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ANNUAL MEETING OF THE BOARD OF DIRECTORS



**July 15 & 16, 2021
9:30/9:00 AM**

DAY 2

**Online: <https://global.gotomeeting.com/join/385089165>
Telephone: 1-312-757-3121/ Access Code: 385-089-165**

New Mexico Retiree Health Care Authority
Annual Meeting

BOARD OF DIRECTORS

ROLL CALL

July 16, 2021

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

NMRHCA BOARD OF DIRECTORS

July 2021

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ANNUAL MEETING OF THE
NEW MEXICO RETIREE HEALTH CARE AUTHORITY
BOARD OF DIRECTORS

July 15 & 16, 2021
9:30 AM / 9:00 AM
Hotel Don Fernando de Taos
1005 Paseo Del Pueblo Sur
Taos, NM 87571
Online: <https://global.gotomeeting.com/join/385089165>
Telephone: 1-312-757-3121 / Access Code: 385-089-165

AGENDA – July 16th (Day 2 Board Book)

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1. Call to Order	President	
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3. Pledge of Allegiance	President	
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10. Other Business	President	
11. Date & Location of Next Board Meeting	President	

Tentative -- August 26, 2021, 9:30 AM
NMRHCA Board Room
6300 Jefferson St., NE Board Room
Albuquerque, NM 87109

12. Adjourn

President

**STATE OF NEW MEXICO
RETIREE HEALTH CARE AUTHORITY
COVID-19 MITIGATION, SELF-SCREENING, AND REPORTING
POLICY AND PROCEDURE**

1. PURPOSE

- 1.1 The New Mexico Retiree Health Care Authority's goal is to return its employees to their designated workplace safely while minimizing the risk of its employees contracting COVID-19. This Policy and Procedure provides direction and guidance to employees accordingly.
- 1.2 The New Mexico Retiree Health Care Authority is requiring its employees to follow a COVID-19 Symptoms and Exposure Self-Screening Procedure and COVID-19 Safe Practices to reduce the possibility of COVID-19 transmission in our buildings and facilities. The COVID-19 Symptoms and Exposure Self-Screening Procedure and COVID-19 Safe Practices are set out below.
- 1.3 If any provision of this Policy and Procedure is in conflict with a provision of an applicable Collective Bargaining Agreement (CBA), the CBA shall control.

2. REFERENCES

- New Mexico Department of Health (NMDOH), *Policies for the Prevention and Control of COVID-19 in New Mexico* (May 11, 2021):
<https://cv.nmhealth.org/wp-content/uploads/2021/05/EPI-COVID19-Containment-Policies-5.11.2021.pdf>
- NMDOH COVID-19 website:
<https://cv.nmhealth.org>
- Centers for Disease Control and Prevention (CDC), *Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings*, Interim Guidance (updated February 18, 2021):
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>
- CDC, *How to Protect Yourself & Others* (updated March 8, 2021):
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>
- U.S. Equal Employment Opportunity Commission (EEOC), *What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws* (updated December 16, 2020):
<https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>
- EEOC, *Pandemic Preparedness In the Workplace and the Americans With Disabilities Act* (updated March 21, 2020):
<https://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act>

3. DEFINITIONS

- 3.1 **“Close Contact”**: Within six feet for a cumulative total of 15 minutes or more over a 24-hour period. Wearing a mask or cloth face-covering does not affect the definition for Close Contact.
- 3.2 **“COVID-19 Infectious Period”**: For people COVID-19 positive with COVID-19 Symptoms, the Infectious Period starts two days before symptoms begin and extends 10 days after symptoms begin, provided there has been no fever for at least 24 hours without using fever-reducing medicines and symptoms have resolved or improved; for people COVID-19 positive without COVID-19 Symptoms, the Infectious Period starts two days before the date of their test and extends 10 days after the date of their test.
- 3.3 **“COVID-19 Symptoms”**: Fever (temperature of 100.4 degrees Fahrenheit or more), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose (not related to known seasonal allergies), nausea or vomiting, or diarrhea.
- 3.4 **“Exposure” or “Exposed”**: Close Contact with a person with laboratory-confirmed COVID-19 during their COVID-19 Infectious Period.
- 3.5 **“Fully Vaccinated”**: Two weeks or more have elapsed following the receipt of one dose of a single-dose vaccine or following the receipt of the second dose of a two-dose vaccine.
- 3.6 **“Human Resources”**: New Mexico Retiree Health Care Authority Human Resources.
- 3.7 **“Isolation” and “Quarantine”**: Both Isolation and Quarantine are public health terms that refer to someone being physically separated from other people to prevent the spread of COVID-19. “Isolation” separates people who have tested positive for COVID-19 (with or without symptoms) from people who are not sick or COVID-19 positive. “Quarantine” separates and restricts the movement of people who were exposed or had Close Contact with someone who tested positive to COVID-19 to monitor if they become sick.
- 3.8 **“Social Distancing”**: Maintaining a distance of at least six feet between individuals to limit the spread of COVID-19. Wearing a mask or cloth face-covering does not affect the definition for Social Distancing.
- 3.9 **“Telework”**: means a work flexibility arrangement under which an employee performs the duties and responsibilities of such employee's position, and other authorized activities, from an approved worksite other than the employee's assigned position location, during any part of regular, paid hours, including from an employee's residence.

4. POLICY

- 4.1 The New Mexico Retiree Health Care Authority will take proactive steps to protect its employees and minimize the spread of COVID-19.
- 4.2 Completing the COVID-19 Symptoms and Exposure Self-Screening is mandatory for New Mexico Retiree Health Care Authority employees each day they plan to enter a New Mexico Retiree Health Care Authority or State building or facility.
- 4.3 Following COVID-19 Safe Practices is mandatory for New Mexico Retiree Health Care Authority employees when they are in a New Mexico Retiree Health Care Authority or State building or facility.
- 4.4 Any employee who fails to adhere to the COVID-19 Symptoms and Exposure Self-Screening Procedure, the COVID-19 Safe Practices, or any other provision of the Policy or Procedure set forth herein may be subject to disciplinary action, up to and including dismissal.
- 4.5 The New Mexico Retiree Health Care Authority building occupancy rates will depend on the level of the “Red to Green” framework (red, yellow, green, or turquoise) in effect in the county where a particular New Mexico Retiree Health Care Authority building is located. It is each Agency’s responsibility to comply with any restricted occupancy rates. The restrictions in place in each county can be found here: <https://cv.nmhealth.org/public-health-orders-and-executive-orders/red-to-green>. If the “Red to Green” framework is dismantled, building occupancy rates will return to the rates that existed prior to the COVID-19 public health emergency.
- 4.6 The New Mexico Retiree Health Care Authority shall work toward adopting applicable COVID safe building guidance and procedures as recommended by the New Mexico Environment Department (NMED), Occupational Health and Safety Bureau (NM OSHA) found here: https://www.env.nm.gov/occupational_health_safety/wp-content/uploads/sites/18/2020/03/OSHA-COVID19-publication.pdf. [AGENCY] shall publish measures that ensure air ventilation standards are maintained.

5. PROCEDURES

- 5.1 Mandatory COVID-19 Symptoms and Exposure Self-Screening.
Prior to coming to work or entering State buildings, all employees shall complete the COVID-19 Symptoms and Exposure Self-Screening (“Self-Screening”). The Self-Screening consists of three questions about an employee’s COVID-19 status, COVID-19 Symptoms, and COVID-19 Exposure, which are based on recommendations from the CDC and the NMDOH with the goal of preventing infection in the workplace and minimizing the spread of COVID-19. Employees are not required to submit their answers to the New Mexico Retiree Health Care Authority, but are required to be accurate and truthful in their self-assessment.

A. *Self-Screening Questions.*

1. Have you tested positive for COVID-19 in the last 10 days?
2. Have you experienced any COVID-19 Symptoms in the past 48 hours?
3. Have you been Exposed to COVID-19 in the last 14 days?

B. *Analysis of Self-Screening Results.*

1. **Employees may not come to work or enter any State building** if they answer yes to questions 1 or 2 (Section 5.1(A)), i.e.:
 - Yes, positive COVID-19 test in the last 10 days, or
 - Yes, COVID-19 Symptoms in the last 48 hours.
2. **Employees may not come to work or enter any State building** if they answer yes to question 3 (Section 5.1(A)) and are not Fully Vaccinated, i.e.:
 - Yes, COVID-19 Exposure in the last 14 days, and
 - Not Fully Vaccinated.
3. **Employees may come to work and enter State buildings** if they answer 'no' to questions 1, 2, and 3 (Section 5.1(A)), i.e.:
 - No positive COVID-19 test in the last 10 days,
 - No COVID-19 Symptoms in the past 48 hours, and
 - No COVID-19 Exposure in the last 14 days.
4. **Employees may come to work and enter State buildings** if they answer no to question 2 and yes to question 3 (Section 5.1(A)) and are Fully Vaccinated, i.e.:
 - No COVID-19 Symptoms in the last 48 hours,
 - Yes, COVID-19 Exposure in the last 14 days, and
 - Yes, Fully Vaccinated.

C. *When Employee May Not Enter State Building.*

1. When an employee's Self-Screening indicates they may not come to work or enter a State building:
 - The employee shall contact their supervisor immediately to indicate they did not pass their Self-Screening. The employee shall also follow the New Mexico Retiree Health Care Authority's established call-in procedure.
 - The employee shall follow the *Isolation and Quarantine Instructions* in Section 6 below.
 - The employee should request permission to Telework (unless they are too sick to do so). An employee who is unable to Telework or too ill to Telework

may contact Human Resources to ask if they are eligible for COVID-19-Related Conditions Leave.

- The employee should contact NMDOH at 1-855-600-3453 or their healthcare provider to discuss your Screening responses and testing for COVID-19. If an employee does not pass their Self-Screening, the New Mexico Retiree Health Care Authority strongly recommends they get tested for COVID-19.

Test sites can be found at: <https://cv.nmhealth.org/public-health-screening-and-testing>. The at-home test (through Vault Health) can be ordered at: <https://learn.vaulthealth.com/nm>.

2. Any employee who comes to work or enters a State building while COVID-19 positive, within 10 days of testing COVID-19 positive, while experiencing COVID-19 Symptoms, or within 48 hours of experiencing COVID-19 Symptoms shall be sent home immediately and may be subject to discipline, up to and including dismissal.
3. Any employee who is not Fully Vaccinated and comes to work or enters a State building within 14 days of a COVID-19 Exposure shall be sent home immediately and may be subject to discipline, up to and including dismissal.

D. Additional Agency Screening

1. It is within an agency's discretion to require its employees to record and submit their answers to the COVID-19 Symptoms and Exposure Self-Screening questions. If an agency collects employees' COVID-19 Symptoms and Exposure Screening responses and results, the Americans with Disabilities Act (ADA) requires that the agency treat such Screening responses and results as confidential medical information and maintain them separately from the employees' personnel files.
2. An agency is permitted to administer COVID-19 Symptoms and Exposure Screening to clients, customers, and other members of the public who seek to enter the agency's buildings. It is recommended that an agency maintain any Screening responses and results from members of the public for contact-tracing purposes for 20 days. During any period of time an agency maintains Screening responses and results from members of the public, it shall treat those responses and results as confidential medical information. An agency should not ask clients, customers, or other members of the public seeking to enter the agency's buildings if they are vaccinated.

5.2 COVID-19 Safe Practices.

All employees shall take the following steps to reduce the transmission of COVID-19 in the workplace:

- A. *COVID-19 positive or COVID-19 Symptoms.* **DO NOT** report to work or request to come to work if you are COVID-19 positive, if you received a COVID-19 positive test in the last 10 days, if you are experiencing COVID-19 Symptoms, or if you have experienced COVID-19 Symptoms in the last 48 hours. Call your supervisor and follow the *Isolation and Quarantine Instructions* in Section 6 below.
- B. *COVID-19 Exposure.* **DO NOT** report to work or request to come to work if you have been Exposed to COVID-19 and are not Fully Vaccinated. Call your supervisor and follow the *Isolation and Quarantine Instructions* in Section 6 below.
- C. *Out of State Travel.* It is strongly recommended that employees who arrive in New Mexico from another state or from outside the United States Isolate or Quarantine for a period of at least 10 days from the date of their entry into New Mexico or for the duration of their presence in the State, whichever is shorter.
- D. *Wearing Masks.* Face masks or cloth face-coverings must be worn in all common areas while in a New Mexico Retiree Health Care Authority building. Employees may remove masks when sitting alone inside an office with a closed door. Masks must be well-fitted and cover both your mouth and nose. The New Mexico Retiree Health Care Authority will provide disposable masks to employees as necessary.
- E. *Social Distancing.* Employees must maintain 6 feet distance from other employees, clients, and customers at all times while inside a New Mexico Retiree Health Care Authority building. Wearing a mask or cloth-face covering does not affect the Social Distancing requirement.
- F. *Avoid Using Others' Equipment.* Employees should avoid using other employees' phones, desks, offices, keyboards, mice, or other work tools and equipment, whenever possible. Clean and disinfect hands and the equipment before and after use. The New Mexico Retiree Health Care Authority will supply hand sanitizer, soap, and appropriate cleaning materials to employees as necessary.

5.3 COVID-19 Best Practices.

It is strongly recommended that all employees take the following additional steps to reduce the transmission of COVID-19 in the workplace:

- A. *Clean Hands.* Employees should wash their hands often with soap and water for at least 20 seconds, especially after they have been in a public place, or after blowing their nose, coughing, or sneezing. If soap and water are not readily available, employees should use a hand sanitizer that contains at least 60% alcohol to cover all surfaces of their hands and rub them together until they feel dry. The New Mexico Retiree Health Care Authority will supply hand sanitizer to employees as necessary.

- B. *Cover Mouth and Nose.* Employees should cover their mouth and nose with a tissue when coughing or sneezing or use the inside of their elbow.
- C. *Avoid Touching Face.* Employees should avoid touching their face, nose, mouth, and eyes.
- D. *Clean and Disinfect.* Employees should clean and disinfect frequently touched objects and surfaces in their office or workstation, including phones, keyboards, mice, doorknobs, and handrails. The New Mexico Retiree Health Care Authority will supply appropriate cleaning materials to employees as necessary.

6. ISOLATION AND QUARANTINE INSTRUCTIONS

6.1 If Not Fully Vaccinated.

- A. If an employee has not been Fully Vaccinated and does not pass the COVID-19 Symptoms and Exposure Self-Screening, they must follow the Isolation and Quarantine Instructions provided in the chart below.

PLEASE READ EACH QUESTION CAREFULLY. If an employee has not been vaccinated and answers YES , they <i>must</i> follow the instructions in red .	
1. DID YOU RECEIVE A COVID-19 POSITIVE TEST IN THE LAST 10 DAYS?	<p>If you answered YES to Question #1:</p> <ul style="list-style-type: none"> ○ IF COVID-19 POSITIVE AND NO COVID-19 SYMPTOMS, Isolate 10 days from test date; ○ IF COVID-19 POSITIVE AND EXPERIENCING COVID-19 SYMPTOMS, Isolate 10 days from symptom onset and until at least one day has passed without a fever and without fever-reducing medications and your symptoms have improved;
2. HAVE YOU EXPERIENCED ANY OF THE FOLLOWING COVID-19 SYMPTOMS IN THE PAST 48 HOURS THAT ARE INCONSISTENT WITH AN EXISTING DIAGNOSIS?	<p>If you answered YES to Question #2:</p> <ul style="list-style-type: none"> • YOU ARE ENCOURAGED TO GET TESTED. Contact Human Resources to discuss leave options for COVID-19 testing. Test sites can be found at: https://cv.nmhealth.org/public-health-screening-and-testing. The at-home test (through Vault Health) can be ordered at: https://learn.vaulthealth.com/nm. • IF YOU DO NOT TEST, Isolate for 10 days from symptom onset and until at least one day has passed without a fever and without fever-reducing medications and your symptoms have improved. • IF YOU DO TEST, Isolate while awaiting test results, then: <ul style="list-style-type: none"> ○ IF POSITIVE TEST, Isolate for 10 days from symptom onset and until at least one day has passed without a fever and without fever-reducing medications and your symptoms have improved; ○ IF NEGATIVE TEST AND NOT EXPOSED to anyone with COVID-19, return to work or take personal leave if too sick to work; or ○ IF NEGATIVE TEST AND EXPOSED to someone with COVID-19, follow instructions for Question #3 below. • IF YOU CAN TELEWORK, YOU MUST TELEWORK while you Quarantine or Isolate. If you are unable or too ill to Telework, you may be eligible for COVID-19-Related Conditions Leave.

3. HAVE YOU BEEN EXPOSED TO COVID-19 IN THE LAST 14 DAYS?

If you answered YES to Question #3:

- **YOU ARE ENCOURAGED TO GET TESTED.** Contact Human Resources to discuss leave options for COVID-19 testing. Test sites can be found at: <https://cv.nmhealth.org/public-health-screening-and-testing>. The at-home test (through Vault Health) can be ordered at: <https://learn.vaulthealth.com/nm>.
- **IF YOU DO NOT TEST,** Quarantine 10 days from date of your first Close Contact with COVID-positive person. If you develop COVID-19 Symptoms, follow instructions for Questions #1 and #2 above.
- **IF YOU DO TEST,** Quarantine while awaiting test results, then:
 - **IF POSITIVE TEST AND NO COVID-19 SYMPTOMS,** Quarantine 10 days from test date;
 - **IF POSITIVE TEST AND EXPERIENCING COVID-19 SYMPTOMS,** Isolate 10 days from symptom onset and until at least one day has passed without a fever and without fever-reducing medications and your symptoms have improved; or
 - **IF NEGATIVE TEST,** Quarantine 10 days from date of your first Close Contact with COVID-positive person.
- **IF YOU CAN TELEWORK, YOU MUST TELEWORK** while you Quarantine or Isolate. If you are unable or too ill to Telework, you may be eligible for COVID-19-Related Conditions Leave.

- B. Any employee who is not Fully Vaccinated and works in a congregate setting, such as a long-term care facility, an assisted living facility, a detention center, or a shelter, or works for the New Mexico Corrections Department must follow the Isolation and Quarantine Instructions above, except that those employees must Quarantine for 14 days following an Exposure to a person with COVID-19.

6.2 If Fully Vaccinated.

For employees who are vaccinated against COVID-19 and who were Exposed to COVID-19, Quarantine is NOT required, if they meet the following criteria:

- A. They are Fully Vaccinated; **and**
- B. They have remained asymptomatic since the current COVID-19 Exposure.

If both of the above criteria have not been met, the employee needs to Quarantine as directed in Sections 6.1(A) and (B).

7. PROOF OF VACCINATION

- 7.1 The New Mexico Retiree Health Care Authority may require an employee to provide proof of COVID-19 vaccination if the inquiry is job-related and consistent with business

necessity. For example, the New Mexico Retiree Health Care Authority may require proof of COVID-19 vaccination to determine an employee's appropriate Quarantine practice following a COVID-19 Exposure, to determine whether an employee may travel out-of-State for work, or to determine whether an employee can carpool with other employees in a State vehicle.

- 7.2 The New Mexico Retiree Health Care Authority requests for proof of vaccination: (1) shall not elicit information about an employee's disability, (2) shall not ask why an employee did not receive a vaccination, and (3) shall warn the employee not to provide any medical information beyond the requested proof of receipt of COVID-19 vaccination.
- 7.3 An employee's proof of vaccination shall be treated as confidential medical information and will be maintained by Human Resources separately from the employee's personnel file.
- 7.4 Any employee who provides inaccurate information or is untruthful about their vaccination status may be subject to discipline, up to and including dismissal.
- 7.5 For purposes of Section 6.1 herein, any employee who declines to provide vaccination status or proof of vaccination shall be treated as not Fully Vaccinated under this policy, shall not be eligible for COVID-19-Related Conditions Leave, and shall be required to utilize accrued annual or sick leave for any required Quarantine period.

8. COVID-19 POSITIVE - REPORTING INSTRUCTIONS

- 8.1 If an employee becomes aware that they are COVID-19 positive, they must report the positive test to their supervisor as soon as possible. This includes employees who are Teleworking.
- 8.2 The supervisor shall notify the Executive Director within 30 minutes by email at david.archuleta@state.nm.us. This reporting requirement must be met even if the report is made after normal working hours or on a weekend.
- 8.3 The supervisor shall include the following information in the notification to the David Archuleta:
 - Name of employee that tested positive.
 - The date the employee took the COVID-19 test.
 - The date the employee tested positive.
 - The last day the employee reported to the office, and what office or building area(s) the employee occupied or spent time in that day.
 - The names of all employees that may have had Close Contact with the COVID-19 positive employee when they last reported to the office.The information in the notice should be based on conversations with the COVID-19 positive employee.
- 8.4 The Executive Director will report the case to the New Mexico Environment Department (NMED) within four hours of notification as described below.

- 8.5 The Executive Director will notify employees who may have been Exposed. The notification will include the following:
- A. A report that the employees may have been Exposed to a COVID-19 positive employee.
 - B. A request that employees who occupy exposed office space vacate or remain Teleworking until further notice to allow for cleaning.
 - C. A note encouraging the employees to get a COVID-19 test and instructing the employees not to report to the office if they develop COVID-19 Symptoms or test COVID-19 positive.
- 8.6 The Executive Director will coordinate a thorough cleaning of the exposed space before employees are allowed to return to the office.
- 8.7 The Executive Director will notify employees when they may return to the office.
- 8.8 Required NMED Protocol:
- On August 5, 2020, NMED filed an emergency amendment requiring employers to report COVID-19 positive cases in the workplace to the NMED Occupational Health and Safety Bureau within four hours of being notified of the case. The initial notification must be sent to NMENV-OSHA@state.nm.us and shall include:
- Establishment name and address,
 - Employer representative name and contact information (phone and email),
 - Number of people employed at the location,
 - Number of employees who tested COVID-19 positive,
 - Date each COVID-19 positive employee was tested,
 - Date and time employer was notified of the COVID-19 positive test(s),
 - Last date each COVID-19 positive employee was in the establishment, and
 - Date each COVID-19 positive employee began Quarantine.

9. ADA REASONABLE ACCOMMODATION RELATED TO COVID-19

If an employee with a disability or medical condition needs a reasonable accommodation related to COVID-19, including, but not limited to, related to COVID-19 risk, COVID-19 Safe Practices required herein, or COVID-19 long-haul syndrome, the employee shall contact their supervisor or Human Resources to initiate the reasonable accommodation process. An employee may request an accommodation verbally or in writing and should indicate that a workplace barrier removal is needed related to a medical condition. A reasonable accommodation can be requested at any time; however, the employee should initiate the reasonable accommodation process as soon as possible so that barrier removal solutions can be explored in a timely manner. (See also Attachment A, Disability Resources.)

10. FAMILY AND MEDICAL LEAVE ACT LEAVE RELATED TO COVID-19

Pursuant to the federal Family and Medical Leave Act (FMLA) of 1993, 29 U.S.C. Section 2601 *et seq.*, as amended, and State Personnel Board Rule 1.7.7.12 NMAC, eligible State employees are entitled to a total of 12 weeks of unpaid, job-protected leave for serious health conditions that make the employee unable to perform the essential functions of the employee's job, and to care for the employee's spouse, domestic partner, child, or parent who has a serious health condition. COVID-19-related health conditions may qualify as serious health conditions under the FMLA. Employees with COVID-19-related health conditions should contact Human Resources to determine if FMLA leave may be available.

11. UPDATES

This Policy and Procedure may be updated and supplemented by additional guidance as circumstances require. The Executive Director will provide up-to-date information as it becomes available and encourage all supervisors to communicate regularly with their teams so that information is distributed and that questions are elevated, and can be answered, quickly.

12. ACKNOWLEDGMENTS

All employees shall receive a copy of this Policy and Procedure in paper or electronic form and acknowledge its receipt.

13. ATTACHMENTS

(A) Disability Resources

14. APPROVAL

Approved by:



David Archuleta, Executive Director

Date: July 2, 2021

Attachment A: Disability Resources

COVID-19 and the pandemic has had a unique impact on people with disabilities. To help employers, employees with disabilities, and Human Resources managers understand their rights and obligations, the following State agencies and organizations are available to provide technical assistance, resources, assistive technology, and information.

In addition, the U.S. Equal Employment Opportunity Commission offers answers to frequently asked questions about the workplace, COVID-19, and the rights of people with disabilities. The EEOC's guidance can be found here - <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>.

Southwest ADA Center

Toll-Free: 1-800-949-4232

Fax: 713-520-5785

Email: swdbtac@ilru.org

www.southwestada.org

*The Center is part of the [ADA National Network](#) funded by NIDILRR at the U.S. Department of Health & Human Services

NM Governor's Commission on Disability

491 Old Santa Fe Trail

Santa Fe, NM 87501-2753

Phone: 505-476-0412

Toll-free (in State only): 877-696-1470

Fax: 505-827-6328

Email: gcd@state.nm.us

<http://gcd.state.nm.us/>

*Serves NM with local offices in Albuquerque, Santa Fe

NM Commission for the Deaf and Hard of Hearing

505 Marquette Ave. NW, Suite 1550

Albuquerque, NM 87102

Direct Phone: 505-228-7710

Video Phone: 505-435-9319

Toll-free: 800-489-8536

Fax: 505-383-6533

<https://www.cdhh.state.nm.us/>

*Serves NM with local office in Albuquerque, Las Cruces

NM Commission for the Blind

2200 Yale Blvd. SE

Albuquerque, NM 87106

Phone: 505-841-8844

Toll-Free: 888-513-7958

<https://www.cfb.state.nm.us/>

*Serves NM with local offices in Alamogordo, Albuquerque, Farmington, Las Cruces, Las Vegas, Roswell, Santa Fe

NM Human Rights Bureau

The Bureau investigates claims of discrimination, including those based on disability, and provides mediation and training.

Toll Free (in NM): 1-800-566-9471

Phone: 505-827-6838

<https://www.dws.state.nm.us/Human-Rights-Information>

NM Developmental Disabilities Planning Council

**625 Silver Avenue SW, Suite 100
Albuquerque, New Mexico 87102**

Office: 505-841-4519

DDPC

Fax: 505-841-4590

OOG Fax: 505-841-4455

<https://www.nmddpc.com/>

U.S. Equal Employment Opportunity Commission

Coronavirus and COVID-19 Information

<https://www.eeoc.gov/coronavirus>

Job Accommodation Network (JAN)

Toll-Free: 800-526-7234

TTY: 877-781-9403

Text: 304-216-8189

www.askjan.org



COVID-19 MITIGATION, SELF-SCREENING, AND REPORTING
POLICY AND PROCEDURE
ACKNOWLEDGMENT

I, _____, acknowledge that I have received, reviewed, and understand the New Mexico Retiree Health Care Authority's COVID-19 Mitigation, Self-Screening, and Reporting Policy and Procedure.

I further acknowledge that it is my responsibility to understand and adhere to the terms of the COVID-19 Mitigation, Self-Screening, and Reporting Policy and Procedure and that if I violate any of its provisions or requirements I may be subject to disciplinary action, up to and including dismissal.

Employee Signature: _____

Date: _____



BOARD OF DIRECTORS
DOUG CRANDALL
PRESIDENT
THERESE SAUNDERS
VICE PRESIDENT
LEANNE LARRAÑAGA-RUFFY
SECRETARY
DAVID ARCHULETA
EXECUTIVE DIRECTOR

NOTICE OF PROPOSED RULEMAKING AND PUBLIC RULE HEARING

The New Mexico Retiree Health Care Authority (NMRHCA) is considering amending the existing rule 2.81.5.7 NMAC - DEFINITIONS. The purpose of the amendment of the rule is to amend the definition of "Salary" to reflect recent changes to the complement definition of salary under the Public Employees Retirement Act, NMSA 1978 Section 10-11-1 et seq. ("PERA Act"). A summary of the full text of the amendment and proposed rule follows:

The existing rule 2.8.5.7 NMAC provides for a definition of salary for the purpose of calculating employee and employer contributions. The existing rule follows a definition provided under the PERA Act and excludes overtime from the definition. The PERA Act was amended in the most recent legislative session to include overtime. The amendment changes the definition of salary to match the amended definition of salary in the PERA Act. The proposed rule also would follow any subsequent changes that the Legislature makes to the definition of salary in the PERA Act.

The NMRHCA is authorized to promulgate rules to implement the Retiree Health Care Act, NMSA 1978, Sections 10-7C-1 to -16 (1990, as amended through 2009) ("Act") by NMSA 1978, Section 10-7C-7 (1998). By resolution dated June 1, 2021, the NMRHCA resolved to undertake the rulemaking in conformity with the Act, the State Rules Act, NMSA 1978, Sections 14-4-1 to -11 (1967, as amended through 2017), the Default Procedural Rule for Rulemaking, 1.24.25 NMAC (4/10/2018) and the Open Meetings Act, NMSA 1978, Sections 10-15-1 to -4 (1974, as amended through 2013).

The full text of the amendment and proposed rule may be obtained by contacting Neil Kueffer, Deputy Director, New Mexico Retiree Health Care Authority, 6300 Jefferson St. NE, Suite 150, Albuquerque, New Mexico 87109; telephone 505-222-6408, to request a copy of the rule. The full text and this notice are also available on NMRHCA's website: <http://www.nmrhca.org/>.

A person may submit, by mail or electronic form, written comments on the amendment and proposed rule through the end of the public comment period, which ends **September 15, 2021**. Written comments should be submitted to Kueffer, Deputy Director, New Mexico Retiree Health Care Authority, 6300 Jefferson St. NE, Suite 150, Albuquerque, New Mexico 87109. Written comments also will be accepted by email: neil.kueffer@state.nm.us or by fax: (505) 884-8611. All written comments received by the agency will be posted on <http://www.nmrhca.org/> no more than 3 business days following receipt to allow for public review. Written comments will also be available for public inspection at New Mexico Retiree Health Care Authority, 6300 Jefferson St. NE, Suite 150, Albuquerque, New Mexico 87109.

A public rule hearing on the amendment and proposed rule will be held before Neil Kueffer, Deputy Director, NMRHCA, on **September 15, 2021**, from 3:00 p.m. – 5:00 p.m. at the NMRHCA Board Room, located at 6300 Jefferson St. NE, in Albuquerque, NM, 87109. Individuals may submit data, views or arguments orally or in writing to the amendment and proposed rule at the public rule hearing. Persons offering written comments at the hearing must have 2 copies for the hearing officer.

Any individual with a disability in need of an auxiliary aid or service to attend or participate in the hearing, or who needs copies of the amendment and proposed rule in an accessible form may contact Neil Kueffer at 505-222-648 at least 10 days before the hearing.

Fact sheet

What You Need to Know about the Biden-Harris Administration's Actions to Prevent Surprise Billing

Jul 01, 2021 Billing & payments

On July 1, 2021, the Biden-Harris Administration, through the U.S. Departments of Health and Human Services (HHS), Labor, and the Treasury, as well as the Office of Personnel Management, issued “Requirements Related to Surprise Billing; Part I,” an interim final rule with comment period that will restrict surprise billing for patients in job-based and individual health plans and who get emergency care, non-emergency care from out-of-network providers at in-network facilities, and air ambulance services from out-of-network providers.

This first rule implements several important requirements for group health plans, group and individual health insurance issuers, carriers under the Federal Employees Health Benefits (FEHB) Program, health care providers and facilities, and providers of air ambulance services.

What is a surprise medical bill?

When a person with a group health plan or health insurance coverage gets care from an out-of-network provider, their health plan or issuer usually does not cover the entire out-of-network cost, leaving them with higher costs than if they had been seen by an in-network provider. In many cases, the out-of-network provider can bill the person for the difference between the billed charge and the amount paid by their plan or insurance, unless prohibited by state law. This is known as “balance billing.” An unexpected balance bill is called a surprise bill.

This rule protects patients from surprise bills under certain circumstances.

Who will benefit from this rule?

These surprise billing protections apply to you if you get your coverage through your 20

employer (including a federal, state, or local government), or through the federal Marketplaces, state-based Marketplaces, or directly through an individual market health insurance issuer.

The rule does not apply to people with coverage through programs such as Medicare, Medicaid, Indian Health Services, Veterans Affairs Health Care, or TRICARE. These programs already prohibit balance billing.

Who is affected by surprise bills?

Surprise medical bills and balance bills affect many Americans, particularly when people with health insurance unknowingly get medical care from a provider or facility outside their health plan's network. This can be very common in emergency situations, where people usually go (or are taken) to the nearest emergency department without considering their health plan's network.

An in-network hospital still might have out-of-network providers, and patients in emergency situations may have little or no choice when it comes to who provides their care.

For non-emergency care, an individual might choose an in-network facility or an in-network provider, but not know that a provider involved in their care (for example, an anesthesiologist or radiologist) is an out-of-network provider.

How does this rule help?

If your health plan provides or covers any benefits for emergency services, this rule requires emergency services to be covered:

- Without any prior authorization (meaning you do not need to get approval beforehand).
- Regardless of whether a provider or facility is in-network.

This rule also protects people from excessive out-of-pocket costs by limiting cost sharing for out-of-network services to in-network levels, requiring cost sharing for these services to count toward any in-network deductibles and out-of-pocket maximums, and prohibiting balance billing under certain circumstances. Cost sharing is what you pay out of your own pocket when you have insurance, such as deductibles, coinsurance, and copayments when you get medical care.

The protections in this rule apply to most emergency services, air ambulance services from out-of-network providers, and non-emergency care from out-of-network providers at certain in-network facilities, including in-network hospitals and ambulatory surgical centers.

Additionally, this rule requires certain health care providers and facilities to furnish patients with a one-page notice on:

- The requirements and prohibitions applicable to the provider or facility regarding balance billing.
- Any applicable state balance billing prohibitions or limitations.
- How to contact appropriate state and federal agencies if the patient believes the provider or facility has violated the requirements described in the notice.

This information must be publicly available from the provider or facility, too.

When does the rule take effect?

Consumer protections in the rule will take effect beginning on January 1, 2022.

The regulations are generally applicable to group health plans and health insurance issuers for plan years beginning on or after January 1, 2022, and to FEHB program carriers for contract years beginning on or after January 1, 2022. They are applicable to providers and facilities beginning on January 1, 2022.

Where can I send comments on this interim final rule?

Written comments must be received by 5 p.m. 60 days after display in the Federal Register to be considered.

Visit <https://www.cms.gov/files/document/cms-9909-ifc-surprise-billing-disclaimer-50.pdf> to read more about the interim final rule.

This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

###

A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services.

7500 Security Boulevard, Baltimore, MD 21244

<h1 style="text-align: center;">OK to Print Communication</h1>		Date: 6/18/2021 Number of pages including cover sheet: 2
Subject: Retiree Health Care Authority Schedule of Employer Allocations and Pension Amounts Agency #: 343-A Fiscal Year: June 30, 2020		From: Office of the State Auditor 2540 Camino Edward Ortiz, Ste #A Santa Fe, NM 87507 Attention: Elena Tercero E-mail: reports@osa.state.nm.us Telephone: (505) 476-3800
Attention: Moss Adams Firm: Kory Hoggan E-mail: kory.hoggan@mossadams.com	<u>IPA contact listed in OSA-Connect</u>	
Attention: David Archuleta E-mail: David.Archuleta@state.nm.us	<u>Agency contact listed in OSA-Connect</u>	

In accordance with the Audit Act, NMSA 1978, Section 12-6-1 et seq., and the 2020 Audit Rule, NMAC 2.2.2.1 et seq., the Office of the State Auditor (“OSA”) reviewed this financial and compliance audit report or agreed upon procedures report (“Report”). In accordance with Audit Act, the OSA has determined that the Report has been made in accordance with the provisions of the contract and applicable rules promulgated by the OSA. **Therefore this Report is “OK to Print”.** One searchable electronic copy labeled “Final” per 2.2.2.9(B)(3) NMAC) should be submitted to the OSA **within five business days** of receipt of this communication. You do not need to submit a hard-copy final Report to the OSA.

The following items, prepared using the most current templates posted on the OSA website in accordance with the instructions provided, must be submitted with the Final Report for financial and compliance audit Reports **(these items are not required for agreed upon procedures Reports)**:

- The electronic Excel version of the summary of findings report,
- The electronic Excel version of the schedules of asset management costs, if applicable (STO, PERA, ERB and SIC).

Except for any comments contained in this OK to Print communication, all of which should be addressed before resubmission, the Report should not be changed from what was previously submitted. Please provide **written notification** to the OSA of all changes made and relevant page numbers, including those changes made in response to OSA comments, with the requisite final copies of the Report submitted to the OSA. The written notification must be signed by the audit manager and attached as a PDF file to the submission of the Final PDF Report. Written notifications submitted in the body of emails will not be considered received. **Please note that any changes that do not result from OSA comments may require an additional review of the report and could potentially change the report’s current “OK to Print” status.**

Final reports should be submitted in OSA-Connect if the contract was executed in OSA-Connect. Any required electronic schedules and any associated documentation should be emailed to reports@osa.state.nm.us. Final reports, any required electronic schedules and any associated documentation should be emailed to reports@osa.state.nm.us if the contract was emailed to reports@osa.state.nm.us.

This message is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential, and exempt for disclosure. If the reader of this message is not the intended recipient, or the employee or agent of the recipient, you are hereby notified that any dissemination, distribution, or copying of this document is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the address noted above. Thank you.

This communication does **not** authorize the IPA or the agency to release the Report to the public. Per NMSA 1978, Section 12-6-5 the Report and the information contained in it cannot be released to the public until five calendar days **after** the OSA has officially released the Report. The OSA will send the release letter to the agency after the OSA approves the final copy and the Report will be made public after the required five-day wait period has passed or is waived by the agency in writing.

The audited agency can waive the five-day waiting period required by NMSA 1978, Section 12-6-5. To do so, the agency's governing authority or the governing authority's designee must provide written notification to the OSA of the waiver in the form of a letter. The letter must be signed by the agency's governing authority or the governing authority's designee and be sent via email or letter to the attention of State Auditor Brian S. Colón, Esq. The OSA encourages agencies choosing to waive the 5 day waiting period to provide the written notification **prior** to the submission of the final Report to the OSA.

Please call us if you have any questions. Thank you for your prompt attention regarding this matter.

Comments That Must Be Corrected or Addressed:

1. Page 2 and 37, please ensure the final report includes manual or printed signature of auditor's firm.

Reminder: Please submit all electronic documents, such as the summary of findings report, etc. with the final Report.

UnitedHealthcare Overview

Our mission: To help people live healthier lives and to help make the health system work better for everyone

NMRHCA Board Meeting
July 16, 2021

Dan Cadriel
Account Vice President, United Retiree Solutions



1

- January – March 2021 Overview
-

2

- 2020 NMRHCA Population Scorecard
 - 2018 and 2019 Population Scorecards
-

3

- SilverSneakers Fitness Program 2020
 - SilverSneakers 2018 and 2019
 - HouseCalls 2020
 - HouseCalls 2018 and 2019
-

4

- Star Ratings

Executive Summary – January through March 2021



- 11% membership increase (+439 members) from March 2020 for a total membership of 4,448 with 81% of members residing in New Mexico.
- 2.7 years younger than average age for our public sector Book of Business (BOB).



- Proportion of spend to total increased about 1.5pp in 2021 for outpatient due to increased utilization. Conversely, proportion of spend to total decreased 0.7pp for physician spend. Inpatient spend as a percentage of total remained the same in 2021 as in 2021 through March and remains on the low end of the typical range which is anticipated with this younger aged cohort.
- Except for urgent care, annualized medical utilization per 1,000 members spiked in March, quite dramatically for ER and outpatient surgeries, as compared to 2019 (pre-pandemic) levels.



- 81.6% of membership had at least one script in Q1 2021 which is a 2.5pp decrease from last year which is anticipated as the plan allowed ability for members to advance fill prescriptions at onset of the pandemic.
- 41% of pharmacy spend is attributable to specialty drugs – approximately 3 percentage points (pp) lower than prior year through March.



- 18% of total population engaged in a clinical program or service.
- Member rewards and provider incentives extended to allow more time for completion of annual wellness visits.

2020 Population Health Scorecard

working together to maintain a highly rated plan



39%
Annual Wellness
Visits Completed



88%
Known primary care
provider



724
Renew Rewards
Redeemed



93%
Diabetic Kidney
Disease Monitoring
(Year-end goal 95%-97%)



65%
Diabetic Eye
Screening
(Year-end goal 73%-78%)



483
Home Screening
Test Kits Deployed



72%
Colon Cancer
Screening
(Year-end goal 73%-80%)



78%
Breast Cancer
Screening
(Year-end goal 76%-83%)



7,071
Star Gaps Closed

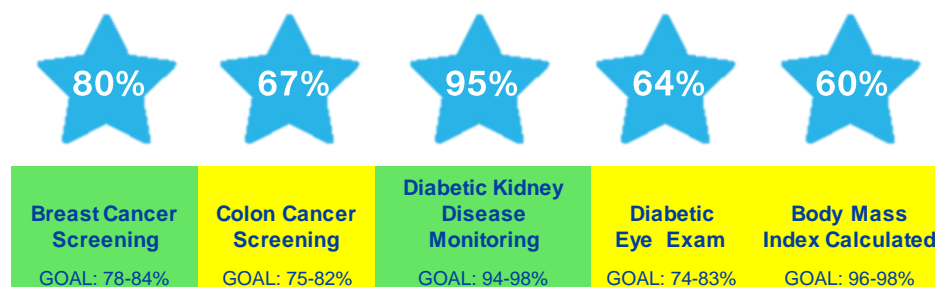
clinical engagement • provider collaboration • retiree empowerment

Highlights

- Consider collaboration opportunities to improve member experience for CAHPS surveys
- Successful incentives for providers completing Annual Wellness Visits (extended for 2021)
- Home kits available for colon cancer screening, diabetic HbA1c and kidney disease monitoring

Data pulled: 02/17/2021

2018 Population Health Scorecard



Working together to maintain a highly rated plan



Improving quality through **clinical** engagement

Known primary care provider	86%
-----------------------------	-----



Strengthening **provider** impact through collaboration

Annual wellness visits completed	38%
Retirees treated by a provider in a quality based relationship	47%



Empowering **retirees** to live healthier lives

Verified phone numbers	100%
Renew Rewards redeemed	869

Data pulled 04/04/2019

Key findings

62%

Retirees receiving email communication related to quality

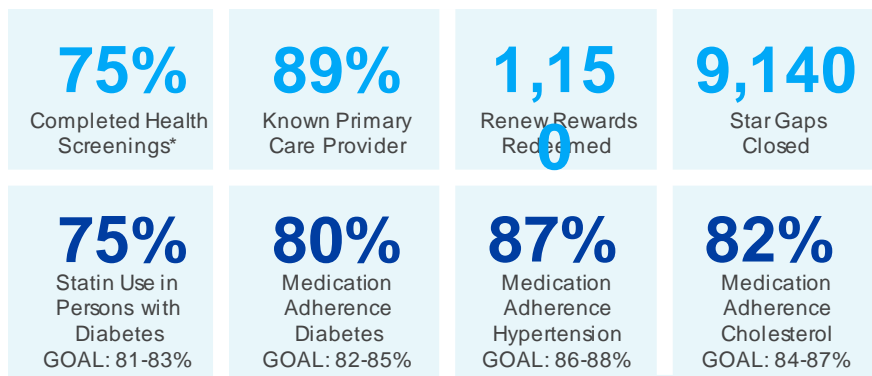
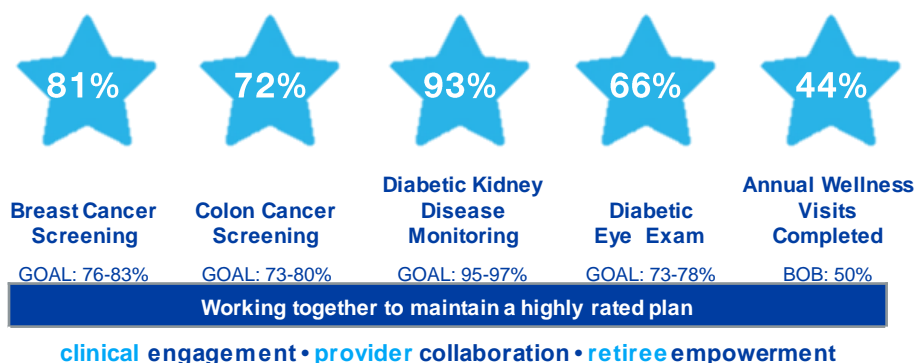
New in 2019

Quarterly bonus payments added to 2019 provider incentive for hard to close gaps in care



Colon cancer screening kits sent to retirees on previous year anniversary date

2019 Population Health Scorecard



NMRHCA Highlights

\$0 Copay

Home colon cancer screening kits are available alternatives for retirees not able or not willing to undergo screening colonoscopy



UnitedHealthcare covers wellness telehealth visits with PCPs when in-person visits are not available

America's Health Rankings 2019 Senior Report: NEW MEXICO

61% Completed Health Screenings*

37% High Health Status Reported**

42 Overall Rank **3**

Data pulled 04/20/2020 Goal is 4-5 star range, based on last published CMS cut points 11/13/2019

www.AmericasHealthRankings.org

*Percentage of women aged 65 to 74 who reported receiving a mammogram in the past two years and the percentage of adults aged 65 to 75 who reported receiving colorectal cancer screening within the recommended time period. **Percentage of adults aged 65 and older who reported their health is very good or excellent.

2020 SilverSneakers Participation

Fitness Participation and Enrollment

Retirees enrolled in the program	1,282
Percentage of eligible retirees enrolled	30%
Retirees participating in the program	625
Total number of visits	14,371



49%

of enrolled members had one or more gym visits in 2020



Data pulled: 02/17/2021

2018 SilverSneakers Participation

Participation and Enrollment

Retirees enrolled in the program	1,118
Retirees participating in the program	442
Total number of visits	38,172
Percentage of eligible retirees enrolled	28%
Percentage of retirees enrolled that are participating	40%
Average number of visits per month, per participant	7

Key Findings

11%

of eligible members participated in the program in 2018.



2019 SilverSneakers Participation

Participation and Enrollment

Retirees enrolled in the program	1,151
Retirees participating in the program	435
Total number of visits	36,552
Percentage of eligible retirees enrolled	30%
Percentage of retirees enrolled that are participating	38%
Average number of visits per month, per participant	7

Key Findings

12%

of eligible members participated in the program in 2019



A market-leading and fully integrated in-home program available to your retirees

Our Best-in-Class Solution



Our Nurse Practitioners are full-time UnitedHealthcare employees



We are the largest private sector employer of Nurse Practitioners in the country with ~2,300



Most real time and holistic member view through the utilized tablet during the visit



All data is fully integrated with all other clinical programs

Over 8,300,000¹ visits completed since 2011 with a retiree satisfaction rate of 98%²

¹ HouseCalls Book of Business, 2011-2019

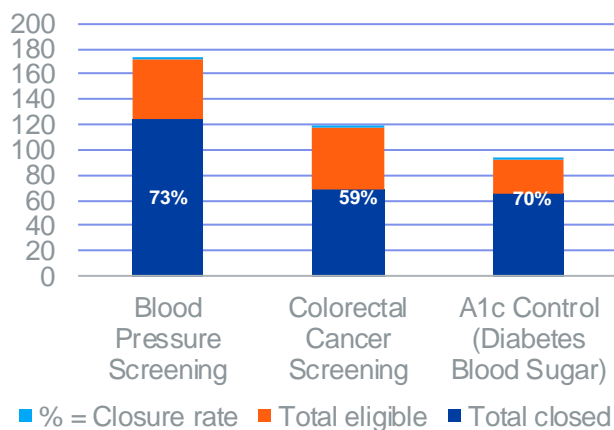
² UnitedHealthcare HouseCalls Member Survey Data 2017

2020 HouseCalls

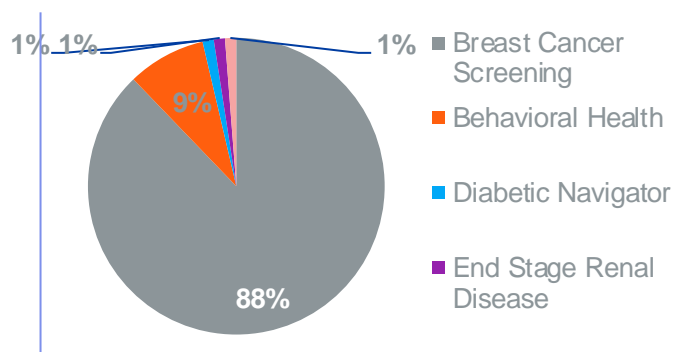
Completed Visits

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Completion Rate
2020	102	115	76	0	45	64	106	112	117	96	86	104	1,023	32%
2019	91	86	94	109	71	70	83	103	67	40	48	44	906	29%

HouseCalls Star Gap Closure Rate



Clinical Referrals



Key findings

32%

Visit completion rate through Q4 2020

1,023

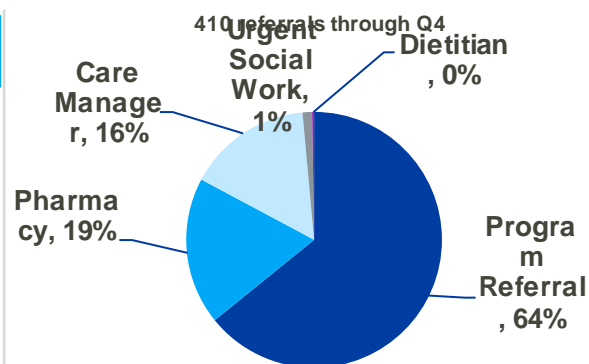
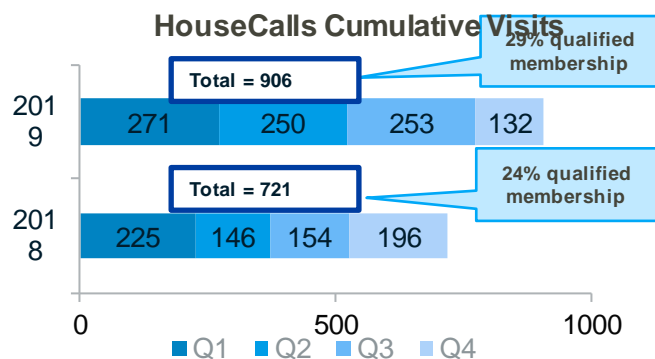
Total HouseCalls visits

224

Total referrals

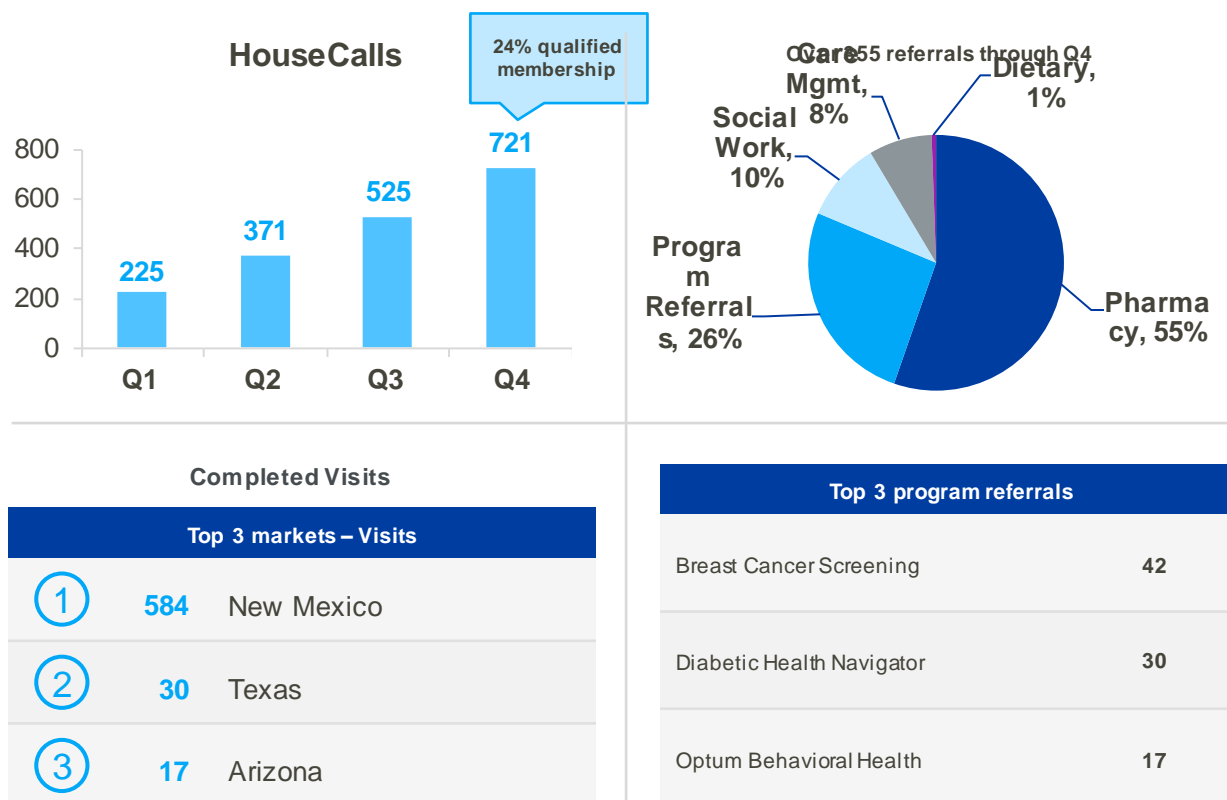
351

Eligible star gaps closed



Completed Visits		
Top 3 markets – Visits		
①	782	New Mexico
②	36	Texas
③	23	Arizona

Top 3 program referrals	
Social Needs	177
Breast Cancer Screening	53
Behavioral Health	16



Consistent High-Quality Results



100% of group MA PPO members have been in a 4.5 Star plans for three consecutive years



A quality bonus is paid to plans that have 4 Stars or higher



Member engagement to encourage screenings, vaccines, prescriptions



Working with providers to ensure right care, right time, right place



Timely and accurate responses to appeals



Robust analytics and real time monitoring to understand effectiveness



Partnering with CMS to recommend improvements to rating methodology



Thank you



Humana®



New Mexico Retiree Health Care Authority

July Board Meeting

July 16, 2021

Stephanie Heller - Director, Account Management

Delivering a more human approach to Senior care drives everything we do

experience > a heritage and future built on caring for Seniors

approach > *genuinely* personalized care support

results > industry-leading, consumer-preferred health outcomes

partnership > backed by the confidence that comes with a trusted partner

Today, Humana is honored to be one of the nation's most experienced Senior care organizations – and one of the most trusted Group Medicare Advantage carriers

Humana Group Medicare Advantage by the numbers



>540

Group clients



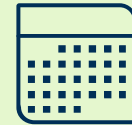
>630,000

Group members



97%

Client retention rate
2019-2020



8 years

Average contract length
as of 2020

NMRHCA membership: 1,272 (↑ from 1,052 in 2020)

Continued, industry-leading recognition across experiences



JD Power Award
Named #1 Mail-Order Pharmacy three years in a row



The Wall Street Journal
Ranked “Best Managed” among payers in 2020, with the top score of 58.7



Newsweek
#1 in customer service the past three years by Newsweek



Net Promotor Score
73 NPS due to high quality plans and customer service for 2020



...and confidence in the quality of Humana’s Group Medicare Advantage plans as evaluated through the Centers for Medicare & Medicaid Services’ Stars rating system

1. For additional information visit jdpower.com/awards
2. [America’s Best Customer Service 2020](#), Newsweek
3. 2019 Humana member survey.
4. Inc.com – “[What’s a good Net Promoter Score?](#)”
5. Satmetrix “2019 NPS Benchmarks at a Glance” Report
6. [Health Payer Specialist](#) | [Health Plan Business News](#)

– Based on September 2020 CMS published membership
– Excludes members in new plans which are too new to rate (consistent with past reporting)

Human Care drives our clinical strategy

Deliver a more
“human” experience
so members get more
than they expect



Start with a focus on
the unmet needs that
matter the most to
our members

Align our actions
and behaviors to
go above and beyond
to solve members’ needs

Humana works to control health care costs by offering programs to help members with serious medical conditions. These online, telephonic, and face-to-face programs help members effectively manage their conditions, better utilize the healthcare system and maximize the value they receive from their benefits.

NMRHCA 2020 Plan Year

- Clinical Participation by:
- High Cost (>\$15,000),
 - At Risk and
 - Members with Admissions

Eligible: 319 eligible
Participated: 294 or 92.16%

(2019: 85.71%)
(2018: 93.10%)

Becoming a healthcare company with elements of insurance

Insurance Company

Medicare
Medicaid
Tricare
Commercial
Specialty Benefits



Healthcare Company

Primary Care
Home Health
Humana Pharmacy
Social Determinants of Health
Enterprise Clinical Operating Model



Powered by our consumer platform, and modern digital and analytics

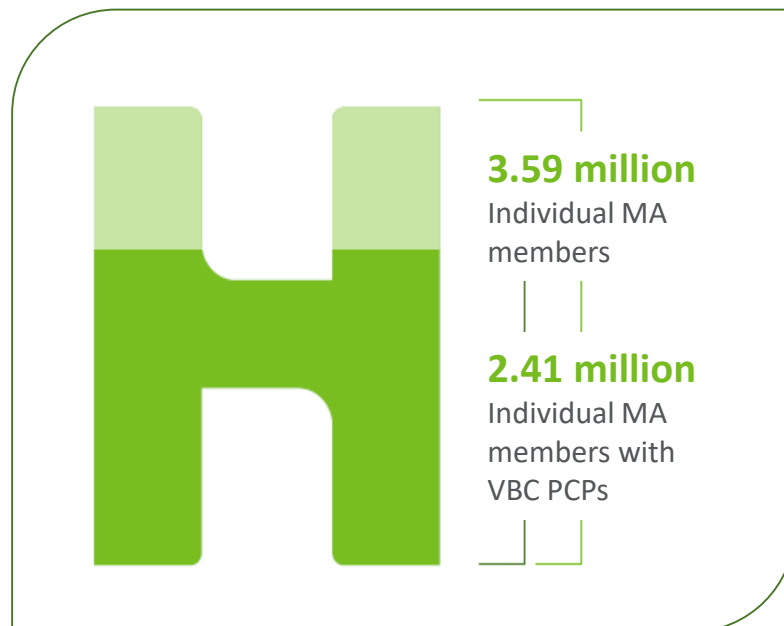
67% of our MA membership attributed to Value Based Care physician

Producing Better Patient Outcomes

35,500

Fewer hospital admissions

compared to Humana MA non-value-based arrangements.



Reducing costs and increased savings

\$4 billion

In estimated savings

for plan-covered medical costs that would have been incurred by value-based members during 2019, if enrolled in Original Medicare

8.6%

Less ER visits

compared to Humana MA non-value-based arrangements

211,000

Fewer days

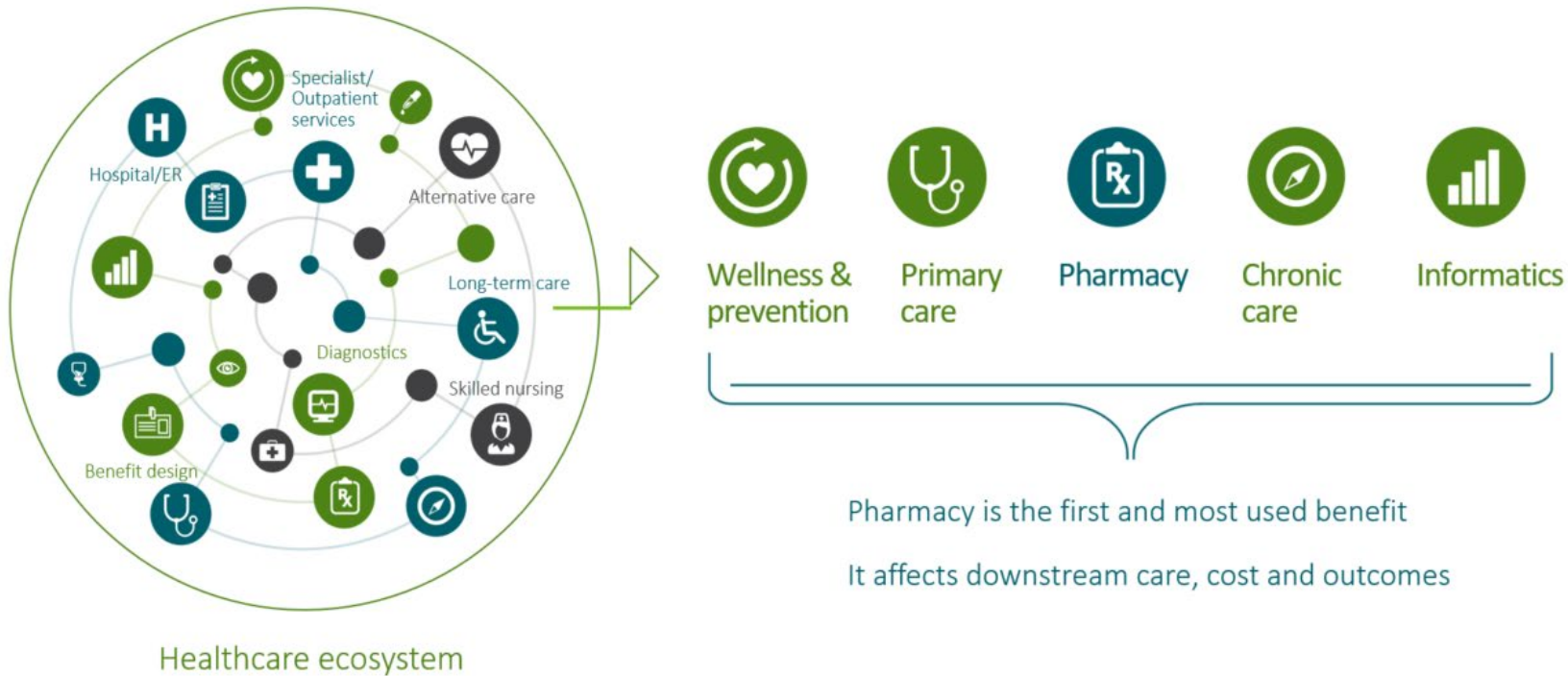
as hospital inpatients for Humana MA members seeking care from physicians in VBC

90.6 million

Medical cost saved

for plan-covered medical costs that would have been incurred by value-based members during 2019, if enrolled in non-value-based MA.

Pharmacy benefit integration connects all points of care



Medication Therapy Management

Optimize medication therapy to promote medication **safety**, **effectiveness** and **cost savings**, enabling members to achieve their **best health**.

NMRHCA 2020 Plan Year

Comprehensive Medication Review:

- **85.19% completion rate NMRHCA** (23 out of 27 eligible)
- 81.2% Group Medicare benchmark
- 84.7% Humana MAPD

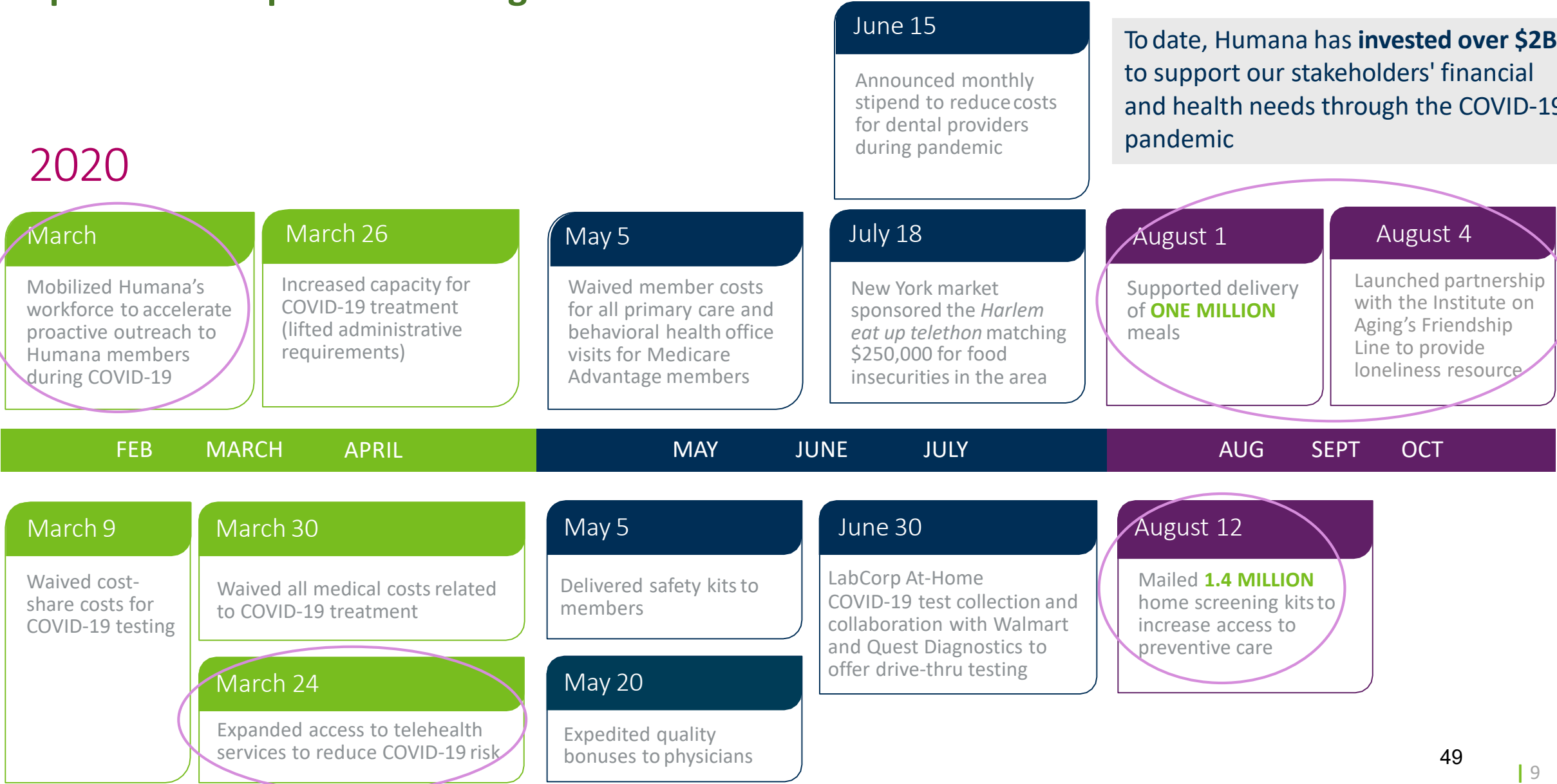
Eligibility requirements:

- 3 of 5 Chronic Conditions
- High Drug Costs of \$4,225
- 8 or more chronic maintenance drugs

(2019: 89.5% completion rate)

Our unique approach can be seen in the way we have helped our members, plan sponsors and providers navigate COVID-19

2020



Member resources and benefits



Health Coaching

1-855-852-9450 (TTY: 711)
Monday – Friday,
8 a.m. – 6 p.m. EST



SilverSneakers

www.silversneakers.com or
1-888-423-4632 (TTY: 711)
Monday – Friday,
8 a.m. – 8 p.m. EST



Humana Pharmacy

HumanaPharmacy.com or
1-800-379-0092 (TTY: 711)
Monday – Friday,
8 a.m. – 11 p.m., and Saturday,
8 a.m. – 6 p.m. EST



MyHumana

MyHumana Webpage
Humana.com/TourMyHumana



Neighborhood Centers

Humana Neighborhood Center
humananeighborhoodcenter.com



A fun way to earn rewards
for making healthier choices

Members earn rewards to redeem
for gift cards

Go365.com/MedicareCommunity
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7 days a week



+access to the MyHumana mobile app

Your account team

Account Executive

Julie Bodenski

Helps the plan sponsor through a seamless implementation and handles any ongoing concerns or issues. Also manages the renewal process.

Consumer Engagement Professional

Shari Haidvogel

Main point of contact for member engagement. Also helps to support the Account Executive.

Installation Administration Professional

Elisha White

Responsible for setting up the account and implementation process, as well as managing the day-to-day operational details and internal operational team.

Communications Professional

Sly Greenwell

Responsible for communication and enrollment material and coordination of seminars (as required).

Account Concierge

Sonjia Hudson

“One-stop-shop” to resolve escalated member issues.

Group Medicare Customer Service

Expert customer service professionals trained on plan specifics, your culture and how to support your members

Custom Landing Page

our.humana.com/nmrhca/



Humana®

Thank you

Solving MSK


NEW MEXICO
RETIREE
HEALTH CARE
AUTHORITY

July 16, 2021



53

Juan Carlos (actual Hinge Health Participant)

today's agenda

01 Hinge Health Overview

02 Beyond Digital PT

Hinge Health Chronic Program

03 Projected Savings and Pricing

04 Post-Medicare Experience

05 End-to-End Digital MSK Clinic

Hinge Health is the only one-stop-shop MSK solution that surrounds members with access to PTs, health coaches, physicians and technology

4 in 5 employers with a digital MSK solution partner with Hinge Health

- **300+ clients** with a 100% retention rate
- **73%** program adherence
- **69%** reduction in pain
- **2 in 3** surgeries avoided



HCSC Partnership

Impact on shared members and customers

2.5 million Covered lives

112 Shared clients

Over 1M Exercises therapy session completed
(3–4 per week) ^x

Over 540K Articles read
(1–2 per week)

↓ 53% Reduction in pain

↓ 63% Reduction in surgery likelihood

↓ 70% + Reduction in depression and anxiety
Compared to member screening

3–4x ROI



THE UNIVERSITY of TEXAS SYSTEM
FOURTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.



02

Beyond digital PT

“No pain in the last 13 weeks. I went hiking with my daughter home from college and I didn’t have to stop once!”

Customer Service Rep at Nielsen — Hinge Health Participant

What makes Hinge Health different

4 in 5 employers have chosen our Digital Clinic for the following reasons

**Beyond digital
physical therapy**

PT-only solutions fall short

**End-to-end
Digital MSK Clinic™**

For everybody and
every body part

**Proven
& Credible**

100% retention for
300 customers

The only clinical care model to go beyond just digital PT

Surrounds your member with the right level of proven, evidence-based care



Chronic Program

PT & coach-led, digital program
for **chronic back** and **joint pain**

Designed from evidence-based care guidelines



American College of Physicians®
Leading Internal Medicine, Improving Lives



Get started

Meet your care team

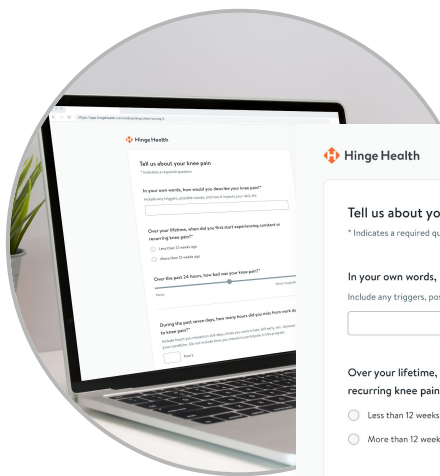
Get moving

Stay motivated

Create new habits

Assessment

Simple online clinical screener



Hinge Health

Tell us about your knee pain
* Indicates a required question

In your own words, how would you describe your knee pain?
Include any triggers, possible causes, and how it impacts your daily life.

Over your lifetime, when did you first start experiencing constant or recurring knee pain?
☐ Less than 12 weeks ago
☐ More than 12 weeks ago

Over the past 24 hours, how bad was your knee pain?
None Worst imaginable

Enrollment

Matched with the right program

- Back
- Knee
- Hip
- Shoulder
- Neck

02b

Employer's experience

"Hinge Health exceeded our expectation with ease of implementation and member engagement."

Sr. Director Health & Welfare Plans, US Foods

MARKETING & COMMUNICATIONS

Engaging members

Custom communications strategy to drive industry's highest enrollment

Direct outreach

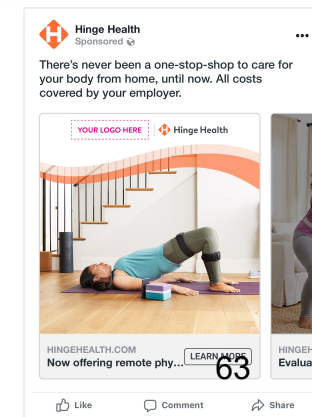
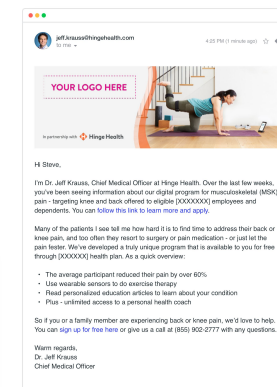
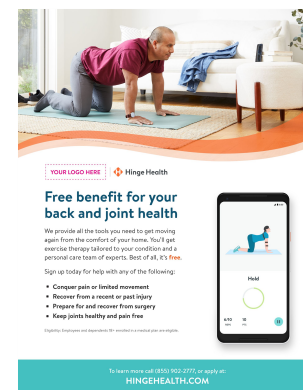
- Emails to corporate or person addresses
- Home mailers
- Social media ads

Broad awareness

- Posters
- Flyers & handouts
- Digital signage

Local stakeholders & partner integration

- H&S team, wellness champions, managers, etc
- Employee webinars
- Cross communications & referrals between vendor partners



Sample Dashboard: 6 Week and 12 Week Reporting

PROGRAM ENGAGEMENT

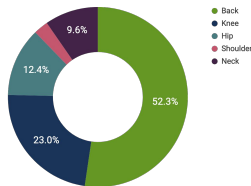
ENROLLMENT

382

Members accepted

347

Members participated



INTERACTION



9.3

Exercise therapy sessions



11.1

Coach interactions



5.7

Education articles read

Average per participant

SATISFACTION



8.8/10

Satisfaction

70

Net Promoter Score

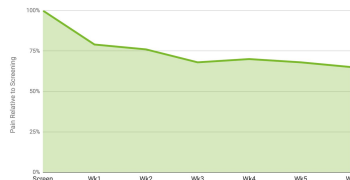
CLINICAL OUTCOMES

PAIN



48%

Pain reduction

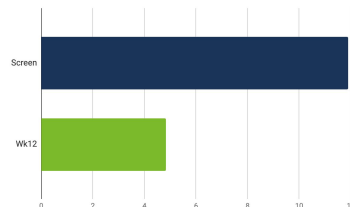


SURGERY



59%

Surgery likelihood (1 yr)



MENTAL HEALTH



37%

Anxiety incidence



41%

Depression incidence

BUSINESS IMPROVEMENTS

FINANCIAL GAIN



2.7x

Projected ROI (1 yr)



PRODUCTIVITY



31%

More hours worked



"I thought surgery was inevitable until I started this program. Now with all the knowledge I have, I honestly feel like surgery is off the table."

Manager, Chronic Program participant

03

Projected Savings & Pricing

“Hinge Health exceeded our expectation with ease of implementation and member engagement.”

Sr. Director Health & Welfare Plans, US Foods

Predictable pricing

100% fees at risk, 1.5:1 ROI Guarantee*

Chronic Care

High-risk

\$995

per participant/yr

3 Separate Claims

\$695, \$150, \$150

Free expert medical opinion

Exercise therapy

Education

Video visits with PT

Health coaching

Wearable sensors

Dedicated tablet

Pricing includes

- Contracting, eligibility file, and billing can be done through BCBSNM
- Utilization-based milestones pricing through BCBSNM
- \$0 patient out-of-pocket cost

* Via direct agreement between Hinge Health and client / plan sponsor; available to groups with over 2,000 members.

Estimated annual cost savings (Pre Medicare)

Total members ('18-'19)	8,230
Members signing up & engaging for Hinge Health's chronic programs (5%)	412
Per participants claim cost	\$995
Cost of Hinge Health programs	\$409,940
Annual medical spend ('18-'19)	\$62,725,895
Annual spend MSK (14% of total spend)	\$8,800,097
Expected MSK spend for members targeted by Hinge Health (assumes 75%—back/knee/hip/shoulder/neck)*	\$6,600,073
Expected MSK medical spend for members signing up Hinge Health*	\$3,300,036
Savings in medical claims spend generated by Hinge Health program**	\$1,650,018
Savings	4.03x

*Spend is disproportionately driven by high-cost claimants

**HH has been shown to decrease utilization by over 50% for participants

Forecast ~412 participants per year, driving ~\$1.6M in annual cost savings

Fast and easy implementation through BCBSNM

No additional contracting, setup, costs, or extra work for you

- ✓ **Preferred Pricing**
Billing tied to 3 utilization-based milestones
100% fees at risk with 1.5:1 ROI*
- ✓ **Seamless integration with health plan & ecosystem**
No contract needed, data exchange setup complete and billing through BCBS's Integrated health & wellness benefits, and product pairing with Blue Cross Blue Shield of New Mexico digital solutions
- ✓ **Turnkey implementation based on 800+ deployments**
- ✓ **Dedicated client success team manages surround-sound marketing campaign & communication**

"I wish all vendors could make
**implementation as easy as Hinge
Health.**"

Director of Benefits
Fortune 200 Energy Company

* Via direct agreement between Hinge Health and client / plan sponsor; available to groups with over 2,000 members.

04

Post-Medicare Experience

“Hinge Health exceed expectations. Enrollment spread like wildfire from word of mouth”

Katie Kirkland — Southern Company Director of Benefits

05

End-to-end Digital MSK Clinic

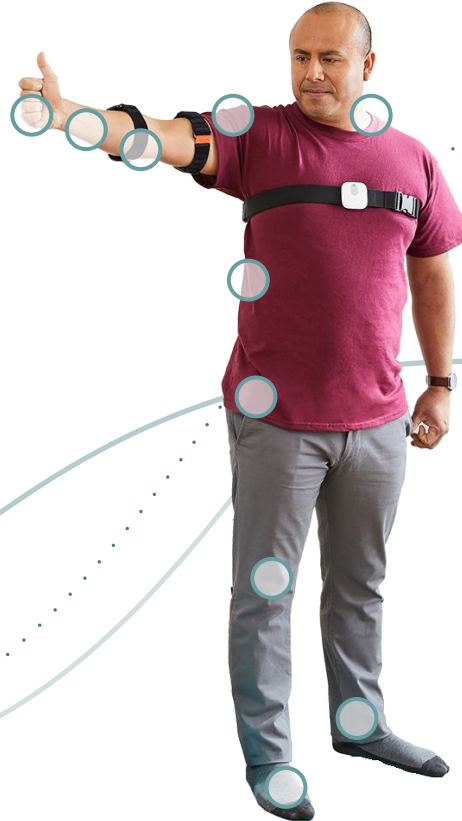
“When I started, I was couch-bound.
Now, I can get out and do yard work all day long with no pain!”

IT Analyst at Walgreens — Hinge Health Participant

Care for everybody and every body part

A one-stop-shop Digital MSK Clinic™

- ✓ Neck
- ✓ Shoulder
- ✓ Elbow
- ✓ Back
- ✓ Hip
- ✓ Wrist
- ✓ Hand
- ✓ Knee
- ✓ Ankle
- ✓ Foot
- ✓ And more...



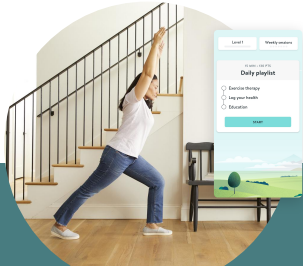
Hinge Health's Digital MSK Clinic

Most complete solution — offering the right program & care for different MSK needs

Prevention

At-risk

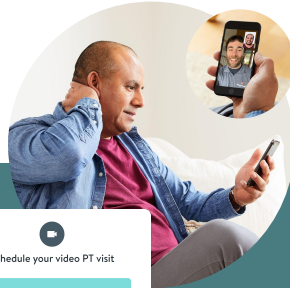
Job-specific exercises
& education



Acute

Recent injury

Virtual PT for all joint
& muscle groups



Chronic

High-risk

Exercise, education,
and behavioral change



Surgery

Pre & Post rehab

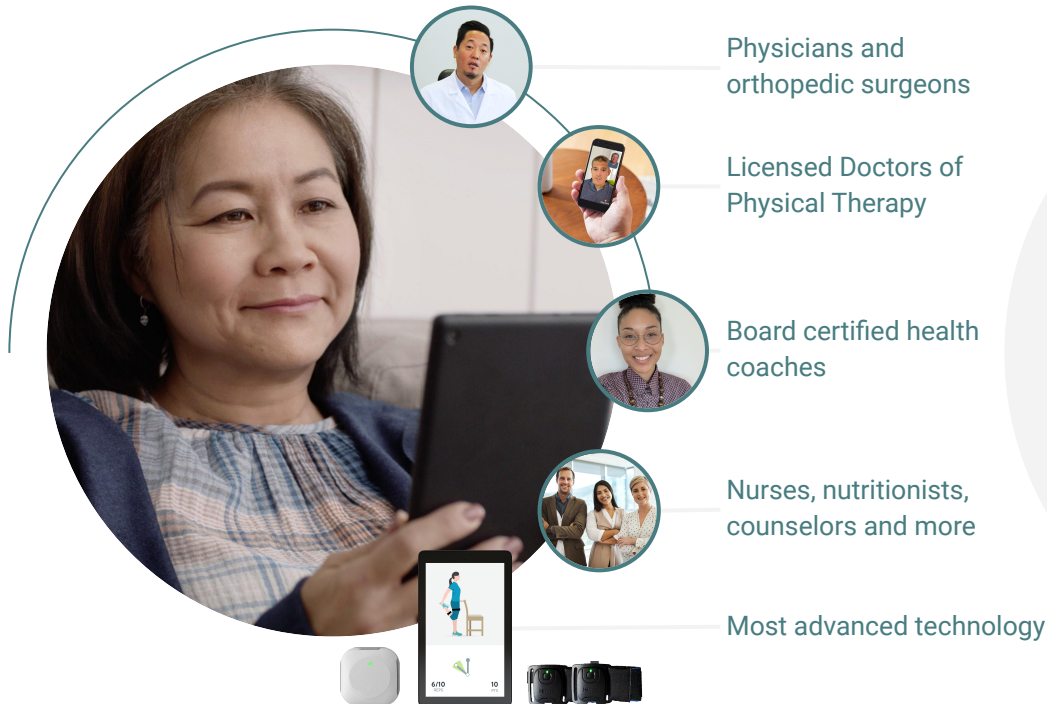
Pre/post rehab &
continuity of care



Free Expert Medical Opinion available across all care programs

Enso enhances the Digital MSK Clinic

Strengthening the Digital MSK Clinic to drive the best outcomes and highest cost savings



Enso delivers immediate, non-invasive, non-addictive pain relief

- Bundled and integrated into a member's core digital experience
- No additional fees required for Hinge Health employer and health plan clients



Thank you!

Clinical outcomes proven at scale

Only solution with 10,000+ AND 2-year outcomes studies validated by researchers at leading US universities ^{1,2,3,4}

2017

41 participants

12-Week and
6-Month outcomes

2018

162 participants

Randomized control trial
for knee pain participants

2019

177 participants

Randomized control trial
for low back pain

2020

10,264 participants

Large scale outcomes

2021

276 participants

2-year long-term
outcomes study

Key results



Pain reduction,
4x better than opioids

2 out of 3 surgeries avoided

And, 70% continue to do Hinge Health exercises 2 years later

Sources: ¹ Smittenaar (2017). [JRAI](#) 6 Month Outcomes, ² Mecklenburg (2018). [JMIR](#) Randomized Control Trial,

³ Bailey (2019). [Nature](#) Randomized Controlled Trial, ⁴ Bailey (2020). [JMIR](#). 10,000 Participant Longitudinal Cohort Study.

Estimated annual cost savings (Pre + Post Medicare)

Total members ('18-'19)	31,360
Members signing up & engaging for Hinge Health's chronic programs (5%)	1,568
Per participants claim cost	\$995
Cost of Hinge Health programs	\$1,560,160
Annual medical spend ('18-'19)	\$102,402,961
Annual spend MSK (14.5% of total spend)	\$14,894,697
Expected MSK spend for members targeted by Hinge Health (assumes 75%—back/knee/hip/shoulder/neck)*	\$11,171,023
Expected MSK medical spend for members signing up Hinge Health*	\$6,144,063
Savings in medical claims spend generated by Hinge Health program**	\$3,072,031
Savings	1.97x

*Spend is disproportionately driven by high-cost claimants

**HH has been shown to decrease utilization by over 50% for participants

Forecast ~1,568 participants per year, driving ~\$3M in annual cost savings



July 2021
Annual Meeting
2022 Plan Recommendations
Action Items

Staff Recommendations

- Scenario E:
 - 5% Increase on Premier and Value Plans
 - 2% Increase on Medicare Supplement Plan
- Pilot Program/Pre-Medicare
 - Hinge Health – BCBS Premier and Value Plan
- Broad Performance Network (Medicare Supplement Rx)
- Delta Dental Network Change
 - PPO New Mexico to Delta Dental Point-of-Service
 - Increase in NM provider access – 7.8%

Summary of Rate Proposals

	Baseline	Scenario A	Scenario B
Pre-Medicare Rate Increase	8%	4%	3%
Medicare Supplement Plan Rate Increase	6%	3%	1%
Deficit Spending Period (FY)	2028	2026	2026
Solvency Period	Beyond Projection Period	Beyond Projection Period	Beyond Projection Period
Projected Fund Balance 7/1/52	\$ 11,435,193,963.00	\$ 10,473,994,262.00	\$ 10,029,775,100.00
Loss Ratio	100.0%	103.0%	104.0%
	Scenario C	Scenario D	Scenario E
Pre-Medicare Rate Increase	0%	6%	5%
Medicare Supplement Plan Rate Increase	0%	4%	2%
Deficit Spending Period (FY)	2025	2027	2026
Solvency Period	Beyond Projection Period	Beyond Projection Period	Beyond Projection Period
Projected Fund Balance 7/1/52	\$ 9,512,794,560.00	\$ 10,873,026,418.00	\$ 10,428,807,257.00
Loss Ratio	106.0%	101.0%	103.0%

- Baseline (Long Term Trend) - 8 & 6% results in alignment w/projected expenditures
- Scenario A - 4 & 3% results in 3% undercharge
- Scenario B – 3 & 1% results in 4% undercharge
- Scenario C – 0 & 0% results in 6% undercharge
- Scenario D – 6 & 4% results in 1% undercharge
- Scenario E – 5 & 2% results in 3% undercharge

Summary of Proposed Action Items

- Action Item:
 - Self-Insured Plan Rates
 - Pre-Medicare (Premier and Value Plans)
 - Medicare Supplement
- Action Item:
 - Pilot Program/Pre-Medicare
 - Hinge Health – BCBS Premier and Value Plan
- Action Item:
 - Broad Performance Network (Medicare Supplement Rx)
- Action Item:
 - Delta Dental Network Change

Program Support FY22 Memorandum of Understanding – Action Item*

New Mexico Retiree Health Care Authority (NMRHCA) staff is preparing for the upcoming procurement of pharmacy benefit management services for the period beginning July 1, 2022, ending June 30, 2026. This procurement will include collaborative effort on behalf of the Interagency Benefits Advisory Committee (IBAC) consisting of the State of New Mexico, General Services Department Risk Management Division (SoNM), New Mexico Public Schools Insurance Authority (NMPSIA), Albuquerque Public Schools (APS) and the New Mexico Retiree Health Care Authority. The proposed Memorandum of Understanding (MOU) will allow NMRHCA to pay for its prorated portion of the costs associated with development, evaluation and financial scoring of the proposals received from prospective pharmacy benefit managers.

The approval of the requested action is consistent with the results of RFP # 22-350-6005-0002 issued early this year for benefits and consulting services related to upcoming procurement process.

Program Support FY22 Contracts

The proposed contracts administered through Program Support are as follows:

FY22 Approved Operating Budget		\$663,400		
		Proposed		
		Contract	Contract	
	Vendor	Amount	Term	Type
1	Segal	\$345,000	July 1, 2019 - June 30, 2023	Term/Comp
2	Judith Beatty	\$6,000	July 1, 2021 - June 30, 2022	New/Small
3	Moss Adams	\$69,580	July 1, 2020 - June 30, 2023	Term/Comp
4	Rodey	\$40,000	July 1, 2021 - June 30, 2022	New/Small
5	Real Time Solutions (webhost)	TBD	July 1, 2021 - June 30, 2022	Price Agreement
6	RESPEC	\$75,000	July 1, 2021 - June 30, 2022	Price Agreement
7	PERA MOU - HR Services	\$16,037	July 1, 2021 - June 30, 2022	MOU
8	GSD/MOU - Segal	\$31,250	July 1, 2021 - June 30, 2022	MOU
9	Work Quest	\$4,500	July 1, 2021 - June 30, 2022	TBD
	Total	\$587,367		
	Unencumbered Balance	\$76,033	Available for mid/end-year adjustments	

Conclusion: NMRHCA staff respectfully requests approval to enter a Memorandum of Understanding (see succeeding pages for copy) with the General Services Department to pay for a prorated portion of an agreement to provide consulting services related to the procurement of a pharmacy benefit manager contract during fall/winter of 2021/2022.

· Memorandum of Understanding

Between IBAC Entities Related to RFP 22-350-6005-0002

This document constitutes a Memorandum of Understanding ("Agreement") between the Risk Management Division of the General Services Department of the State of New Mexico ("RMD"), the NM Retiree Health Care Authority ("NMRHCA"), the NM Public Schools Insurance Authority ("NMPSIA") and Albuquerque Public Schools ("APS").

Background

The Health Care Purchasing Act ("The Act"), Chapter 13, Article 7, NMSA 1978, was enacted "to ensure public employees, public school employees and retirees of public employment and the public schools access to more affordable and enhanced quality of health insurance through cost containment and savings effected by procedures for consolidating the purchasing of publicly financed health insurance."

The Act defines the above named entities as "publicly funded health care agencies" and requires that they "shall enter into a cooperative consolidated purchasing effort to provide plans of health care benefits for the benefit of eligible participants of the respective agencies".

In accordance with The Act and in keeping with required procurement cycles, the "publicly funded health care agencies", collectively operating as the Interagency Benefits Advisory Committee ("IBAC) (referred to individually as an "IBAC entity"), will jointly issue a Request for Proposal (RFP) in the fall of 2022 to secure agreements for Pharmaceutical Benefit Management (PBM) services 2023 through 2026 (calendar years in the case of APS).

The complexities of health care and pharmaceutical purchasing for four separate entities covering approximately 170,000 members with annual costs in excess of \$1 billion require external assistance in providing actuarial, clinical and consulting services. RMD, on behalf of the IBAC, issued RFP 22-350-6005-0002 on March 31, 2021 to obtain these services. The implementation, execution and financing of the contract with the awarded vendor as a result of RFP 22-350-6005-0002 ("Contract") is the subject of this Memorandum of Understanding.

RMD Role and Responsibilities

RMD shall draft, execute, administer and enforce the terms of the Contract resulting from RFP 22-350-6005-0002.

RMD shall facilitate the financing of the Contract by invoicing and collecting the appropriate portion, as defined in this agreement, from each IBAC entity.

RMD shall be responsible for 25% of the total cost associated with the Contract.

RMD shall provide all data and information as required pursuant to the Contract.

RMD shall be responsible for remitting the total amount due to the vendor after having received each IBAC entity's portion.

NMRHCA, NMPSIA and APS Roles and Responsibilities

NMRHCA, NMPSIA and APS shall provide all data and information as required pursuant to the Contract.

NMRHCA, NMPSIA and APS shall each remit to RMD, within 30 days of receipt of invoice, an amount equal to 25% of the total cost associated with the Contract.

This Agreement shall be effective as of July 1, 2021 and remain in effect until June 30, 2022.

We, the undersigned, agree to the terms and conditions of this Memorandum of Understanding.

RMD Representative Printed Name and Signature

Date

NMRHCA Representative Printed Name and Signature

Date

NMPSIA Representative Printed Name and Signature

Date

APS Representative Printed Name and Signature

Date