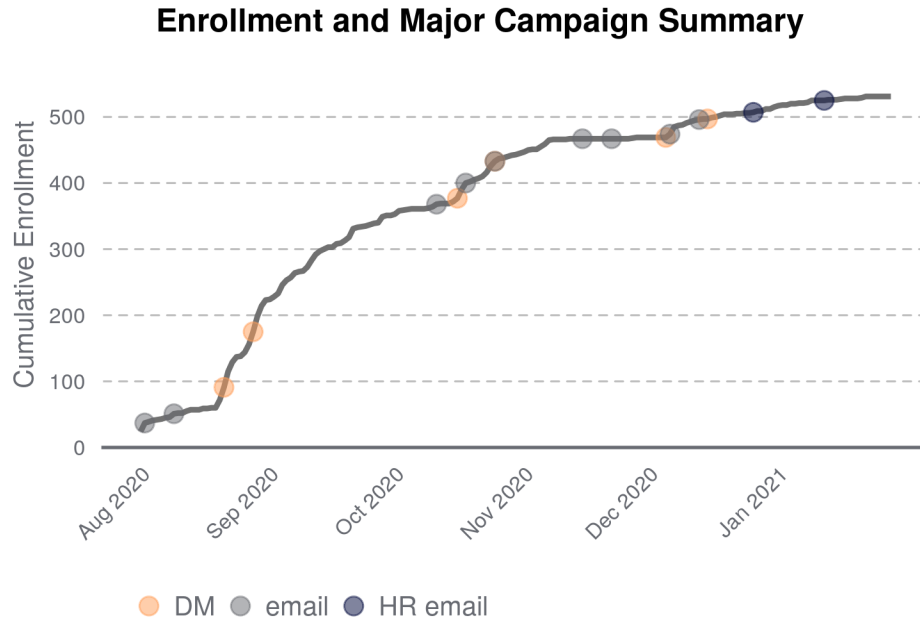
772.353.9911

jo.halstead@teladochealth.com

josephine.halstead@livongo.com

Appendix

Enrollment and Major Campaign Summary



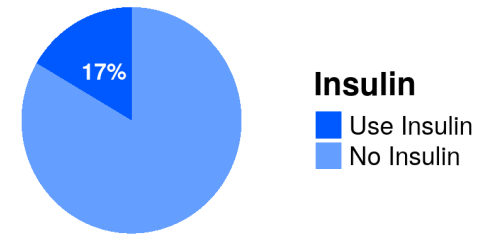
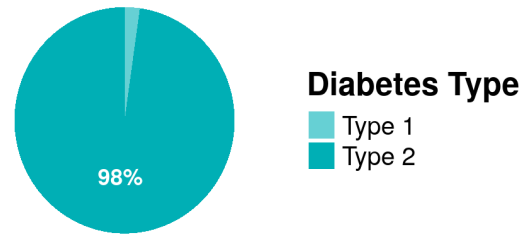
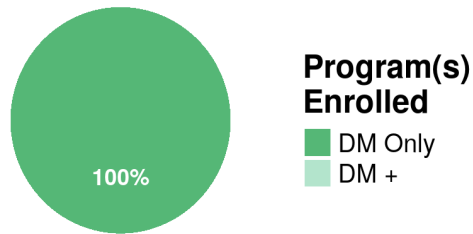
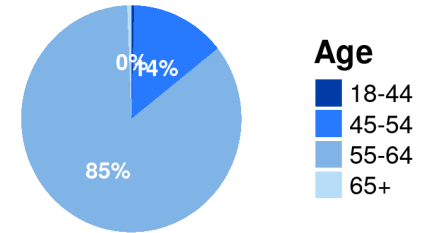
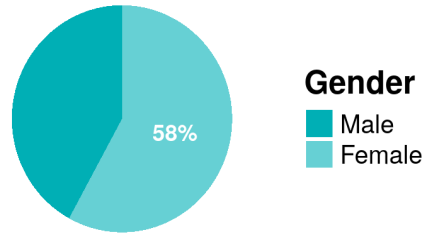
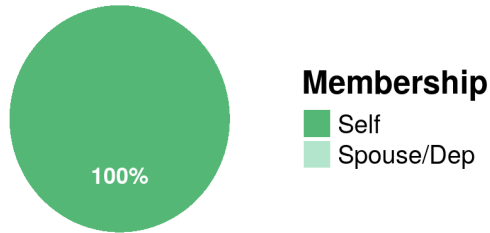
Direct mail

Email

HR email

Member Demographics

DIABETES



New Mexico Retiree Health Care Authority (CP)

Change in Market Value

For the Month of Jan 2021

(Report as of February 15, 2021)

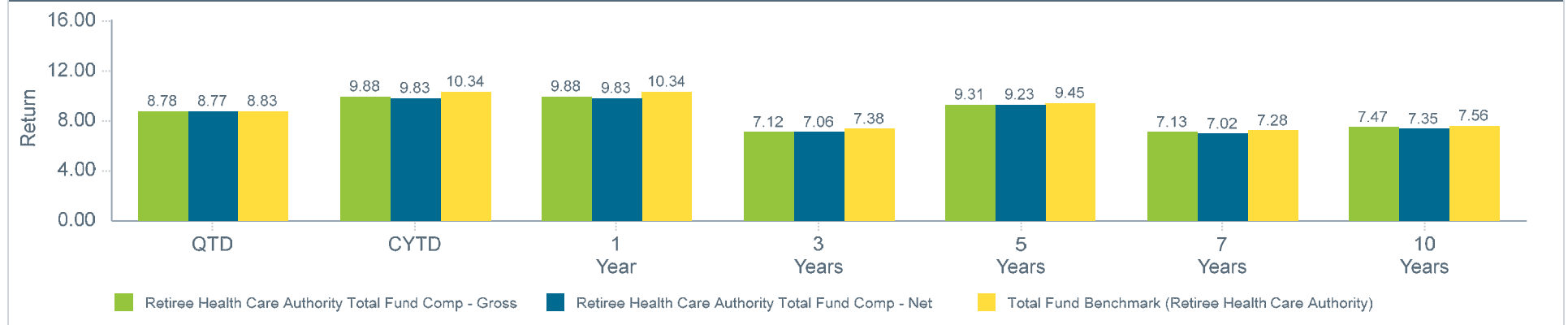
Investment Name	Prior Ending Market Value	Contributions	Distributions	Fees	Income	Gains - Realized & Unrealized	Market Value
Core Bonds Pool	184,577,323.67	-	-	-	428,715.95	(2,454,429.98)	182,551,609.64
Credit & Structured Finance	124,981,371.49	-	-	-	24,825.91	1,139,553.37	126,145,750.77
NM Retiree Health Care Authority Cash Account	-	(121,115,196.07)	121,115,196.07	-	-	-	-
Non-US Developed Markets Index Pool	126,757,775.49	-	-	-	61,064.85	(1,230,257.10)	125,588,583.24
Non-US Emerging Markets Active Pool	-	100,736,828.83	-	-	43,533.70	3,929,149.80	104,709,512.33
Non-US Emerging Markets Index Pool	100,736,828.83	-	(100,736,828.83)	-	-	-	-
Private Equity Pool	101,832,804.59	-	-	-	29,728.12	(125,195.06)	101,737,337.65
Real Estate Pool	82,238,703.78	-	-	-	292,252.48	(314,030.31)	82,216,925.95
Real Return Pool	35,989,461.83	-	-	-	63,315.48	246,098.26	36,298,875.57
US Large Cap Index Pool	147,774,309.84	-	-	-	142,795.86	(1,365,329.81)	146,551,775.89
US Small/Mid Cap Pool	19,585,797.18	396,285.03	(19,982,082.21)	-	-	-	-
US SMID Cap Alternative Weighted Index Pool	-	19,982,082.21	(396,285.03)	-	10,124.20	1,200,743.36	20,796,664.74
Sub - Total New Mexico Retiree Health Care	924,474,376.70	-	-	-	1,096,356.55	1,026,302.53	926,597,035.78
Total New Mexico Retiree Health Care	924,474,376.70	-	-	-	1,096,356.55	1,026,302.53	926,597,035.78

Retiree Health Care Authority



Overview	Asset Allocation vs. Target Allocation				
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.	Market Value (\$)	Allocation (%)	Target (%)	Difference (%)	
	Large Cap US Equity Index	147,774,308	15.98	14.00	1.98
	Small/Mid Cap US Equity Active	19,585,797	2.12	2.00	0.12
	Non-US Developed Markets Index	126,757,773	13.71	14.00	-0.29
	Non-US Emerging Markets Index	100,736,808	10.90	10.00	0.90
	US Core Bonds	184,577,315	19.97	20.00	-0.03
	Credit & Structured Finance	124,981,368	13.52	15.00	-1.48
	Private Equity	101,832,803	11.02	10.00	1.02
	Real Estate	82,238,704	8.90	10.00	-1.10
	Real Return	35,989,461	3.89	5.00	-1.11
	Total Fund	924,474,338	100.00	100.00	0.00

Comparative Performance



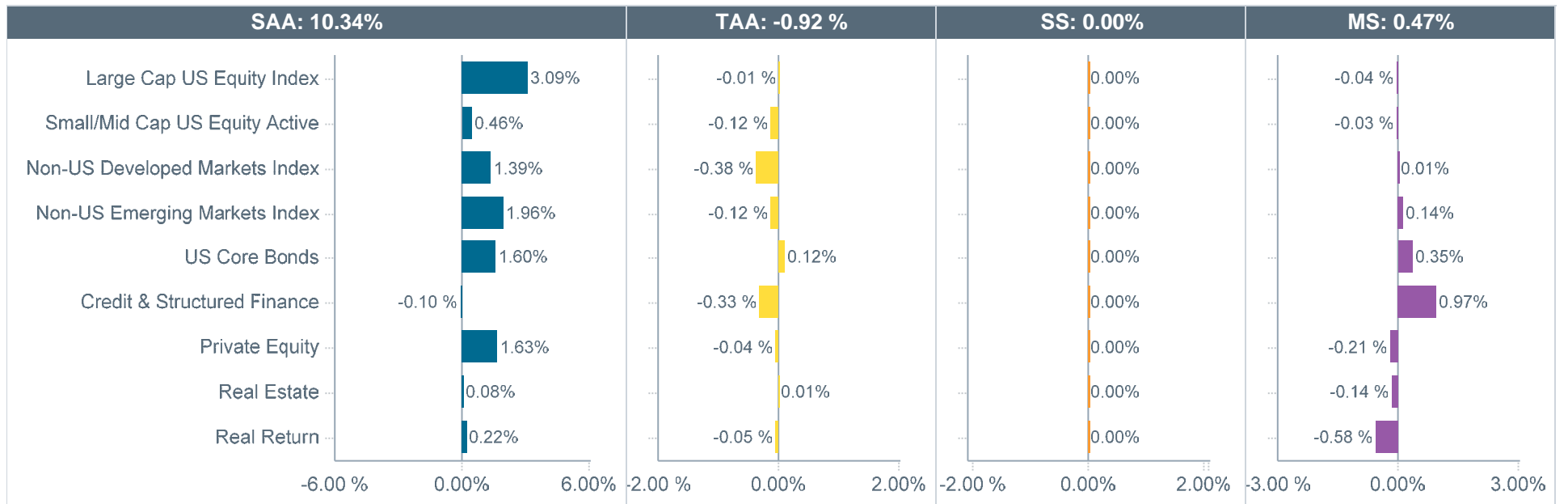
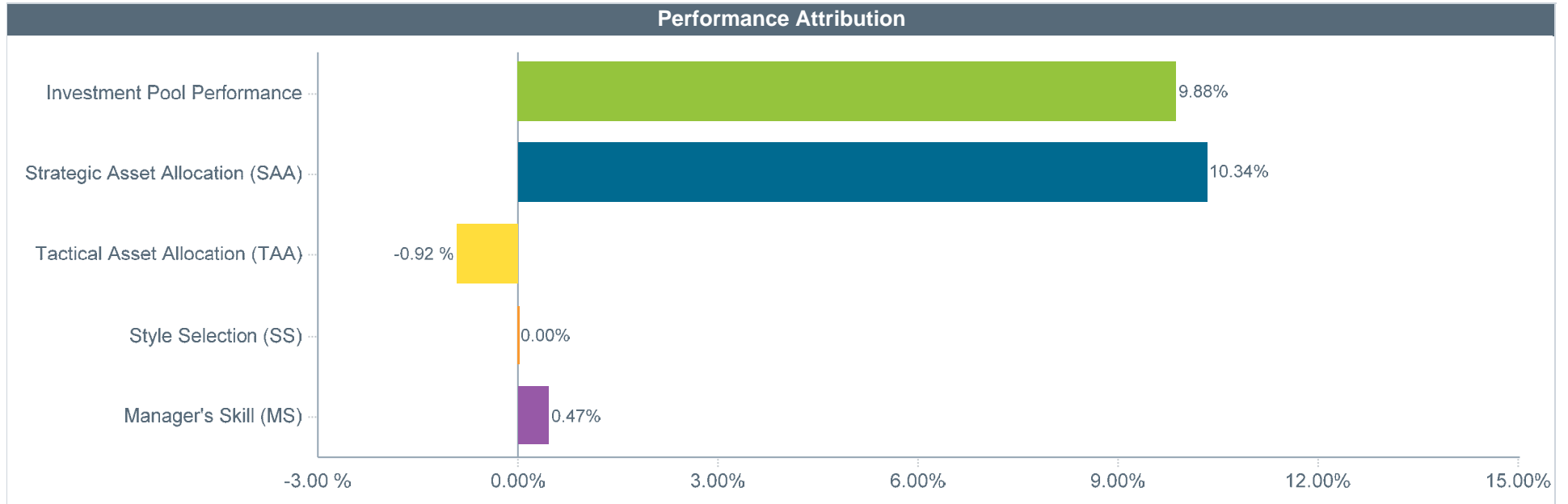
Comparative Performance

	QTD	CYTD	1 Year	3 Years	5 Years	7 Years	10 Years	2019	2018	2017
Retiree Health Care Authority Total Fund Comp - Gross	8.78	9.88	9.88	7.12	9.31	7.13	7.47	13.27	-1.24	17.44
Total Fund Benchmark (Retiree Health Care Authority)	8.83	10.34	10.34	7.38	9.45	7.28	7.56	14.33	-1.86	17.05
Difference	-0.05	-0.46	-0.46	-0.26	-0.14	-0.15	-0.09	-1.06	0.62	0.39
Retiree Health Care Authority Total Fund Comp - Net	8.77	9.83	9.83	7.06	9.23	7.02	7.35	13.21	-1.32	17.35
Total Fund Benchmark (Retiree Health Care Authority)	8.83	10.34	10.34	7.38	9.45	7.28	7.56	14.33	-1.86	17.05
Difference	-0.06	-0.51	-0.51	-0.32	-0.22	-0.26	-0.21	-1.12	0.54	0.30

Schedule of Investable Assets

Periods Ending	Beginning Market Value (\$)	Net Cash Flow (\$)	Gain/Loss (\$)	Ending Market Value (\$)	% Return
CYTD	780,225,287	59,999,043	84,250,008	924,474,338	9.83

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.

**FY21 Budget Adjustment Request (BAR) – Action Item
Program Support**

Background

The New Mexico Retiree Health Care Authority (NMRHCA) requests to adjust its budget by transferring Program Support funds from the Personal Services and Employee Benefits category (PS&EB) into the Contractual Services category in order to cover a projected shortfall in the Contractual Services category.

The approved FY21 Program Support operating budget totals \$3,306,700. This amount includes \$2,077,100 in the PS&EB category, \$663,400 in the Contractual Services category, and \$566,200 in the Other category (as shown below). Current projections indicate that NMRHCA will face a \$50,000 shortfall in the Contractual Services category and have a \$80,000 surplus in the PS&EB category through the end of FY21.

The Contractual Services category shortfall is related to moving expenses, legal fees associated with ongoing litigation, and the need for additional information technology services. The surplus in the PS&EB category is the result of vacancies that NMRHCA has not filled due to the uncertainties associated with the ongoing pandemic and the Freeze on Hiring and Personnel Actions announced April 22, 2020.

2021 Budget Adjustment Requests (BARs)

Program Support -- BAR #1				
(amounts shown in thousands)				
Budget Transfer		FY21 Approved Operating Budget	Budget Adjustment Request #1	Adjusted Total
200	PS&EB	\$ 2,077.1	\$ (50.3)	\$ 2,026.8
300	Contractual Services	\$ 663.4	\$ 50.3	\$ 713.7
400	Other	\$ 566.2	\$ -	\$ 566.2
	Total	\$ 3,306.7	\$ -	\$ 3,306.7

Fiscal Implications

The BAR proposes to transfer \$50,300 in vacancy savings from the PS&EB category to the Contractual Services category. This transfer will support payment to the State Personnel Office for HR services, an IT security assessment, and programming expenses for NMRHCA IT systems. This BAR will not result in a spending increase.

Legal Authority

Laws of 2020, 2nd Session, Chapter 83, Section 12 (C): *C. In addition to the specific category transfers authorized in Subsection E of this section and unless a conflicting category transfer is authorized in Subsection E of this section, all agencies, including legislative agencies, may request category transfers among personal services and employee benefits, contractual services and other.*

Other Substantive Issues

See budget status report below as of February 25, 2021.

New Mexico Retiree Health Care Authority						
FY21 2nd QTR Budget Review						
Comparison of Budget vs. Actual						
(in thousands)						
Program Support						
FY21/FY20 Comparison						
	FY21 Approved Q2 Budget	FY21 Actuals	FY20 Actuals	Dollar Change	Percent Change	
Sources:						
Other Transfers	\$ 1,653.4	\$ 3,306.7	\$ 1,603.9	\$ 1,702.8	106.2%	
Total Sources	\$ 1,653.4	\$ 3,306.7	\$ 1,603.9	\$ 1,702.8	51.5%	
Uses:						
Personal Services and Benefits	\$ 1,038.6	\$ 1,155.3	\$ 948.9	\$ 206.4	21.8%	
Contractual Services	\$ 331.7	\$ 394.5	\$ 315.6	\$ 78.9	25.0%	
Other Costs	\$ 283.1	\$ 314.3	\$ 243.9	\$ 70.4	28.9%	
Total Uses	\$ 1,653.4	\$ 1,864.1	\$ 1,508.4	\$ 355.7	23.6%	

New Mexico Retiree Health Care Authority						
FY21 2nd QTR Budget Review						
Comparison of Budget vs. Actual						
(in thousands)						
Program Support						
FY21 Budget Compared to Actual						
	Approved Operating Budget*	FY21 Actuals**	Remaining Balance	Percent Expended	FY21 Projected	
Sources:						
Other Transfers	\$ 3,306.7	\$ 1,653.4	\$ 1,653.4	50%	\$ 1,468.4	
Total Sources	\$ 3,306.7	\$ 1,653.4	\$ 1,653.4	50%	\$ 1,468.4	
Uses:						
Personal Services and Benefits	\$ 2,077.1	\$ 1,155.3	\$ 921.8	56%	\$ 848.0	
Contractual Services	\$ 663.4	\$ 394.5	\$ 268.9	59%	\$ 319.2	
Other Costs	\$ 566.2	\$ 314.3	\$ 251.9	56%	\$ 248.0	
Total Uses	\$ 3,306.7	\$ 1,864.1	\$ 1,442.6	56%	\$ 1,415.2	

*Post Special Session

**Expenditures as of February 25, 2021

Program Support						
Expenditure Summary (in thousands)						
Acct #	Account Description	A Approved Budget	B Expended Budget	C Remaining Balance	D Projected	E Balance
200	Personal Services/ Employee Benefits	2,077.1	1,155.3	928.8	848.0	73.8
300	Contractual Services	663.4	394.5	268.9	319.2	(50.3)
400	Other Costs	566.2	314.3	251.9	248.0	3.9
	TOTAL	3,306.7	1,864.1	1,449.6	1,415.2	27.4
Expenditure Detail (in thousands)						
Personal Services / Employee Benefits						
Acct #	Account Description	Approved Budget	Expended Budget	Remaining Balance	Projected	Balance
520100	Exempt Positions	292.4	173.1	119.3	112.8	6.5
520300	Classified Perm. Positions	1,167.2	628.2	539.0	491.1	47.9
520800	Annual, Sick & Comp Paid	0.0	7.0	0.0	0.0	(7.0)
521100	Group Insurance Premium	195.9	117.7	78.2	81.8	(3.6)
521200	Retirement Contributions	268.1	142.2	125.9	104.1	21.8
521300	FICA	111.7	58.6	53.1	46.2	6.9
521400	Workers Comp	0.2	0.1	0.1	0.0	0.1
521410	GSD Work Comp Ins	1.2	1.2	0.0	0.0	0.0
521500	Unemployment Comp	0.0	0.0	0.0	0.0	0.0
521600	Employee Liability Insurance	9.5	9.5	0.0	0.0	0.0
521700	Retiree Health Care	30.9	16.1	14.8	12.0	2.8
523000	COVID Related Admin Leave	0.0	1.6	(1.6)	0.0	(1.6)
	TOTAL	2,077.1	1,155.3	928.8	848.0	73.8
Contractual Services						
Acct #	Account Description	Approved Budget	Expended Budget	Remaining Balance	Projected	Balance
535200	Professional Services	396.4	227.0	169.4	184.9	(15.5)
535300	Other Services	12.5	14.2	(1.7)	2.0	(3.7)
535309	Other Services InterA	26.0	0.0	26.0	15.8	10.2
535400	Audit Services	78.5	60.1	18.4	18.1	0.3
535500	Attorney Services	60.0	44.9	15.1	19.0	(3.9)
535600	Information Technology Services	90.0	48.3	41.7	79.4	(37.7)
	TOTAL	663.4	394.5	268.9	319.2	(50.3)
Other Costs						
Acct #	Account Description	Approved Budget	Expended Budget	Remaining Balance	Projected	Balance
542100	Employee In-State Mileage & Fares	1.5	0.5	1.0	0.5	0.5
542200	Employee In-State Meals & Lodging	2.5	0.0	2.5	0.2	2.3
542300	Board & Commission - In-State	13.5	1.7	11.8	5.0	6.8
542500	Transportation-Fuel & Oil	1.0	0.0	1.0	0.3	0.7
542600	Transportation	0.1	0.0	0.1	0.1	0.0
542700	Transportation - Insurance	0.2	0.2	0.0	0.0	0.0
542800	State Transportation Pool Charges	4.5	2.8	1.7	1.7	0.0
543200	Maintenance - Furniture, Fixtures & Equipment	6.0	2.3	3.7	3.7	0.0
543300	Maintenance - Building & Structure	4.5	1.1	3.4	4.5	(1.1)
543400	Maintenance - Property Insurance	0.0	0.0	0.0	0.0	0.0
543830	IT HW/SW Agreements	7.5	12.3	(4.8)	1.5	(6.3)
544000	Supply Inventory IT	25.0	15.8	9.2	9.5	(0.3)
544100	Supplies - Office Supplies	10.0	1.9	8.1	5.0	3.1
544900	Supplies - Inventory Exempt	5.0	40.2	(35.2)	2.0	(37.2)
545600	Rep/Recording	0.0	0.0	0.0	0.0	0.0
545700	DoIT - ISD Services	4.2	1.7	2.5	1.7	0.8
545701	DoIT - HCM Fees	10.7	10.8	(0.1)	0.0	(0.1)
545900	Printing & Photo. Services	56.0	44.1	11.9	15.0	(3.1)
546100	Postage & Mail Services	120.0	57.1	62.9	55.0	7.9
546400	Rent of Land & Buildings	124.1	75.3	48.8	48.8	0.0
546409	Rent - Interagency	8.4	4.8	3.6	3.6	0.0
546500	Rent of Equipment	48.3	5.2	43.1	40.0	3.1
546600	Telecomm	21.0	8.6	12.4	9.2	3.2
546610	DOIT Telecomm	58.9	26.9	32.0	28.0	4.0
546700	Subscriptions & Dues	7.0	0.0	7.0	2.0	5.0
546800	Employee Training & Education	5.0	0.3	4.7	2.5	2.2
546801	Board Member Training	5.0	0.0	5.0	2.0	3.0
546900	Advertising	1.0	0.0	1.0	0.5	0.5
547900	Miscellaneous Expense	1.3	0.7	0.6	0.7	(0.1)
547999	Request to Pay Prior Year	0.0	0.0	0.0	0.0	0.0
548300	Information Technology Equipment	5.0	0.0	5.0	3.0	2.0
549600	Employee Out-Of-State Mileage & Fares	2.0	0.0	2.0	0.0	2.0
549700	Employee Out-Of-State Meals & Lodging	2.0	0.0	2.0	0.0	2.0
549800	B&C-Out-Of-State Mileage & Fares	3.5	0.0	3.5	1.0	2.5
549900	B&C- Out-Of-State Meals & Lodging	1.5	0.0	1.5	1.0	0.5
	TOTAL	566.2	314.3	251.9	248.0	3.9

2021 Pharmacy Benefits Manager Consultant RFP – Action Item

Background: Consistent with the requirements contained in the Health Care Purchasing Act, the New Mexico Retiree Health Care Authority (NMRHCA) in cooperation with the other members of the interagency benefits advisory committee (IBAC) including: Albuquerque Public Schools (APS), New Mexico Public School Insurance Authority (NMPSIA) and the State of New Mexico (SONM) are developing a request for proposals (RFP) for professional consulting services related to the upcoming pharmacy benefits manager (PBM) RFP tentatively scheduled for release in the fall of 2021.

Scope of Work:

The scope of this procurement and services rendered is limited to the development of a comprehensive pharmaceutical benefit management services RFP, the evaluation of sections and elements of the resulting proposals, development of reports (both detailed and summaries) and assistance with finalist interviews.

Proposed Timeline:

The proposed timeline below may be subject to change depending upon the input from fellow IBAC entities:

Action	Responsible Party	Due Dates
1. Issue RFP	Procurement Manager	April 2021
2. Acknowledgement of Receipt (Distribution List Response)	IBAC	April 2021
3. Deadline to submit Questions	Potential Offerors	April 2021
4. Response to Written Questions	Procurement Manager	April 2021
5. Submission of Proposal	Potential Offerors	Late April 2021
6. Proposal Evaluation	Evaluation Committee	Early May 2021
7. Selection of Finalists	Evaluation Committee	Mid May 2021
8. Best and Final Offers	Finalist Offerors	Late May 2021
9. Oral Presentation(s)	Finalist Offerors	Late May 2021
10. Finalize Contractual Agreements	Agency/Finalist Offerors	June 2021
11. Contract Awards	Agency/ Finalist Offerors	July 1, 2021
12. Protest Deadline	Procurement Manager	+15 days from Contract Award

Action Item: NMRHCA staff respectfully requests approval to issue an RFP for benefit consulting services related to the upcoming PBM RFP in the fall.

Out-of-State Travel Request (Action Item)

Background. The New Mexico Retiree Health Care Authority (NMRHCA) is a member of the State and Local Government Benefits Association (SALGBA). SALGBA is an organization consisting of 150 local jurisdictions and over 375 members in 48 states, representing 5 million employees and \$14 Billion in annual spend. The organization distributes information on the latest resources, news, conferences, education and networking opportunities.

Last year's event, scheduled to take place on April 5 – 8 in Louisville, KY, was cancelled amid the pandemic. This year's event is "tentatively" scheduled for September 2021. Assuming conditions permit travel, NMRHCA staff would like to register for the event to assist the SALGBA organization with planning.

Last year's registration fees have been credited toward this year's event along with flight credits through Aquila Travel.

Requested Action. NMRHCA staff respectfully requests permission to attend the National Conference on the State and Local Government Benefits Association held on September 18, 2021 – September 22, 2021 in New Orleans, LA.