

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

# **REGULAR MEETING OF THE BOARD OF DIRECTORS**



**March 1, 2022  
9:00 AM**

**Online: <https://global.gotomeeting.com/join/746612725>  
Telephone: 1-408-650-3123 / Access Code: 746-612-725**

New Mexico Retiree Health Care Authority  
Regular Meeting

BOARD OF DIRECTORS

**ROLL CALL**

**March 1, 2022**

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

## NMRHCA BOARD OF DIRECTORS

March 2022

Mr. Greg Trujillo  
Executive Director  
Public Employees Retirement Association  
33 Plaza La Prensa  
Santa Fe, NM 87507  
[greg.trujillo@state.nm.us](mailto:greg.trujillo@state.nm.us)  
505-476-9301

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Mr. Doug Crandall, President  
Retired Public Employees of New Mexico  
14492 E. Sweetwater Ave  
Scottsdale, AZ 85259  
[dougcinaz@gmail.com](mailto:dougcinaz@gmail.com)

The Honorable Mr. Tim Eichenberg  
NM State Treasurer  
2055 South Pacheco Street  
Suite 100 & 200  
Santa Fe, NM 87505  
[tim.eichenberg@state.nm.us](mailto:tim.eichenberg@state.nm.us)  
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Ms. Therese Saunders, Vice President  
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Federation of Educational Employees  
5811 Brahma Dr. NW  
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Ms. Leane Madrid  
Classified State Employee  
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Santa Fe, NM 87505  
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Ms. Leanne Larranaga-Ruffy, Secretary  
Alternate for PERA Executive Director  
33 Plaza La Prensa  
Santa Fe, NM 87507  
[leanne.larranaga@state.nm.us](mailto:leanne.larranaga@state.nm.us)  
505-476-9332

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

March 1, 2022  
9:00 AM

Online: <https://global.gotomeeting.com/join/746612725>  
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AGENDA

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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 1, 2022	Mr. Crandall, President	5
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9. Out-of-State Travel Request (Action Item)	Mr. Kueffer, Interim Executive Director	30
10. 2023 Preliminary Plan Discussions	Mr. Kueffer, Interim Executive Director	40
11. Other Business	Mr. Crandall, President	
12. Executive Session	Mr. Crandall, President	
Pursuant to NMSA 1978, Section 10-15-1(H)(2) Pertaining to Limited Personnel Matters Executive Director Search Process		
13. Date & Location of Next Board Meeting	Mr. Crandall, President	
April 5, 2022 – 9:00AM CNM Workforce Training Center 5600 Eagle Rock Ave NE Albuquerque, NM 87113		
14. Adjourn		

**MINUTES OF THE**  
**NEW MEXICO RETIREE HEALTH CARE AUTHORITY/BOARD OF DIRECTORS**

**REGULAR MEETING**

**VIA TELECONFERENCE**

**February 1, 2022**

**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 9:00 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  
Mr. Loren Cushman  
Mr. Terry Linton  
Ms. Leane Madrid  
Mr. Lance Pyle  
Dr. Tomas Salazar  
Mr. Rick Scroggins

**Members Excused:**

None.

**Staff Present:**

Mr. Neil Kueffer, Interim Executive Director  
Ms. Sheri Ayanniyi, Chief Financial Officer  
Mr. Jess Biggs, Director of Communication & Member Engagement  
Mr. Michael R. Bebeau, General Counsel  
Ms. Judith S. Beatty, Board Recorder

**3. PLEDGE OF ALLEGIANCE**

Dr. Salazar led the pledge.

**4. APPROVAL OF AGENDA**

Dr. Salazar moved approval of the agenda, as published. Ms. Saunders seconded the motion, which passed unanimously by roll call vote. [Not yet present: Mr. Eichenberg, Ms. Madrid and Mr. Cushman.]

**5. APPROVAL OF REGULAR ANNUAL MEETING MINUTES: January 4, 2022**

Ms. Larrañaga-Ruffy moved for approval of the January 4 minutes, as submitted. Mr. Pyle seconded the motion, which passed unanimously by roll call vote. [Not yet present: Mr. Eichenberg, Ms. Madrid and Mr. Cushman.]

**6. PUBLIC FORUM AND INTRODUCTIONS**

None.

**7. COMMITTEE REPORTS**

- The Executive Committee met to discuss today's agenda.
- The Finance and Investment Committee met and any items of relevance are on today's agenda.
- The Legislative Committee presented at the previous meeting, and there will be a report discussed by Mr. Kueffer under Item 8.

**8. EXECUTIVE DIRECTOR'S UPDATES**

**a. Human Resources**

Mr. Kueffer presented HR updates. The Santa Fe office is now fully staffed. He stated that the Chief Information Officer (also known as the IT Director) position previously held by Tomas Rodriguez was posted on January 25 and will be a continuous posting until it is filled.

Mr. Kueffer said he is working with Human Resources to compile information regarding qualifications for the Executive Director position and hiring process. Once this is compiled, it will be sent to the Executive Committee and NMRHCA board of directors for review.

Chairman Crandall noted that, for purposes of transparency, when the board approved the upgrade for the Interim Executive Director, it neglected to add any increase to go with it. Since then, he has spoken with David Archuleta and the State Treasurer, and Mr. Archuleta authorized a 10 percent increase for Mr. Kueffer while he acts as Interim Executive Director. This is the

standard among state employees. Should his position last longer than anticipated, the board will discuss another increase.

**b. Operations**

Mr. Kueffer stated that all staff attended a HIPAA training on January 7<sup>th</sup> on importance of protecting member health information.

**c. Legislative**

Mr. Kueffer stated that the NMRHCA created a one-page document in support of SB 112, discussing the importance of a modest increase to the employer/employee contributions and how it would sustain the NMRHCA fund and move it to a higher funded status. The NMRHCA received many compliments on the design of the document, which was created by Jess Biggs. It was delivered to the stakeholders and members of the Senate Health and Public Affairs Committee, which tabled the bill on a 4-2 vote. He said he planned to meet with Chairman Ortiz y Pino to see if there is any possibility of having this bill taken off the table.

Mr. Kueffer noted that one issue that arose was the fact that the NMRHCA did not appear before IPOC, which was cited by Sen. Liz Stefanics when she made the tabling motion. Another question that arose was about whether the NMRHCA would adjust its contributions based on percentage of higher earners and lower earners. In addition, there was some confusion in terms of a bill that was passed last year about the enhanced plan for PERA, and specifically line 15 on page 6 of SB 112 and whether that applied to certain CYFD employees.

Mr. Kueffer said Chairman Ortiz y Pino pointed out that the trust fund has continued to grow, and so why shouldn't it just continue along that path. It was also noted that the NMRHCA is very reliant on its investments, knowing that there is volatility, and that the impact has come at the retirees' expense through benefit plan changes, subsidy changes, and premium increases while keeping up with medical cost trends, and that the NMRHCA was looking for a way to balance that out with this bill.

Dr. Salazar pointed out that five members of the committee had voted for HB 45, which is virtually identical to SB 112 with the exception of line 15 on page 6, which was brought up by Sen. Sedillo Lopez and took up a great deal of the discussion. He pointed out that not all bills go before IPOC. He commented that he was deeply disappointed that the bill was tabled.

Ms. Saunders agreed with Dr. Salazar's comments. She said she attended the meeting and also was very disappointed, because this bill is virtually identical to HB 45, which was passed by the legislature.

Dr. Salazar said it is a mystery to him why this did not have germaneness on the House side. He and Mr. Kueffer have discussed changing some wording in the bill and having it refiled; however, tomorrow is the deadline, and a lot of work remains to be done. He was not optimistic

about seeing this bill move forward during the current session, adding that he thought it exceedingly unfair to Mr. Kueffer that the NMRHCA changed leadership just before the legislative session because it gave him very little time to prepare.

Chairman Crandall stated that discussion on increasing the employer/employee contribution rates would be taken up at the July annual meeting.

Continuing with the legislative update, Mr. Kueffer said it was noted during the review that HB 74 was not germane on the House side. Rep. Natalie Figueroa had stated during a conversation about the bill that there was no direct appropriation in the bill and was not on the Governor's call.

Mr. Kueffer said staff's approach will be to start laying the groundwork sooner in anticipation of the 2023 session, which includes meeting with the stakeholders. In addition, staff will make sure the NMRHCA is on the IPOC agenda and the other interim committees. The board may want to consider hiring a lobbyist, as it did the last time.

Mr. Kueffer referred to the Fiscal Impact Report (page 24), which was prepared by Connor Jorgensen. The FIR states that the NMRHCA's distribution from the tax suspense fund is growing and will reach \$41.3 million in FY23, and that those monies would otherwise go to the general fund. He suggested that the board keep this in mind, because in the future it may have to work to protect these monies. The tax suspense fund was mentioned by Mr. Jorgensen at the HFC meeting, and by Mr. Abbey at the SFC meeting.

Dr. Salazar suggested that the board consider passing a resolution supporting a change to the New Mexico Constitution in order to protect the NMRHCA and the property rights of the members.

Mr. Kueffer said he presented to the House Appropriations & Finance Committee on January 13, and to the Senate Finance Committee on January 24. Both presentations are in the board book. The FY 23 request and recommendation reflects very little difference between the NMRHCA's request and that of the LFC, which recommended a slightly lower increase in personnel services and employee benefits. The Executive budget actually had granted everything the NMRHCA had requested.

**d. COVID-19 OTC Tests and Oral Rx**

Mr. Kueffer noted that health plans are mandated to cover the cost of COVID-19 OTC tests and oral prescriptions. NMRHCA will be covering the \$24 expense for each package, which contains two tests; however, this applies only to pre-Medicare plans, as Medicare does not cover the cost of self-administered diagnostic testing. NMRHCA will notify Customer Services to keep pushing the information when members call, and it will be posted on the website and on Facebook.



e. **Medicare Coverage of Alzheimer’s Drug Aduhelm**

Mr. Kueffer reported that Medicare will be covering Aduhelm on a clinical trial basis, conditional on the drug manufacturer Biogen collecting more data on effectiveness and safety. Medicare will cover the drug only for beneficiaries enrolled in a CMS-approved clinical trial or a trial supported by the NIH. The set price is \$28,200 per year, with members responsible for 20 percent of the cost. NMRHCA’s plans do not cover this drug because it is still in the review process.

f. **Lopez v. NMRHCA, N.M. Ct. App. No. A-1-CA-39121**

Mr. Bebeau stated that Ms. Lopez has chosen to appeal the decision by the Court of Appeals to the New Mexico Supreme Court and has filed a writ of certiorari. The NMRHCA is working with the Rodey Firm to prepare a response.

g. **December 31, 2021, SIC Report**

Balances have reached a new high of \$1.15 billion, including a decrease in core bonds of \$400,000.

9. **FY22 2ND QUARTER BUDGET REPORT**

Mr. Kueffer presented this report.

10. **2022 EXCHANGE RATES AND PLAN COMPARISON**

Mr. Kueffer stated that NMRHCA prepares this report annually in order to compare its programs and premiums to those of the New Mexico Health Care Exchange Plans and determine whether any changes to keep up with medical trends might be necessary.

11. **REVIEW OF 5-YEAR STRATEGIC PLAN**

Mr. Kueffer reviewed staff recommendations for the NMRHCA 5-Year Strategic Plan (2018-2022).

12. **PROCLAMATION**

By unanimous roll call vote, the board passed a proclamation honoring Tomas Rodriguez for devoting over twenty years of his career in providing impeccable service to the NMRHCA.

13. **OTHER BUSINESS**

None.

**14. EXECUTIVE SESSION: 10:12 a.m.**

- Pursuant to NMSA 1978, Section 10-15-1(H)(6): Contents of Competitive Sealed Proposals Solicited Pursuant to the Procurement Code

Mr. Eichenberg moved to enter executive session for the purpose stated on the agenda. Mr. Pyle seconded the motion, which passed unanimously by roll call vote. [Not present: Mr. Cushman.]

[The board came out of executive session at 10:43 a.m. The only matter discussed in executive session was the Contents of Competitive Sealed Proposals Solicited Pursuant to the Procurement Code.]

**15. PHARMACY BENEFIT MANAGER RFP**

Mr. Scroggins moved to accept staff's recommendations to start contract negotiations with the highest scoring PBM. Dr. Salazar seconded the motion, which passed by roll call vote, with Mr. Cushman in abstention. [Not present for the vote: Mr. Eichenberg.]

**16. DATE AND LOCATION OF NEXT BOARD MEETING**

March 1, 2022 – 9:00 a.m.  
TBD

**17. ADJOURN: 10:50 a.m.**

Accepted by:

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Doug Crandall, President



## **Executive Director – New Mexico Retiree Health Care Authority (NMRHCA)**

The New Mexico Retiree Health Care Authority (NMRHCA), an independent statutory agency of the State of New Mexico, is recruiting for the position of EXECUTIVE DIRECTOR to oversee the administration of group health insurance for qualifying retirees and their dependents. NMRHCA has over 65,000 members and over 90,000 active employees contributing to the program with the expectation of future benefits.

This position reports directly to the New Mexico Retiree Health Care Board of Directors and is responsible for the overall administration of NMRHCA. Job responsibilities include but are not limited to:

1. Design, administer and evaluate NMRHCA benefit programs that ensure fund solvency;
2. Administer pharmaceutical programs, formularies, and rebate programs;
3. Establish and administer contracts with service providers;
4. Implement Board policies, as well as provide administrative support for Board operations;
5. Represent NMRHCA before the legislative and executive branches of government;
6. Develop and maintain effective communications with participating employers, employees and retirees;
7. Oversee the daily operations of NMRHCA.

Further information related to this position can be found at: [Executive Director Job Description \(nmrhca.org\)](http://nmrhca.org)

### **Experience:**

Preferred seven (7) years of experience in the administration of health care benefit plans, of which at least five (5) years must have been in a managerial capacity.

Experience preferred in financial/investment fields, self-funded health care plans and Medicare related health care programs. A strong background desired in customer service. Experience also desired in testifying before legislative committees or policy-making boards or councils.

Employment of the executive director will be by the NMRHCA Board. This position is subject to applicable policies as they pertain to exempt employees and conditions outlined by the Board.

To apply, please submit resume to Human Resources Manager listed below:

By email in Word or PDF Format to: [jessicaA.Trujillo@state.nm.us](mailto:jessicaA.Trujillo@state.nm.us)

For further information please contact

Jessica Trujillo, HR Manager  
e-mail: [jessicaA.Trujillo@state.nm.us](mailto:jessicaA.Trujillo@state.nm.us)  
Phone: 505-476-9395

For best consideration, resumes should be submitted by March 14, 2022. However, the position will be considered open until filled. Facsimiles will not be accepted.

THE NEW MEXICO RETIREE HEALTH CARE AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER



## **Executive Director Job Description**

### **JOB DESCRIPTION:**

Executive Director Classification – Executive Director GOVX exempt, at-will position, serving at the pleasure of the New Mexico Retiree Health Care Authority Board of Directors.

### **RESPONSIBILITIES**

The Executive Director serves as the Chief Executive Officer and reports to the New Mexico Retiree Health Care Authority (NMRHCA) Board of Directors. The role of the Executive Director is to plan, direct, manage, and oversee the activities and operations of NMRHCA. The Executive Director is given authority to manage all day-to-day activities of NMRHCA.

The Executive Director leads NMRHCA's staff in two fulltime office locations in Santa Fe and Albuquerque with four direct reports: Deputy Director, General Counsel, Director of Communications & Member Engagement, and Information Technology Director.

The primary goal is to provide comprehensive health coverage to enrolled members at cost-effective rates while ensuring program solvency.

### **DEFINITION**

This is a full-time job requiring not less than 40 hours per week. The Executive Director supervises the effective administration of Board policies and assigned health and life programs and activities of the NMRHCA; provides leadership to the NMRHCA employees in terms of collaboration, initiative, and ethical conduct; coordinates assigned activities with other state divisions, the legislature, and outside agencies; and provides responsible and administrative support to the NMRHCA Board of Directors.

### **SUPERVISION RECEIVED AND EXERCISED**

Receives general direction from the Board of Directors and exercises direct supervision over supervisory, professional, technical, and clerical staff.

**ESSENTIAL FUNCTION STATEMENTS** – *Essential responsibilities and duties may include, but are not limited to the following:*

1. Ensure timely and expert staffing is provided to the Board and its committees.
2. Keep the Board apprised of financial, economic, operational, and political developments.
3. Provide orientation to new Board members as they come on the Board.
4. Develop and compose rule changes and draft statutory changes as needed.
5. Develop and maintain effective relations with members of the legislative and executive branches, to include but not limited to Legislative Finance Committee, Department of Finance and Administration, General Services Department, and New Mexico Inter-Agency Benefits Advisory Committee. Testify before legislative committees.

### **Executive Director Job Description**

6. Make sound recommendations on behalf of the Board to the executive and legislative branches for needed changes and funding requirements concerning retiree health care programs.
7. Develop and maintain effective communications with participating employers, employees, and retirees to provide information concerning retiree health care programs and create greater awareness of solvency goals and requirements.
8. Work with consultants and actuaries on projections, legislative proposals, assumptions, and reports to the Board.
9. Maintain appropriate media relations and respond to media inquiries to represent retiree health care programs.
10. Make presentations to and participate in the activities of participating, local, state, and national organizations in the retiree health care sector to share and develop ideas and programs that will advance and enhance the programs of the New Mexico Retiree Health Care Authority.
11. Provide leadership to the Board in developing health insurance plans (pre-Medicare and Medicare) changes that ensure program solvency while providing comprehensive health coverage to members at cost-effective rates.
12. Review and assess health and wellness programs for efficacy and positive outcomes.
13. Develop effective short and long-term plans for the agency's health care programs in conjunction with the Board.
14. Provide overall leadership in the development of budgets that meet claim expense requirements and agency administrative needs.
15. Provide overall leadership in the development, implementation, and management of effective and sound administrative policy and procedure for the agency.
16. Provide overall leadership in the functional areas of the agency to ensure goals are developed and met.
17. Plan, direct, coordinate, evaluate work of assigned staff; assign work activities, projects, and programs; review and evaluate work products, methods, and procedures; meet with staff to resolve problems.
18. Establish and maintain plans for senior management succession.
19. Ensure proper internal controls are developed and implemented to keep the operation of the retiree health care system functioning successfully and in accordance with commonly accepted accounting principles, as well as applicable regulations and law.
20. Manage technology in an efficient and cost-effective way.
21. Assure the protection of plan assets and personal information against unauthorized access, including but not limited to, the development and maintenance of effective IT infrastructure and security measures.
22. Oversee the fund investment program in accordance with Board policies.
23. Make determinations concerning enrollment and eligibility disputes not resolved between the agency, its contractors, and appealing individuals.
24. Oversee the day-to-day operations of the agency.

### **Executive Director Job Description**

25. Make final decisions on administrative matters for the agency, including but not limited to personnel matters.
26. Hear and make decisions concerning protests appropriately before the agency, such as contract or award disputes.
27. Approve or disapprove requests for waivers on 30-day notice requirement for hearings or public meetings by municipalities, counties and independent public employers seeking to become participating employers.
28. Adhere to a professional code of ethics and standards of professional conduct as may be prescribed by the Board.
29. Keep current on legal issues on both the federal and state level which may affect NMRHCA.
30. Lead change, innovation, and continuous improvement at NMRHCA.

### **QUALIFICATIONS**

To effectively perform this job, an individual must possess excellent oral and written communications and the ability to explain retiree health plans complexities and strategies to the public. Must possess knowledge of insurance benefits specifically, pre-Medicare, Medicare Advantage, Medicare Supplements, pharmaceutical, dental, vision and life insurance. Must possess analytical and problem-solving skills. Must have the ability to communicate with various consultants. Must have the ability to present information effectively, which may be of a controversial nature, one on one, or in small groups, to outside organizations and officials of the State of New Mexico.

### **COMPENSATION**

NMRHCA will offer the successful candidate a competitive base salary dependent on experience and qualifications to include a comprehensive benefits package provided to state employees.

### **WORK CONDITIONS**

Normal office environment with limited, but regular, in-state, and out-of-state travel.

### **APPLICATION PROCESS**

Please send a current resume and cover letter by 5:00 p.m. (MST), March 14, 2022, to Jessica Trujillo Human Resources Manager. Applications should be emailed to:

[JessicaA.Trujillo@state.nm.us](mailto:JessicaA.Trujillo@state.nm.us)

### **NON-DISCRIMINATION**

NMRHCA adamantly supports the principle and philosophy of equal opportunity for all individuals, regardless of age, race, gender, creed, national origin, disability, veteran status, or any other protected category pursuant to applicable federal, state, or local law.

# New Mexico Cannabis Provider Seeks Insurance Coverage for Patients

Ultra Health sent a letter to health insurers asking for verification of cannabis coverage as a behavior health service.

SUBSCRIBE

February 21, 2022



Tony Lange

Dispensary News

Legislation and regulation

Medical Cannabis

News

State by State: New Mexico

A New Mexico medical cannabis provider that runs 25-plus dispensaries in the state is seeking confirmation from insurance providers and state officials that cannabis will be covered as a behavior health service.

New Mexico Top Organics-Ultra Health, the provider, recently sent a [letter](#) to several of the state's prominent health insurance companies, asking them to affirm they'll be making payments for medical cannabis.

[Ultra Health](#) is a vertically integrated and minority-owned company with expansion plans to have a total of 35 store locations in the state by the end of the first quarter of 2022.

The letter also requested information from the insurers in regard to how they intend to pay for medical cannabis without any cost sharing for patients enrolled through their programs. It was sent to representatives from Presbyterian Healthcare Services, Blue Cross Blue Shield of New Mexico, Western Sky Community Care, Molina Healthcare of New Mexico, Office of the Superintendent of Insurance, New Mexico Federation of Labor, and the New Mexico State Personnel Office.

"Ultra Health acknowledges that the idea of health insurers paying for medical cannabis may seem novel at first blush," the six-page letter states. "However, as Ultra Health will discuss below, it is actually a rational, reasonable notion when considered in light of other New Mexico law. New Mexico already requires workers compensation insurers to pay for medical cannabis, and New Mexico already treats medical cannabis the same as conventional prescription medications. The fact that health insurers should—and will—pay for medical cannabis is not revolutionary at this point. It is the next logical step, and it is a small step, not a giant leap."

Ultra Health claims to have New Mexico law on its side through [Senate Bill 317](#), legislation that expanded the definition of behavior health services to cover several treatment options. Becoming effective on Jan. 1, 2022, the legislation intends to make mental and behavioral health services more affordable for New Mexicans by eliminating all cost-sharing and any out-of-pocket costs for those services and accompanying medications.

Under S.B. 317, insurers that offer coverage of behavioral health services cannot impose cost sharing on "professional and ancillary services for the treatment, habilitation, prevention and identification of mental illnesses, substance abuse disorders and trauma spectrum disorders, including ... all medications."

Ultra Health is putting added emphasis on the "all medications" wording as it pertains to cannabis under the state's medical program.

In New Mexico, cannabis is an approved medicine for several qualifying conditions, such as post-traumatic stress disorder, opioid use disorder, severe anorexia and Parkinson's disease, which are considered behavioral health disorders under the [Lynn and Erin Compassionate Use Act](#).

Among the roughly 130,000 New Mexicans **enrolled** in the state’s medical cannabis program, as of January 2021, about 73,000 qualify for cannabis treatment under behavioral health diagnoses, according to Ultra Health. More than 71,000 of enrollees have PTSD as their qualifying condition, according to the New Mexico Department of Health.

Ultra Health acknowledged that insurers may need to segregate federal funds from the funding they use for medical cannabis, since cannabis remains federally illegal. Ultra Health also addressed the belief that cannabis dispensaries may be “disorganized operations” that could never be integrated with insurance payors.

“Such beliefs would be easily dispelled by becoming acquainted with the modern medical cannabis dispensary system,” the six-page letter states. “Modern New Mexico dispensaries are bright, welcoming places located next to barbershops and banks. Many managers and executives in New Mexico’s medical cannabis system have actually worked in traditional health care systems and have familiarity with insurer practices.”

The letter adds, “New Mexico has a robust licensing scheme that can ensure that insurers only pay for cannabis sold by licensed entities. New Mexico also mandates that medical cannabis purveyors use a tracking database called **BioTrack**, which means that the amount of cannabis sold can be accurately reported to payors.”

Ultra Health suggests that the best approach for insurers would be to treat medical cannabis dispensaries like pharmacies: the patient comes in, obtains the cannabis, and then the dispensary requests payment from the insurer.

The company also suggests that a direct patient reimbursement model—where patients pay and then seek reimbursement from their insurance providers—would be difficult in the cash-intensive industry.

New Mexico Medical Cannabis

Cannabis Business Insurance



# STATE OF NEW MEXICO

## OFFICE OF SUPERINTENDENT OF INSURANCE

SUPERINTENDENT OF INSURANCE  
Russell Toal



DEPUTY SUPERINTENDENT  
Jennifer A. Catechis

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### BULLETIN 2021-009

June 14, 2021

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**TO: ALL INSURERS LICENSED TO SELL HEALTH INSURANCE IN NEW MEXICO**

**RE: SENATE BILL 317: APPLYING COST-SHARING WAIVERS TO BEHAVIORAL HEALTH SERVICES**

Senate Bill 317, titled “No Behavioral Health Cost Sharing”, was signed into law by Governor Michelle Lujan Grisham on April 8, 2021, will become effective January 1, 2022 and is scheduled to expire on December 31, 2026. Among other advancements, SB317 prohibits cost sharing, including imposition of a deductible, for behavioral health (“BH”) services covered by any health care plan “delivered, issued for delivery or renewed in New Mexico”. To ensure that all New Mexicans receive equal treatment with respect to health plan coverage for BH services, the application of the prohibition on cost-sharing for BH services must be standardized across all subject health plans on January 1, 2022. To that end, the New Mexico Office of Superintendent of Insurance (“OSI”) directs every subject health plan to use the following criteria to identify BH services that are not subject to cost sharing, listed by service type.

#### **Professional Services**

- Professional services rendered by a BH provider, except when delivered in an emergency room or urgent-care center.
- Services rendered by a primary care provider when a BH diagnosis is the 1st or 2nd code on the claim (see definition of BH diagnoses below.)

#### **Outpatient Facility Services**

- Outpatient services, including professional services, delivered in a BH facility.
- Outpatient services, including professional services, delivered in a non-BH facility if the attending provider is a BH provider.
- Non-emergency room and non-urgent care center outpatient services, including professional services, delivered in a non-BH facility, by a non-BH provider, when a BH diagnosis is the 1<sup>st</sup> or 2<sup>nd</sup> code on the claim.
- Transcranial magnetic stimulation treatment services and electroconvulsive therapy services, including professional services.

Main Office: 1120 Paseo de Peralta, Room 428, Santa Fe, NM 87501  
Satellite Office: 6200 Uptown Blvd NE, Suite 400, Albuquerque, NM 87110  
Main Phone: (505) 827-4601 | Satellite Phone: (505) 322-2186 | Toll Free: (855) 4 - ASK - OSI

[www.osi.state.nm.us](http://www.osi.state.nm.us)

**Inpatient Facility Services**

- Inpatient services, including professional services, delivered in a BH hospital or in the BH department of a general acute care hospital.
- Inpatient services, including professional services, delivered in a residential treatment center.
- Inpatient services, including professional services, delivered in a general, acute care hospital when the attending provider is a BH provider.
- Detoxification services, including professional services, delivered in a BH hospital, a general acute care hospital, or a residential treatment center.
- Transcranial magnetic stimulation treatment services and electroconvulsive therapy services, including professional services.

**Ancillary Services**

- Clinical laboratory services, radiology services and other imaging services when the ordering provider is a BH provider.
- Clinical laboratory services, radiology services and other imaging services when the ordering provider is not a BH provider, or when the ordering provider information is not present on the claim, but a BH diagnosis code is 1<sup>st</sup> or 2<sup>nd</sup> on the claim.

**Prescription Drugs**

- A prescription drug covered on the plan's drug formulary or authorized by the plan when the drug is in a USP therapeutic category and class combination as specified on the attached list. While examples of drugs in a class are provided, the lists are not all inclusive and the carrier shall ensure its Pharmacy Benefits Manager is able to identify all drugs included in the listed categories and class combinations.
- Special considerations apply for the off-label use of drugs for the treatment of BH conditions. To that end, the attached list includes some non-BH USP therapeutic categories and classes of drugs that might be used off-label for BH conditions. If the prescriber is a BH provider, the drug is to be considered a BH drug.
  - A BH provider might prescribe drugs from other therapeutic categories and classes that are not on the attached list. It is up to the carrier to determine whether the drug should be treated as a BH drug for cost-sharing purposes.
  - Cost-sharing may be applied to these non-BH drugs if the prescriber is not a BH provider. However, at least monthly, a carrier shall analyze utilization of these drugs to identify members who likely filled these prescriptions for treatment of a BH condition. When confirmed with the prescriber, carriers will reimburse these identified members their cost-sharing expenditures for these drugs and take appropriate steps to remove the cost sharing requirement for the member when prescriptions for the specified drug(s) are filled in the future.

These directives apply to cost-sharing policies. Carriers may continue to apply their plans' drug formulary policies, prior authorization and utilization management policies, and other drug coverage policies. For example, if a carrier's formulary covers the generic version of a brand drug, there is nothing in the bill or in this guidance that would require the carrier to pay for the brand name product.

If a member receives BH services subject to this guidance from an out-of-network provider, the plan may impose cost-sharing for those services unless:

1. Reimbursement for the service is governed by the Surprise Billing Act; or
2. The plan specifically authorized the out-of-network provider to deliver the service(s).

If a plan is required to reimburse a member for cost sharing pursuant to this guidance, the plan may recoup the reimbursement amount from the contracted provider that accepted the cost sharing from the member, if authorized under the terms of the provider agreement.

### **BH Diagnosis Codes**


The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) contains a set of diagnosis codes that begin with "F" that includes behavioral health conditions subject to SB317. Carriers are directed to use the presence of an ICD-10-CM "F-code" in the 1<sup>st</sup> or 2<sup>nd</sup> diagnosis as needed to identify a BH service, except for the following code sets:

- F01.x – F09.9x - Mental disorders due to known physiological conditions
- F70.x – F79.9x - Mild intellectual disabilities
- F80.x – F83.9x - Pervasive and specific developmental disorders
- F85.x – F89.9x - Pervasive and specific developmental disorders
- F91.x – F98.9x - Behavioral and emotional disorders with onset usually occurring in childhood and adolescence

The OSI will, at times, reevaluate these directives based on carrier and other stakeholder input and on claims data.

As always, OSI thanks carriers for their partnership and cooperation.

**ISSUED** this 14<sup>th</sup> day of June, 2021.



**RUSSELL TOAL**  
Superintendent of Insurance



## Behavioral Health Prescription Medications Not Subject to Cost-Sharing

U.S. Pharmacopeia (USP) Therapeutic Category	U.S. Pharmacopeia (USP) Class (Carriers must cross-reference to their comparable therapeutic classes)	<u>EXAMPLES</u> OF MEDICATIONS IN THE CLASS  (Not intended to be all-inclusive)
<b>Anti-addiction/Substance Abuse Treatment Agents</b>	Alcohol Deterrents/Anti-craving	Acamprosate Calcium, Disulfiram, Naltrexone, Naltrexone Hydrochloride
	Opioid Dependence	Buprenorphine, Buprenorphine/Naloxone Hydrochloride, Lofexidine, Naltrexone
	Opioid Reversal Agents	Naloxone Hydrochloride
	Smoking Cessation Agents	Bupropion Hydrochloride, Nicotine Polacrilex, Varenicline Tartrate
<b>Anticonvulsants</b>	Gamma-aminobutyric Acid (GABA) Augmenting Agents	Gabapentin, Pregabalin
	Sodium Channel Agents	Carbamazepine, Oxcarbazepine
	Anticonvulsants, Other	Divalproex sodium, Lamotrigine, Topiramate, Valproic Acid
<b>Antidepressants</b>	Monoamine Oxidase Inhibitors	Isocarboxazid, Phenelzine Sulfate, Selegiline, Tranylcypromine Sulfate
	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	Citalopram Hydrobromide, Desvenlafaxine, Duloxetine Hydrochloride, Escitalopram Oxalate, Fluoxetine Hydrochloride, Fluvoxamine Maleate, Nefazodone Hydrochloride, Paroxetine Hydrochloride, Sertraline Hydrochloride, Trazodone Hydrochloride, Venlafaxine Hydrochloride
	Tricyclics	Amitriptyline Hydrochloride, Amoxapine, Clomipramine Hydrochloride, Desipramine Hydrochloride, Doxepin Hydrochloride, Imipramine Hydrochloride, Imipramine Pamoate, Nortriptyline Hydrochloride, Protriptyline Hydrochloride  Trimipramine Maleate
	Antidepressants, Other	Maprotiline Hydrochloride, Bupropion Hydrobromide, Bupropion Hydrochloride, Mirtazapine,



## Behavioral Health Prescription Medications Not Subject to Cost-Sharing

U.S. Pharmacopeia (USP) Therapeutic Category	U.S. Pharmacopeia (USP) Class (Carriers must cross-reference to their comparable therapeutic classes)	<i><u>EXAMPLES</u></i> OF MEDICATIONS IN THE CLASS  (Not intended to be all-inclusive)
		Aripiprazole, Quetiapine Fumarate, Esketamine Hydrochloride, Chlordiazepoxide/ Amitriptyline Hydrochloride, Olanzapine/ Fluoxetine, Perphenazine/ Amitriptyline Hydrochloride
<b>Antiparkinson Agents</b>	Anticholinergics	Benzotropine Mesylate, Diphenhydramine Hydrochloride, Trihexyphenidyl Hydrochloride
	Dopamine Agonists	Pramipexole Dihydrochloride (for augmentation in severe depression)
<b>Antipsychotics</b>	1st Generation/Typical <sup>1</sup>	Chlorpromazine, Fluphenazine, Haloperidol, Loxapine, Perphenazine, Pimozide, Prochlorperazine, Thioridazine, Thiothixene, Trifluoperazine
	2nd Generation/Atypical <sup>2</sup>	Aripiprazole, Asenapine, Brexpiprazole, Cariprazine Hydrochloride, Iloperidone, Lurasidone Hydrochloride, Olanzapine, Pimavanserin Tartrate, Quetiapine Fumarate, Paliperidone, Risperidone, Ziprasidone
	Treatment-Resistant	Clozapine
<b>Anxiolytics</b>	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	Duloxetine Hydrochloride, Escitalopram Oxalate, Paroxetine Hydrochloride, Sertraline Hydrochloride, Venlafaxine Hydrochloride
	Benzodiazepines	Alprazolam, Chlordiazepoxide, Clonazepam, Clorazepate Dipotassium, Diazepam, Midazolam, Lorazepam, Oxazepam
	Anxiolytics, Other	Buspirone Hydrochloride, Doxepin Hydrochloride, Hydroxyzine Hydrochloride, Hydroxyzine Pamoate, Meprobamate

<sup>1</sup> Includes long-acting injectables

<sup>2</sup> Includes long-acting injectables



## Behavioral Health Prescription Medications Not Subject to Cost-Sharing

U.S. Pharmacopeia (USP) Therapeutic Category	U.S. Pharmacopeia (USP) Class (Carriers must cross-reference to their comparable therapeutic classes)	<u>EXAMPLES</u> OF MEDICATIONS IN THE CLASS  (Not intended to be all-inclusive)
<b>Bipolar Agents</b>	Mood Stabilizers	Carbamazepine, Divalproex Sodium, Lamotrigine, Lithium Carbonate, Lithium Citrate
	Bipolar Agents, Other	Aripiprazole, Asenapine, Lurasidone, Olanzapine, Olanzapine Pamoate, Quetiapine Fumarate, Risperidone, Ziprasidone Hydrochloride
<b>Cardiovascular Agents</b>	Alpha-adrenergic Blocking Agents	Prazosin Hydrochloride (for treatment of PTSD)
<b>Central Nervous System Agents</b>	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	Amphetamine, Dextroamphetamine Sulfate, Dextroamphetamine Saccharate/ Amphetamine Aspartate/ Dextroamphetamine Sulfate/ Amphetamine Sulfate, Lisdexamfetamine Dimesylate, Methamphetamine Hydrochloride
	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	Atomoxetine Hydrochloride, Clonidine Hydrochloride, Dexmethylphenidate Hydrochloride, Guanfacine Hydrochloride, Methylphenidate Hydrochloride
	Central Nervous System Agents, Other	Valbenazine, Deutetrabenazine
<b>Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)</b>	Not applicable – no class assigned by USP	Liothyronine (for augmentation in severe depression)
<b>Sleep Disorder Agents</b>	Sleep Promoting Agents	Eszopiclone, Zolpidem (IR, ER, CR), Suvorexant, Zaleplon, Estazolam, Flurazepam, Quazepam, Temazepam, Triazolam

## COVID-19 Over-the-Counter (OTC) Tests & Medicare Frequently Asked Questions

### **Does Medicare cover over-the-counter COVID-19 tests?**

Original Medicare does not currently pay for over-the-counter COVID-19 tests, but CMS is launching an initiative in early spring 2022 that provides payment directly to eligible pharmacies and other entities that are participating in this initiative to enable people with Medicare to get up to eight free over-the-counter COVID-19 tests a month.

Right now, Medicare Advantage Plans may cover and pay for over-the-counter COVID-19 tests as a supplemental benefit in addition to covering Medicare Part A and Part B benefits. If you're in a Medicare Advantage Plan, check with the plan to see if it will currently cover and pay for these tests. All Medicare beneficiaries with Part B will be eligible to get eight free over-the-counter COVID-19 tests per month through our new initiative, whether enrolled in a Medicare Advantage plan or not.

### **When can I get a free, over-the-counter COVID-19 test through my Medicare coverage?**

People with Medicare can access free tests right now through a number of channels established by the Biden-Harris Administration. Medicare beneficiaries can:

- Request free over-the-counter tests for home delivery at [covidtests.gov](https://covidtests.gov).
- Access low-to-no-cost COVID-19 tests through healthcare providers at over 20,000 free testing sites nationwide. A list of community-based testing sites can be found [here](#).
- Access lab-based PCR tests and antigen tests performed by a laboratory when the test is ordered by a physician, non-physician practitioner, pharmacist, or other authorized health care professional at no cost through Medicare. In addition to accessing a COVID-19 lab test ordered by a health care professional, people with Medicare can also access one lab-performed test without an order, also without cost sharing, during the public health emergency.

Call 1-800-Medicare with questions about where to find a test.

Starting in early spring, people with Medicare will be able to go to an eligible pharmacies and other entities that are participating in this initiative to receive over-the-counter COVID-19 tests for free through their Medicare part B coverage. More information about eligible pharmacies and other entities that are participating in this initiative will be available in the early spring. Once the initiative is up and running, CMS will encourage beneficiaries to ask their local pharmacy or current health care provider whether they are participating in this initiative.

### **Will I need to buy the tests first and then be reimbursed?**

No. This new initiative will enable payment directly to eligible pharmacies and other entities that are participating in this initiative to allow Medicare beneficiaries to pick up tests at no cost at the point of sale and without needing to be reimbursed. CMS is working around the clock to implement this initiative, and we anticipate it will be available to people with Medicare in the early spring.

### **Can my family members get free COVID-19 tests if they don't have Medicare?**

Every home in the U.S. is eligible to order four free, at-home COVID-19 tests, delivered by the U.S. Postal Service. You can request four at-home tests for home delivery for free at [covidtests.gov](https://covidtests.gov).

For those who have difficulty accessing the internet or need additional support placing an order, you can call 1-800-232-0233 to get help in English, Spanish, and more than 150 other languages. This call-line is open 8 a.m. to midnight ET, 7 days a week. There's also TTY line (1-888-720-7489) to support access by hearing impaired callers.

## Memorandum

To: The Board of Trustees and Neil Kueffer, Interim Executive Director  
New Mexico Retiree Health Care Authority

From: Julie Bodenski, Humana

Date: February 23, 2022

Re: Humana Pharmacy and Humana Specialty Pharmacy - rebranding

In recent years, Humana has significantly expanded its health care services segment in order to better serve its members and the community through its payer-agnostic care services. In 2022, Humana is bringing many of these components of our health services arm under one cohesive name, CenterWell.

The biggest impact to NMRHCA members will be the name change from Humana Pharmacy and Humana Specialty Pharmacy to **CenterWell Pharmacy** and **CenterWell Specialty Pharmacy**.

The rebranding will “go live” on June 10, 2022:

- The brand awareness campaign will launch in mid-March.
- **Members utilizing Humana Pharmacy mail-order service and/or Humana Pharmacy Specialty services will receive the direct campaign messaging.**
- A variety of communication channels will be utilized to increase member awareness (example; direct mail and email messaging).
- Second and third waves of communication will occur in mid-April and mid-May, in advance of the go-live date of June 10, 2022.

With this change to CenterWell Pharmacy branding, Humana will continue to provide personalized pharmacy care to help members get to their best health. CenterWell Pharmacy is committed to providing safe and reliable prescription home delivery to our customers.

- As part of the name change, there is nothing for NMRHCA members to do or worry about. There will be no delays or disruption with prescription orders. Members will continue to receive their prescriptions on time as they did before.
- Images of the CenterWell logo:

Humana Pharmacy (HP)	Humana Specialty Pharmacy (HSP)
<ul style="list-style-type: none"><li>• HP will be rebranding to CenterWell Pharmacy</li><li>• New CenterWell Pharmacy logo:</li></ul>	<ul style="list-style-type: none"><li>• HSP will be rebranding to CenterWell Specialty Pharmacy</li><li>• New CenterWell Specialty Pharmacy logo:</li></ul>
	

Sincerely,

*Julie Bodenski*

Group Medicare Senior Account Executive - Humana



Customers with Trad and Specialty claims

9" x 6" Postcard



Postcard front



Postcard address panel

# New Mexico Retiree Health Care Authority (CP)

## Change in Market Value

For the Month of Jan 2022

(Report as of February 14, 2022)

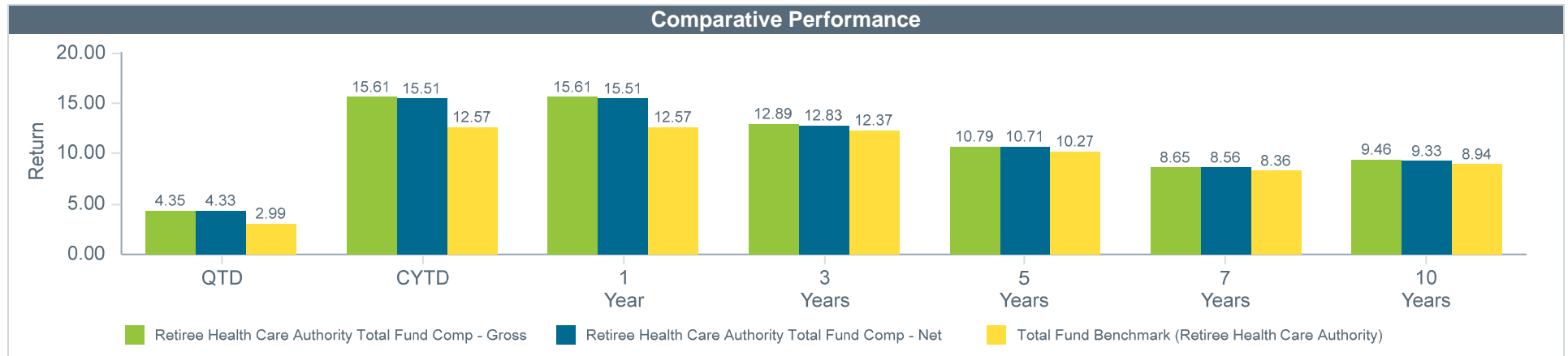
Investment Name	Prior Ending Market Value	Contributions	Distributions	Fees	Income	Gains - Realized & Unrealized	Market Value
Core Bonds Pool	197,076,419.67	-	-	-	420,279.95	(4,763,645.07)	192,733,054.55
Credit & Structured Finance	154,796,715.17	-	-	-	18,422.93	471,521.34	155,286,659.44
NM Retiree Health Care Authority Cash Account	-	-	-	-	-	-	-
Non-US Developed Markets Index Pool	153,933,087.46	-	-	-	71,904.61	(7,093,896.56)	146,911,095.51
Non-US Emerging Markets Active Pool	102,562,085.69	-	-	-	49,397.29	(3,641,458.72)	98,970,024.26
Private Equity Pool	161,877,712.11	-	-	-	111,575.44	(435,272.03)	161,554,015.52
Real Estate Pool	108,030,476.59	-	-	-	380,408.27	(474,148.57)	107,936,736.29
Real Return Pool	45,817,401.48	-	-	-	125,707.46	683,675.33	46,626,784.27
US Large Cap Index Pool	198,762,039.91	-	-	-	160,338.00	(11,359,008.94)	187,563,368.97
US SMID Cap Alternative Weighted Index Pool	26,377,595.92	-	-	-	12,974.23	(1,930,056.57)	24,460,513.58
Sub - Total New Mexico Retiree Health Care	1,149,233,534.00	-	-	-	1,351,008.18	(28,542,289.79)	1,122,042,252.39
<b>Total New Mexico Retiree Health Care</b>	<b>1,149,233,534.00</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,351,008.18</b>	<b>(28,542,289.79)</b>	<b>1,122,042,252.39</b>

# 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	198,762,040	17.30	14.00	3.30
	Small/Mid Cap US Equity Index	26,377,597	2.30	2.00	0.30
	Non-US Developed Markets Index	153,933,087	13.39	14.00	-0.61
	Non-US Emerging Markets Active	102,562,083	8.92	10.00	-1.08
	US Core Bonds	197,076,405	17.15	20.00	-2.85
	Credit & Structured Finance	154,796,713	13.47	15.00	-1.53
	Private Equity	161,877,711	14.09	10.00	4.09
	Real Estate	108,030,476	9.40	10.00	-0.60
	Real Return	45,817,401	3.99	5.00	-1.01
	Total Fund	1,149,233,513	100.00	100.00	0.00



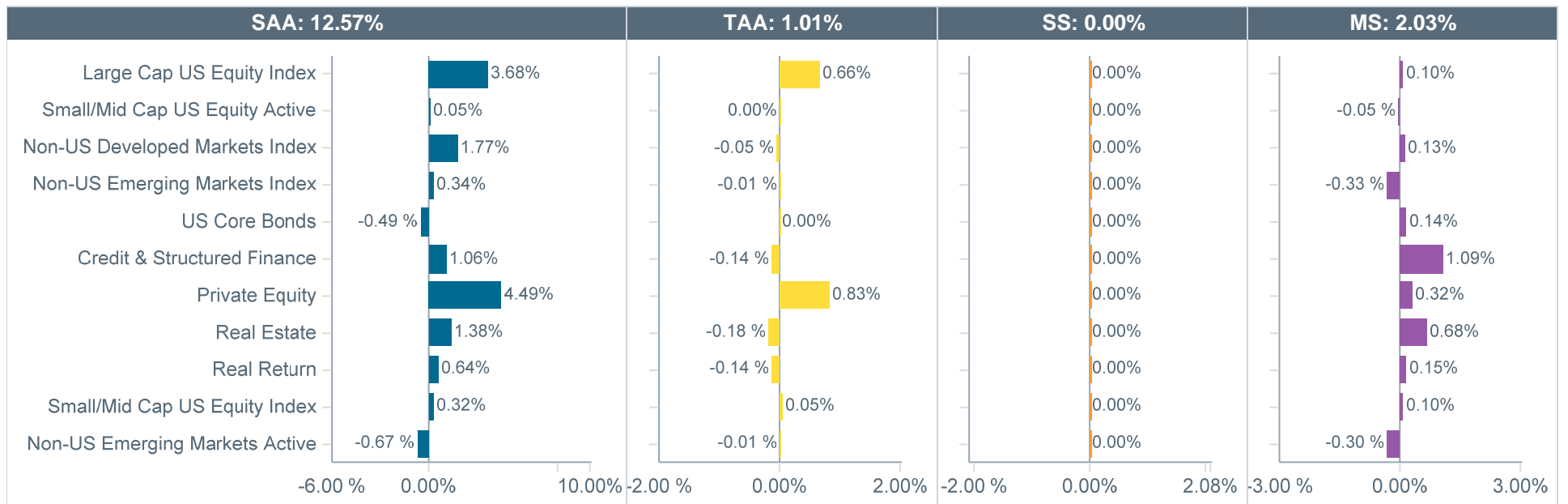
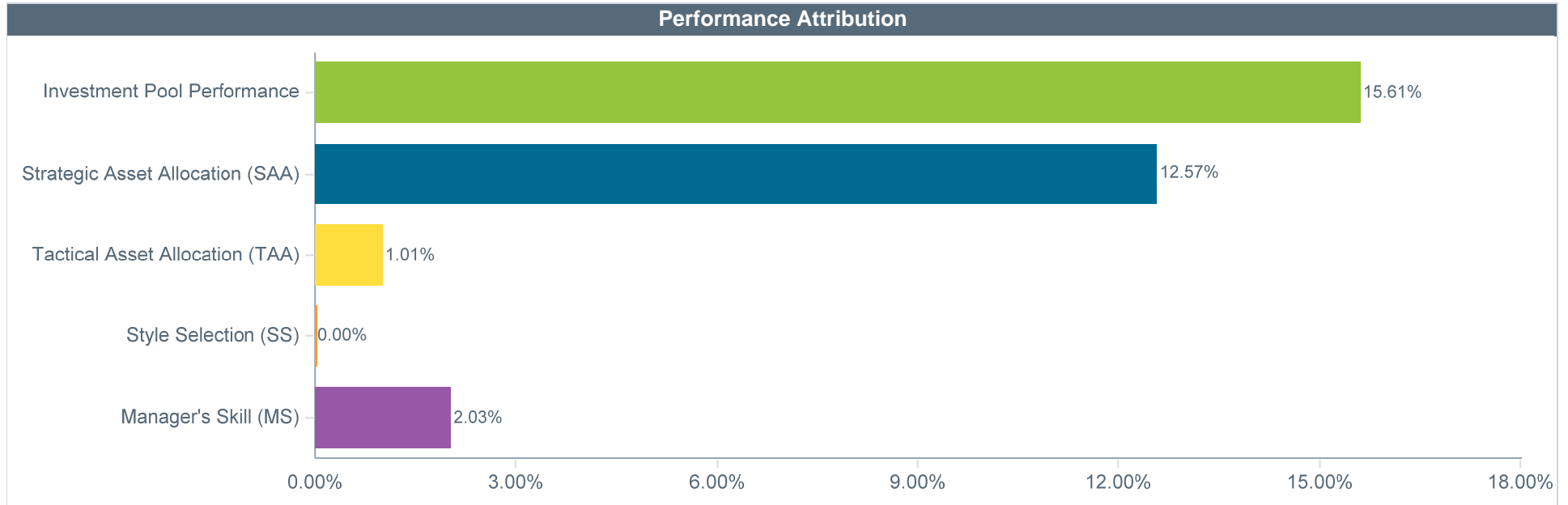
### Comparative Performance

	QTD	CYTD	1 Year	3 Years	5 Years	7 Years	10 Years	2020	2019	2018
<b>Retiree Health Care Authority Total Fund Comp - Gross</b>	4.35	15.61	15.61	12.89	10.79	8.65	9.46	9.88	13.27	-1.24
Total Fund Benchmark (Retiree Health Care Authority)	2.99	12.57	12.57	12.37	10.27	8.36	8.94	10.23	14.35	-1.85
Difference	1.36	3.04	3.04	0.52	0.52	0.29	0.52	-0.35	-1.08	0.61
<b>Retiree Health Care Authority Total Fund Comp - Net</b>	4.33	15.51	15.51	12.83	10.71	8.56	9.33	9.83	13.21	-1.32
Total Fund Benchmark (Retiree Health Care Authority)	2.99	12.57	12.57	12.37	10.27	8.36	8.94	10.23	14.35	-1.85
Difference	1.34	2.94	2.94	0.46	0.44	0.20	0.39	-0.40	-1.14	0.53

### Schedule of Investable Assets

Periods Ending	Beginning Market Value (\$)	Net Cash Flow (\$)	Gain/Loss (\$)	Ending Market Value (\$)	% Return
CYTD	924,474,338	75,000,000	149,759,174	1,149,233,513	15.51

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.

## Out-of-state Travel Request (Action Item)

**Background.** The New Mexico Retiree Health Care Authority is a member of the State and Local Government Benefits Association (SALGBA). SALGBA is an organization providing educational and collaborative support for public sector employee benefit professionals. Consisting of 1500 members in all 50 states to include both public sector and business entity members who cover more than 5 million employees and over \$14 billion in annual spend. The organization distributes information on the latest resources, news, conferences, educational and networking opportunities.

Registration for the National SALGBA Conference is currently open, and the annual conference starts on May 1<sup>st</sup> with presentations to conclude on May 4<sup>th</sup>. Presentations include information about variety of benefit programs, trends, and healthcare solutions such as: Gene Therapy Drugs: A Game Changer with Game Changing Costs, Healthy at Home: The Value and Clinical Impact in Supporting Members Discharging Home, the Current Mental Health Landscape, and Implementing a Comprehensive Approach for Chronic Obesity Management.

**Requested Action.** NMRHCA staff respectfully requests permission to attend the National Conference on the State and Local Government Benefits Association SALGBA held on May 1 – 4 in Seattle, WA (see attached agenda on next page).

Enter text here.



**Summary**

**Fees**

**Agenda**

**Speakers**

**Travel**

**Attendees**

**Register Now**

[Already Registered?](#)

# SALGBA 2022 National Conference

May 1, 2022—May 4, 2022

## Agenda

Here's what's scheduled for the event.

🕒 Viewing in Pacific Time **Adjust**

**May 1, 2022**

➤ **Seattle City Tour**

**8:30 AM-3:00 PM PT**

**Registration Open**

**10:00 AM-5:00 PM PT**

**Exhibitor Set up**

**11:00 AM-5:00 PM PT**

**Local Roundtable**

**2:00 PM-4:00 PM PT**

**State Roundtable**

**2:00 PM-4:00 PM PT**

**Board Reception (Invitation Only)**

**4:15 PM-5:00 PM PT**

**Opening Night Reception sponsored by Kaia Health**

**5:00 PM-6:30 PM PT**

**May 2, 2022**

**Registration**

**7:15 AM-5:00 PM PT**

**Breakfast with Exhibitors**

**7:30 AM-8:15 AM PT**



**Opening Keynote**

**8:30 AM-9:45 AM PT**

**Coffee Break with Exhibitors**

**9:45 AM-10:15 AM PT**

- **Doubling Covered Lives: How Washington State Brought School Employees into the Fold**

**10:15 AM-11:00 AM PT**

- **Is an Individual Health Plan Approach to Pre-Medicare Retiree Health Benefits Right for Your Organiz**

**10:15 AM-11:00 AM PT**

- **Using Socio-demographics to Enhance Care, Engage Members, and Enrich Plan Design**

**10:15 AM-11:00 AM PT**

- **Benefits Tools - Gaining a Competitive and Efficiency Advantage**

**10:15 AM-11:00 AM PT**

- **The Evolution of Pharmacy Care Delivery with Virtual and Digital Health**

**10:15 AM-11:00 AM PT**

**Luncheon and Healthcare Trivia**

**11:30 AM-12:45 PM PT**

- **Gene Therapy Drugs: A Game Changer with Game Changing Costs**  
**1:00 PM-2:00 PM PT**
  
- **Reengaging Employees in a Post-Pandemic World**  
**1:00 PM-2:00 PM PT**
  
- **How an Expert Medical Opinion Can Change Everything**  
**1:00 PM-2:00 PM PT**
  
- **Healthy at Home: The Value and Clinical Impact in Supporting Members Discharging Home**  
**1:00 PM-2:00 PM PT**
  
- **Redefining Retiree Healthcare: Innovative strategies to address increasing retiree healthcare cost c**  
**1:00 PM-2:00 PM PT**
  
- Break with Exhibitors**  
**2:15 PM-2:45 PM PT**
  
- **How Preventive Digital MSK Care & Lifestyle Change Can Avoid Downstream Costs**  
**3:00 PM-4:00 PM PT**
  
- **Pre-65 Retiree Health Care Savings: SSDC Services and Metropolitan Nashville Public Schools**

**3:00 PM-4:00 PM PT**

> **Changing the Game in Specialty Pharmacy**

**3:00 PM-4:00 PM PT**

> **Reversing Diabetes and Obesity in the Public Sector**

**3:00 PM-4:00 PM PT**

> **Cost Effective Health Care through Direct Contract with Reference Based Pricing**

**3:00 PM-4:00 PM PT**

**Networking Reception in Exhibit Hall sponsored by Aetna**

**4:14 PM-5:00 PM PT**

**Evening Event sponsored by Express Scripts**

**5:30 PM-9:00 PM PT**

**May 3, 2022**

**Registration**

**8:00 AM-5:00 PM PT**

**Tuesday Breakfast with Exhibitors**

**8:00 AM-8:45 AM PT**

**Public Sector Member Business Meeting with breakfast**

- > **General Session--Home Health, the New Frontier**  
**9:00 AM-10:00 AM PT**
  
- Break with Exhibitors**  
**10:15 AM-10:45 AM PT**
  
- > **Get Fit on Route 66: How Leadership Can Transform Your Culture**  
**11:00 AM-11:45 PM PT**
  
- > **The Current Mental Health Landscape**  
**11:00 AM-11:45 PM PT**
  
- > **Adding Benefits, While Saving Money, & Improving Members' Lives**  
**11:00 AM-11:45 AM PT**
  
- > **Taking the Mystery Out of Pharmacy Drug Pricing and Rebates**  
**11:00 AM-11:45 AM PT**
  
- > **One in 10 Americans has a Rare Disease: A Discussion on Orphan Drugs and Market Impact**  
**11:00 AM-11:45 AM PT**

**12:00 PM-1:15 PM PT**

- **Implementing a Comprehensive Approach for Chronic Obesity Management**

**1:30 PM-2:15 PM PT**

- **Wisconsin Pharmacy Cost Study Committee: Lessons on Inter-Government Collaboration**

**1:30 PM-2:15 PM PT**

- **Ohio Bureau of Workers Compensation – Addressing Wellbeing Innovations & COVID Impacts**

**1:30 PM-2:15 PM PT**

- **Using Data Analytics to Drive Decisions, Model Strategies and Monitor Outcomes**

**1:30 PM-2:15 PM PT**

- **Integrating New Cancer Screening Technologies into Employee Healthcare Services**

**1:30 PM-2:15 PM PT**

- **Integrated Population Health Management within a Wellbeing Framework – A Case Study**

**2:30 PM-3:15 PM PT**

**Maximize Spend**

**2:30 PM-3:15 PM PT**

➤ **Taking Action: Improving Health Equity Through Virtual Care**

**2:30 PM-3:15 PM PT**

➤ **The Power of Navigation: Using a Data-Driven Strategy to Lower Costs and Improve Employees' Health a**

**2:30 PM-3:15 PM PT**

**Break with Exhibitors**

**3:15 PM-4:00 PM PT**

➤ **Public Sector Stewardship: Reducing Unnecessary Health Care Spend with Dependent Eligibility Verific**

**4:00 PM-4:45 PM PT**

➤ **At-home preventive tests: An Innovative Approach to Improving Employee Health**

**4:00 PM-4:45 PM PT**

➤ **Impact of DFW Airport's Onsite Health Clinic to the Health and Wellbeing of our Employees**

**4:00 PM-4:45 PM PT**

**Sector**

**4:00 PM-4:45 PM PT**

**Reception sponsored by LifeWorks**

**5:00 PM-6:00 PM PT**

**Evening Event sponsored by CVS Health**

**6:00 PM-10:00 PM PT**

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## 2023 Preliminary Plan Discussion

### Solvency Results: 2018 - 2021:

	2018	2019	2020	2021	2022
Trust Fund Balance @ June 30	632.2 million	717.7 million	778.3 million	1,056.2 million	TBD
Projected Solvency (Years)	19	25	30	30+	TBD
Projected Solvency Period	2037	2044	2050	2052+	TBD
Projected Deficit Spending	2022	2023	2025	2027	TBD

### Summary of Actions Taken for 2022:

1. Increased Pre-Medicare Plan Rates: 6 percent
2. Increased Medicare Supplement Rates: 4 percent
3. Medicare Supplement prescription plan network – Board Performance Network
4. Implemented Hinge Health Pilot Program – Approved for one-year
5. Delta Dental network change - Point of Service Network
6. Medicare Advantage Plan Rates – Ranged from **-100%** to **+10%**

### Influencing Factors:

1. COVID-19 related expenses
2. Presidential Executive Orders
3. Investment balances
4. PBM RFP – New Contract July 1, 2022
5. Plan Changes i.e., SB317 – No Behavioral Health Cost Sharing

### Summary of Actions Taken for 2021:

1. Increased Pre-Medicare Plan Rates: 5 percent
2. Increased Medicare Supplement Rates: 2 percent
3. Revised Medicare Advantage default strategy
4. Implementation of Livongo Diabetes Management Program
5. Contract arrangements
  - a. Site of service navigation (Presbyterian)
  - b. Access guarantees (Presbyterian)
  - c. Integrated care initiative (Presbyterian)
6. Pilot Programs
  - a. Paramedicine Programs (BCBS)
  - b. Tricare Data Analytics and Gap Closure Program (BCBS)
7. Medicare Advantage Plans
  - a. UHC MA Plan I: **-60 percent**
  - b. UHC MA Plan II: **-75 percent**
  - c. BCBS MA Plan I: **-54 percent**
  - d. BCBS MA Plan II: **-88 percent**
  - e. Humana MA Plan I: **-36 percent**



- f. Humana MA Plan II: -84 percent
- g. Presbyterian MA Plan I: -40 percent
- h. Presbyterian MA Plan II: -38 percent

**Influencing Factors:**

1. Vetoing of House Bill 45/2021 Legislature Session
  - a. New Mexico economy
  - b. Pension fix for Educational Retirement Board
  - c. Timing associated w/receipt of increased employee and employer contributions
2. Rule Change effective date
3. COVID-19 claim impact
4. Investment losses

**Summary of Actions Taken for 2020**

1. Increased Pre-Medicare Rates: 7 percent
2. Increase Medicare Supplement Rates: 5 percent
3. Implementation of the Patient Assistance Program – capping insulin copays @ \$25 for 30-day supply and \$75 for 90-day supply
4. Medicare Advantage Rate Changes: -2 to 0 percent

**Summary of Actions Taken for 2019**

1. Increased Pre-Medicare Rates: 8 percent
2. Increased Medicare Rates: 6 percent
3. Engagement in Value Based Purchasing Arrangements
  - a. Bundled payment agreements for hernias, laparoscopic cholecystectomies, shoulder arthroscopies, and knee arthroscopies
  - b. Introduction of 3 Tier Coverage through BCBS (Blue Preferred/Preferred Provider/Non-Preferred Provider)
4. Prescription drug copay increase for formulary/non-formulary brand drugs:

	2018		2019		Change	
<b>Plans</b>	<b>Non-Specialty/Specialty</b>					
	30%	30%	30%	30%	NA	NA
	\$25 Min	\$50 Min	\$30 Min	\$60 Min	\$5 Min	\$10 Min
<b>Formulary</b>	\$50 Max	\$100 Max	\$60 Max	\$120 Max	\$10 Max	\$20 Max
	50%	50%	50%	50%	NA	NA
	\$40 Min	\$100 Min	\$50 Min	\$100 Min	\$10 Min	NA
<b>Non-Formulary</b>	\$100 Max	\$150 Max	\$125 Max	\$250 Max	\$25 Max	\$100 Max

5. Addition of SaveOn Program: copay offset program
6. Addition of Naturally Slim Program (Now Wondr Program)
7. Pilot Project w/Grand Rounds

### **Summary of Actions Taken for 2018**

1. Increased pre-Medicare rates by 8 percent and Medicare rates by 6 percent
2. Expanded Value Option Resources to include BlueAdvantage (BAV) Network
3. Increase Cost Sharing/Narrow Network on Prescription Plan (Pre-Medicare/Supplement)
4. Voluntary Smart90 – Long-term medications
5. Medicare Default Strategy
  - a. Presbyterian Pre-Medicare Members to UnitedHealthcare Plan I (revised)
  - b. BCBS and NM Health Connections to Humana Plan I
6. Market Check Agreement - Pre-Medicare/Medicare
7. Basic life insurance coverage phase out begins

### **Considerations for 2023:**

1. Increase Pre-Medicare Plan Rates – Medical trend
2. Increase Medicare Supplement Rates – Medical trend
3. Continue with Hinge Health Program – Upon review of data
4. Plan Design Changes – Increases in member cost share
5. Medicare Advantage Plans and Rates – Plan designs and rates
6. Strategic 5-year plan

### **Influencing Factors:**

1. Did not pass - SB112 or Special Appropriations/2022 Legislature Session
2. COVID-19 related expenses
3. Presidential Executive Orders
4. Investment balances
5. PBM RFP – New Contract July 1, 2022
6. Plan Changes i.e., SB317 – No Behavioral Health Cost Sharing

**Plan Comparison - NM Retiree Health Care Authority, NM Public School Insurance Authority, Albuquerque Public Schools, and State of New Mexico GSD/EBB as of 1/1/2022**

**Medical Plans:**

Plan Premiums for individual member per month with employer subsidy of 64%	Premier PPO - \$310.54 (BCBS Tier 1 and Both plans Tier 2)	Value Plan HMO - \$242.58	SONM PPO - \$224.95 or \$222.70	SONM HMO - \$193.42 or \$191.49	NMPSIA High Option - \$292.20, \$279.01, \$236.30	NMPSIA EPO - \$262.98	NMPSIA Low Option - \$208.09, \$199.63, \$168.30	APS BCBS and Cigna - \$195.88 or \$201.74/ \$261.18 or \$268.99 Food Services	APS TrueHealth NM and Presbyterian - \$205.67/ \$274.21 Food Services
<b>Annual Deductible</b>	\$500 to \$800/Individual	\$1,500/Individual	\$700 or \$750/Individual	\$350/ \$425/ \$500/Individual	\$750/Individual	\$500/Individual	\$2,000/Individual	\$1,000/Individual	\$500/Individual
<b>Annual Out-of-Pocket Limit</b>	\$3,000 to 4,500/Individual	\$5,500/Individual	\$5,600 or \$5,000/Individual	\$3,750/ \$4,000/\$4,250/ \$5,000/ Individual	\$4,100/Individual	\$3,250/Individual	\$4,100/Individual	\$5,000/Individual	\$4,000/Individual
<b>Office Services</b>	Primary - \$20 or \$30 Specialist - \$35 to \$45	Primary -\$35 Specialist - \$55	Primary -\$40-\$50 Specialist - \$60-\$70	Primary -\$25, \$35, \$40 Specialist - \$45, \$50, \$75	Primary -\$25 Specialist - \$50	Primary -\$25 Specialist - \$35	Primary -\$30 Specialist - \$60	Primary -\$30 Specialist - \$60	Primary -\$20 Specialist - \$50
<b>Preventive Services</b>	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Related testing</b> (includes routine Pap test, mammograms, colonoscopy, physicals, etc.) & immunization (deductible waived)	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Lab, X-Ray, and Pathology</b>	Plan pays 100%	Plan pays 100%	30%-40%	\$20, \$100, 25%	\$30 freestanding lab/ radiology or actual allowed or \$60 hospital outpatient or actual allowed, (which ever is less per day)	\$25 freestanding lab/ radiology or actual allowed or \$50 hospital outpatient or actual allowed, (which ever is less per day)	\$35 freestanding lab/ radiology or actual allowed or \$70 hospital outpatient or actual allowed, (which ever is less per day)	\$30	\$20
<b>Emergency Room</b>	\$125	\$175	\$325	20%, \$300	\$450 copay	\$150 copay plus 20% after deductible	\$450 copay after deductible	\$450	\$350
<b>Urgent Care Facility</b>	\$35	\$40	\$65-\$75	\$100, \$60	\$50	\$45	\$60	\$75	\$50
<b>Ambulance Services</b>	25%	30%	20%, 30%	20% or \$30 Ground/\$100 Air	\$50 copay	\$25	25%	20%	20%
<b>High-Tech Radiology (MRI, PET &amp; CT)</b>	10%, 25% or \$100 office/ freestanding radiology	30% or \$125 office/ freestanding radiology	35% to max \$300 per test or \$300 copay per test per day	\$250 per test per day; 25% up to max of \$250 per test	\$600 copay or 20% which ever is less per day	\$500 copay or 20% which ever is less per day	\$700 copay or 25% which ever is less per day	\$120 or \$175 copay per day freestanding facility, 20% outpatient hospital	\$120 copay per day freestanding facility, 20% outpatient hospital
<b>Rehabilitation Inpatient or Outpatient (Occupational, Physical, and Speech)</b>	10% or 25% / \$20 or \$30 - Physical therapy outpatient alternative to surgery 4 copay max	30% / \$35 - Physical therapy outpatient alternative to surgery 4 copay max	\$1,250 - \$1,750 Inpatient/ \$40-\$50 Outpatient	20% or \$700 Inpatient/ \$25, \$35 or \$40 Outpatient	20% Inpatient/ \$25 copay up to \$250; thereafter no charge for remaining calendar year	\$500 copay plus 20% Inpatient/ \$25 up to \$250 then no charge rest of year Outpatient	25% Inpatient/ \$30 Outpatient	20% Inpatient, \$30 maximum \$480 per CY and 60 visit max per condition	20% Inpatient, \$20 maximum \$320 per CY and 60 visit max per condition
<b>Alternative (chiropractic, acupuncture, etc.)</b>	10% or 25%	30%	\$60-\$70, max 25 combined visits a year	\$50 or \$55, max 25 combined visits a year	\$50, combined max 30 visits	\$35, combined max 30 visits	25%, combined max 30 visits	\$30, max 25 or 20 visits a calendar year	\$20, max 25 visits a calendar year
<b>Hospitalization - Inpatient</b>	10% or 25%	30%	\$1,250-\$1750 per admission	20% or \$700 per admission	20% coinsurance after deductible	\$500 facility copay plus admission 20%	25%	20%	20%
<b>Surgery - Outpatient</b>	10% or 25%	30%	35%/\$700 per visit and \$500 copay/visit, plus 25% coinsurance	\$500 or \$250 copay plus 25%	20% coinsurance after deductible	\$150 copay plus 20%	25%	20%	20%
<b>Majority of Other Covered Services</b>	10% or 25%	30%	Vary	Vary	Vary	Vary	25%	20%	20%

**Plan Comparison - NM Retiree Health Care Authority, NM Public School Insurance Authority, Albuquerque Public Schools, and State of New Mexico GSD/EBB as of 1/1/2022**

**Prescription Plans:**

<i>Copay (Retail)</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>
<b>Generic</b>	\$5	\$15	\$5	\$15	\$6		\$6		\$10		\$10		\$10		\$10	\$25	\$10	\$25
<b>Brand</b>	\$30	\$60	\$30	\$60	\$35	\$95	\$35	\$95	\$30	\$60	\$30	\$60	\$30	\$60	\$35	\$65	\$35	\$65
<b>Brand Non-Formulary</b>	\$50	\$125	\$50	\$125	\$60	\$130	\$60	\$130	70%		70%		70%		\$70	\$140	\$70	\$140
<b>Specialty</b>					\$60 generic, \$85 preferred brand, \$125 non-preferred brand		\$60 generic, \$85 preferred brand, \$125 non-preferred brand											
Up to 30 or 34 day supply					**\$50 deductible applies to formulary and non-formulary only		**\$50 deductible applies to formulary and non-formulary only											
<b>Copay (Mail Order)</b>	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>	<i>Minimum</i>	<i>Maximum</i>
<b>Generic</b>	\$12	\$35	\$12	\$35	\$17		\$17		\$22		\$22		\$22		\$25		\$25	
<b>Preferred Brand</b>	\$60	\$120	\$60	\$120	\$120		\$120		\$60		\$60		\$60		\$70		\$70	
<b>Non-Formulary</b>	\$100	\$250	\$100	\$250	\$155		\$155		70%		70%		70%		\$150		\$150	
<b>Specialty</b>					\$60 generic, \$85 preferred brand, \$125 non-preferred brand		\$60 generic, \$85 preferred brand, \$125 non-preferred brand		\$55 generic, \$80 preferred brand, \$130 non-preferred (30 day)		\$55 generic, \$80 preferred brand, \$130 non-preferred (30 day)		\$55 generic, \$80 preferred brand, \$130 non-preferred (30 day)		\$70, \$100, \$150 based on tier		\$70, \$100, \$150 based on tier	