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REGULAR MEETING OF THE BOARD OF DIRECTORS



**November 1, 2022
9:30 AM**

**CNM Workforce Training Center, Room 207
5600 Eagle Rock Ave. NE, Alb. NM 87113
Online: <https://meet.goto.com/662370373>
Telephone: 1-872-240-3212 / Access Code: 662-370-373**

New Mexico Retiree Health Care Authority
Annual Meeting

BOARD OF DIRECTORS

ROLL CALL

November 1, 2022

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

NMRHCA BOARD OF DIRECTORS

November 2022

Mr. Doug Crandall, President
Retired Public Employees of New Mexico
14492 E. Sweetwater Ave
Scottsdale, AZ 85259
dougcinaz@gmail.com

Ms. Therese Saunders, Vice President
NEA-NM, Classroom Teachers Assoc., & NM
Federation of Educational Employees
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Albuquerque, NM 87120
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Ms. Leanne Larranaga-Ruffy, Secretary
Alternate for PERA Executive Director
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Santa Fe, NM 87507
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505-476-9332

Mr. Sanjay Bhakta
NM Municipal League
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Mr. Terry Linton
Governor's Appointee
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505-250-4070

Mr. Jamie Widner
Superintendents' Association of NM
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jwidner@yucca.net
575-799-3348

The Honorable Mr. Tim Eichenberg
NM State Treasurer
2055 South Pacheco Street
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505-955-1120

Mr. Rick Scroggins
Alternate for ERB Executive Director
Educational Retirement Board
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Santa Fe, NM 87502-0129
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Mr. Lance Pyle
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Mr. Tomas E. Salazar, PhD
NM Assoc. of Educational Retirees
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salazarte@plateautel.net
505-429-2206

Ms. Raquel Alirez
Classified State Employee
401 Broadway NE
Albuquerque, NM 87102
raquel.alirez@state.nm.us
505-365-3474

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

November 1, 2022

9:30 AM

CNM Workforce Training Center

5600 Eagle Rock Ave NE, Alb NM 87113

Online: <https://meet.goto.com/662370373>

Telephone: 1-872-240-3212 / Access Code: 662-370-373

AGENDA

1. Call to Order	Mr. Crandall, President	Page
2. Roll Call to Ascertain Quorum	Ms. Beatty, Recorder	
3. Pledge of Allegiance	Mr. Crandall, President	
4. Approval of Agenda	Mr. Crandall, President	4
5. Approval of Regular Meeting Minutes August 30 & 31, 2022	Mr. Crandall, President	5
6. Public Forum and Introductions	Mr. Crandall, President	
7. Committee Reports	Mr. Crandall, President	
8. Executive Director's Updates	Mr. Kueffer, Executive Director	
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9. Delta Dental Provider Reimbursement Update	Ms. Pina, Large Group Acct. Mgr.	
10. FY23 Q1 Budget Report	Ms. Ayanniyi, Chief Finance Officer	42
11. Disposal of IT Equipment (Action Item)	Mr. Long, Chief Information Officer	48
12. FY23 MA Contract Amendments (Action Item)	Mr. Kueffer, Executive Director	52
13. Other Business	Mr. Crandall, President	
14. Executive Session	Mr. Crandall, President	
Pursuant to NMSA 1978, Section 10-15-1(H)(7) Pertaining to Threatened or Pending Litigation and NMSA 1978, Section 10-15-1(H)(2) Pertaining to Limited Personnel Matters		
15. Date & Location of Next Board Meeting	Mr. Crandall, President	
December 6, 2022 – 9:30AM CNM Workforce Training Center 5600 Eagle Rock Ave NE, Alb. NM 87113		
16. Adjourn		

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

REGULAR MEETING

August 30, 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 1:30 p.m. at the CNM Workforce Training Center, Room 207, 5600 Eagle Rock Ave., NE, Albuquerque, New Mexico.

2. ROLL CALL TO ASCERTAIN A QUORUM

A quorum was present.

Members Present:

Mr. Doug Crandall, President
Ms. Therese Saunders, Vice President
Ms. LeAnne Larrañaga-Ruffy, Secretary
Mr. Sanjay Bhakta
Mr. Terry Linton [by teleconference]
Dr. Tomas Salazar
Mr. Rick Scroggins
Mr. Jamie Widner

Members Excused:

The Hon. Tim Eichenberg, NM State Treasurer
Mr. Lance Pyle

Staff Present:

Mr. Neil Kueffer, Executive Director
Mr. Jess Biggs, Director of Communication & Member Engagement
Mr. Raymond Long, Chief Information Officer
Ms. Judith Beatty, Recorder

3. PLEDGE OF ALLEGIANCE

Mr. Scroggins led the pledge.

4. APPROVAL OF AGENDA

Ms. Saunders moved to approve the agenda, as published. Ms. Larrañaga-Ruffy seconded the motion, which passed unanimously.

5. **APPROVAL OF REGULAR MEETING MINUTES: July 14 & 15, 2022**

Ms. Saunders moved for approval of the July 14 & 15 minutes, as written. Mr. Scroggins seconded the motion, which passed unanimously.

6. **PUBLIC FORUM AND INTRODUCTIONS**

None.

7. **COMMITTEE REPORTS**

- The Executive Committee met to discuss today's agenda, and the Investment/Finance Committee met to review related items on today's agenda. [Mr. Crandall]

8. **EXECUTIVE DIRECTOR'S UPDATES**

a) **Human Resources**

- Shellie Miyaji-Garcia has left the agency. Mr. Biggs will be taking over some of her duties until a replacement is hired.
- Michael Bebeau is no longer with the agency. NMRHCA will be working with HR to review the job description and make any revisions before posting the position for a new general counsel.
- Keith Witt will be joining the agency as Deputy Director on September 19. He has extensive experience in the industry, previously with Delta Dental and prior to that with Presbyterian Health Plan.

b) **3rd Quarter 2022 Newsletter**

Dr. Salazar asked Mr. Kueffer to comment further on the "Buyer Beware When It Comes to Medicare" article in the newsletter, which talks about NMRHCA members signing up for MA plans they see advertised on television.

Mr. Kueffer responded that it is a recurring problem for the agency, which receives calls from members who sign up for a new Medicare plan and then learn that they have been removed from the NMRHCA's plan. He said these are not better plans than offered by the NMRHCA and can result in higher out-of-pocket costs. While all NMRHCA plans include prescription coverage, not all outside MA providers include Rx coverage in their plans.

c) 2023 Switch Enrollment Postcard

- The NMRHCA has found the postcard format to be very effective in the past, and it is being used again this year. The agency is striving to create multiple touch points to reach the members about the upcoming switch enrollment process.

d) Inflation Reduction Act

- President Biden recently signed this legislation into law. It will make major changes to prescription drug affordability for more than 50 million beneficiaries enrolled in Medicare Part D by giving the power to negotiate for lower prescription drug prices starting in 2026. The NMRHCA will be reviewing potential impacts to the agency, and will be working with the actuaries and consultants.

Mr. Kueffer stated that one major change to the legislation is that, beginning in 2025, out-of-pocket spending will be capped at \$2,000 for Medicare Part D prescription drugs and will increase annually based on Medicare's annual spending for covered drugs. Based on some of the charts and graphs he has seen, the NMRHCA will be impacted.

Dr. Salazar said it wasn't clear where the money would come from. For example, would some plans cut back on benefits to make up for the difference.

Mr. Kueffer responded that some individuals who reach catastrophic spending levels while taking high cost dollar drugs would benefit from these caps, particularly on the MA plans. For EGWP, there will be some additional cost share in terms of how much Medicare will be taking on. NMRHCA members would be receiving additional protection, but it appeared to him that some of the costs could be shifted from Medicare to the NMRHCA.

e) Legislative

- Mr. Kueffer has been talking with various groups and stakeholders and has been information about the potential legislation the NMRHCA will be reviewing at tomorrow's special meeting.
- IBAC has been asked to present at the LHHS Committee, which is interested in knowing how IBAC purchases medical benefits and pharmacy benefits.
- A task force has been created to look at the retention and recruitment of police officers and first responders. They are meeting with PERA and have reached out to the NMRHCA to see if there is a way that they could help offset benefit costs for police officers and first responders.

f) Updated Solvency Projection

- There was an increase for UnitedHealthcare’s MA plans 1 and 2, which had an \$8 increase, which is the equivalent of about 11 percent and 32 percent respectively. The model assumption was for a 7 percent increase for the Medicare Advantage plans. Enhancements were the addition of UnitedHealthcare’s Healthy at Home and the copay reduction from \$25 to \$0 for a routine eye exam. This will push deficit spending from six years to ten years, but for a shorter time period.

g) June 30 & July 31, 2022 SIC Reports

- The fund was down \$32 million in June and up \$26 million in July. Balances as of August 15 were \$1.19 billion.

9. FY24 APPROPRIATIONS REQUEST

Mr. Kueffer reviewed the details of this request.

Chairman Crandall said the Finance Committee reviewed this request and recommended approval.

Ms. Larrañaga-Ruffy moved for approval. Mr. Widner seconded the motion, which passed unanimously.

10. LIFE & DISABILITY RFP

Mr. Kueffer said staff is working with the other IBAC members and benefits consultant Segal on developing the RFP, which will be released in early to mid October. The NMRHCA is the procurement manager.

Chairman Crandall said the Finance Committee reviewed this and recommended approval.

Mr. Scroggins moved for approval. Ms. Alirez seconded the motion, which passed unanimously.

11. TRAVEL REQUEST

Mr. Kueffer said a member of staff has been invited to attend the Public Sector HealthCare Roundtable Annual Conference on November 9-11, 2022, in Old Town Alexandria, VA. The conference provides an opportunity to hear from high-level government officials, experts in the public purchaser workspace, and learn about the latest trends. Attendance also provides the opportunity to network with benefit administrators from public organizations from across the country.

Mr. Widner moved approval of this request. Mr. Scroggins seconded the motion, which passed unanimously.

12. OTHER BUSINESS

None.

13. EXECUTIVE SESSION

- a. **Pursuant to NMSA 1978, Section 10-15-1(H)(7) Pertaining to Threatened or Pending Litigation and NMSA 1978, Section 10-15-1(H)(2) Pertaining to Limited Personnel Matters**
-

None.

14. DATE AND LOCATION OF NEXT BOARD MEETING

September 27, 2022 – 9:30 a.m.
CNM Workforce Training Center
5600 Eagle Rock Ave NE, Albuquerque, NM 87113

15. ADJOURN: 2:35 p.m.

Accepted by:

Doug Crandall, President

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

SPECIAL MEETING

August 31, 2022

1. CALL TO ORDER

A Special Meeting of the Board of Directors of the New Mexico Retiree Health Care Authority was called to order on this date at 9:30 a.m. at the CNM Workforce Training Center, Room 207, 5600 Eagle Rock Ave., NE, Albuquerque, New Mexico.

2. ROLL CALL TO ASCERTAIN A QUORUM

A quorum was present.

Members Present:

Mr. Doug Crandall, President
Ms. Therese Saunders, Vice President
Ms. LeAnne Larrañaga-Ruffy, Secretary
Mr. Terry Linton [by teleconference]
Mr. Lance Pyle
Dr. Tomas Salazar
Mr. Rick Scroggins
Mr. Jamie Widner

Members Excused:

Mr. Sanjay Bhakta
The Hon. Tim Eichenberg, NM State Treasurer

Staff Present:

Mr. Neil Kueffer, Executive Director
Mr. Jess Biggs, Director of Communication & Member Engagement
Mr. Raymond Long, Chief Information Officer
Mr. Trinity Angelino, Network Administrator
Ms. Judith Beatty, Recorder

3. PLEDGE OF ALLEGIANCE

Mr. Scroggins led the pledge.

4. APPROVAL OF AGENDA

Mr. Pyle moved to approve the agenda, as published. Dr. Salazar seconded the motion, which passed unanimously.

5. PUBLIC FORUM AND INTRODUCTIONS

Guests introduced themselves.

6. BENEFITS CONSULTING & ACTUARIAL SERVICES

Mr. Kueffer stated that the up-to-four-year contract with the Segal Company for benefits consulting and actuarial services is in its fourth year. In accordance with the requirements in the Health Care Purchasing Act, NMRHCA and New Mexico Public School Insurance Authority (NMPSIA), as members of IBAC, will be issuing an RFP together. The other IBAC partners are at different points in their contract and will not be part of this RFP. The RFP is scheduled for release in early to mid-September, with NMPSIA serving as procurement manager. The evaluation process will take place during the second half of October and early November, with possible staff recommendations to the board at its regular meeting in December.

Mr. Kueffer said staff will consider proposals that provide value and the ability to do important work that helps drive many of the strategic decisions made regarding the program.

Mr. Scroggins questioned why board approval was necessary on what he felt should be an information item.

Chairman Crandall agreed and asked Mr. Kueffer to look into this once the NMRHCA gets a new general counsel.

Mr. Scroggins moved to approve the NMRHCA's participation in the procurement process for benefits and actuarial services in cooperation with NMPSIA. Dr. Salazar seconded the motion, which passed unanimously.

7. COMMITTEE REPORT – LEGISLATIVE

Dr. Salazar stated that the Legislative Committee has met a number of times to discuss legislation the NMRHCA hopes will be proposed in the upcoming session, and also has spent time discussing how it can ensure it is being heard. For instance, the Investments & Pensions Oversight Committee (IPOC) has heard from the Executive Director regarding the NMRHCA's proposed legislative requests.

8. BOARD PRESIDENT OPENING REMARKS

Chairman Crandall commented that, while the NMRHCA was subsidizing its members for decades because no one was paying the full amount into the fund until 2010, the NMRHCA today is in very good shape with its solvency period extended through 2053. However, the NMRHCA faces deficit spending within 10 years, which means it will have to deal with rising healthcare costs for its members by starting to dip into the trust fund. The only way to fix this problem is by changing copays, benefits, and rates, and increasing the employer-employee contribution. Several attempts in recent years to increase the contribution rates, however, have failed.

Chairman Crandall said another problem is that the NMRHCA receives a substantial contribution from the tax & revenue suspense fund, which grows by 12 percent a year and is currently at \$41 million. The state will be unable to sustain this at some point in the near future and the NMRHCA will no longer benefit from it.

Chairman Crandall also pointed out that the legislation regarding the NMRHCA plan specifically states that it is not a property right, and the legislature therefore has the authority to take it away. The NMRHCA needs to look into how to fix that.

Chairman Crandall said the board is seeking common agreement among the stakeholders and the board members dealing with the employer-employee contribution increases, as well as looking at a constitutional amendment or legislation that will no longer give the state the option of removing the NMRHCA. He asked stakeholders to help the NMRHCA work with legislators, the Governor, and others who can help the NMRHCA.

9. EXECUTIVE DIRECTOR'S UPDATES

Mr. Kueffer reviewed highlights from handouts addressing these four items.

- a. Background of agency**
- b. Past Legislation**
- c. Review of Potential Legislation**
- d. Communications Strategy**

10. DISCUSSION AND INPUT WITH STAKEHOLDERS

Mr. Kueffer said the NMRHCA is proposing to introduce one of two legislation options in the 2022 session:

Option A:

- Increase employee contribution from 1.0% of salary to 1.17% and employer contribution from 2.0% of salary to 2.33% for non-enhanced members

- Increase will be a total contribution to the NMRHCA of 3.5% of salary from 3%
- Increase employee contribution from 1.25% of salary to 1.47% of salary and employer contribution from 2.50% to 2.94% from enhanced members
- This will extend the solvency to 2053 and beyond
- Estimated revenue would be a reoccurring amount over \$27.3 million.

Option B:

- Increase the employee contribution from 1.0% of salary to 1.33% and employer contribution from 2.0% of salary to 2.66% for non-enhance members
- Increase will be a total contribution to the NMRHCA of 3.5% of salary from 3%
- Increase the employee contribution from 1.25% of salary to 1.67% and employer contribution from 2.50% to 3.34% from enhanced members
- This will extend the solvency to 2053 and beyond.
- Estimates revenue would be a reoccurring amount over \$53.9 million

Proposed Special Appropriations Requests

1. Provide a one-time appropriation of approximately \$14.1 million for a premium holiday for current retirees participating in medical, dental and/or vision benefits.
2. Provide a one-time appropriation of \$26 million for the proposed legislation during the 2022 Legislature as an infusion to the trust fund.

Objectives:

- Increase the funded level from 25.39% (2021) to 50%.
- Increase the Trust Fund balance to \$2.2 billion.

Mr. Pyle said he and Mr. Kueffer met with the executive leaders of the New Mexico Association of Counties. They were very receptive to Option A. He said it would be a matter of educating the counties about the benefits of this option, which would guarantee a retirement benefit when needed. He said Option B wasn't discussed.

Chairman Crandall suggested that, to avoid the need to come back later, the two could be presented as a package. Option A could happen this year with Option B in five years, for instance.

Mr. Pyle responded that he thought this would be well received, since it could be incorporated into budgets and be part of a long-term plan.

Mr. Widner said he thought the Superintendents Association would support Option A, but if the contribution increase is approved, the Superintendents would want the state to increase funding to the schools to cover the unfunded mandate. He said the feeling is that the teachers will receive another salary increase this year because of the revenue windfall the state received

this year, so now is a good time to pursue this. Even without the one-time appropriation, the NMRHCA will be more solvent going forward because of the increase in contributions.

Mr. Widner asked Mr. Kueffer where the solvency would be if the Governor supported Option A. Mr. Kueffer responded that, with all other factors based on the assumptions staying the same, the NMRHCA would exceed the projection period before starting deficit spending and the NMRHCA would be looking at about \$21 billion. This would extend solvency to 2053 and beyond. This includes the continuation of the tax and revenue suspense fund growing at 12 percent, which will become unsustainable at some point.

Chairman Crandall commented that the taxation and revenue suspense fund is the elephant in the room. Without it, all of the numbers change. Tying Option A and B together as part of one plan will help deal with the fact that the suspense fund will eventually go away.

Mr. Widner asked if there are any projections about when the taxation and revenue suspense fund goes away. Mr. Kueffer responded that, in conversations with the LFC analyst and Director Abbey and Deputy Director Sallee, they have indicated that the percentage would have to be reduced at some point to make it more sustainable. This would either be gradual, keeping it at 12 percent for 10 years and then reducing it to 6 percent thereafter. Under that scenario, deficit spending would begin in 2035, even with the 1/2 percent increase. The NMRHCA would continue to see some growth in its assets, and would have the ability to draw down the fund as the deficit grows.

AFT president Whitney Holland stated that she thought it was important that this not be an unfunded mandate. She also thought the increase in Option A was appropriate given the salary increases that were received this year. She said there was support for the infusion of \$26 million.

NEA-NM vice president Bethany Jarrell agreed with Ms. Holland that they shouldn't be pushing any unfunded mandates, but she would need more time before taking a position on Option A.

Mr. Kueffer said the NMRHCA has not yet received feedback from the unions, and he would continue to reach out to them.

Dr. Salazar stated that, at the time he left the House, the general consensus of the legislature was that recurring money couldn't be used and that there was a general downturn in revenues. That has recently changed, and he feels the infusion of cash coming to the state has opened up some doors. He also feels that legislature has become a bit more progressive and more liberal recently, which is reflective of the fact that the NMRHCA was able to get its last bill through both chambers, although it was vetoed by the Governor.

Mr. Kueffer stated that, while the unions have not yet weighed in, in 2020 one of their asks was that the NMRHCA keep the 2:1 contribution ratio. This ratio will continue in Option A.

Chairman Crandall asked if there was anyone in attendance who did not feel that the NMRHCA had a very good opportunity to get the 1/2% in a 2:1 ratio.

Ms. Alirez said she felt the 1/2% would receive support because of the substantial increases granted to salaries this year. She said she believed Tier 2 employees should be okay with it.

Mr. Pyle wondered what kind of message the NMRHCA would be sending to legislators by asking for a premium holiday while still trying to address solvency issues and at the same time asking for a one-time infusion of \$26 million.

Mr. Scroggins agreed with Mr. Pyle that this would be sending a conflicting message. He said it would make more sense to ask for the contribution increase and the one-time infusion of cash.

Attendee Diana Shea, AFT-NM Retirees Chapter, said retirees would be more grateful and reassured if the NMRHCA could tell them that it is protecting the fund and that coverage will remain the same, rather than saying that it wouldn't be charging them right now but might have to double it year from now.

Jerry Thorne, Albuquerque Teachers Federation, said he appreciated the fact that the 2:1 ratio was going to be maintained. He asked if it would be possible to just have the employer contribution increase, with the state funding it. He said it would be like a double benefit for employees.

Dr. Salazar responded that, if Mr. Thorne was suggesting a one-time expense rather than a reoccurring expense, the NMRHCA would face the same challenge in trying to come up with the reoccurring portion of it.

Mr. Widner noted that the contribution increase for an employee under the NMRHCA's proposal would be \$68 a year on a \$40,000 salary.

Chairman Crandall asked Ms. Alirez if she thought her employees could support this. Ms. Alirez said she wasn't sure, given that so many state agencies had been scrambling trying to figure out how they were going to pay for the raises given to the employees. She said she would work on this.

Ms. Holland said she thought this would get AFT-NM's support.

Chairman Crandall commented that it will be very important to get the unions on board with this.

Responding to Mr. Widner, Mr. Kueffer said the NMRHCA would start to deficit-spend in FY 2033 under the current assumptions that are in place today; however, with the 1/2% increase, the NMRHCA would not enter into deficit spending just based on that.

Chairman Crandall added that the NMRHCA would also get to 50% solvency.

On the subject of the tax suspense fund, Mr. Scroggins agreed that the matter should be addressed at another time, and suggested that the actuaries be asked to run multiyear scenarios using a variety of assumptions with the fund.

Chairman Crandall stated that, when the Retiree Health Care Authority was created, the legislature specifically stated in the preamble that it could also take it away. He said perhaps the NMRHCA could try to get the preamble removed or ask for a memorial in this session or the next session saying that the legislature understands how important this is to retirees, and that this would always be available.

Dr. Salazar said he thought this would be appropriate, but would need support from the stakeholders and others.

Russell Goff, NMAER, stressed the importance of starting to work with stakeholders and the unions right away.

Mr. Pyle stated that the NMRHCA will need to hire a lobbyist.

11. FY24 PROPOSED LEGISLATION

Mr. Widner moved to support the following: Option A, with a one-time infusion of \$26 million. Ms. Saunders seconded the motion, which passed unanimously.

12. OTHER BUSINESS

None.

13. ADJOURN: 11:30 a.m.

Accepted by:

Doug Crandall, President

Job Description

◀ Previous Job

Financial Specialist Advanced (RHCA #21750)

Next Job ▶

Apply for Job

Agency Retiree Health Care Authority

Job Posting Type Standard Requisition

Posting End Date 10/30/2022

For more Job Requirements & Classification Desc

Job ID 127968

Full/Part Time Full-Time

Location Albuquerque

Regular/Tem... Regular - PERM for State

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Salary

\$16.79 - \$26.87 Hourly

\$34,932 - \$55,891 Annually

This position is a Pay Band 55

Purpose of Position

Interviews are anticipated to be conducted within two weeks of closing date.

Why does the job exist?

Position is responsible for processing accounts payables vouchers, maintaining records of payment vouchers, and distribution of warrants generated from the accounts payables vouchers in SHARE for our Agency through Department of Finance and Administration (DFA). The position is responsible for creating Purchase Orders in the SHARE financial system, maintaining records, and tying vouchers to said purchase orders when processing payments. The position may also be responsible for assisting other areas of the finance unit to include special projects and cross training with accounts receivable.

How does it get done?

The job is done by use of a computer for data entry into SHARE Financials system in accordance with the Department of Finance and Administration model accounting practices and agency policies and procedures. Data and records entry into Excel spreadsheets, internal databases, scanning, photocopy, hard and electronic files. Including timely processing of all purchase orders and accounts payables vouchers received within 48 hours. Correspond via email, mail, and phone with vendors to research statements and dispute charges as identified. Process travel reimbursements for all NMRHCA state employees in accordance with the Travel and Per Diem Act. Train employees on travel procedures, preparation of the proper documentation needed, and knowledge of travel rules and regulations.

Who are the customers?

This position will service New Mexico Retiree Health Care Authority employees, board members, and vendors.

Ideal Candidate

The ideal candidate possesses the ability to multitask, work independently and follow through on all assignments. Experience with PeopleSoft SHARE Financials, Microsoft Excel, data entry, and account reconciliation. Ability to create and execute purchase orders and attention to detail to ensure financial activity is recorded accurately.

Minimum Qualification

High School Diploma or Equivalency and two (2) years of experience in bookkeeping, accounting and/or finance. Substitutions Apply. See Substitution Table below.

Substitution Table

These combinations of education and experience qualify you for the position:

	Education		Experience
1	High School Diploma or Equivalent	AND	2 years of experience
2	Associate's degree or higher (Bachelor's, Master's)	AND	0 years of experience

- Education and years of experience must be related to the purpose of the position.
- If Minimum Qualification requires a specific number of "semester hours" in a field (e.g. 6 semester hours in Accounting), applicants MUST have those semester hours in order to meet the minimum qualifications. No substitutions apply for semester hours.

Employment Requirements

Must possess and maintain a valid New Mexico Driver's License.

Working Conditions

State of New Mexico employees may be impacted by the Public Health Order dated August 12, 2022, which requires facilities licensed or certified by the Centers for Medicare and Medicaid Services ("CMS"), including all hospital types, long-term care facilities, nursing homes, hospice facilities and rehabilitation facilities, as well as assisted living facilities and adult day care settings, to adhere to all COVID-related requirements prescribed by CMS, including, but not limited to masking and staff vaccination.

In addition, employees working in State correctional facilities who have the potential for direct or indirect exposure to inmates are required to be vaccinated against COVID-19.

Work is performed in an office setting with exposure to Visual/Video Display Terminal (VDT) and extensive personal computer and phone usage. Some sitting, standing, bending and reaching may be required.

Supplemental Information

Benefits:

Do you know what Total Compensation is? [Click here](#)

Agency Contact Information: Samantha Olivas 505-412-8458 [Email](#)

For information on Statutory Requirements for this position, click the Classification Description link on the job advertisement.

Bargaining Unit Position

This position is not covered by a collective bargaining agreement.

New Mexico Retiree Health Care Authority

2023 Switch Enrollment Meeting Schedule

<p>October 5 & 21, 2022</p> <p>Santa Fe Community College Jemez Room 6401 Richards Ave. Santa Fe, NM 87508</p> <p>9:30 AM – 11:20 AM Medicare Medical/RX</p> <p>11:30 AM – 12:10 PM Voluntary Coverage</p> <p>12:15 PM – 1:35 PM Non-Medicare Medical/RX</p>	<p>October 6, 2022</p> <p>Raton Convention Center 901 S. 3rd St. Raton, NM 87740</p> <p>9:30 AM – 11:20 AM Medicare Medical/RX</p> <p>11:30 AM – 12:10 PM Voluntary Coverage</p> <p>12:15 PM – 1:35 PM Non-Medicare Medical/RX</p>	<p>October 7, 2022</p> <p>NM Highlands Univ. Student Center 800 National Ave. Las Vegas, NM 87701</p> <p>9:30 AM – 11:20 AM Medicare Medical/RX</p> <p>11:30 AM – 12:10 PM Voluntary Coverage</p> <p>12:15 PM – 1:35 PM Non-Medicare Medical/RX</p>	<p>October 12, 2022</p> <p>Eastern NM University-Roswell CUB Multi-Purpose Room 110 48 University Blvd Roswell, NM 88201</p> <p>9:30 AM – 11:20 AM Medicare Medical/RX</p> <p>11:30 AM – 12:10 PM Voluntary Coverage</p> <p>12:15 PM – 1:35 PM Non-Medicare Medical/RX</p>
<p>October 13, 2022</p> <p>NM Junior College HTO 125A Training Room 5317 N. Lovington Hwy. Hobbs, NM 88240</p> <p>9:30 AM – 11:20 AM Medicare Medical/RX</p> <p>11:30 AM – 12:10 PM Voluntary Coverage</p> <p>12:15 PM – 1:35 PM Non-Medicare Medical/RX</p>	<p>October 14, 2022</p> <p>Clovis Community College Town Hall Auditorium 417 Schepps Blvd Clovis, NM 88101</p> <p>9:30 AM – 11:20 AM Medicare Medical/RX</p> <p>11:30 AM – 12:10 PM Voluntary Coverage</p> <p>12:15 PM – 1:35 PM Non-Medicare Medical/RX</p>	<p>October 18, 2022</p> <p>Santa Ana Star Center 3001 Civic Center Cir. NE Rio Rancho, NM 87144</p> <p>9:30 AM – 11:20 AM Medicare Medical/RX</p> <p>11:30 AM – 12:10 PM Voluntary Coverage</p> <p>12:15 PM – 1:35 PM Non-Medicare Medical/RX</p>	<p>October 19 & 20, 2022</p> <p>UNM Continuing Education Auditorium 1634 University Blvd., NE Albuquerque, NM 87131</p> <p>9:30 AM – 11:20 AM Medicare Medical/RX</p> <p>11:30 AM – 12:10 PM Voluntary Coverage</p> <p>12:15 PM – 1:35 PM Non-Medicare Medical/RX</p>
<p>October 25, 2022</p> <p>Silver City Western NM University Besse Ford Global Resource Center Corner of 12th & Kentucky Silver City, NM 88061</p> <p>1:00 PM – 2:50 PM Medicare Medical/RX</p> <p>3:00 PM – 3:40 PM Voluntary Coverage</p> <p>3:45 PM – 5:05 PM Non-Medicare Medical/RX</p>	<p>October 26 & 27, 2022</p> <p>Las Cruces NM Farm & Ranch Heritage Museum 4100 Dripping Springs Rd. Las Cruces, NM 88011</p> <p>9:30 AM – 11:20 AM Medicare Medical/RX</p> <p>11:30 AM – 12:10 PM Voluntary Coverage</p> <p>12:15 PM – 1:35 PM Non-Medicare Medical/RX</p>	<p>November 2, 2022</p> <p>Northern NM College Nick L. Salazar Center for Performing Arts 921 Paseo de Oñate Española, NM 87532</p> <p>10:30 AM – 12:20 PM Medicare Medical/RX</p> <p>12:30 PM – 1:10 PM Voluntary Coverage</p> <p>1:15 PM – 2:35 PM Non-Medicare Medical/RX</p>	<p>November 3, 2022</p> <p>San Juan College Henderson Fine Arts Building Room 9008 4601 College Blvd Farmington, NM 87402</p> <p>9:30 AM – 11:20 AM Medicare Medical/RX</p> <p>11:30 AM – 12:10 PM Voluntary Coverage</p> <p>12:15 PM – 1:35 PM Non-Medicare Medical/RX</p>
<p>November 4, 2022</p> <p>UNM - Gallup Calvin Hall Center 248 A, B, C 705 Gurley Ave Gallup, NM 87301</p> <p>9:30 AM – 11:20 AM Medicare Medical/RX</p> <p>11:30 AM – 12:10 PM Voluntary Coverage</p> <p>12:15 PM – 1:35 PM Non-Medicare Medical/RX</p>	<p>October 11 & 28, 2022</p> <p>Virtual</p> <p>9:30 AM – 11:30 AM</p> <p>October 17, 2022</p> <p>Virtual</p> <p>1:30 PM – 3:30 PM</p> <p>Registration required: https://attendee.gotowebinar.com/rt/8155310164883322125</p>	<p>Wellness Screenings At LIVE Switch Enrollment Meetings</p> <ul style="list-style-type: none"> • Flu Shots (subject to serum availability) • Pneumococcal vaccine • COVID-19 Vaccine • Blood Pressure Check • Fecal Occult Blood Test • Quit for Life tobacco cessation • Balance Assessment • Massage Chairs (only at ABQ, Rio Rancho, Santa Fe, and Las Cruces) • Cognivue cognitive test for brain health scores 	

DEADLINE FOR CHANGES: MUST BE POSTMARKED NO LATER THAN NOVEMBER 15, 2022

September 28, 2022

Scan code for
Medicare resources



Re: Lovelace Health System network status changes with UnitedHealthcare

Dear Patient,

Thank you for entrusting Lovelace Health System and Lovelace Medical Group with your healthcare. We are committed to providing the highest quality, most advanced healthcare services to patients throughout New Mexico.

I want to make you aware of the following important changes to your health plan. Effective on the dates below, Lovelace providers and facilities will no longer be in-network with UnitedHealthcare's Medicare Advantage health plans.

- Effective January 1, 2023: Lovelace Medical Center, Heart Hospital of New Mexico at Lovelace Medical Center, Lovelace Women's Hospital and Lovelace Westside Hospital will be out of network.
- Effective January 15, 2023: Lovelace Regional Hospital will be out of network.
- Effective March 1, 2023: all Lovelace affiliated physician practices, including Southwest Medical Associates or Lovelace Medical Group, will be out of network.

If you would like to continue seeing your Lovelace physician or provider, please visit [Lovelace.com/insurance](https://lovelace.com/insurance) for a full list of the Medicare Advantage health plans we accept. For assistance comparing and enrolling in our accepted Medicare plans, consider MedicareCompareUSA, an independent insurance agency that specializes in Medicare. Their agents are available by phone and personal appointment. Learn more by visiting MedicareOnDemand.com/Lovelace or by calling toll-free 855-756-7569, TTY 711.

You can change Medicare plans during the Annual Enrollment Period between October 15 and December 7. To ensure that your new Medicare plan becomes effective on January 1, 2023 you need to submit your new plan's enrollment application no later than December 7.

If you are on a UnitedHealthcare plan through your employer, please contact your employer's Human Resources or Benefits Administration for assistance.

Should you choose to remain with UnitedHealthcare, your Lovelace provider will work closely with you to ensure a smooth transition of care as needed. You or your new provider can request your medical records by calling 505-727-8195 or by visiting lovelace.com/medical-record-request.

We encourage you to contact UnitedHealthcare with questions or for assistance finding a new provider, as your continued care is important. Thank you for the privilege of caring for you. We hope to have the opportunity to serve you again.

Sincerely,


Lovelace Health System

MedicareOnDemand™ is a registered trademark of MedicareCompareUSA, an independent insurance agency not affiliated with the federal Medicare program. All services are provided at no cost and without obligation; MedicareCompareUSA and affiliated agents are paid directly by the Medicare plan when enrollment occurs. Healthcare providers receive no financial benefit when patients use the service. We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

Important Information for Patients with UnitedHealthcare Medicare Advantage or Employer Plan

The purpose of this communication is to clarify the situation with UnitedHealthcare. There has been a lot of confusion caused by letters recently sent by UnitedHealthcare.

The facts:

- Effective January 1, 2023, Lovelace Medical Center, Heart Hospital of New Mexico at Lovelace Medical Center, Lovelace Women's Hospital, and Lovelace Westside Hospital will no longer be in-network with UnitedHealthcare's employer-sponsored health insurance plans or Medicare Advantage health plans.
- Lovelace Regional Hospital will no longer be in the UnitedHealthcare network beginning on January 15, 2023.
- All Lovelace affiliated physician practices will no longer be in-network with UnitedHealthcare's employer-sponsored health insurance plans or Medicare Advantage health plans beginning March 1, 2023
- These changes do not impact Lovelace UNM Rehabilitation Hospital, which will remain in-network for all UnitedHealthcare commercial and Medicare Advantage health plan members.

In summary, patients with a UnitedHealthcare employer-sponsored health insurance plan or Medicare Advantage plan need to understand that your current insurance will not include the vast majority of Lovelace Health System providers or facilities beginning in 2023.

Patients need to carefully review their 2023 UnitedHealthcare benefits to fully understand how this impacts their access to care and out-of-pocket costs. To assist patients, consider the following:

Medicare Advantage PPO Members

Review your benefits and pay close attention to the member cost-share increases when receiving care from non-network providers. In most cases, your copayments significantly increase and in some instances such as hospitalization, you may now be required to pay a substantial percentage of the entire bill. Additionally, your annual cap on expenses, referred to as the Annual Maximum Out of Pocket Amount, will increase substantially when receiving care from non-network providers. This means your annual financial exposure increases before the plan begins paying all costs.

Medicare Advantage HMO Members

Review your Summary of Benefits and pay close attention to the requirement of receiving all care from NETWORK PROVIDERS. In most cases, the only time your HMO plan will allow you to receive care at non-network providers is in an emergency.

Employer Health Insurance Plans

If you are on a UnitedHealthcare health insurance plan through your employer, please contact your employer's Human Resources or Benefits Administration for information on how your coverage will change when receiving care from non-network providers.

We fully understand how stressful this situation is for our patients. Your health and wellbeing is important to us and we greatly appreciate the opportunity to provide your care.

DPSS\$SPKG
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Questions?

We're here to help.

Toll-Free 1-8 [REDACTED]
TTY 711, 8 a.m. - 8 p.m. local
time, Monday - Friday

October 17, 2022

UnitedHealthcare Group Medicare Advantage (PPO)

Member ID: [REDACTED]

Dear [REDACTED]

Our current contract with Lovelace Sandia Health System, Inc is ending. This means they will no longer be part of your plan's network starting on January 1, 2023.

What does this change mean for me?

Your plan will cover care from Lovelace Sandia Health System, Inc as an out-of-network provider, if they are a Medicare-approved provider and accept the plan. Your share of the cost will be the same as if they were part of the network. Even though you have this benefit, we wanted to let you know about this network change so you can talk to your provider(s) about it.

What providers are included?

Here is a list of the providers or facilities you have seen in Lovelace Sandia Health System, Inc.

- LOVELACE WESTSIDE HOSPITAL
- LOVELACE WOMENS HOSPITAL

What's next?

Please talk to your Lovelace Sandia Health System, Inc providers to see if they will continue to treat you and bill us after they leave the plan's network.

Questions?

If you have any questions or need help finding a provider, please call Customer Service toll-free at 1-8 [REDACTED] TTY 711, 8 a.m. - 8 p.m. local time, Monday - Friday.

Sincerely,

The UnitedHealthcare Team

Do we have the right address for you?

If not, please let us know so we can keep you informed about your plan.

If you need help finding a network provider, please call 1-8 [REDACTED] TTY 711, or visit www.UHCRetiree.com [REDACTED] to access our online directory. If you would like a Provider Directory mailed to you, you may call the number above or request one at the website link provided above.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文(Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。



ATLANTA, GA 30374-3367

[REDACTED]

Questions?

We're here to help.

Toll-Free 1-8 [REDACTED]

TTY 711

8 a.m. - 8 p.m. local time, Monday - Friday

UnitedHealthcare Group Medicare Advantage (PPO)

October 17, 2022

Member ID: [REDACTED]

Dear [REDACTED]

We're writing to let you know that starting January 15, 2023, Roswell Regional Hospital will no longer be part of the UnitedHealthcare Group Medicare Advantage (PPO) network.

What does this mean for me?

Your plan will cover care from Roswell Regional Hospital as an out-of-network hospital, as long as they are a Medicare-approved hospital and accept your plan. Your share of the cost will be the same as if they were part of the network. Even though you have this benefit, we wanted to let you know about this network change so you can talk to your providers about it.

We're here to help

We know that access to hospitals is important. And we're sorry for any inconvenience this may cause. Please know that we are here to help you through this change so you can continue to get the care you need.

If you have any questions, please call Customer Service toll-free at 1-8 [REDACTED] TTY 711, 8 a.m. - 8 p.m. local time, Monday - Friday.

Thank you for being a member of our plan.

Sincerely,

The UnitedHealthcare Team

Do we have the right address for you?

If not, please let us know so we can keep you informed about your plan.

If you need help finding a network provider, please call **1-8[REDACTED]** TTY **711**, or visit **www.UHCRetiree.com** to access our online directory. If you would like a Provider Directory mailed to you, you may call the number above or request one at the website link provided above.

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[REDACTED]

Questions?

We're here to help.

Toll-Free 1-8 [REDACTED]
TTY 711, 8 a.m. - 8 p.m. local
time, Monday - Friday

September 27, 2022

UnitedHealthcare Group Medicare Advantage (PPO)
Member ID: [REDACTED]

Dear [REDACTED]

Our current contract with Southwest Medical Associates is ending. This means they will no longer be part of your plan's network starting on March 1, 2023.

What does this change mean for me?

Your plan will cover care from Southwest Medical Associates as an out-of-network provider, as long as they are a Medicare-approved provider and accept the plan. Your share of the cost will be the same as if they were part of the network. Even though you have this benefit, we wanted to let you know about this network change so you can talk to your provider(s) about it.

What providers are included?

This change includes your primary care provider (PCP), [REDACTED] M.D., and other providers or facilities you have seen. Here is a list of your providers or facilities.

- [REDACTED] R.D.
- [REDACTED] M.D.

What's next?

Please talk to your Southwest Medical Associates providers to see if they will continue to treat you and bill us after they leave the plan's network.

Questions?

If you have any questions or need help finding a provider, please call Customer Service toll-free at 1-8- [REDACTED] TTY 711, 8 a.m. - 8 p.m. local time, Monday - Friday.

Sincerely,

The UnitedHealthcare Team

Do we have the right address for you?

If not, please let us know so we can keep you informed about your plan.

If you need help finding a network provider, please call 1-8- [REDACTED] TTY 711, or visit www.UHCRetiree.com [REDACTED] to access our online directory. If you would like a Provider Directory mailed to you, you may call the number above or request one at the website link provided above.

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3 Medicare Changes to Gear Up For In 2023

(Maurie Backman)

Oct 16, 2022



(Maurie Backman)

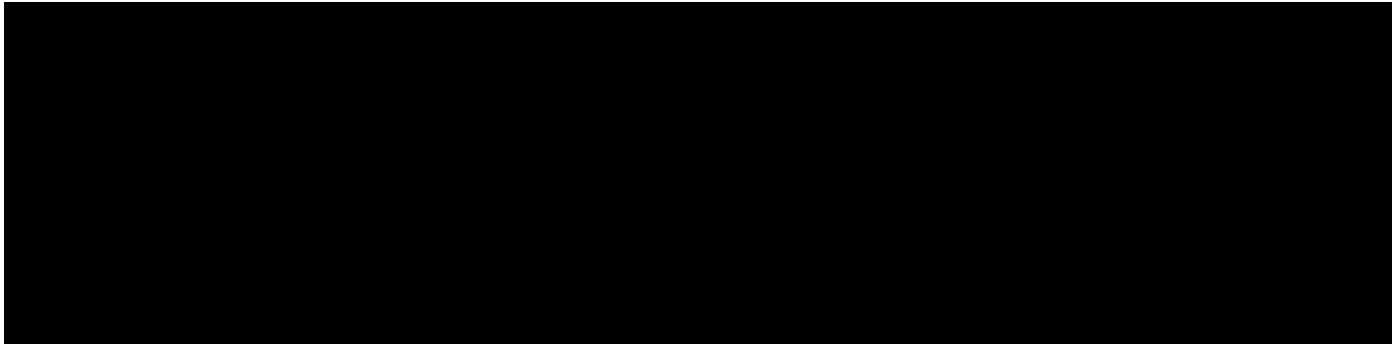
Millions of older Americans get healthcare coverage through Medicare. And while the program is by no means perfect, seniors commonly rely on it once they bring their careers to a close and lose the employer health insurance that previously covered them.

Meanwhile, just as **Social Security** tends to undergo changes every year, so too does Medicare tend to experience its share of changes. Here are three important ones that enrollees should get ready for in 2023.

Image source: Getty Images.

1. A lower standard Part B premium

While Medicare Part A, which covers hospital care, is generally free for eligible enrollees with regard to premiums, Part B, which covers outpatient care, costs money. Each year, there's a standard monthly premium assigned to Part B, though it's also worth noting that **surcharges can apply for seniors with higher incomes.**



This year, the standard monthly Part B premium is \$170.10. Most years, the cost of Part B rises from the previous year, but that's not happening in 2023. Rather, the standard monthly Part B premium next year will be \$164.90, representing a decrease of \$5.20 from 2022.

Why the decrease? In 2022, Medicare Part B premiums went up a lot to cover projected spending on a new Alzheimer's drug, among other things. But Medicare's costs for Part B came in lower than expected this year, so now that savings is being passed along to enrollees.

2. A lower Part B deductible

It's not just Medicare Part B premium costs that are dropping in 2023. The annual deductible for Part B is also decreasing. Right now, it's \$233. Next year, it will be \$226.

3. A higher inpatient deductible for hospital care

Although Medicare Part A enrollees don't generally pay a premium for coverage, they're liable for various costs, and that includes deductibles and coinsurance for hospital care. This year, the standard inpatient hospital deductible is \$1,556. In 2023, that deductible will rise to \$1,600.

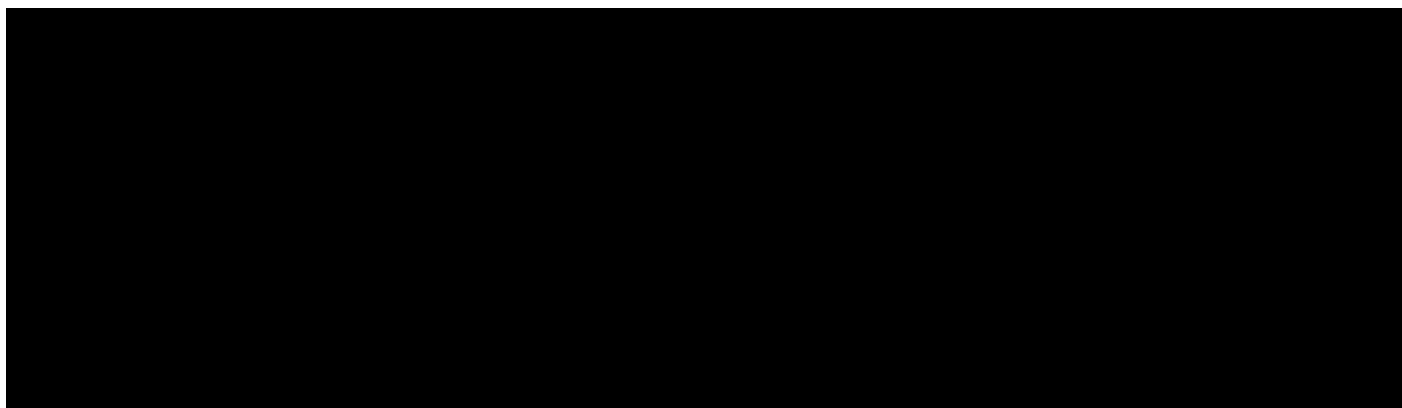
The cost of daily coinsurance for an extended hospital stay is increasing as well. This year, the daily cost for days 61 through 90 is \$389. Next year, it will rise to \$400.

Meanwhile, patients who need hospital care beyond 90 days must tap into what are known as their lifetime reserve days, which come with a substantially higher daily coinsurance rate. This year, that daily rate is \$778. Next year, it will rise to \$800.

Keep tabs on Medicare changes

If you're a Medicare enrollee, there's a good chance **healthcare** is one of your largest recurring expenses. It's important to keep track of Medicare changes so you know what to expect.

Clearly, the changes coming down the pike in 2023 are a bit of a good news-bad news situation. While it's nice to see the cost of Medicare Part B decreasing, seniors who end up needing hospital care could unfortunately see their financial burden rise in the coming year. It's for this reason that enrollees in original Medicare (Parts A and B) are often advised to purchase supplemental insurance, which can help pick up the tab for deductibles and coinsurance that might otherwise constitute a major financial hardship.



*The Motley Fool has a **disclosure policy**.*

Around The Web



Prescription Drug Data Collection (RxDC)

Under Section 204 (of Title II, Division BB) of the [Consolidated Appropriations Act, 2021](#) (CAA), insurance companies and employer-based health plans must submit information about prescription drugs and health care spending. This data submission is called the RxDC report. The Rx stands for prescription drug and the DC stands for data collection.

The Centers for Medicare and Medicaid Services is collecting the RxDC report on behalf of the Departments of Health and Human Services, the Department of Labor, the Department of Treasury, and the Office of Personnel Management.

Resources

- [RxDC reporting instructions \(PDF\)](#)
- [RxDC templates and data dictionary \(ZIP\)](#)
- [RxDC drug name and therapeutic class crosswalk \(ZIP\)](#)
- [Regulation](#)
- [Frequently Asked Questions \(PDF\)](#)

HIOS Manuals

- [HIOS Portal User Manual \(PDF\)](#)
- [HIOS Portal RxDC Quick Reference Guide \(PDF\)](#)
- [RxDC HIOS Module User Manual \(ZIP\)](#)

REGTAP

If you want to receive an email when the RxDC resources are updated, create a Registration for Technical Assistance Portal (REGTAP) account at <https://regtap.cms.gov>. Select the checkbox "Please send me updates for the Consolidated Appropriations Act / No Surprises Act" in your account settings.

What information do insurance companies and employers submit to CMS?

The CAA requires insurance companies and employer-based health plans to submit information about:

- Spending on prescription drugs and health care services
- Prescription drugs that account for the most spending
- Drugs that are prescribed most frequently
- Prescription drug rebates from drug manufacturers
- Premiums and cost-sharing that patients pay

How will this information be used?

The data submitted by insurance companies and employer-based health plans will help to:

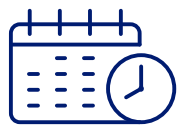
- Identify major drivers of increases in prescription drug and health care spending
- Understand how prescription drug rebates impact premiums and out-of-pocket costs
- Promote transparency in prescription drug pricing

What information will be publicly released?

We will publish findings about prescription drug pricing trends and the impact of prescription drug rebates on patient out-of-pocket costs. You will be able to download the report from this page or from the websites of the Department of Labor or the Department of the Treasury.

Inflation Reduction Act's Implications for Medicare Part D

This chart summarizes the changes to Medicare Part D as a result of the [Inflation Reduction Act of 2022](#), which was signed into law on August 16, 2022, and notes the implications for retirees and plans. This summary is current as of September 23, 2022. We will update it as we learn more and as the Centers for Medicare & Medicaid Services (CMS) issues guidance.



Timing



Change



Implication for Retirees



Funding/Plan Implications

January 1, 2023

- Insulin copayments limited to \$35 per month in 2023 and 2024
- In 2025 and beyond, insulin copayments limited to lesser of \$35; 25% of the Medicare negotiated price or 25% of the negotiated price of the covered insulin product

Applies to covered insulin products in Medicare Part D plans and for insulin furnished through durable medical equipment under Medicare Part B; no deductible

- Temporary federal subsidy to reimburse Part D plans for some amount to cover reduced insulin copayments
- Cost implications (after temporary subsidy runs out) will depend on current cost sharing for these prescriptions

January 1, 2023

Eliminates cost sharing for adult vaccines

Applies to adult vaccines covered under Medicare Part B and vaccines under Medicare Part D that are recommended by the Advisory Committee on Immunization Practices (e.g., shingles)

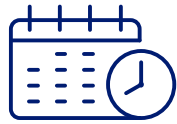
- Temporary federal subsidy to reimburse Part D and Medicare Advantage plans for some amount to cover reduced vaccine copayments
- Cost implications after temporary subsidy runs out

January 2023 (Part B) and October 2023 (Part D)

Drug manufacturers required to pay rebates to Medicare if prices rise faster than inflation as measured by the Consumer Price Index for All Urban Consumers (CPI-U)

Applies to: Single-source drugs and biologics covered under Medicare Part B (excluding vaccines) and all covered drugs under Medicare Part D, where average annual cost is \$100 or more per individual

- 2021 is base year for measuring cumulative price changes, based on CPI-U
- Rebate based on units sold in Medicare and the amount over the capped amount
- Paid by manufacturer to the Medicare Supplementary Medical Insurance trust



Timing



Change



Implication for Retirees



Funding/Plan Implications

January 1, 2024	Eliminates retiree cost share above the catastrophic coverage threshold	No retiree cost share above the catastrophic coverage threshold	Zero retiree cost share will likely result in modest plan cost increases; however, these should be offset by increase to direct subsidies
January 1, 2024	Low-income subsidies (LIS) expanded	Full LIS benefits for income up to 150% of the Federal Poverty Level (FPL) (previously 135%); eliminates partial LIS (previously scaled for incomes between 135–150%)	Plans must pass through benefits to LIS beneficiaries
2024–2030	Base Part D Premium increases limited to 6%	2024 premiums limited to no more than 6% increase over 2023 (continues annually through 2030)	Does not appear to regulate premium amounts charged by employers
2025	\$2,000 cap on out-of-pocket (OOP) spending (adjusted annually)	Medicare beneficiaries may make monthly payments during year rather than face higher costs at end of the year (“smoothing”)	Expected plan cost increases/decreases based on brand versus generic distribution; this will be factored into the direct subsidies ¹
2025	Definition of retiree cost share modified to include health plan payments (other than the basic benefit)	May allow beneficiaries to progress into catastrophic coverage faster	Payments provided by health plans beyond basic coverage to reduce cost share for beneficiaries (enhanced coverage) will accumulate toward the OOP maximum allowing plans to receive catastrophic-phase reimbursements from CMS and manufacturers
2025	Manufacturer discount program changes: Manufacturers will pay a discount of 10% in the period after the deductible is met and before the OOP maximum, and 20% after the OOP maximum	Continued discounts from manufacturers	<ul style="list-style-type: none"> • Replaces the previous coverage-gap discount program, which sunsets at the end of 2024 • Manufacturer discounts no longer accumulate toward the OOP maximum • The lower payments accumulating to the OOP maximum will increase cost to the plan; however, these should be offset by increase to direct subsidy¹

¹ Actual direct subsidies are unknown as they are based on Individual Part D bids each year.



Timing



Change



Implication for Retirees



Funding/Plan Implications

2025	<ul style="list-style-type: none"> • Medicare reinsurance in catastrophic coverage reduced to 20% • Plan share of costs increases to 60% • Drug manufacturers share 20% 	Occurs at the same time as \$2,000 cap on retiree OOP spending	<ul style="list-style-type: none"> • Increases plan's share to 60% • The lower reinsurance payments will result in significant plan cost increases; however, these should be offset by increase to direct subsidies²
2026	Medicare-negotiated prices implemented for certain high-cost drugs: <ul style="list-style-type: none"> • 10 Part D in 2026 • +15 Part D in 2027 • +15 Part B & D in 2028 • +20 Part B & D in 2029 	<ul style="list-style-type: none"> • 50 drugs with the highest total Medicare Part D spending and 50 drugs with the highest Medicare Part B spending will be selected from "negotiation-eligible" drugs • List of drugs subject to negotiation expected to be announced in September 2023 	Possible PBM re-contracting requirements; PBMs may use to renegotiate pricing terms
2032	Rule that would have eliminated drug rebates in favor of point-of-service discounts delayed to 2032	Rule unlikely to be implemented	Rule unlikely to be implemented

² Actual direct subsidies are unknown as they are based on Individual Part D bids each year.

For more information about the implications of the Inflation Reduction Act for Medicare Part D, please contact your Segal consultant. Segal can be retained to work with plan sponsors on their retiree health coverage.

This resource is for informational purposes only and does not constitute legal, tax or investment advice. You are encouraged to discuss the issues raised here with your legal, tax and other advisors before determining how the issues apply to your specific situations.

**TENTATIVE AGENDA
for the
SIXTH MEETING
of the
INVESTMENTS AND PENSIONS OVERSIGHT COMMITTEE**

**November 3, 2022
State Capitol, Room 322
Santa Fe**

Thursday, November 3

- 10:00 a.m. **Call to Order and Introductions**
—Representative Patricia Roybal Caballero, Chair
—Senator Roberto "Bobby" J. Gonzales, Vice Chair
- 10:15 a.m. (1) **[Pensionomics](#)**
—Tyler Bond, Research Manager, National Institute on Retirement Security
- 11:15 a.m. (2) **[Retiree Health Care Authority \(RHCA\): Final Update and Legislative Proposal](#)**
—Neil Kueffer, Executive Director, RHCA
- 12:00 noon **Lunch**
- 1:00 p.m. (3) **[Educational Retirement Board \(ERB\): Final Update and Legislative Proposal](#)**
—David Archuleta, Executive Director, ERB
- 1:45 p.m. (4) **[Return-to-Work Legislative Proposals](#)**
—Representative William "Bill" R. Rehm
- 2:30 p.m. **Public Comment***
- 3:00 p.m. **Adjourn**

*Members of the public may make comments during the public comment portion of the meeting by clicking the video icon beneath the meeting agenda on the Investments and Pensions Oversight Committee [web page](#) and following instructions under the "Extra Information" section.

New Mexico Retiree Health Care Authority (CP)

Change in Market Value

For the Month of Aug 2022

(Report as of September 19, 2022)

Investment Name	Prior Ending Market Value	Contributions	Distributions	Fees	Income	Gains - Realized & Unrealized	Market Value
Core Bonds Pool	183,949,959.75	-	-	-	457,714.16	(5,171,587.70)	179,236,086.21
Credit & Structured Finance	163,101,063.79	-	-	-	504,897.86	(516,342.04)	163,089,619.61
NM Retiree Health Care Authority Cash Account	-	-	-	-	-	-	-
Non-US Developed Markets Index Pool	135,121,433.04	-	-	-	322,389.71	(6,375,710.91)	129,068,111.84
Non-US Emerging Markets Active Pool	83,542,434.65	-	-	-	199,460.36	127,949.40	83,869,844.41
Private Equity Pool	174,344,945.63	-	-	-	16,458.98	(306,464.71)	174,054,939.90
Real Estate Pool	127,674,273.21	-	-	-	136,133.59	(268,407.34)	127,541,999.46
Real Return Pool	52,374,347.35	-	-	-	224,386.34	44,164.49	52,642,898.18
US Large Cap Index Pool	175,786,398.76	-	-	-	301,691.33	(7,068,702.66)	169,019,387.43
US SMID Cap Alternative Weighted Index Pool	24,080,414.27	-	-	-	35,291.69	(1,131,668.01)	22,984,037.95
Sub - Total New Mexico Retiree Health Care	1,119,975,270.45	-	-	-	2,198,424.02	(20,666,769.48)	1,101,506,924.99
Total New Mexico Retiree Health Care	1,119,975,270.45	-	-	-	2,198,424.02	(20,666,769.48)	1,101,506,924.99

New Mexico Retiree Health Care Authority (CP)

Change in Market Value

For the Month of Sep 2022

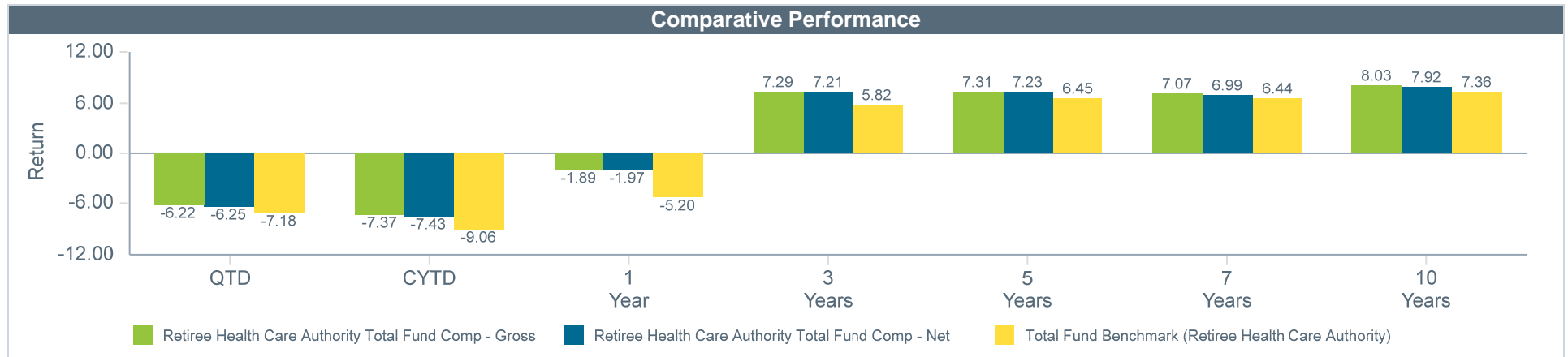
(Report as of October 18, 2022)

Investment Name	Prior Ending Market Value	Contributions	Distributions	Fees	Income	Gains - Realized & Unrealized	Market Value
Core Bonds Pool	179,236,086.21	-	-	-	471,350.37	(7,681,966.68)	172,025,469.90
Credit & Structured Finance	163,089,619.61	-	-	-	32,479.88	(286,858.44)	162,835,241.05
NM Retiree Health Care Authority Cash Account	-	-	-	-	-	-	-
Non-US Developed Markets Index Pool	129,068,111.84	-	-	-	447,270.96	(12,950,107.42)	116,565,275.38
Non-US Emerging Markets Active Pool	83,869,844.41	-	-	-	173,690.51	(8,935,932.19)	75,107,602.73
Private Equity Pool	174,054,939.90	-	-	-	223,610.56	(5,078,306.86)	169,200,243.60
Real Estate Pool	127,541,999.46	-	-	-	405,326.31	3,516,250.98	131,463,576.75
Real Return Pool	52,642,898.18	-	-	-	285,306.98	30,955.77	52,959,160.93
US Large Cap Index Pool	169,019,387.43	-	-	-	233,297.35	(15,865,528.84)	153,387,155.94
US SMID Cap Alternative Weighted Index Pool	22,984,037.95	-	-	-	42,072.91	(2,312,512.23)	20,713,598.63
Sub - Total New Mexico Retiree Health Care	1,101,506,924.99	-	-	-	2,314,405.83	(49,564,005.91)	1,054,257,324.91
Total New Mexico Retiree Health Care	1,101,506,924.99	-	-	-	2,314,405.83	(49,564,005.91)	1,054,257,324.91

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 (%)	
	US Large Cap Index	160,808,342	14.72	14.00	0.72
	US Small/Mid Cap Index	21,888,101	2.00	2.00	0.00
	Non-US Developed Markets Index	128,530,678	11.76	14.00	-2.24
	Non-US Emerging Markets Active	84,128,783	7.70	10.00	-2.30
	US Core Bonds	179,633,501	16.44	20.00	-3.56
	Credit & Structured Finance	163,658,772	14.98	15.00	-0.02
	Real Return	51,336,213	4.70	5.00	-0.30
	Real Estate	127,829,418	11.70	10.00	1.70
	Private Equity	174,756,566	15.99	10.00	5.99
Total Fund	1,092,570,374	100.00	100.00	0.00	



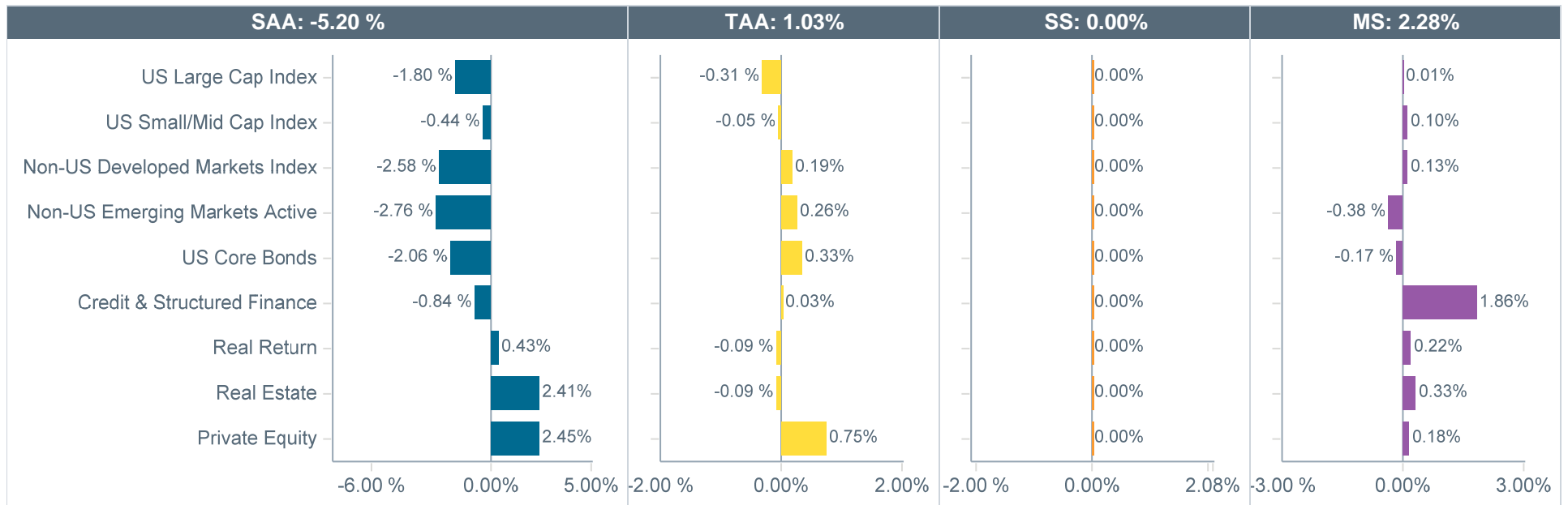
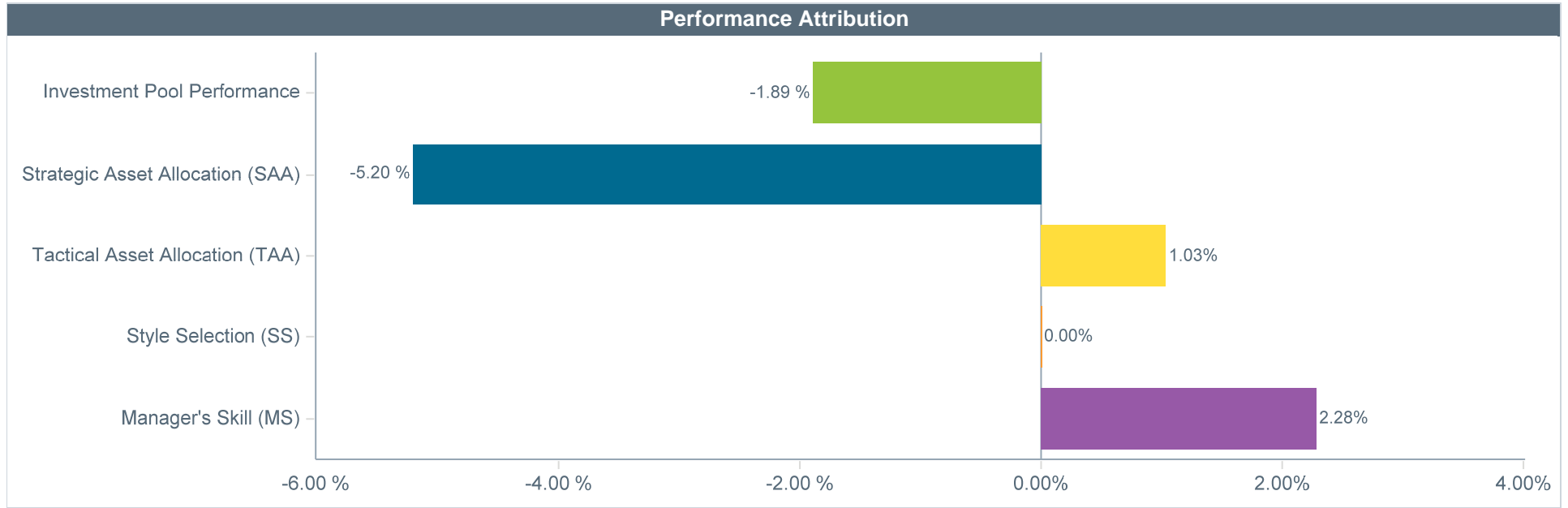
Comparative Performance

	QTD	CYTD	1 Year	3 Years	5 Years	7 Years	10 Years	2021	2020	2019
Retiree Health Care Authority Total Fund Comp - Gross	-6.22	-7.37	-1.89	7.29	7.31	7.07	8.03	15.61	9.88	13.27
Total Fund Benchmark (Retiree Health Care Authority)	-7.18	-9.06	-5.20	5.82	6.45	6.44	7.36	12.66	10.20	14.34
Difference	0.96	1.69	3.31	1.47	0.86	0.63	0.67	2.95	-0.32	-1.07
Retiree Health Care Authority Total Fund Comp - Net	-6.25	-7.43	-1.97	7.21	7.23	6.99	7.92	15.51	9.83	13.21
Total Fund Benchmark (Retiree Health Care Authority)	-7.18	-9.06	-5.20	5.82	6.45	6.44	7.36	12.66	10.20	14.34
Difference	0.93	1.63	3.23	1.39	0.78	0.55	0.56	2.85	-0.37	-1.13

Schedule of Investable Assets

Periods Ending	Beginning Market Value (\$)	Net Cash Flow (\$)	Gain/Loss (\$)	Ending Market Value (\$)	% Return
CYTD	1,149,233,513	30,000,000	-86,663,139	1,092,570,374	-7.43

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.

New Mexico Retiree Health Care Authority

Fiscal Year 2023 First Quarter Budget Review

Healthcare Benefits Fund

Between July 1, 2022, and September 30, 2022, the Healthcare Benefits Administration Program expended approximately \$76.4 million and collected \$89.3 million in revenue. Resulting in \$12.9 million surplus, greater than the \$10.1 million surplus for the same period in FY22.

First Quarter FY23 expenditures are \$9,418 less than expenditures in First Quarter FY22, for a decrease of -11%. Current projections indicate a \$50.6 million surplus at the end of FY23.

Major Upward Cost Pressures:

1. Overall plan participation (medical and voluntary coverages) grew by 4.2% between September 2021 and September 2022, adding 2,729 members, compared to a 1.5% growth rate during the previous fiscal year when the plan only added 381.
2. Claim costs typically increase during the Third and Fourth Quarter of the plan year (calendar year) because members begin meeting their annual deductible and reaching maximum out-of-pocket expenses.

Major Downward Cost Pressures:

1. Pre-Medicare Plan Participation
 - Premier Plans: -949 members (-8.83%)
 - Value Plans: -270 members (-7.23%)
 - Net: -1,219 members (-8.42%)
2. Medicare Plan Participation
 - Medicare Supplement: -805 members (-3.65%)
 - BCBS MA Plans: -4 members (0.11%)
 - Humana MA Plans: +107 members (8.04%)
 - Presbyterian MA Plans: +297 members (3.39%)
 - *UnitedHealthcare MA Plans: +653 members (13.71%)
3. A 14.3% decline in dependent child participation in medical plans from 1,605 in September 2021 to 1,376 in September 2022.

*Default Plans --- All Pre-Medicare Plan Participants to UnitedHealthcare since January 1, 2021.

Additional Analysis:

A major trend in First Quarter FY23 costs is medical and prescription drug expenses are showing lower than last year at this time, which is partially due to reductions in the number of self-insured plan participants (Pre-Medicare and Medicare Supplement) and an increase in the number of Medicare Advantage Plan participants (1,057 in total) who have elected to participate in less costly capitated arrangements.

In addition, a new contract for Express Scripts went into effect on July 1, 2022, with the expectation of additional savings that staff will continue to evaluate.

Below is an annual summary of the cash contributions made to the State Investment Council (SIC) between fiscal years 2011 – 2021, as well as monthly contribution(s) made in FY22:

FY11 Total	\$	21,879,651
FY12 Total	\$	21,060,000
FY13 Total	\$	15,315,000
FY14 Total	\$	57,500,000
FY15 Total	\$	42,500,000
FY16 Total	\$	35,000,000
FY17 Total	\$	33,000,000
FY18 Total	\$	20,000,000
FY19 Total	\$	45,000,000
FY20 Total	\$	56,000,000
FY21 Total	\$	75,000,000
FY22 Total	\$	60,000,000
Transfer Effective		Amount Transferred
November 1, 2022	\$	30,000,000
FY23 Total	\$	30,000,000
Total Transfers	\$	512,254,651

New Mexico Retiree Health Care Authority

FY23 1st Quarter Budget Review

Comparison of Projected vs. Actual

(in thousands)

Healthcare Benefit Fund

FY23/FY22 Comparison

	FY23 Approved Q1 Budget	FY23 Q1 Actual	FY22 Q1 Actual	Dollar Change	Percent Change
Sources:					
Employer/Employee Contributions	\$ 31,142.63	\$ 40,589.6	\$ 37,862.9	\$ 2,726.7	7.2%
Retiree Contributions	\$ 44,888.2	\$ 36,806.3	\$ 43,338.8	\$ (6,532.5)	-15.1%
Taxation & Revenue Fund	\$ 10,326.68	\$ 3,442.9	\$ 9,222.0	\$ (5,779.1)	-62.7%
Other Miscellaneous Revenue	\$ 8,783.75	\$ 8,445.3	\$ 5,504.5	\$ 2,940.8	53.4%
Interest Income	\$ 25.0	\$ 101.2	\$ 62.3	\$ 38.9	157.0%
Refunds	\$ -	\$ (49.5)	\$ (65.9)	\$ 16.4	-24.8%
Total Sources	\$ 95,166.2	\$ 89,335.6	\$ 95,924.6	\$ (6,589.0)	-6.9%
Uses:					
Medical Contractual Services	\$ 94,231.7	\$ 72,831.6	\$ 82,528.0	\$ (9,696.4)	-11.7%
ACA Fees (PCORI)	\$ 45.0	\$ 40.1	\$ 39.1	\$ 1.0	2.5%
Other Financing Uses	\$ 889.6	\$ 3,558.2	\$ 3,280.7	\$ 277.5	8.5%
Total Uses	\$ 95,166.2	\$ 76,389.8	\$ 85,808.7	\$ (9,418.0)	-11.0%
Sources Over Uses	NA	\$ 12,945.8	\$ 10,115.9	NA	NA

FY23 Budget Compared to Actual

	FY23 Approved Budget	FY23 Actuals	Remaing Balance	Percent Expended/ Collected	FY23 Projected Total
Sources:					
Employer/Employee Contributions	\$ 124,570.5	\$ 40,589.6	\$ 83,980.9	32.6%	\$ 162,358.2
Retiree Contributions	\$ 179,552.7	\$ 36,806.3	\$ 142,746.4	20.5%	\$ 142,225.1
Taxation & Revenue Fund	\$ 41,306.7	\$ 3,442.9	\$ 37,863.8	8.3%	\$ 32,935.8
Other Miscellaneous Revenue	\$ 35,000.0	\$ 8,445.3	\$ 26,554.8	24.1%	\$ 29,000.0
Interest Income	\$ 100.0	\$ 101.2	\$ (1.2)	101.2%	\$ 404.6
Refunds	\$ -	\$ (49.5)	\$ -	NA	\$ (198.1)
Total Sources	\$ 380,529.9	\$ 89,335.6	\$ 291,144.8	23.5%	\$ 366,725.6
Uses:					
Medical Contractual Services	\$ 376,926.7	\$ 72,791.5	\$ 304,135.2	19.3%	\$ 312,720.8
ACA Fees (PCORI)	\$ 45.0	\$ 40.1	\$ 4.9	89.0%	\$ 39.4
Other Financing Uses	\$ 3,558.2	\$ 3,558.2	\$ -	100.0%	\$ 3,306.7
Total Uses	\$ 380,529.9	\$ 76,389.8	\$ 304,140.1	20.1%	\$ 316,066.9
Sources Over Uses	NA	\$ 12,945.8	NA	NA	\$ 50,658.7

New Mexico Retiree Health Care Authority
1st Quarter Healthcare Benefit Fund Detail
Fiscal Year 2023
(in thousands)

	FY23 Q1 Actuals	FY22 Q1 Actuals	FY23 - FY22 Difference
REVENUE:			
Employer/Employee Contributions	\$ 40,589.6	\$ 37,862.9	\$ 2,726.7
Retiree Contributions	\$ 36,806.3	\$ 43,338.8	\$ (6,532.5)
Taxation and Revenue Suspense Fund	\$ 3,442.9	\$ 9,222.0	\$ (5,779.1)
Other Miscellaneous Revenue	\$ 8,445.3	\$ 5,504.5	\$ 2,940.8
Interest Income	\$ 101.2	\$ 62.3	\$ 38.9
Refunds	\$ (49.5)	\$ (65.9)	\$ 16.4
TOTAL REVENUE:	\$ 89,335.6	\$ 95,924.6	\$ (6,589.0)
EXPENDITURES:			
Prescriptions			
Express Scripts	\$ 28,787.7	\$ 30,240.5	\$ (1,452.8)
Total Prescriptions	\$ 28,787.7	\$ 30,240.5	\$ (1,452.8)
Non-Medicare			
Blue Cross Blue Shield	\$ 11,149.2	\$ 15,764.3	\$ (4,615.1)
BCBS Administrative Costs	\$ 319.7	\$ 485.8	\$ (166.1)
Presbyterian	\$ 10,899.6	\$ 10,270.5	\$ 629.1
Presbyterian Administrative Costs	\$ 502.4	\$ 549.8	\$ (47.4)
PCORI Fee	\$ 40.1	\$ 39.1	\$ 1.0
Total Non-Medicare	\$ 22,911.0	\$ 27,109.5	\$ (4,198.5)
Medicare			
Blue Cross Blue Shield	\$ 6,390.6	\$ 10,468.9	\$ (4,078.3)
BCBS Administrative Costs	\$ 906.5	\$ 1,375.8	\$ (469.3)
Presbyterian MA	\$ 3,198.4	\$ 2,818.1	\$ 380.3
UnitedHealthcare MA	\$ 831.3	\$ 709.4	\$ 121.9
Humana MA	\$ 203.3	\$ 186.0	\$ 17.3
BCBS MA	\$ 351.4	\$ 474.4	\$ (123.0)
Total Medicare	\$ 11,881.5	\$ 16,032.6	\$ (4,151.1)
Other Benefits			
Davis Vision	\$ 626.4	\$ 618.9	\$ 7.5
Delta Dental	\$ 5,394.3	\$ 5,340.5	\$ 53.8
Standard Life Insurance	\$ 3,230.7	\$ 3,186.0	\$ 44.7
Total Other Benefits	\$ 9,251.4	\$ 9,145.4	\$ 106.0
Other Expenses			
Program Support	\$ 3,558.2	\$ 3,280.7	\$ 277.5
Total Other Expenses	\$ 3,558.2	\$ 3,280.7	\$ 277.5
TOTAL EXPENDITURES:	\$ 76,389.8	\$ 85,808.7	\$ (9,418.9)
Total Revenue over Total Expenditures	\$ 12,945.8	\$ 10,115.9	\$ 2,829.9

New Mexico Retiree Health Care Authority
FY23 1st QTR Budget Review
Comparison of Budget vs. Actual
(in thousands)

Program Support

FY23/FY22 Comparison

	FY23 Approved Q1 Budget	FY23 Actuals	FY22 Actuals	Dollar Change	Percent Change
Sources:					
Other Transfers	\$ 889.6	\$ 3,558.2	\$ 3,280.7	\$ 277.5	8.5%
Total Sources	\$ 889.6	\$ 3,558.2	\$ 3,280.7	\$ 277.5	7.8%
Uses:					
Personal Services and Benefits	\$ 574.1	\$ 520.7	\$ 478.7	\$ 42.0	8.8%
Contractual Services	\$ 168.7	\$ 19.7	\$ 52.6	\$ (32.9)	-62.5%
Other Costs	\$ 146.8	\$ -	\$ 139.7	\$ (139.7)	-100.0%
Total Uses	\$ 889.6	\$ 540.4	\$ 671.0	\$ (130.6)	-19.5%

New Mexico Retiree Health Care Authority
FY23 1st QTR Budget Review
Comparison of Budget vs. Actual
(in thousands)

Program Support

FY23 Budget Compared to Actual

	Approved Operating Budget	FY23 Actuals	Remaining Balance	Percent Expended	FY23 Projected
Sources:					
Other Transfers	\$ 3,558.2	\$ 540.4	\$ 3,017.8	15%	\$ 1,468.4
Total Sources	\$ 3,558.2	\$ 540.4	\$ 3,017.8	15%	\$ 1,468.4
Uses:					
Personal Services and Benefits	\$ 2,296.3	\$ 520.7	\$ 1,775.6	23%	\$ 1,566.6
Contractual Services	\$ 674.9	\$ 19.7	\$ 655.2	3%	\$ 437.8
Other Costs	\$ 587.0	\$ -	\$ 587.0	0%	\$ 345.4
Total Uses	\$ 3,558.2	\$ 540.4	\$ 3,017.8	15%	\$ 2,349.8

Program Support						
Expenditure Summary (in thousands)						
Acct #	Account Description	A Approved Budget	B Expended Budget	C Remaing Balance	D Projected	E Balance
200	Personal Services/ Employee Benefits	2,296.3	520.7	1,775.6	1,566.6	209.0
300	Contractual Services	674.9	23.1	651.8	437.8	214.0
400	Other Costs	587.0	101.3	485.7	345.4	140.3
	TOTAL	3,558.2	645.1	2,913.1	2,349.8	563.3
Expenditure Detail (in thousands)						
Personal Services / Employee Benefits						
Acct #	Account Description	Approved Budget	Expended Budget	Remaining Balance	Projected	Balance
520100	Exempt Positions	443.8	67.5	376.3	297.0	79.3
520300	Classified Perm. Positions	1,148.0	297.1	850.9	823.1	27.8
520800	Annual, Sick & Comp Paid	0.0	8.5	(8.5)	0.0	(8.5)
521100	Group Insurance Premium	214.5	44.9	169.6	147.2	22.4
521200	Retirement Contributions	317.1	68.2	248.9	185.0	63.9
521300	FICA	132.5	27.2	105.3	82.1	23.2
521400	Workers Comp	0.2	0.0	0.2	0.1	0.1
521410	GSD Work Comp Ins	1.3	0.0	1.3	1.2	0.1
521500	Unemployment Comp	0.0	0.0	0.0	0.0	0.0
521600	Employee Liability Insurance	3.3	0.0	3.3	9.5	(6.2)
521700	Retiree Health Care	35.6	7.3	28.3	21.4	6.9
523000	COVID Related Admin Leave	0.0	0.0	0.0	0.0	0.0
	TOTAL	2,296.3	520.7	1,775.6	1,566.6	209.0
Contractual Services						
Acct #	Account Description	Approved Budget	Expended Budget	Remaining Balance	Projected	Balance
535200	Professional Services	415.0	0.0	415.0	280.0	135.0
535209	Professional Services - Interagency	20.0	0.0	20.0	6.5	13.5
535309	Other Services InterA	12.5	3.4	9.1	20.0	(10.9)
535400	Audit Services	72.4	0.0	72.4	42.3	30.1
535500	Attorney Services	50.0	11.6	38.4	20.0	18.4
535600	Information Technology Services	105.0	8.2	96.8	69.0	27.8
	TOTAL	674.9	23.1	651.8	437.8	214.0
Other Costs						
Acct #	Account Description	Approved Budget	Expended Budget	Remaining Balance	Projected	Balance
542100	Employee In-State Mileage & Fares	1.5	0.0	1.5	0.0	1.5
542200	Employee In-State Meals & Lodging	2.5	1.6	0.9	0.0	0.9
542300	Board & Commission - In-State	13.5	6.0	7.5	0.0	7.5
542500	Transportation-Fuel & Oil	1.0	0.1	0.9	0.0	0.9
542600	Transportation	0.1	0.0	0.1	0.0	0.1
542700	Transportation - Insurance	0.2	0.0	0.2	0.0	0.2
542800	State Transportation Pool Charges	5.8	5.8	0.0	0.0	0.0
543200	Maintenance - Furniture, Fixtures & Equipment	6.0	0.0	6.0	0.0	6.0
543300	Maintenance - Building & Structure	6.0	0.0	6.0	0.0	6.0
543400	Maintenance - Property Insurance	0.1	0.0	0.1	0.0	0.1
543830	IT HW/SW Agreements	7.5	0.0	7.5	0.0	7.5
544000	Supply Inventory IT	50.0	1.9	48.1	23.0	25.1
544100	Supplies - Office Supplies	13.0	1.7	11.3	9.6	1.7
544900	Supplies - Inventory Exempt	5.0	0.2	4.8	10.0	(5.2)
545600	Rep/Recording	0.0	0.0	0.0	0.0	0.0
545700	DoIT - ISD Services	11.0	2.0	9.0	2.8	6.2
545701	DoIT - HCM Fees	9.5	0.0	9.5	0.0	9.5
545900	Printing & Photo. Services	60.0	15.4	44.6	48.0	(3.4)
546100	Postage & Mail Services	100.0	14.3	85.7	45.0	40.7
546400	Rent of Land & Buildings	119.2	30.5	88.7	66.9	21.8
546409	Rent - Interagency	8.9	2.2	6.7	4.4	2.3
546500	Rent of Equipment	30.3	7.3	23.0	44.0	(21.0)
546600	Telecomm	21.0	0.6	20.4	5.0	15.4
546610	DOIT Telecomm	69.1	10.8	58.3	56.0	2.3
546700	Subscriptions & Dues	7.0	0.0	7.0	5.0	2.0
546800	Employee Training & Education	10.0	0.6	9.4	5.0	4.4
546801	Board Member Training	7.5	0.0	7.5	5.0	2.5
546900	Advertising	1.0	0.0	1.0	1.0	0.0
547900	Miscellaneous Expense	1.3	0.3	1.0	0.7	0.3
547999	Request to Pay Prior Year	0.0	0.0	0.0	0.0	0.0
548300	Information Technology Equipment	10.0	0.0	10.0	5.0	5.0
549600	Employee Out-Of-State Mileage & Fares	2.0	0.0	2.0	2.0	0.0
549700	Employee Out-Of-State Meals & Lodging	2.0	0.0	2.0	2.0	0.0
549800	B&C-Out-Of-State Mileage & Fares	3.5	0.0	3.5	3.5	0.0
549900	B&C- Out-Of-State Meals & Lodging	1.5	0.0	1.5	1.5	0.0
	TOTAL	587.0	101.3	485.7	345.4	140.3

Disposal of Informaton Technology Equipment – Action Item*

Background: According to New Mexico Statute 13-6-1. Disposition of obsolete, worn-out or unusable tangible personal property. The computer equipment listed in that attached sheet has been reviewed by NMRHCA IT department and all listed equipment is outdated and non-functional. Upon approval by the Board the Directors, the New Mexico Retiree Health Care Authority (NMRHCA) will dispose of obsolete, worn out and unusable tangible property. NMRHCA staff has reviewed the attached list of items proposed for disposal with the Finance Committee. The applicable sections of statute are italicized below.

13-6-1. Disposition of obsolete, worn-out or unusable tangible personal property.

A. The governing authority of each state agency, local public body, school district and state educational institution may dispose of any item of tangible personal property belonging to that authority and delete the item from its public inventory upon a specific finding by the authority that the item of property is:

(1) of a current resale value of five thousand dollars (\$5,000) or less; and

(2) worn out, unusable or obsolete to the extent that the item is no longer economical or safe for continued use by the body.

B. The governing authority shall, as a prerequisite to the disposition of any items of tangible personal property:

(1) designate a committee of at least three officials of the governing authority to approve and oversee the disposition; and

(2) give notification at least thirty days prior to its action making the deletion by sending a copy of its official finding and the proposed disposition of the property to the state auditor and the appropriate approval authority designated in Section 13-6-2 NMSA 1978, duly sworn and subscribed under oath by each member of the authority approving the action.

C. A copy of the official finding and proposed disposition of the property sought to be disposed of shall be made a permanent part of the official minutes of the governing authority and maintained as a public record subject to the Inspection of Public Records Act [Chapter 14, Article 2 NMSA 1978].

D. The governing authority shall dispose of the tangible personal property by negotiated sale to any governmental unit of an Indian nation, tribe or pueblo in New Mexico or by negotiated sale or donation to other state agencies, local public bodies, school districts, state educational institutions or municipalities or through the central purchasing office of the governing authority by means of competitive sealed bid or public auction or, if a state agency, through the surplus property bureau of the transportation services division of the general services department.

E. A state agency shall give the surplus property bureau of the transportation services division of the general services department the right of first refusal when disposing of obsolete, worn-out or unusable tangible personal property of the state agency.

F. If the governing authority is unable to dispose of the tangible personal property pursuant to Subsection D or E of this section, the governing authority may sell or, if the property has no value, donate the property to any organization described in Section 501(c)(3) of the Internal Revenue Code of 1986.

G. If the governing authority is unable to dispose of the tangible personal property pursuant to Subsection D, E or F of this section, it may order that the property be destroyed or otherwise permanently disposed of in accordance with applicable laws.

H. If the governing authority determines that the tangible personal property is hazardous or contains hazardous materials and may not be used safely under any circumstances, the property shall be destroyed and disposed of pursuant to Subsection G of this section.

I. No tangible personal property shall be donated to an employee or relative of an employee of a state agency, local public body, school district or state educational institution; provided that nothing in this subsection precludes an employee from participating and bidding for public property at a public auction.

J. This section shall not apply to any property acquired by a museum through abandonment procedures pursuant to the Abandoned Cultural Properties Act [18-10-1 to 18-10-5 NMSA 1978].

K. Notwithstanding the provisions of Subsection A of this section, the department of transportation may sell through public auction or dispose of surplus tangible personal property used to manage, maintain or build roads that exceeds five thousand dollars (\$5,000) in value. Proceeds from sales shall be credited to the state road fund. The department of transportation shall notify the department of finance and administration regarding the disposition of all property.

L. If the secretary of public safety finds that the K-9 dog presents no threat to public safety, the K-9 dog shall be released from public ownership as provided in this subsection. The K-9 dog shall first be offered to its trainer or handler free of charge. If the trainer or handler does not want to accept ownership of the K-9 dog, then the K-9 dog shall be offered to an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986 free of charge. If both of the above fail, the K-9 dog shall only be sold to a qualified individual found capable of providing a good home to the animal.

History: 1953 Comp., § 6-1-7.1, enacted by Laws 1961, ch. 100, § 1; 1979, ch. 195, § 2; 1984, ch. 47, § 1; 1987, ch. 15, § 1; 1989, ch. 211, § 6; 1995, ch. 181, § 1; 1998, ch. 16, § 1; 2001, ch. 317, § 1; 2007, ch. 57, § 4; 2012, ch. 10, § 1; 2013, ch. 9, § 1.

The General Services Department, Surplus Property Bureau has been offered the right of first refusal and upon review, agreed with the assessment and have declined to transfer any equipment listed for their use. They have also agreed that this equipment can be disposed of and any harddrives destroyed (see attached letter). A certified Computer/Electronics Disposal company will be selected and documentation will be required certifying that equipment was properly disposed of and all harddrive disks were destroyed to recommended standards.

Action Item Request: NMRHCA staff respectfully requests permission to dispose of the attached list of items including workstations, printers, monitors and servers.

Model #**Serial #****Monitor**

HP Monitor	CNK1321MMG
ViewSonic VS12575	RBJ104700174

Laptop

Sony Vaio SVF14N23CXS	54686512-L-01
Dell Precision 5540	HFP5X33
Gateway M680	BNCW5190167
HP Compaq 2710p	2CE84062V5
HP EliteBook 8460	CNU2092F91
IPAD	DVHLX8YYFK14
HP 3200 XZ714AV	CNF0468SHP

PC

Dell XPS 2710	CN-02P8J1-74431-572-0116
Dell Ultra 2000FP	TW-09E249-46635-36R-08CL
Dell Optiplex 9010	CN-0689H5-74431-34K-0403-A00
Optiplex 7440	CN-07YF42-74431-668-1521-A00
Optiplex 7440	CN-07YF42-74431-63M-0770-A00
Dell Optiplex 9030	CN-OTRP8W-7443-4CA-1877-A00
HP Workstation Z200	2UA1221CY2
Dell Optiplex 5720	74BTQP2
Dell Optiplex 9030	3J3WSX1
Optiplex 7440	DRTDB02
Optiplex 7440	7J9LHB2
Dell Optiplex 9030	FFY2D42
HP Workstation Z200	2UA1221CYX

Server

HP Proliant DL585 G7	MXQ307005P
Dell PowerVault MD3400	G28QZ12
Dell PowerVault TL1000	CN-ONGR69-78000-55R-A0VU-A00

Network

Cisco SGE2010P 48 port switch	DNI1622B81J
NetGear GS116 16-port switch	GS22154DB003403

Paper Shredder

GBC RDX-1413	1758580
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MICHELLE LUJAN GRISHAM
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DEPUTY DIRECTOR
TRANSPORTATION SERVICES

State of New Mexico
General Services Department

ADMINISTRATIVE SERVICES DIVISION
(505) 476-1857

FACILITIES MANAGEMENT DIVISION
(505) 827-2141

PURCHASING DIVISION
(505) 827-0472

RISK MANAGEMENT DIVISION
(505) 827-2036

STATE PRINTING & GRAPHIC SERVICES BUREAU
(505) 476-1950

TRANSPORTATION SERVICES DIVISION
(505) 827-1958

STATE AGENCY FOR SURPLUS PROPERTY

1990 Siringo Road

Mailing address: P.O. Drawer 6850 Santa Fe, New Mexico 87502

Phone: (505)476-1902/Fax: (505)476-1905

Memorandum

Date: October 4, 2022

To: Raymond Long
Chief Information Officer
NM Retiree Health Care Authority
6300 Jefferson St NE, Suite 150
Albuquerque, NM 87109

Subject: Disposal of Tangible Personal Property-Albuquerque, New Mexico

Through State statute 13-6-1(E) NMSA 1978, the New Mexico State Agency for Surplus Property (NMSASP), formerly the Federal Property Assistance Bureau is given the right of first refusal when disposing of obsolete, worn-out or unusable tangible personal property of any State Agency. Thank you for complying with this statute by giving the NMSASP notice of the property you wish to dispose of. The NMSASP has viewed your email request from July 26, 2022 and has decided to refuse property. We are basing this decision on the fact that the property is either old or in poor condition. Please continue with the disposition of this property in pursuant to §13-6-1 NMSA 1978- Disposition of Obsolete, Worn-out or Unusable Tangible Personal Property; or, §13-6-2 NMSA 1978- Sale of Property by State Agencies; Authority to Sell or dispose of Property.

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FY23 Healthcare Benefits Administration Program Contract Amendments – Action Item*

The chart below includes a list of existing contracts and proposed amendments for fiscal year 2023. The proposed amendments are specific to the Medicare Advantage contracts in order to reflect the approved rates and plans for the 2023 calendar year.

Health Care Benefits Administration Program – FY23 Proposed Contract Amendments

The proposed contracts administered through Healthcare Benefits Administration Fund are as follows:

FY23 Approved Operating Budget	\$376,926,700		
	Contract	Contract	Amendment
Vendor	Amount	Term	Type
1 Express Scripts	\$122,000,000	July 1, 2022 - June 30, 2026	NA
2 The Standard	\$13,700,000	July 1, 2019 - June 30, 2023	NA
3 BCBS -- Self Insured	\$122,500,000	July 1, 2020 - June 30, 2024	NA
4 Presbyterian -- Self Insured	\$56,750,000	July 1, 2020 - June 30, 2024	NA
5 Presbyterian MA	\$14,000,000	July 1, 2020 - June 30, 2024	2023 Plan
6 BCBS MA	\$3,000,000	July 1, 2020 - June 30, 2024	2023 Plan
7 Humana MA	\$1,450,000	July 1, 2020 - June 30, 2024	2023 Plan
8 UnitedHealthcare MA	\$8,000,000	July 1, 2020 - June 30, 2024	2023 Plan
9 Delta	\$23,400,000	July 1, 2020 - June 30, 2024	NA
10 Davis Vision	\$2,750,000	July 1, 2020 - June 30, 2024	NA
Total	\$367,550,000	NA	NA
Unencumbered Balance	\$9,376,700	Available for mid/end-year adjustments	

The proposed contract amendments will reflect updates to performance guarantees, program descriptions, gain share agreements and benefit summary documentation. The amendments also reflect the premium changes applied to the upcoming calendar year. The changes are listed below:

	2023	2022	Monthly Difference	% Change	Annual Difference
UHC Plan I	\$ 83.00	\$ 75.00	\$ 8.00	10%	\$ 96.00
UHC Plan II	\$ 33.00	\$ 25.00	\$ 8.00	24%	\$ 96.00
PHP Plan I	\$ 124.30	\$ 124.30	\$ -	0%	\$ -
PHP Plan II	\$ 96.80	\$ 96.80	\$ -	0%	\$ -
BCBS Plan I	\$ 45.00	\$ 45.00	\$ -	0%	\$ -
BCBS Plan II	\$ -	\$ -	\$ -	0%	\$ -
Humana Plan I	\$ 58.22	\$ 88.26	\$ (30.04)	-52%	\$ (360.48)
Humana Plan II	\$ 11.54	\$ 11.54	\$ -	0%	\$ -

Conclusion: NMRHCA staff respectfully requests approval to amend the UnitedHealthcare, Presbyterian Health Plan, Blue Cross Blue Shield and Humana Medicare Advantage contracts to reflect monthly charges, plan summaries, performance guarantees and gain share agreements applicable to the 2023 calendar year.