

**New Mexico  
Public Schools Insurance Authority**



**Board of Directors Meeting  
February 6, 2025**





# New Mexico Public Schools Insurance Authority

## Board of Directors Meeting

### Board of Directors

Al Park, President, Governor Appointee  
Chris Parrino, Vice President, NM Association of School Business Officials  
Trish Ruiz, Secretary, Educational Entities at Large  
Denise Balderas, Governor Appointee  
Vicki Chavez, NM Superintendents Association  
Tim Crone, American Federation of Teachers NM  
Pauline Jaramillo, NM School Boards Association  
Bethany Jarrell, National Education Association - New Mexico  
K.T. Manis, Public Education Commission  
David Martinez, Jr., National Education Association - New Mexico  
Sammy J. Quintana, Governor Appointee

### In-Person & Virtual

#### In-Person:

Poms & Associates  
201 3rd Street, Suite 1400  
Albuquerque, New Mexico 87102

#### Virtual:

Please join my meeting from your computer, tablet, or smartphone.

<https://nm-gov.zoom.us/j/87555971974>

You can also dial in using your phone.

United States: **1 877 853 5257**

Meeting ID: **875 5597 1974**

Get the app now and be ready when your first meeting starts: <https://www.zoom.us/download>

**Thursday, February 06, 2025**

**9:00 a.m.**

### Agenda

- |   |             |
|---|-------------|
| 1. Call to Order  | A. Park     |
| 2. Roll Call  | C. Roybal   |
| 3. Introduction of Guests                                   | P. Sandoval |
| 4. Citizens to Address the Board <b>(Five-Minute Limit)</b> | A. Park     |
| 5. Approval of Agenda <b>(Action Item)</b>                  | A. Park     |

- |    |  |                          |
|----|--|--------------------------|
| 6. | Approval of December 5, 2024 Minutes ( <b>Action Item</b> )  | A. Park                  |
| 7. | Administrative Matters   |                          |
|    | A. Legislative Update  | P. Sandoval              |
|    | B. Rules update  | K. Jones                 |
|    | C. Annual Retreat Discussion   | M. Pacheco/<br>C. Roybal |
|    | D. 2025 State and Local Government Benefits Association National Conference April 28-May 1, 2025, St. Louis, MO ( <b>Action Item</b> ) | P. Sandoval              |
|    | E. Recognition of Kelley Riddle's Service on the Benefits Advisory Committee   | M. Quintana              |
| 8. | Financial Matters  |                          |
|    | A. Approval of Financial Reports - November 2024 ( <b>Action Item</b> )  | P. Gonzales              |
|    | B. Approval of Financial Reports - December 2024 ( <b>Action Item</b> )  | P. Gonzales              |
|    | C. Approval of Long-Term Investment Policy Statement ( <b>Action Item</b> )  | P. Gonzales              |
|    | D. Approval of FY24 Audit ( <b>Action Item</b> )   |                          |
|    | E. Quarterly Investment Performance Review for the Quarter Ended December 31, 2024   | J. Pratt/P. Cowie        |
|    | F. Retroactive Approval to Withdraw from Employee Benefits Long Term Investments Portfolio ( <b>Action Item</b> )                      | P. Gonzales              |
|    | G. FY25 Analysis of Original and Approved Premium Increases  | P. Gonzales              |
| 9. | Risk Matters   |                          |
|    | A. Property/Liability Contract Amendment ( <b>Action Item</b> )  | P. Sandoval              |
|    | B. Cost Allocation Committee Update  | J. Garcia                |
|    | C. Higher Education Pool Update  | D. Poms                  |
|    | D. STOPit Data Update  | A. Martinez/<br>M. Toth  |
|    | E. TPA Reports   |                          |
|    | 1. Property & Liability Monthly Claims Report  | S. Vanetsky              |
|    | 2. Property & Liability Large Losses   | S. Vanetsky              |
|    | 3. Workers' Compensation Monthly Claims Report   | J. Mayo/C. Carrillo      |
|    | 4. Workers' Compensation Large Losses  | J. Mayo/C. Carrillo      |
|    | F. CCMSI Retirement Announcement   | R. Cangiolosi            |
|    | G. Loss Prevention Update  | L. Vigil/J. Garcia       |



10. Benefits Matters

- |  |                              |
|--|------------------------------|
| A. Benefit Plan Design Committee Update  | M. Quintana                  |
| B. Approval of Amendment to Segal Agreement-Compensation <b>(Action Item)</b>  | M. Quintana                  |
| C. Approval of Amendment to Segal Agreement-Scope of Work <b>(Action Item)</b> | M. Quintana                  |
| D. Approval of Presbyterian Audit <b>(Action Item)</b>                         | D. Donaldson/<br>E. Chan     |
| E. Approval of CVS Post-Implementation Audit <b>(Action Item)</b>              | D. Donaldson/<br>J. Laguna   |
| F. Preliminary FY26 Rate-Setting Projections and Scenarios                     | D. Donaldson/<br>A. McDonald |
| G. Medical Provider Contracting Overview                                       |                              |
| 1. Blue Cross Blue Shield Medical  | L. Guevara                   |
| 2. Presbyterian  | S. Valdez                    |
| H. Presbyterian Update of Aetna Expansion in El Paso                           | S. Valdez                    |
| I. Open/Switch Enrollment Update   | K. Payanes                   |
| J. Annual Stat Package   | K. Payanes                   |
| K. IBAC Update   | K. Roybal                    |
| L. Benefits Analyst Quarterly Statistical Report                               | L. Martinez                  |

11. General Discussion

A. Park

12. Next Meeting Date and Location: Thursday, March 6, 2025  
Location: Poms & Associates 201 3rd Street, Suite 1400 and a virtual option

A. Park

13. Adjournment **(Action Item)**

A. Park

**New Mexico Public Schools Insurance Authority  
Board of Directors Meeting Minutes**

**In Person:**

**Poms & Associates 201 3rd Street, Suite 1400  
Albuquerque, New Mexico 87102**

**Virtual:**

<https://nm-gov.zoom.us/j/81227984845>

**Phone: 1 877 853 5257**

**Meeting ID: 812 2798 4845**

**Thursday, December 5, 2024**

**1. Call to Order**

Mr. Al Park, President, called the NMPSIA Board Meeting to order at 9:01 a.m. on Thursday, December 5, 2024.

**2. Roll Call**

Ms. Claudette Roybal called roll.

**Board Members Present:**

Al Park, President	In-Person
Chris Parrino, Vice President	In-Person
Trish Ruiz, Secretary	Virtual arrived at 9:08
Denise Balderas	Absent
Vicki Chavez	Virtual
Tim Crone	Virtual
Pauline Jaramillo	Virtual
Bethany Jarrell	Absent
KT Manis	Virtual arrived at 9:17 am
David Martinez, Jr.	Virtual
Sammy Quintana	In-Person

**NMPSIA Staff Members Present:**

Patrick Sandoval, Executive Director	In-Person
Martha Quintana, Deputy Director	In-Person
Phillip Gonzales, Chief Financial Officer	In-Person
Claudette Roybal, Chief Procurement Officer	In-Person
Dominique Williams, Risk Coordinator	In-Person
Leslie Martinez, Benefits Analyst	Virtual
Kaylynn Roybal, Benefits/Wellness Coordinator	Virtual

Miraya Pacheco, Accountant Auditor

Virtual

**Audience Present:**

Marsha Martinez	Benefits Advisory Committee Member	Virtual
Lisa Sullivan	BCBSNM	Virtual
Lisa Guevarra	BCBSNM	In-Person
Jackie Pacheco	BCBSNM	Virtual
Maureen Sergel	BCBSNM	Virtual
Samantha Mensay	BCBSNM	Virtual
Steve Vanetsky	CCMSI	In-Person
Jerry Mayo	CCMSI	In-Person
Louise Carpenter	CCMSI	Virtual
Rich Cangiolosi	CCMSI	In-Person
Courtney Barela	CCMSI	Virtual
Cindy Carrillo	CCMSI	In-Person
David Lauck	CVS	Virtual
Marianna Sandoval	Davis Vision	In-Person
Anthony Moya	Delta Dental	In-Person
Jessica Taylor	Delta Dental	In-Person
Amy Bonal	Erisa Administrative Services	Virtual
Carl Cai	Erisa Administrative Services	Virtual
Kathy Payanes	Erisa Administrative Services	In-Person
Marty Esquivel	Esquivel & Howington Law Firm	In-Person
Daniel Estupinan	Legislative Education Study Committee	Virtual
Jared Pratt	Meketa	Virtual
Paul Cowie	Meketa	Virtual
Don Kempin	Novo Nordisk Rx	Virtual
Aaron Hillebrant	Pinnacle Actuarial Services	Virtual
Matt Meade	Pinnacle Actuarial Services	Virtual
Karen Mestas-Harris	Poms & Associates	Virtual
Kevin McDonald	Poms & Associates	In-Person
Dave Poms	Poms & Associates	In-Person
Larry Vigil	Poms & Associates	In-Person
Julie Garcia	Poms & Associates	In-Person
Rika Martinez	Poms & Associates	Virtual
Steve Valdez	Presbyterian	In-Person
Ryan Loughrey	Presbyterian	Virtual
Debbie Donaldson	Segal	In-Person
Kautook Vyes	Segal	In-Person
Jill Little	Segal	Virtual
Melissa Krumbholz	Segal	In-Person
Nicole Vallejos	Segal	In-Person
Tyler Brotz	Segal	Virtual
Andrea Vargas	Standard	In-Person

### 3. Introduction of Guests

Mr. Patrick Sandoval, Executive Director with NMPSIA, introduced Mr. Jared Pratt and Paul Cowie with Meketa, Ms. Debbie Donaldson, Mr. Kautook Vays, Melissa Krumbholz, Taylor Brotz, Nicole Vallejos and Jill Little with Segal, Ms. Lisa Guevarra with Blue Cross Blue Shield, Mr. Steve Valdez with Presbyterian, Mr. Anthony Moya and Jessica Taylor with Delta Dental and Ms. Stephanie Anthony with United Concordia Dental. Ms. Kathy Payanes with Erisa Administrative Services and Mr. Dave Poms with Poms and Associates. Mr. Sandoval asked if Mr. Jerry Mayo would like to introduce his two new employees.

Mr. Mayo introduced Ms. Cindy Carrillo, who comes from State Risk, and Ms. Jessica Lallamont.

### 4. Citizens to Address the Board (Five-Minute Limit)

**There were no citizens to address the Board.**

### 5. Approval of Agenda (Action Item)

Mr. Sandoval recommended Items 11. Higher Education Pool and Item 11. B. Approval of Amendment to the Pinnacle Agreement be moved before Item 10. A.

A motion was made to approve the agenda as amended.

**Motion:** C. Parrino

**Second:** S. Quintana

A roll call vote was taken.

Ms. Roybal called roll.

Al Park, President	Yes
Chris Parrino, Vice-President	Yes
Trish Ruiz, Secretary	Absent
Denise Balderas	Absent
Vicki Chavez	Yes
Tim Crone	Yes
Pauline Jaramillo	Yes
Bethany Jarrell	Absent
K.T. Manis	Absent
David Martinez, Jr.	Yes
Sammy Quintana	Yes

**Vote carried.**

## **6. Approval of November 7, 2024, Minutes (Action Item)**

A motion was made to approve November 7, 2024, minutes as presented.

**Motion:** C. Parrino

**Second:** D. Martinez Jr.

A roll call vote was taken.

Ms. Roybal called roll.

Al Park, President	Abstain
Chris Parrino, Vice-President	Yes
Trish Ruiz, Secretary	Absent
Denise Balderas	Absent
Vicki Chavez	Yes
Tim Crone	Yes
Pauline Jaramillo	Yes
Bethany Jarrell	Absent
K.T. Manis	Absent
David Martinez, Jr.	Yes
Sammy Quintana	Yes

**Vote carried.**

## **7. Executive Session to Discuss Threatened or Pending Litigation Pursuant to §10-15-1H (7) NMSA 1978 (Action Item)**

### **7. A. Claim Against Munich Reinsurance**

Motion by Mr. David Martinez Jr. to enter Executive Session at 9:07 a.m. to discuss threatened or pending litigation pursuant to 10-15-1H (7) NMSA 1978.

**Motion:** D. Martinez Jr.

**Second:** V. Chavez

A roll call vote was taken.

Ms. Roybal called roll.

Al Park, President	Yes
Chris Parrino, Vice-President	Yes
Trish Ruiz, Secretary	Yes
Denise Balderas	Absent
Vicki Chavez	Yes
Tim Crone	Yes
Pauline Jaramillo	Yes
Bethany Jarrell	Absent

K.T. Manis	Absent
David Martinez, Jr.	Yes
Sammy Quintana	Yes

**Vote carried.**

Mr. David Martinez Jr. motioned to exit the executive session at 9:18 a.m., stating that only the items listed were discussed, and no action was taken.

**Motion:** D. Martinez Jr.

**Second:** T. Ruiz

A roll call vote was taken.

Ms. Roybal called roll.

Al Park, President	Yes
Chris Parrino, Vice-President	Yes
Trish Ruiz, Secretary	Yes
Denise Balderas	Absent
Vicki Chavez	Yes
Tim Crone	Yes
Pauline Jaramillo	Yes
Bethany Jarrell	Absent
K.T. Manis	Abstain
David Martinez, Jr.	Yes
Sammy Quintana	Yes

**Vote carried.**

## **8. Administrative Matters**

### **8. A. Staff Update**

Mr. Sandoval informed the Board that Ms. Miraya Pacheco was promoted to the Accountant Auditor Position effective November 23, 2024. NMPSIA looks forward to working with Miraya in her new position and will begin looking to fill the Executive Secretary Position.

### **8.B. Annual Retreat Discussion**

Mr. Sandoval informed the Board that Miraya has contacted several venues and obtained quotes. She reached out to venues in Santa Fe, Albuquerque, Taos, Farmington, Clovis, Las Vegas, and Carlsbad. Mr. Park then opened the floor for discussion on potential dates and locations for NMPSIA's annual retreat meeting. After an open discussion, the top three suggested locations were Hobbs, Santa Fe, and Taos. The possible dates for the

retreat are July 9th and 10th or July 16th and 17th, depending on venue availability at the selected locations.

## **9. Financial Matters**

### **9. A. Approval of Financial Reports October- 2024 (Action Item)**

Mr. Phillip Gonzales, Chief Financial Officer with NMPSIA, presented the Statement of Revenues and Expenditures for the period ending October 31, 2024, for the Employee Benefits Fund. Mr. Gonzales reported revenue of \$32,263,171.61 and expenses of \$39,556,215.27 for a loss of \$4,293,043.66. Year-to-date revenue was \$133,740,679.35, and expenses were \$148,660,393.31, resulting in a loss of \$14,919,713.96.

Mr. Gonzales presented the Statement of Revenues and Expenditures for the period ending October 31, 2024, for the Risk Fund. Mr. Gonzales reported revenue of \$9,607,972.60 and expenses of \$11,575,406.05 for a loss of \$1,967,433.45. Year-to-date revenue was \$40,784,528.19, and expenses were \$81,955,832.47, resulting in a loss of \$41,171,304.28.

Mr. Gonzales presented the Statement of Revenues and Expenditures for the period ending October 31, 2024, for the Program Support Fund. Mr. Gonzales reported revenue of \$5.00 and expenses of \$142,423.30 for a loss of \$142,423.30. Year-to-date revenue was \$437,749.00, and expenses were \$555,122.58, resulting in a loss of \$117,373.58. The lack of revenue and resulting loss for the month of October is due to a delay in posting the administrative transfer into the program support fund. NMPSIA has received training from the Department of Finance and Administration (DFA) in this area, and revenue will catch up on the balance sheet for October.

Mr. Gonzales presented the Balance Sheet for the Program Support Fund for the period ending October 31, 2024. Total assets were \$711,121.47, total liabilities were \$127,519.75, and total fund equity was \$583,601.72. For the Employee Benefits Fund, total assets were \$31,423,519.26, total liabilities were \$46,476,922.81, and total fund equity was negative \$15,053,403.55. For the Risk Fund, total assets were \$160,785,494.66, total liabilities were \$213,660,290.89, and total fund equity was negative \$52,874,796.23. Overall, the agency had a total of \$192,920,135.39 in assets, \$260,264,733.45 in liabilities, and a negative \$67,344,598.06 in fund equity.

A motion was made for Approval of Financial Reports for October 2024 as presented.

**Motion:** T. Ruiz

**Second:** C. Parrino

A roll call vote was taken.

Ms. Roybal called roll.

Al Park, President

Yes

Chris Parrino, Vice-President	Yes
Trish Ruiz, Secretary	Yes
Denise Balderas	Absent
Vicki Chavez	Yes
Tim Crone	Absent
Pauline Jaramillo	Yes
Bethany Jarrell	Absent
K.T. Manis	Yes
David Martinez, Jr.	Yes
Sammy Quintana	Yes

**Vote carried.**

## **9. B. Update of Review NMPSIA Long-Term Investment Policy Statement**

Mr. Gonzales provided an update to the Board regarding the review of the NMPSIA Long-Term Investment Policy Statement. The committee held a meeting with the investment advisors, Meketa, on November 19th. During this meeting, Mr. Jared Pratt and Mr. Paul Cowie from Meketa presented recommendations for the policy statement. The committee plans to meet one more time and anticipates having a recommendation for the updated investment policy statement ready for the next Board meeting.

## **9. C. Investment Performance Review for the Quarter Ended September 30, 2024**

Mr. Paul Cowie and Jared Pratt with Meketa discussed the Executive Summary as of September 30, 2024. The Benefits Fund was valued at \$22.2 million and the Risk Fund was valued at \$23.1 million. During the third quarter, the Benefits Fund returned 6.0% and the Risk Fund returned 6.1%. This brings their YTD return to 12.5% and 12.2%, respectively. A rebalance was done to bring asset classes within their respective policy ranges and a withdrawal was made from the Benefits Fund.

## **10. Benefits Matters**

### **10. A. Approval of Stop Loss Renewal (Action Item)**

Ms. Debbie Donaldson from Segal presented the Stoploss Agreement. Currently, NMPSIA's Stoploss has a \$1 million Individual Specific Limit (ISL) and a \$500,000 Aggregating Specific Limit (ASL), with a premium of approximately \$2.7 million. The renewal came with a 26% increase, meaning that, using the same ISL and ASL limits, the new premium will be about \$3.4 million.

Additionally, the Stoploss vendor offered a slight reduction on the premium for the \$2 million ISL, lowering it from \$4.67 to \$3.98. This represents a reduction of 60% compared to the current premium, which saves \$186,000 from the original quote.



A motion was made for Approval of the Stop Loss Renewal for the \$2 million Alternative Design as presented.

**Motion:** D. Martinez Jr.

**Second:** A. Park

A roll call vote was taken.

Ms. Roybal called roll.

Al Park, President	Yes
Chris Parrino, Vice-President	Yes
Trish Ruiz, Secretary	Yes
Denise Balderas	Absent
Vicki Chavez	Yes
Tim Crone	Yes
Pauline Jaramillo	Yes
Bethany Jarrell	Absent
K.T. Manis	Yes
David Martinez, Jr.	Yes
Sammy Quintana	Yes

**Vote carried.**

## **10. B. NADAC Pricing Information and Background**

Ms. Donaldson introduced Dr. Kautook Vyas who presented on the NADAC Pricing Information and Background. There are three pricing models, the first model is the Traditional Pricing which the Pharmacy Benefit Manager (PBM) invoices the plan sponsor based on contracted discounts but may differ from what the PBM reimburses pharmacies due to varying agreements. Usually results in a lower to no administration fee to the Plan Sponsor. The second model is the Pass-Through Pricing, where the PBM invoices the plan sponsor an amount that equals its reimbursement to the dispensing pharmacy. PBM's often charge an administrative fee for each prescription processed. The third model is the NADAC Pricing, the PBM invoices the plan sponsor and reimburses the pharmacy based on National Average Drug Acquisition Cost (NADAC) that is published by the Centers for Medicare & Medicaid Services (CMS). This pricing comes with higher administrative fees and does not follow typical guarantees.

All three models have their pros and cons. The Traditional Pricing model pros are often simple contracting, little to no administration fees and greater incentive for the PBM to negotiate with network pharmacies. Unfortunately, there is a lack of transparency on the true amounts paid to the network pharmacies and this may cause network pharmacies to leave the network. Pass-Through Pricing is easy to understand and explain and provides clarity to pharmacies on what is being reimbursed. There are usually higher administrative fees and the PBM has a less incentive to keep pressure on network pharmacies for lower drug costs. NADAC Pricing reflects average acquisition costs, promoting fair pharmacy

reimbursement and reduces pricing variability across pharmacies. Due to lag time, prices may not reflect real time market changes. Limited pharmacies report a limited number of drugs (no specialty) into NADAC and broad application becomes difficult.

#### **10. C. NADAC Pricing Analysis**

Ms. Donaldson presented the projected pricing under NADAC using claims data from August 2023 through July 2024. Segal repriced claims and compared current year pricing to NADAC pricing. The projections show the current pricing is \$60,373,000, NADAC estimated pricing would be \$62,897,000 which would increase the cost by \$2,524,000. NADAC tends to be beneficial for small entities that don't have the purchasing power that bigger agencies have.

#### **10. D. SHAPE Report**

Ms. Donaldson introduced Ms. Melissa Krumholz who presented the Shape report. Medical trend is at 7%, which is in line with the industry trends. It is relatively higher than last year due to higher spend on in-patient hospital claims and drugs dispensed under the medical benefit. Mental health conditions were a significant source of in-patient costs. Increases in utilization for several cancer drugs also caused an increase in costs. Pharmacy trends were high at 18.7% however it was lower than last year, which was 19.5%. The high trends are due to high-cost prescriptions that treat autoimmune conditions, diabetes and obesity which include GLP-1s such as Ozempic and Mounjaro. The number of GLP-1's more than tripled as did the Plan's total and PMPM spend on these drugs. Suggestions to lower the cost would be monitor the GLP-1's utilization. Ms. Krumholz suggested to work with vendors to continue to boost compliance for preventive care and emergency room visits. Medical and Pharmacy Financial trends did increase but are staying steady. Costs are coming from in-patient and Emergency Room claims.

#### **10. E. Fiscal Year 2026 Projections and Premium Rate Setting Review**

Ms. Donaldson presented the Fiscal Year 2026-2030 projections. For fiscal year 2025 there is a projected loss of \$15.3 million. Of this loss \$10.6 million has already incurred through September 2024. October premium increases are helping mitigate some of the month-to-month losses for the remainder of the year. The loss is due to recent prescription claims, medical high-cost claimants, members migrating from the High to Low option plan and impact of mandated legislative changes. Looking at projections using a 7% medical trend assumption and a 14% pharmacy trend show a loss for fiscal years 2025, 2026 and 2027. However by fiscal year 2028 the fund balance could have a gain with an increase in premiums. The fund balance could get to zero in fiscal year 2026 if a 14% increase is applied in October 2025 and then it would balance out the next few years. If appropriation funds are given in the future, an increase of 10% would get the fund balance back to a positive balance.

#### **10. F. Benefit Plan Design Committee Update**

Ms. Martha Quintana, Deputy Director with NMPSIA, reported on the Benefit Design Committee Update. The committee consists of Mr. Parrino, Mr. David Martinez Jr., Ms. Pauline Jaramillo and Ms. Bethany Jarrel. The committee met with staff and Segal on November 14<sup>th</sup> and November 21<sup>st</sup> to discuss the presentation from last month's meeting. Everybody shared their thoughts and ideas on what direction NMPSIA would like to follow for the benefits plan designs.

Mr. Parrino stated they are wanting to make the Low option plan an actual Low option Plan because right now it is too similar to the High option. Mr. Parrino wants to focus on the lifestyle drugs that might not be medical necessary to the members that are taking them. Mr. Martinez, Jr. agreed these were the two biggest concerns.

Ms. Donaldson presented the benefit design comparison showing that NMPSIA is in line with other entities. Some changes that the committee agreed on were change the emergency room visits for the High and Low option from \$450 to \$550, eliminate the Exclusive Provider Organization (EPO) Plan, increase the Low option out of pocket maximum, add a lifestyle drug tier for weight loss and Erectile Dysfunction (ED) drugs, and update the pharmacy tier for Low option. With the plan design changes, NMPSIA would be on the lower end on the relative value comparison chart, compared to the other entities. Other considerations were offering a High option Plan only, converting High option to an Health Maintenance Organization (HMO)/EPO and keeping Low option PPO, converting Low option to an HMO/EPO and keeping High option PPO, Scenario H and Alternative Scenario H1 presented would be to increase deductibles and out of pocket expenses.

## **10. G. Behavioral Health Claim Demographic Statistics**

### **10.G.1. Blue Cross Blue Shield Medical**

Ms. Lisa Guevara, with Blue Cross Blue Shield Medical, reported on Behavioral Health Claims Demographic Statistics. Behavioral Health services did increase from a total cost perspective from 3.6% to 4.1%. The cost associated with that also increased 18.08%. Mental Health increased 21% and Substance Abuse decreased by 5%. Mental Health costs are mostly for outpatient professional services and Substance Abuse costs are mostly for residential treatment centers. The total Behavior Health spend was \$7.5 million. The top diagnosis for treatment is anxiety and fear related disorders and the highest cost is for depression. Those utilizing Behavioral Health services are the Generation (middle 20's generation) followed by Millennials and Adolescents.

### **10.G.2. Presbyterian**

Mr. Steve Valdez, with Presbyterian reported on Behavioral Health Claims Demographic Statistics. Information is from July 2023 to June 2024. The highest utilizers are the ages of 18 to 44 year-olds. Claims for females were at 1,758 for a total paid of \$3,652,913.74. Services that had the highest utilization were Alcohol/Drug Abuse, Maternity Non-Delivery, Medical inpatient facilities and outpatient Professional services for Psychiatric,

Substance Abuse, and other Psychiatric services. Claims for the male population were at 9,609 with a total paid of \$1,716,393.73. Services that had the highest utilization were for Alcohol/Drug Abuse and Psychiatric in-patient and outpatient services. Members are utilizing Talkspace, however Presbyterian needs to reach out to members to utilize more of these services.

## **10.H. Statistics on Dental Providers Accepting New Patients**

### **10.H.1. Blue Cross Blue Sheild Dental**

Ms. Lisa Guevara introduced Mr. Joe Allegretti who provided information on the providers who are accepting new patients. The report was by county showing that various providers in different counties are accepting new patients and it would be rare for a provider to not accept a new patient at this time. There are three counties, Harding County, Union County and Quay County do not have any contracted providers at this time.

### **10.H.2. Delta Dental**

Mr. Anthony Moya, with Delta Dental, introduced Ms. Jessica Taylor who provided information on the providers who are accepting new patients. Currently there are approximately 987 providers in the state, 88 of those are not contracted, however 834 are accepting new patients. For the counties that do not have access to providers, they offer Teledentistry. Mr. Moya stated that they will work on updating the website to share the most up to date information in the next few months.

### **10.H.3. United Concordia Dental**

Ms. Stephanie Anthony, with United Concordia, reported that they have a provider and office level to distinguish who is accepting new patients. About 10% of providers are not accepting new patients.

## **10. I. Open/Switch Enrollment Update**

Ms. Kathy Payanes, Vice-President and Account Manager with Erisa, reported that they just completed the annual Open and Switch Enrollment which took place from October 1<sup>st</sup> through November 1<sup>st</sup> with an effective date of January 1, 2025. During Open Enrollment employees are allowed to add medical, dental or vision coverage or add dependents. For Switch Enrollment employees can switch carriers or Plan options. There was an increase in Open Enrollment for employees adding medical, dental and/or vision coverage. Many employees did Switch from the higher-cost carriers to the lower cost carriers for medical and dental coverage.

## **10. J. IBAC Update**

Ms. Kaylynn Roybal, Benefits/Wellness Coordinator with NMPSIA, reported that IBAC met on November 12, 2024. The Claims Integrity Audit RFP was completed and will be

finalized and the target date for posting the RFP in the second week of December. The meeting also included a review of the employer/employee contribution structures for each agency. The IBAC is still discussing the best approach for PBM procurement. Carriers will provide an update for the December meeting.

## **10. K. Wellness Update**

Ms. Roybal reported the Wellness update which was a recap for Walktober 2024. It is a month-long walking challenge that took place from October 1<sup>st</sup> through October 31<sup>st</sup>. Participants liked the challenge because of the accountability, appreciation of the program, quality time with family, and encouraging a consistent effort. Many positive remarks were made. Participants felt supported and continued routines after the challenge.

## **11. Risk Matters**

### **11. A. Higher Education Pool (Action Item)**

Mr. David Poms with Poms & Associates presented a request to the RAC proposing to separate the higher educational institutions from the K-12 schools within the Risk Program. With the recent higher education additions to the Risk Program, the reinsurers have expressed concerns related to dorm exposures. In higher education meetings in years past, there were discussions to split the two programs because of reservations the K-12 schools and charter schools had in sharing losses with the higher educational institutions. Mr. Poms suggests that NMPSIA implement the separation of the programs to take effect tentatively July 1, 2025. Mr. Poms will be requesting actuarial reports from Pinnacle Actuarial Resources this week and will then present the data findings at the February 6, 2025, Board meeting, at which a decision can be made. Mr. Poms also suggested, if the split is approved, that we establish a subcommittee to analyze the incoming higher education claims that differ from the K-12 claims.

A motion was made to approve the request to establish a Higher Education Pool as presented.

**Motion:** T. Ruiz

**Second:** D. Martinez Jr.

A roll call vote was taken.

Ms. Roybal called roll.

Al Park, President	Absent
Chris Parrino, Vice-President	Yes
Trish Ruiz, Secretary	Yes
Denise Balderas	Absent
Vicki Chavez	Absent
Tim Crone	Yes

Pauline Jaramillo	Yes
Bethany Jarrell	Absent
K.T. Manis	Yes
David Martinez, Jr.	Yes
Sammy Quintana	Yes

**Vote carried.**

## **11. B. Approval of Amendment to Pinnacle Agreement (Action Item)**

Mr. Sandoval presented a request from staff to approve an Amendment to the Pinnacle Actuarial Resources Agreement. The purpose of the Amendment is to establish a higher education pool structure for NMPSIA's higher educational institutions. The Amendment amends the scope of work to add a one-time special study in FY25. In addition, segmentation as needed between Higher Ed Members, former RMD Members, and all other Authority Members to correctly reflect NMPSIA's current pool structure in place as of the evaluation date of the analysis and complete loss stratification exhibits and perform a funding and loss reserve analysis distinguishing Higher Educational Members from all other members.

A motion was made to Approve the Amendment to the Pinnacle Agreement as presented.

**Motion:** S. Quintana

**Second:** T. Ruiz

A roll call vote was taken.

Ms. Roybal called roll.

Al Park, President	Absent
Chris Parrino, Vice-President	Yes
Trish Ruiz, Secretary	Yes
Denise Balderas	Absent
Vicki Chavez	Yes
Tim Crone	Yes
Pauline Jaramillo	Yes
Bethany Jarrell	Absent
K.T. Manis	Yes
David Martinez, Jr.	Yes
Sammy Quintana	Yes

**Vote carried.**

## **11. C. TPA Reports**

### **11. C. 1. Property and Liability Monthly Claims Report**

Mr. Steve Vanetsky with CCMSI reported on the October 2024 Property and Liability Monthly Claims Report. Liability had 458 open claims, 42 new claims, and 51 claims were closed. Reserves for October 2024 were \$68,055,165.37 and payments were \$28,558,547.32 for a total of \$96,613,712.69. Property had 64 open claims, 9 new claims, and 14 claims were closed. Reserves for October 2024 were \$38,782,317.38 and payments were \$45,327,210.85 for a total of \$84,109,528.23

#### **11. C. 2. Property and Liability Large Losses**

Mr. Vanetsky reported no large property losses for the month of October 2024.

Mr. Vanetsky reported two Liability claims, the first was for a bodily injury that occurred in November 2023. The reserves were recently increased for an additional surgery. The second reported Liability claim is related to sexual molestation, with significant implications that will be reported to the excess carrier.

#### **11. C. 3. Worker's Compensation Monthly Claims Report**

Mr. Jerry Mayo with CCMSI reported on the October 2024 Workers' Compensation Monthly Claims Report. There were 1,073 open claims, 52 reopened claims, 302 new claims, and 308 claims were closed. Reserves were \$14,799,976.15 and payments were \$50,066,654.12 for a total of \$64,866,630.27

#### **11. C. 4. Workers' Compensation Large Losses**

Mr. Mayo reported one large loss in October 2024 that exceeded \$50,000. A worker at Eastern New Mexico University sustained a whiplash injury on January 19, 2022, while driving an all-terrain vehicle. The employee was struck by a trailer operated by another University worker. The total loss for the incident was \$50,300.

#### **11. D. Workers' Compensation Statistics**

Mr. Richard Cangioli with CCMSI reported on the bi-annual totals for Workers' Compensation from July 2024 to November 2024. The annual cap per the contract with CCMSI for Workers' Compensation is \$400,000. Total charges as of December 2, 2024, were \$6,028,902.92. The total reduction, less the duplicate bills received, was \$3,844,172.10, and the total fees billed by CCMSI were \$119,356.42. NMPSIA's net savings for July 2024 to November 2024 were \$3,724,815.68.

Mr. Cangioli also reported on the bi-annual totals for Nurse Case Management from July 2024 to November 2024. A total of 127 claims were billed at \$115,169.76, which is below the cap on the contract of \$300,000.

#### **11. E. Loss Prevention Update**

Mr. Larry Vigil with Poms & Associates presented the Loss Prevention Abatement report for October 2024. The total number of recommendations that were followed up on within the month were 157, and 136 were corrected for an 86.45% abatement on non-capital.

Ms. Julie Garcia with Poms & Associates presented an update on the New Mexico Activities Association (NMAA) coaches training video which has gone live. NMAA and Poms & Associates have both sent out notices about the training and anticipate a larger engagement in the coming months. Ms. Garcia also informed the RAC of plans to have a student video contest where students would film and direct videos focused on sexual assault and molestation, as well as mandatory reporting. These videos, if approved, could be used as advertisements for other schools to encourage participation.

Ms. Garcia shared an update on Angelique Sedillo's Healthy Relationships training. After her recent training in Taos, she challenged the students to make a poster about healthy relationships. One student brought in a poster she made with detailed statistics, including graphs and real-life scenarios. This example highlights how impactful this training program has been for the students

## **12. General Discussion**

Mr. Parrino expressed his gratitude and appreciation for the NMPSIA staff, vendors, and members, wishing everyone a happy holiday season. Mr. Park echoed Mr. Parrino's sentiments, adding that the holidays are a time to reflect on the good work that has been accomplished and the hard work that lies ahead.

## **13. Next Meeting Date and Location: Thursday, February 6, 2025**

**Location: Poms & Associates, 201 3<sup>rd</sup> Street, Suite 1400, and a virtual option (Action Item)**

A motion was made to approve the next meeting date and location as presented.

**Motion:** D. Martinez Jr.

**Second:** S. Quintana

Ms. Roybal called roll.

Al Park, President	Yes
Chris Parrino, Vice-President	Yes
Trish Ruiz, Secretary	Yes
Denise Balderas	Absent
Vicki Chavez	Yes
Tim Crone	Yes
Pauline Jaramillo	Yes
Bethany Jarrell	Absent
K.T. Manis	Yes
David Martinez, Jr.	Yes
Sammy Quintana	Yes



**Vote carried.**

#### **14. Adjournment (Action Item)**

A motion was made to adjourn at 11:51 a.m.

**Motion:** P. Jaramillo

**Second:** V. Chavez

Ms. Roybal called roll.

Al Park, President	Yes
Chris Parrino, Vice-President	Yes
Trish Ruiz, Secretary	Yes
Denise Balderas	Absent
Vicki Chavez	Yes
Tim Crone	Yes
Pauline Jaramillo	Yes
Bethany Jarrell	Absent
K.T. Manis	Yes
David Martinez, Jr.	Yes
Sammy Quintana	Yes

**Vote carried.**

**Approved:**

---

Mr. Alfred Park, Board President

**Public Schools Insurance Authority**  
**FY26 Appropriation Request**

(Dollars in Thousands)

**Agency - USES**

		FY25 Operating Budget	FY26 Agency Request	FY 25 OPBUD to FY 25 REQUEST	FY 25 OPBUD to FY 25 REQUEST	DFA Recommendation	Request/DFA Rec Difference	Percent	LFC Recommendation	Request/LFC Rec Difference	Percent
<b>Uses</b>											
200	Personal Services and Employee Benefits	\$ 1,509.9	\$ 1,591.2	\$ 81.3	5.38%	\$ 1,542.0	\$ (49.2)	-3.1%	\$ 1,591.2	-	0.0%
300	Contractual Services	\$ 536,278.0	\$ 632,894.1	\$ 96,616.1	18.02%	\$ 627,436.4	\$ (5,457.7)	-0.9%	\$ 632,894.1	-	0.0%
400	Other	\$ 185.3	\$ 200.0	\$ 14.7	7.93%	\$ 200.0	\$ -	0.0%	\$ 200.0	-	0.0%
500	Other Financing Uses	\$ 1,791.2	\$ 1,891.2	\$ 100.0	5.58%	\$ 1,842.0	\$ (49.2)	-2.6%	\$ 1,891.2	-	0.0%
<b>Uses Total</b>		<b>\$ 539,764.4</b>	<b>\$ 636,576.5</b>	<b>\$ 96,812.1</b>	<b>17.94%</b>	<b>\$ 631,020.4</b>	<b>\$ (5,556.1)</b>	<b>-0.9%</b>	<b>\$ 636,576.5</b>	<b>-</b>	<b>0.0%</b>

**Benefits**

		FY25 Operating Budget	FY26 Agency Request	FY 25 OPBUD to FY 25 REQUEST	FY 25 OPBUD to FY 25 REQUEST	DFA Recommendation	Difference	Percent	LFC Recommendation	Difference	Percent
<b>Uses</b>											
200	Personal Services and Employee Benefits	-	-	-	0.00%						
300	Contractual Services	\$ 404,051.1	\$ 479,058.0	\$ 75,006.9	18.56%	\$ 477,309.5	\$ (1,748.5)	-0.4%	\$ 479,058.0	-	0.0%
400	Other	\$ -	\$ -	\$ -	0.00%	\$ -	\$ -	#DIV/0!	\$ -	-	#DIV/0!
500	Other Financing Uses	\$ 895.6	\$ 945.6	\$ 50.0	5.58%	\$ 921.0	\$ (24.6)	-2.6%	\$ 945.6	-	0.0%
<b>Uses Total</b>		<b>\$ 404,946.7</b>	<b>\$ 480,003.6</b>	<b>\$ 75,056.9</b>	<b>18.54%</b>	<b>\$ 478,230.5</b>	<b>\$ (1,773.1)</b>	<b>-0.4%</b>	<b>\$ 480,003.6</b>	<b>-</b>	<b>0.0%</b>

**Risk**

		FY25 Operating Budget	FY26 Agency Request	FY 25 OPBUD to FY 25 REQUEST	FY 25 OPBUD to FY 25 REQUEST	DFA Recommendation	Difference	Percent	LFC Recommendation	Difference	Percent
<b>Uses</b>											
200	Personal Services and Employee Benefits	-	-	-	0.00%						
300	Contractual Services	\$ 132,130.9	\$ 153,736.1	\$ 21,605.2	16.35%	\$ 150,026.9	\$ (3,709.2)	-2.4%	\$ 153,736.1	-	0.0%
400	Other	\$ -	\$ -	\$ -	0.00%	\$ -	\$ -	#DIV/0!	\$ -	-	#DIV/0!
500	Other Financing Uses	\$ 895.6	\$ 945.6	\$ 50.0	5.58%	\$ 921.0	\$ (24.6)	-2.6%	\$ 945.6	-	0.0%
<b>Uses Total</b>		<b>\$ 133,026.5</b>	<b>\$ 154,681.7</b>	<b>\$ 21,655.2</b>	<b>16.28%</b>	<b>\$ 150,947.9</b>	<b>\$ (3,733.8)</b>	<b>-2.4%</b>	<b>\$ 154,681.7</b>	<b>-</b>	<b>0.0%</b>

**Program Support**

		FY25 Operating Budget	FY26 Agency Request	FY 25 OPBUD to FY 25 REQUEST	FY 25 OPBUD to FY 25 REQUEST	DFA Recommendation	Difference	Percent	LFC Recommendation	Difference	Percent
<b>Uses</b>											
200	Personal Services and Employee Benefits	\$ 1,509.9	\$ 1,591.2	\$ 81.3	5.38%	\$ 1,542.0	\$ (49.2)	-3.1%	\$ 1,591.2	-	0.0%
300	Contractual Services	\$ 96.0	\$ 100.0	\$ 4.0	4.17%	\$ 100.0	\$ -	0.0%	\$ 100.0	-	0.0%
400	Other	\$ 185.3	\$ 200.0	\$ 14.7	7.93%	\$ 200.0	\$ -	0.0%	\$ 200.0	-	0.0%
500	Other Financing Uses	\$ -	\$ -	\$ -	0.00%	\$ -	\$ -	#DIV/0!	\$ -	-	#DIV/0!
<b>Uses Total</b>		<b>\$ 1,791.2</b>	<b>\$ 1,891.2</b>	<b>\$ 100.0</b>	<b>5.58%</b>	<b>\$ 1,842.0</b>	<b>\$ (49.2)</b>	<b>-2.6%</b>	<b>\$ 1,891.2</b>	<b>-</b>	<b>0.0%</b>

Agency - SOURCES											
		FY25 Operating Budget	FY26 Agency Request	FY 25 OPBUD to FY 25 REQUEST	FY 25 OPBUD to FY 25 REQUEST	DFA Recommendation	Request/DFA Rec Difference	Percent	LFC Recommendation	Request/LFC Rec Difference	Percent
Uses	Other Transfers	\$ 1,791.2	\$ 1,891.2	\$ 100.0	5.58%	\$ 1,842.0	\$ (49.2)	-2.6%	\$ 1,891.2	\$ -	0.0%
	Other Revenues	\$ 508,194.6	\$ 594,535.0	\$ 86,340.4	16.99%	\$ 594,535.0	\$ -	0.0%	\$ 593,719.0	\$ (816.0)	-0.1%
	Fund Balance	\$ 29,778.6	\$ 40,150.3	\$ 10,371.7	34.83%	\$ 34,643.4	\$ (5,506.9)	-13.7%	\$ 40,966.3	\$ 816.0	2.0%
Uses Total		\$ 539,764.4	\$ 636,576.5	\$ 96,812.1	17.94%	\$ 631,020.4	\$ (5,556.1)	-0.9%	\$ 636,576.5	\$ -	0.0%

Benefits											
		FY25 Operating Budget	FY26 Agency Request	FY 25 OPBUD to FY 25 REQUEST	FY 25 OPBUD to FY 25 REQUEST	DFA Recommendation	Difference	Percent	LFC Recommendation	Difference	Percent
Sources	Other Transfers	\$ -	\$ -	\$ -	0.00%						
	Other Revenues	\$ 394,945.9	\$ 458,937.9	\$ 63,992.0	16.20%	\$ 458,937.9	\$ -	0.0%	\$ 458,121.9	\$ (816.0)	-0.2%
	Fund Balance	\$ 10,000.8	\$ 21,065.7	\$ 11,064.9	110.64%	\$ 19,292.6	\$ (1,773.1)	-8.4%	\$ 21,881.7	\$ 816.0	3.9%
Sources Total		\$ 404,946.7	\$ 480,003.6	\$ 75,056.9	18.54%	\$ 478,230.5	\$ (1,773.1)	-0.4%	\$ 480,003.6	\$ -	0.0%

Risk											
		FY25 Operating Budget	FY26 Agency Request	FY 25 OPBUD to FY 25 REQUEST	FY 25 OPBUD to FY 25 REQUEST	DFA Recommendation	Difference	Percent	LFC Recommendation	Difference	Percent
Sources	Other Transfers	\$ -	\$ -	\$ -	0.00%						
	Other Revenues	\$ 113,248.7	\$ 135,597.1	\$ 22,348.4	19.73%	\$ 135,597.1	\$ -	0.0%	\$ 135,597.1	\$ -	0.0%
	Fund Balance	\$ 19,777.8	\$ 19,084.6	\$ (693.2)	-3.50%	\$ 15,350.8	\$ (3,733.8)	-19.6%	\$ 19,084.6	\$ -	0.0%
Sources Total		\$ 133,026.5	\$ 154,681.7	\$ 21,655.2	16.28%	\$ 150,947.9	\$ (3,733.8)	-2.4%	\$ 154,681.7	\$ -	0.0%

Program Support											
		FY25 Operating Budget	FY26 Agency Request	FY 25 OPBUD to FY 25 REQUEST	FY 25 OPBUD to FY 25 REQUEST	DFA Recommendation	Difference	Percent	LFC Recommendation	Difference	Percent
Sources	Other Transfers	\$ 1,791.2	\$ 1,891.2	\$ 100.0	5.58%	\$ 1,842.0	\$ (49.2)	-2.6%	\$ 1,891.2	\$ -	0.0%
	Other Revenues	\$ -	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
	Fund Balance	\$ -	\$ -	\$ -	0.00%	\$ -	\$ -	#DIV/0!	\$ -	\$ -	#DIV/0!
Sources Total		\$ 1,791.2	\$ 1,891.2	\$ 100.0	5.58%	\$ 1,842.0	\$ (49.2)	-2.6%	\$ 1,891.2	\$ -	0.0%



**Patrick Sandoval**  
*Executive Director*

**Martha Quintana**  
*Deputy Director*

# NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY

## Office of Executive Director

410 Old Taos Highway  
Santa Fe, New Mexico 87501  
1-800-548-3724 or 505-988-2736  
505-983-8670 (fax)

### BOARD OF DIRECTORS

- NM School Boards Association
- NM Superintendents Association
- Public Education Commission
- NM School Administrators
- NM National Education Association
- American Federation of Teachers N.M.
- Governor Appointees
- Educational Institutions at Large

December 10, 2024

Greetings valued NMPSIA partners,

From the regular updates provided over the past year and a half at the New Mexico Public Schools Insurance Authority (NMPSIA) Board of Directors meetings, you may be aware that NMPSIA recently underwent extensive rule changes. These updates are a significant part of the Authority's ongoing efforts to enhance both its internal operations and ensure compliance with current standards.

The updates primarily consist of the implementation of gender-neutral pronouns to promote inclusivity and ensure compliance with evolving standards. In addition to these pronoun adjustments, several grammatical errors that were previously overlooked have been corrected. These revisions aim to eliminate ambiguity and improve the clarity and accuracy of the language used in the NMPSIA rules.

There have been important modifications to the language that governs the operation of our Benefits and Risk programs. These changes are intended to improve the efficiency, transparency, and overall administration of these programs. The revisions may impact how policies are applied and could involve adjustments in the procedures for coverage, claims, and risk management.

Attached to this message, you will find the updated NMPSIA Rules, with clear indications of the changes made to the language. We ask that you take the time to thoroughly review these revisions and ensure that the appropriate parties within your organization are informed of these changes.

We greatly appreciate your proactive engagement in implementing these changes. Your attention to detail and cooperation is essential in ensuring a smooth transition to the new rules.

Thank you once again for your continued partnership and dedication to the NMPSIA membership.

NMPSIA Staff

CC: Kathy Payanes, Erisa Administrative Services, Inc.  
Rich Cangioli, CCMSI  
Jerry Mayo, CCMSI  
Julie Garcia, Poms and Associates

# Public Schools Insurance Authority



**Board Meeting**

**Fiscal Year 2025**

**November 2024 Financial Reports**

**NM Public Schools Insurance Authority**  
**Statement of Revenues and Expenditures - Employee Benefits Fund - Unposted Transactions Included In Report**  
**From 11/1/2024 Through 11/30/2024**

	Prior Year Current Period Actual	Current Period Actual	Current Period % Change	Prior Year Actual	Current Year Actual	Current Year % Change
Revenue						
Premiums (Health Insurance Assessments)	31,392,596.01	35,483,012.55	13.03	149,136,115.70	167,972,146.95	12.63
Interest Income (Wells Fargo, LGIP)	41,695.41	7,801.35	(81.29)	214,847.15	130,462.51	(39.28)
Investment Income (SIC)	1,489,732.04	398,005.29	(73.28)	130,641.53	1,408,310.18	978.00
Miscellaneous Income (Rx Rebates, Penalties, Subros, Etc)	808,131.38	3,926.55	(99.51)	810,236.79	122,505.45	(84.88)
<b>Total Revenue</b>	<b>33,732,154.84</b>	<b>35,892,745.74</b>	<b>6.41</b>	<b>150,291,841.17</b>	<b>169,633,425.09</b>	<b>12.87</b>
Expenditures						
Medical Claims Expense	24,327,715.25	27,866,268.19	14.55	119,294,291.67	135,745,722.16	13.79
Prescription Claims Expense	3,138,886.00	5,636,773.27	79.58	22,527,805.78	28,550,584.14	26.73
Dental Claims Expense	1,077,218.88	1,022,030.74	(5.12)	5,722,090.03	6,278,308.44	9.72
Premiums (Life, Vision)	1,308,140.35	1,437,833.09	9.91	6,502,846.13	7,194,141.11	10.63
Claims Administration Fees (Medical, Dental, Rx)	1,295,159.96	1,439,377.96	11.14	6,026,846.29	6,732,405.66	11.71
Contractual Services (Erisa, Segal, Legal, Etc)	215,838.55	262,260.29	21.51	1,165,519.82	1,525,998.40	30.93
Transfer to Program Support	68,479.00	75,192.00	9.80	342,847.00	369,256.00	7.70
<b>Total Expenditures</b>	<b>31,431,437.99</b>	<b>37,739,735.54</b>	<b>20.07</b>	<b>161,582,246.72</b>	<b>186,396,415.91</b>	<b>15.36</b>
<b>Net Revenue &amp; Expenditures</b>	<b>2,300,716.85</b>	<b>(1,846,989.80)</b>	<b>(180.28)</b>	<b>(11,290,405.55)</b>	<b>(16,762,990.82)</b>	<b>48.47</b>

**NM Public Schools Insurance Authority**  
**Statement of Revenues and Expenditures - Risk Fund - Unposted Transactions Included In Report**  
**From 11/1/2024 Through 11/30/2024**

	Prior Year Current Period Actual	Current Period Actual	Current Period % Change	Prior Year Actual	Current Year Actual	Current Year % Change
<b>Revenue</b>						
Premiums (Risk Insurance Assessments)	8,354,878.00	9,722,195.00	16.37	41,774,424.80	48,515,943.00	16.14
Interest Income (Wells Fargo, LGIP)	406,309.15	216,327.58	(46.76)	1,724,233.94	1,260,360.89	(26.90)
Investment Income (SIC)	1,322,785.90	609,414.09	(53.93)	268,264.90	1,556,047.48	480.04
Miscellaneous Income (Penalties, Subros, Etc)	0.00	0.00	0.00	1,088.53	113.49	(89.57)
<b>Total Revenue</b>	<u>10,083,973.05</u>	<u>10,547,936.67</u>	<u>4.60</u>	<u>43,768,012.17</u>	<u>51,332,464.86</u>	<u>17.28</u>
<b>Expenditures</b>						
Property - Liability Claims Expense						
Property Claims	152,386.62	2,547,177.19	1,571.52	4,104,656.51	9,508,936.65	131.66
Liability Claims	2,289,445.60	6,220,016.70	171.68	7,855,933.91	33,302,744.86	323.92
P-L Provisions for Losses	12,772,194.10	(3,258,170.30)	(125.51)	18,856,394.80	25,874,594.20	37.22
P-L Excess Recoveries	(11,347,646.39)	(3,274,239.61)	(71.15)	(12,294,668.38)	(19,062,369.01)	55.05
Total Property - Liability Claims Expense	3,866,379.93	2,234,783.98	(42.20)	18,522,316.84	49,623,906.70	167.91
Workers' Compensation Claims Expense	914,206.74	401,387.04	(56.09)	5,690,356.45	4,113,639.79	(27.71)
Property Excess Coverage Premium	3,597,631.00	4,331,265.00	20.39	17,988,155.21	21,508,694.52	19.57
Liability Excess Coverage Premium	2,099,839.00	2,461,261.00	17.21	10,499,200.00	12,270,213.93	16.87
Workers' Compensation Excess Coverage Premium	43,977.00	52,002.00	18.25	220,730.00	260,010.00	17.80
Student Catastrophic Insurance Premium	18,269.00	18,390.00	0.66	91,349.18	96,350.88	5.48
Equipment Breakdown Insurance Premium	38,266.00	41,795.00	9.22	191,333.62	208,981.62	9.22
Property - Liability Claims Administration Fees	94,184.86	98,417.31	4.49	470,924.42	492,851.68	4.66
Workers' Compensation Claims Administration Fees	98,749.05	103,607.63	4.92	498,045.73	524,188.27	5.25
Contractual Services (Erisa, Poms, CCMSI, Legal, Etc)	323,525.72	302,772.51	(6.41)	2,456,753.86	2,568,612.55	4.55
Transfer to Program Support	68,478.00	75,192.00	9.80	341,954.00	369,256.00	7.98
<b>Total Expenditures</b>	<u>11,163,506.30</u>	<u>10,120,873.47</u>	<u>(9.34)</u>	<u>56,971,119.31</u>	<u>92,036,705.94</u>	<u>61.55</u>
<b>Net Revenue &amp; Expenditures</b>	<u>(1,079,533.25)</u>	<u>427,063.20</u>	<u>(139.56)</u>	<u>(13,203,107.14)</u>	<u>(40,704,241.08)</u>	<u>208.29</u>

**NM Public Schools Insurance Authority**  
**Statement of Revenues and Expenditures - Program Support Fund**  
From 11/1/2024 Through 11/30/2024

	Prior Year Current Period Actual	Current Period Actual	Current Period % Change	Prior Year Actual	Current Year Actual	Current Year % Change
Revenue						
Transfers from Other Funds (Benefits, Risk)	136,957.00	150,384.00	9.80	684,801.00	588,128.00	(14.12)
Miscellaneous Income	0.00	0.00	0.00	0.12	5.00	4,066.67
<b>Total Revenue</b>	<b>136,957.00</b>	<b>150,384.00</b>	<b>9.80</b>	<b>684,801.12</b>	<b>588,133.00</b>	<b>(14.12)</b>
Expenditures						
Contractual Services (Professional, Audit, Legal, Etc)	2,968.17	47,502.22	1,500.39	42,945.29	59,211.36	37.88
Other Expenses (Travel, Maint., Supplies, Utilities, Etc.)	19,987.48	17,396.81	(12.96)	83,452.41	84,101.66	0.78
Per Svc/Ben (Salaries, Fringe Benefits)	121,732.42	107,099.95	(12.02)	588,099.56	583,808.54	(0.73)
<b>Total Expenditures</b>	<b>144,688.07</b>	<b>171,998.98</b>	<b>18.88</b>	<b>714,497.26</b>	<b>727,121.56</b>	<b>1.77</b>
<b>Net Revenue &amp; Expenditures</b>	<b>(7,731.07)</b>	<b>(21,614.98)</b>	<b>179.59</b>	<b>(29,696.14)</b>	<b>(138,988.56)</b>	<b>368.04</b>



**NM Public Schools Insurance Authority**

**Balance Sheet**

**As of 11/30/2024**

	Program Support	Employee Benefits	Risk	Total
<b>ASSETS</b>				
Cash (Wells Fargo/State Treasurer)	429,892.86	1,077,435.32	411,004.23	1,918,332.41
Short-term Investments (LGIP)	0.00	929,659.37	62,329,572.51	63,259,231.88
Long-term Investments (SIC)	0.00	15,302,065.19	22,743,841.04	38,045,906.23
Receivables (LGIP Int., W/C Excess Carrier)	(1,305.83)	5,156.56	19,807,372.88	19,811,223.61
Prepaid Premiums (Risk Excess Coverage)	0.00	0.00	55,237,704.00	55,237,704.00
Other Assets (Deposits, Furniture, Fxtures, Equip., Etc)	244,808.72	19,477,216.00	256,000.00	19,978,024.72
<b>Total ASSETS</b>	<b>673,395.75</b>	<b>36,791,532.44</b>	<b>160,785,494.66</b>	<b>198,250,422.85</b>
<b>LIABILITIES</b>				
Accounts Payable (Admin Fees)	2,493.46	1,665,962.28	1,024,463.64	2,692,919.38
Case Reserves (P/L, W/C)	0.00	0.00	78,196,239.25	78,196,239.25
IBNR (Incurred But Not Reported)	0.00	27,007,138.00	55,415,411.00	82,422,549.00
Claims Payable (Medical, Dental, P/L, W/C)	0.00	24,965,297.57	1,246,617.00	26,211,914.57
Deferred Revenue (Self-Pays, P/L, W/C Premiums)	0.00	49,814.40	77,777,560.00	77,827,374.40
Other (Payroll Taxes, Benefits, Compensated Absences Payable)	108,915.55	0.60	0.00	108,916.15
<b>Total LIABILITIES</b>	<b>111,409.01</b>	<b>53,688,212.85</b>	<b>213,660,290.89</b>	<b>267,459,912.75</b>
<b>FUND EQUITY</b>				
Beginning Fund Equity	700,975.30	(133,689.59)	(11,703,491.95)	(11,136,206.24)
Net Revenue & Expenditures (Year-to-Date)	(138,988.56)	(16,762,990.82)	(41,171,304.28)	(58,073,283.66)
<b>Total FUND EQUITY</b>	<b>561,986.74</b>	<b>(16,896,680.41)</b>	<b>(52,874,796.23)</b>	<b>(69,209,489.90)</b>



**HINKLE + LANDERS**

Certified Public Accountants + Business Consultants

# **2024 Audit Presentation of Results New Mexico Public Schools Insurance Authority**



**Presented by:**

Farley Vener, CPA, CFE, CGMA  
President & Managing Shareholder

# Introduction (Engagement Team)

Partner  
In-Charge

- Farley Vener, CPA, CFE, CGMA  
President and Managing Shareholder

Audit Manager  
In-Charge

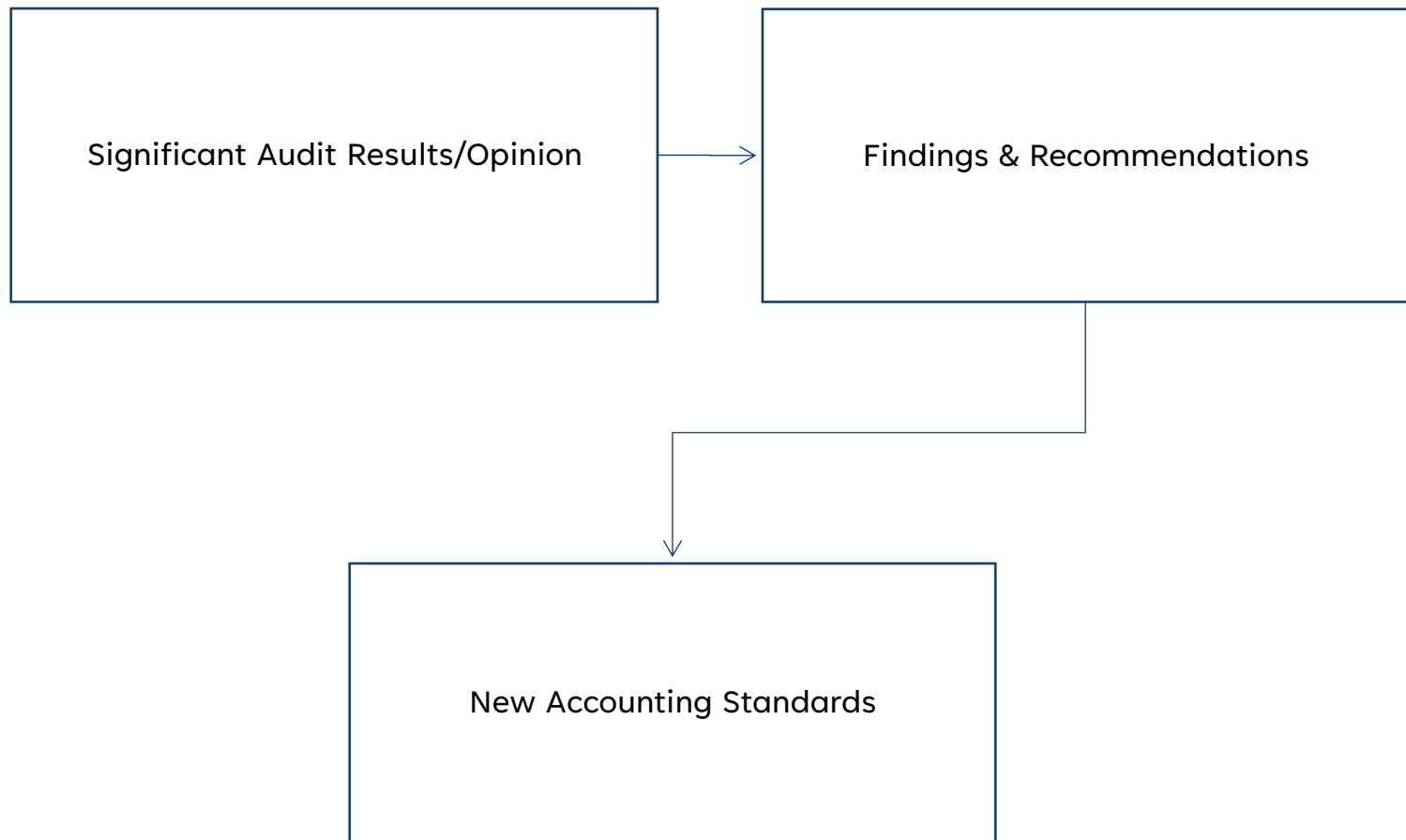
- Katelyn Constantin, CGFM, MACCT  
Senior Audit Manager

Audit Staff

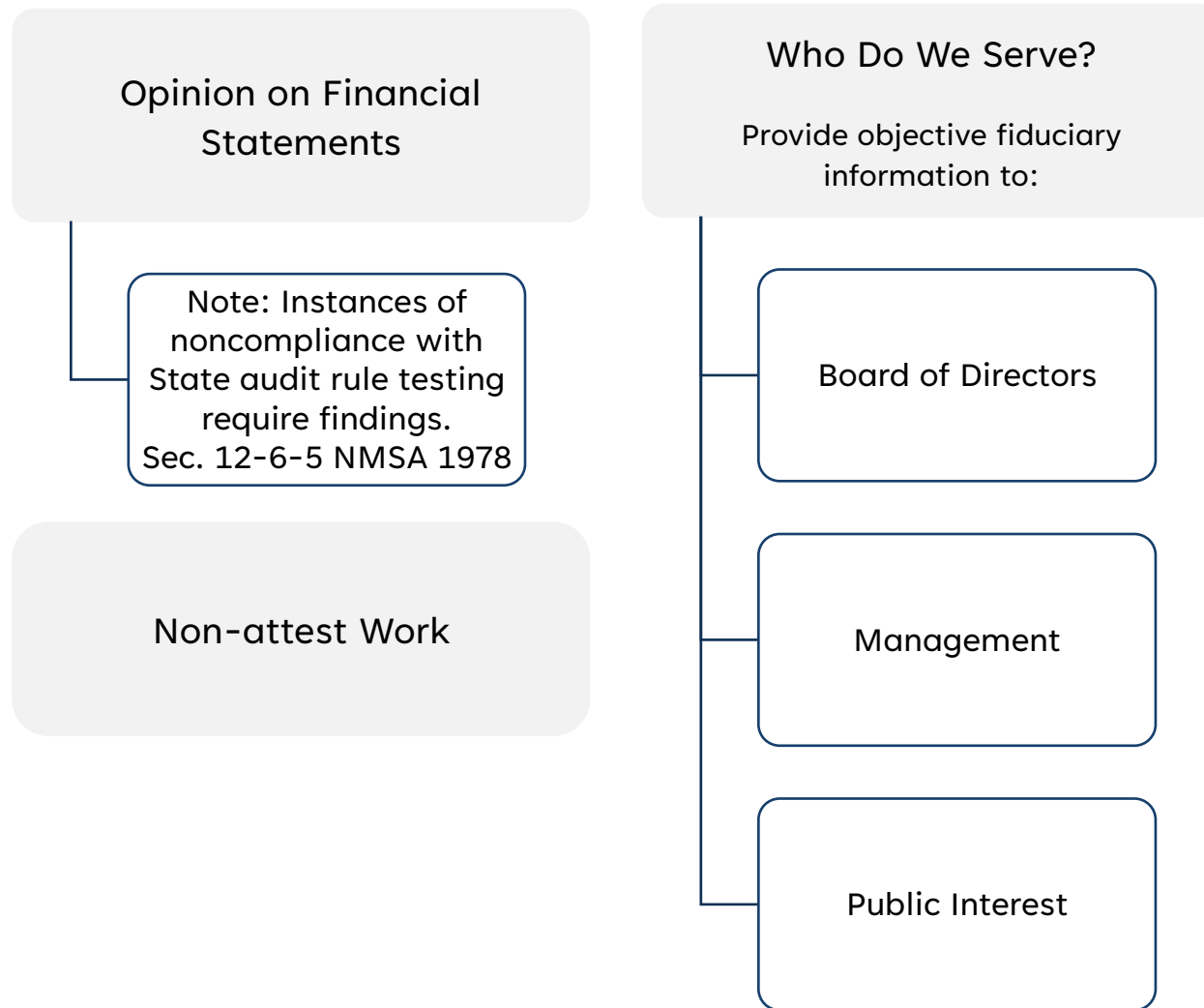
- Karina Segura  
Audit Staff



# Today's Agenda



# Scope of Work (Audit and Who We Serve)



# Auditor's Communication (AU-C 260)

## Required Communications

COMMUNICATIONS	CONCLUSION
Accounting Practices	Significant accounting policies are disclosed in notes to the financial statements and appear appropriate. Implemented GASB 100, Accounting Changes and Error Corrections—an Amendment of GASB Statement No. 62.
Proposed Adjustments	2
Adjustments Provided by Client	None
Passed Adjustments-Because of Immateriality	None
Disagreements with Management	None
Management's Consultations with Other Accountants	Aware of None
Discussion of Accounting Issues Prior to Retention	None
Significant Difficulties in Performing the Audit	None
Financial Statement Disclosure Highlights	Updated independent auditor report to indicate there is only one reporting unit. Refreshed note disclosures for clarity.



# Auditor's Results and Findings

## Financial Statements – Unmodified

Findings				
Reference #	Findings	Current or Prior Year Finding	Status of Finding	Type of Finding*
2024-001	Lack of Formalized Review Procedures of System and Organization Controls (SOC) Reports	Current Year	New	B

\*Legend for Type of Findings

Section II - Financial Statement Findings

- A. Material Weakness in Internal Control Over Financial Reporting
- B. Significant Deficiency in Internal Control Over Financial Reporting
- C. Finding that Does Not Rise to the Level of a Significant Deficiency (Other Matters)  
Involving Internal Control Over Financial Reporting
- D. Instance of Non-compliance Material to the Financial Statements

Section III - 12-6-5 NMSA 1978 Findings

- E Other Non-compliance Required to be Reported per Section 12-6-5 NMSA 1978



# New GASB Standards (Upcoming Effective Dates)

## Fiscal Years Beginning After

December 15, 2023

**No. 101**  
Compensated Absences

June 15, 2024

**No. 102**  
Certain Risk Disclosures

June 15, 2025

**No. 103**  
Financial Reporting Model

**No. 104**  
Capital Assets





# New GASB Standards – cont.

## Fiscal Years Beginning After December 15, 2023

Statement	Description
<b>Statement 101</b> Compensated Absences Issued: June 2022	Since Statement 16, Accounting for Compensated Absences, was issued in 1992, benefit practices have evolved, resulting in inconsistent application of guidance and a lack of guidance for new leave types. Statement 101 creates a unified model for recognition and measurement for all types of compensated absences and eliminates certain previously required disclosures.

## Fiscal Years Beginning After June 15, 2024

Statement	Description
<b>Statement 102</b> Certain Risk Disclosures Issued: December 2023	Statement 102 requires governments to disclose information about certain concentrations or constraints that could affect services provided or the ability to meet obligations as they come due. The statement includes four nonauthoritative examples of concentrations and constraints, including a financial resource provider, collective bargaining, mandated spending, and an employer concentration.



# New GASB Standards – cont.

Fiscal Years Beginning After June 15, 2023

Statement	Description
<b>Statement 103</b> Financial Reporting Model Improvements Issued: May 2024	Statement 103 updates requirements for management's discussion and analysis, unusual and infrequent items, proprietary fund statement, component unit, and budget presentation.
<b>Statement 104</b> Disclosure of Certain Capital Assets Issued: September 2024	Statement 104 requires capital assets held for sale, intangible assets, lease assets, and subscription assets to be broken out separately in note disclosure.



# Current GASB Projects (Subject to Change)

## Project Plan Summary Timeline



# Thank you

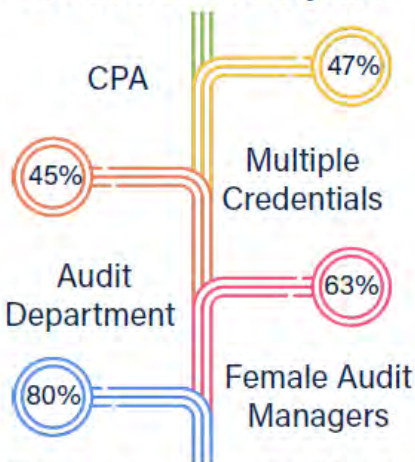
We appreciate all the support we received from  
Finance and Management!





# About Us

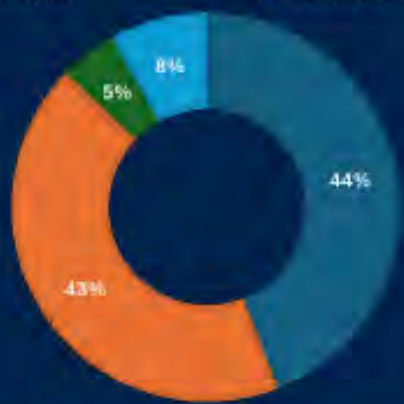
## What Sets Us Apart



Our diverse, multicultural team brings varied perspectives, experiences, and talents to Hinkle + Landers, P.C.

## Client Audits and Revenue

Non-Profit Orgs    State & Local  
For-Profit    Forensic & Other



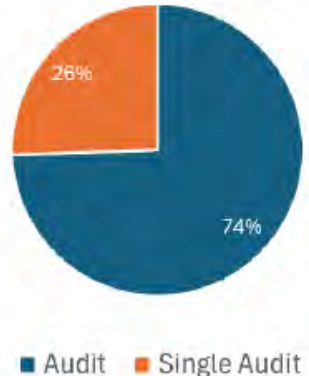
## Local CPA Firm Serving NM for 52+ Years

- 140+ State & Local Governments
- 145+ Non-Profit Organizations
- 7+ Long-Term Tenure of Audit Managers
- 16+ Forensic Accounting Engagements
- Full Service CPA Firm (ABQ & Santa Fe)

## Awards & Recognition

- 2024 Best & Brightest in the Nation
- 2024 ABQ Best Places to Work
- 2024 Expertise Top 10 Accountants in ABQ
- 2024 Best Accountants in ABQ

## % of Our Clients Requiring Single Audits



## SERVING NEW MEXICO CLIENTS WITH ANNUAL REVENUES:

- 
- \$ 2.2 Billion Government
  - \$ 190 Million Non-Profit
  - \$ 74.4 Million Accounting
  - \$ 97 Million For-Profit



# Contact Information

## On call throughout the year



Farley Vener, CPA, CFE, CGMA

- Managing Shareholder
- [Fvener@HL-cpas.com](mailto:Fvener@HL-cpas.com)
- (505) 385-4899



Hinkle + Landers, PC (Main Office)

- 2500 9<sup>th</sup> St. NW
- Albuquerque, NM 87102
- (505) 883-8788



Hinkle + Landers, PC (Santa Fe Office)

- 404 Brunn School Rd. #B
- Santa Fe, NM 87505
- (505) 883-8788



## RISK FUND

	FY 2025 Revenue	Additional Revenue at 31.86%	Fund Balance at Current Rates	Additional Revenue at 31.86%
	14.99%	16.87%		
July 2024	9,690,513	1,634,790		
August 2024	9,690,511	1,634,789		
September 2024	9,690,511	1,634,789		
October 2024	9,722,213	1,640,137		
November 2024	9,722,195	1,640,134		
December 2024	9,722,195	1,640,134	(52,522,925)	(42,698,151)
January 2025				-
February 2025				-
March 2025				-
April 2025				-
May 2025				-
June 2025				-
	58,238,138	9,824,774		



## BENEFITS FUND

	FY 2025 Revenue	Additional Revenue at 15.53%	Fund Balance at Current Rates	Additional Revenue at 15.53%
	10.00%	5.53%		
July 2024	32,608,130	-		
August 2024	32,147,632	-		
September 2024	32,241,360	-		
October 2024	35,492,013	5,987,503		
November 2024	35,483,013	5,985,984		
December 2024	35,359,991	5,965,230	(12,962,662)	4,976,055
January 2025				-
February 2025				-
March 2025				-
April 2025				-
May 2025				-
June 2025				-
	<b>203,332,139</b>	<b>17,938,717</b>		



**Patrick Sandoval**  
*Executive Director*

**Martha Quintana**  
*Deputy Director*

# **NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY**

## **Office of Executive Director**

410 Old Taos Highway  
Santa Fe, New Mexico 87501  
1-800-548-3724 or 505-988-2736  
505-983-8670 (fax)

### **BOARD OF DIRECTORS**

- *NM School Boards Association*
- *NM Superintendents Association*
- *Public Education Commission*
- *NM School Administrators*
- *NM National Education Association*
- *American Federation of Teachers N.M.*
- *Governor Appointees*
- *Educational Institutions at Large*

February 6, 2025

Richard Cangiolosi  
Regional Vice President  
Cannon Cochran Management Services, Inc  
5700 Pasadena Avenue, NE, Suite 102  
Albuquerque, NM 87113

RE: Amendment 1 - Effective July 1, 2024  
Professional Services Agreement Workers Compensation Third-Party  
Claims Administration Services  
Date of Agreement: July 1, 2023  
Agreement No. 342-2023-05

Dear Mr. Cangiolosi:

This letter shall constitute an Amendment to the above-captioned Agreement between the New Mexico Public Schools Insurance Authority, hereinafter referred to as the "Authority," and Cannon Cochran Management Services, Inc (CCMSI), referred to as the "Contractor," and is effective as of the dates shown herein.

The Agency and Contractor entered into a Professional Services Agreement for Property and Liability First and Third-Party Claims Administration Services ("Agreement") effective July 1, 2023. The Agency and Contractor wish to amend their Agreement with the amendments set out herein.

1. Exhibit A – Performance Measures will be replaced in its entirety.
2. This Amendment has been signed this 6<sup>th</sup> day of February 2025 and shall be in effect from July 1, 2024, to June 30, 2027.

**New Mexico Public Schools  
Insurance Authority**

By:

---

Alfred A. Park  
Board President

**Cannon Cochran Management  
Services, Inc.**

By:

---

Rodney J. Golden  
Chief Operating Officer

### Exhibit A - Performance Measures

	Performance Measure	Measurement Basis	Penalty
1.	<p>Maximum caseloads per adjuster: 150 for General Liability and Property. For Property, only the maximum per adjuster will be no more than 100.</p> <p>The contractor must notify the Authority and Broker of any caseloads above the maximum caseloads and must provide a timeline for when the Contractor will get back to the maximum caseloads.</p> <p>In the event, there are instances with multiple claims because of a single occurrence or major weather-related claims the Contractor may exceed the maximum caseloads by 10%.</p>	<p>Monthly report submitted to the Authority and Broker.</p> <p>Independent Audit</p>	Maximum of \$5,000 for failure to comply.
2.	Within thirty days of any new loss of more than \$25,000, the Contractor shall provide a recommended plan of action (POA) defining the insured's (Member) and Contractor's responsibilities to conclude the loss.	<p>Communicated every 30 days</p> <p>Independent Audit</p>	Maximum of \$5,000 for failure to comply even if it is one claim.
3.	Authority and Broker must receive notice of reserve changes over \$25,000 with a plan of action every 30 days. The plan of action must provide detailed reserve comments that ID and support any change.	<p>Communicated every 30 days</p> <p>Independent Audit</p>	Maximum of \$5,000 for failure to comply even if it is one claim.
4.	Excess Carriers must receive claims reports and reserve increase notifications timely as stated within the Property & Liability Claims Procedures. Any reserve increase must be communicated within 10 working days	<p>Independent Audit</p> <p>Excess Carrier Denial</p>	Maximum of \$5,000 for failure to comply for each late report.
5.	<p>Quarterly meetings with Authority-designated personnel, Broker, and/or General Counsel to discuss the status of open claims and review plans of action, for any new claims over \$100,000 or claims with a reserve change of more than \$50,000.</p> <p>If for any reason the Authority cannot meet or needs to change the date of the quarterly meeting exceeding 92 days from the last meeting the Contractor will not be liable for a performance measure penalty.</p>	Schedule of Meetings	Maximum of \$5,000 for failure to comply by not having a meeting.
6.	The Contractor shall prepare and maintain comprehensive Account Service Instructions	Independent Audit	Maximum of \$5,000 if the Contractor fails to provide

	designed to establish measurable, specific, written standards of performance for the servicing of NMPSIA's claims.		Account service Instructions.
7.	The Contractor shall complete proper coding and cause of claims.	Independent Audit	Maximum of \$500 for each improper claim coding, with a maximum of \$10,000 annually.
8.	NMPSIA or its agent will evaluate Contractor's performance under this Contract on not less than an annual basis. Such evaluation will include assessing the Contractor's compliance with all Contract terms and conditions and performance standards.	Independent Audit	Reduction of the annual fee by a maximum of \$25,000 should the independent technical audit score fall below 90% contingent on the agreement on the criteria used to evaluate the areas of technical performance and that the same criteria be applied to all audits.



# Comprehensive Safety and Wellness Solutions

SY 2024-25 Program Impact



Creating Safer Places to Learn, Work and Live  
[stopitsolutions.com](https://stopitsolutions.com)



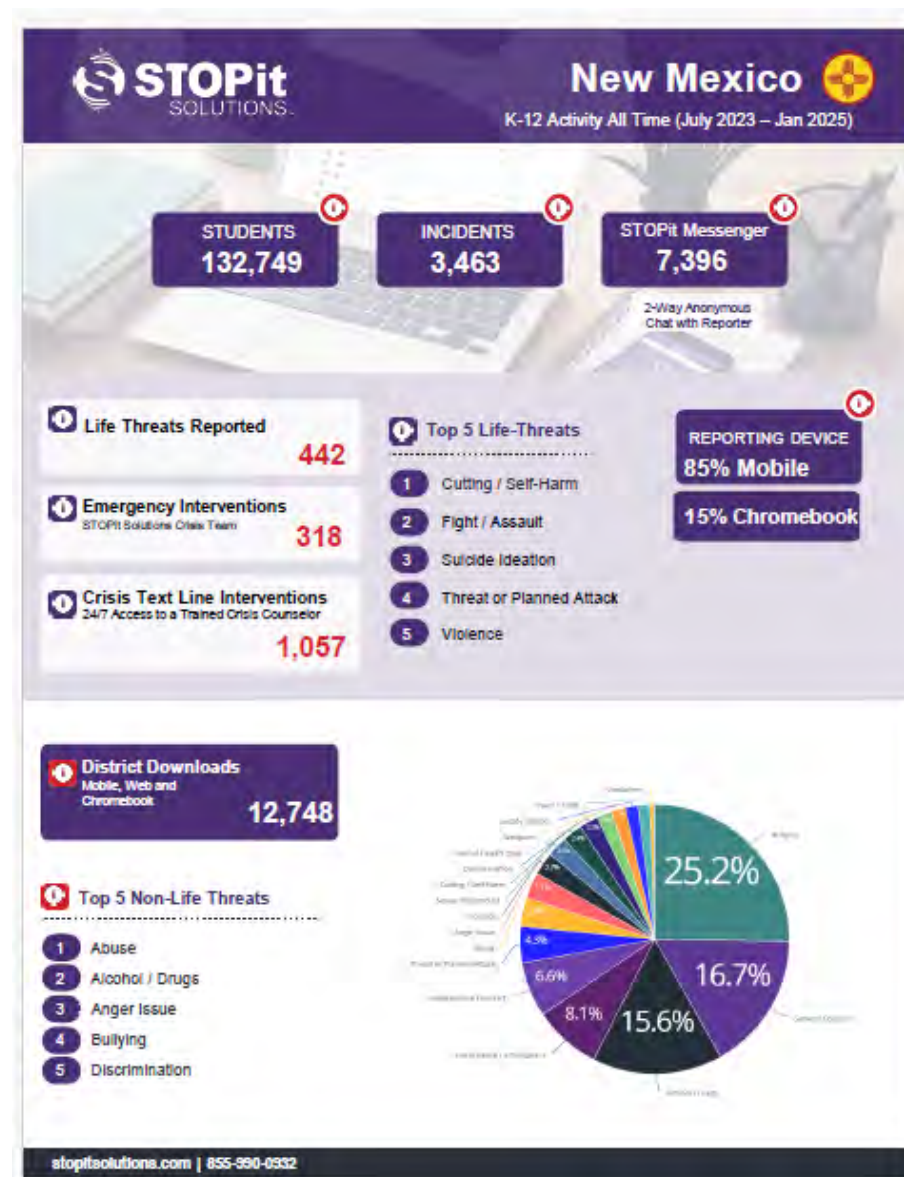


1. All-Time Program Impact
2. SY 2024 – 2025
3. Holiday Activity
4. Questions?



## July 2023 - Jan 2025 Data and Metrics

• Students Covered:	132,709
• Districts / Charter Schools	51
• Schools Covered:	320
• Downloads:	12,748
• Total Usage	4,845
➤ Incidents:	3,463
➤ Crisis Text Line:	1,057
➤ Self-Help Resources:	325
• Messages:	7,396
• Concerning Incidents:	779
• STOPit Emergency Interventions:	318



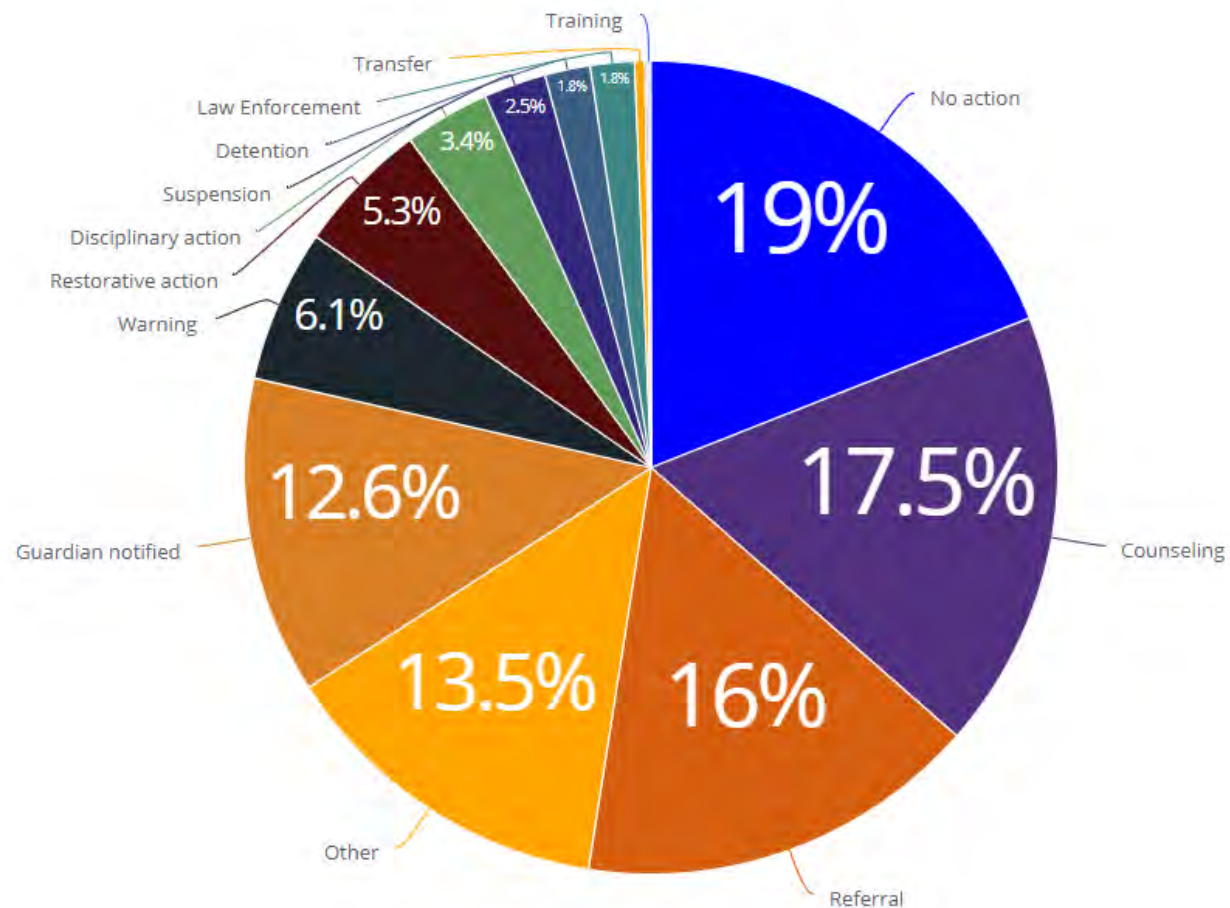


Incident Family	Incidents	Concerning Incidents	Emergency Escalatio...
Bullying	871	137	29
General Concern	576	53	10
Alcohol / Drugs	539	30	5
Harassment / Intimidation	281	61	11
Inappropriate Conduct	228	45	4
Threat or Planned Attack	150	104	58
Abuse	120	28	8
Anger Issue	108	12	3
Violence	95	49	17
Sexual Misconduct	85	39	6
Cutting / Self-Harm	82	76	64
Discrimination	79	8	2
Mental Health Issue	62	31	8
Weapons	59	52	44
Suicide Ideation	53	49	46
Fraud / Theft	48	1	
Vandalism	16		
Fight / Assault	3	1	
Misconduct	1	1	
Grand Total	3,456	777	315

## Top 5 Actionable Incident Families

Life Threat Category	Incident Family	# of Incidents...
Life-Threat	Threat or Planned Attack	150
	Violence	95
	Cutting / Self-Harm	82
	Weapons	59
	Suicide Ideation	53
Life-Threat Total		439
Non Life-Threat	Bullying	871
	General Concern	576
	Alcohol / Drugs	539
	Harassment / Intimidation	281
	Inappropriate Conduct	228
Non Life-Threat Total		2,495
# of Incidents		2,934

## Actions Taken



05/02/2024 10:14 AM - #01, IRC AGENT

Second Pass review has been performed by Supervisor 01

05/02/2024 10:13 AM - #8, IRC AGENT

\* LE was not requested as per Agent 8

05/02/2024 10:12 AM - #8, IRC AGENT

I spoke with Primary contact [redacted] he advised they are aware and reviewing the incident. I advised that email will be sent as escalation as per IRC agent 8

05/06/2024 04:42 PM

Incident status was changed to Closed by [redacted]

05/02/2024 12:49 PM

Incident type was added by [redacted]

05/02/2024 10:11 AM

Incident was assigned to [redacted] by [redacted]

05/02/2024 10:10 AM

Incident was escalated to [redacted]

IRC Agent #8

05/02/2024 10:09 AM

Follow Up Incident Flag Red (High) was added by IRC Agent #8

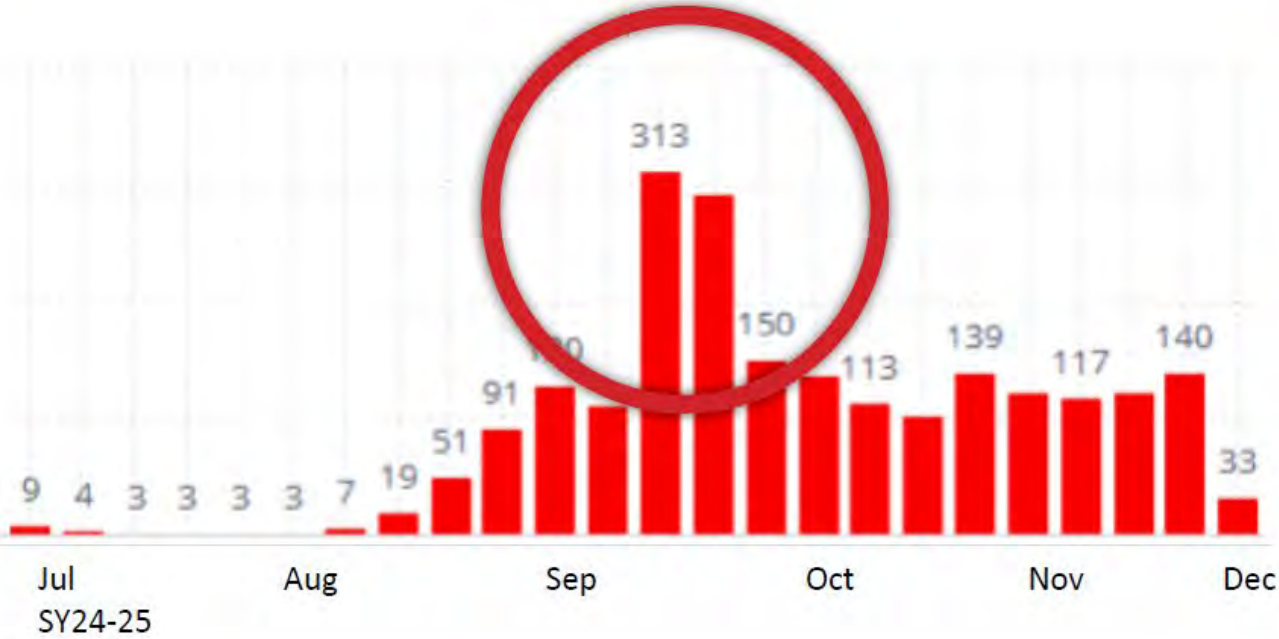


# What We See...

- Mental wellness activities through our solutions are materially higher in SY 24-25
- Students were nervous in the weeks following the Georgia School Shooting
- Emergency escalations in our Crisis Center more than doubled historic norms during this time period
- Activity has since stabilized but remains elevated



## School Safety



Top 5 Actionable Incident Families - Q3 2024

Life Threat Category	Incident Family	# of Incidents
Life-Threat	Threat or Planned Attack	1,070
	Violence	323
	Weapons	228
	Suicide Ideation	220
	Cutting / Self-Harm	210
Life-Threat Total		2,051
Non Life-Threat	Bullying	3,328
	General Concern	2,041
	Alcohol / Drugs	1,575
	Harassment / Intimidation	941
	Inappropriate Conduct	915
Non Life-Threat Total		8,800
# of Incidents		10,851



## Student Mental Health and Wellness

CTL Activity

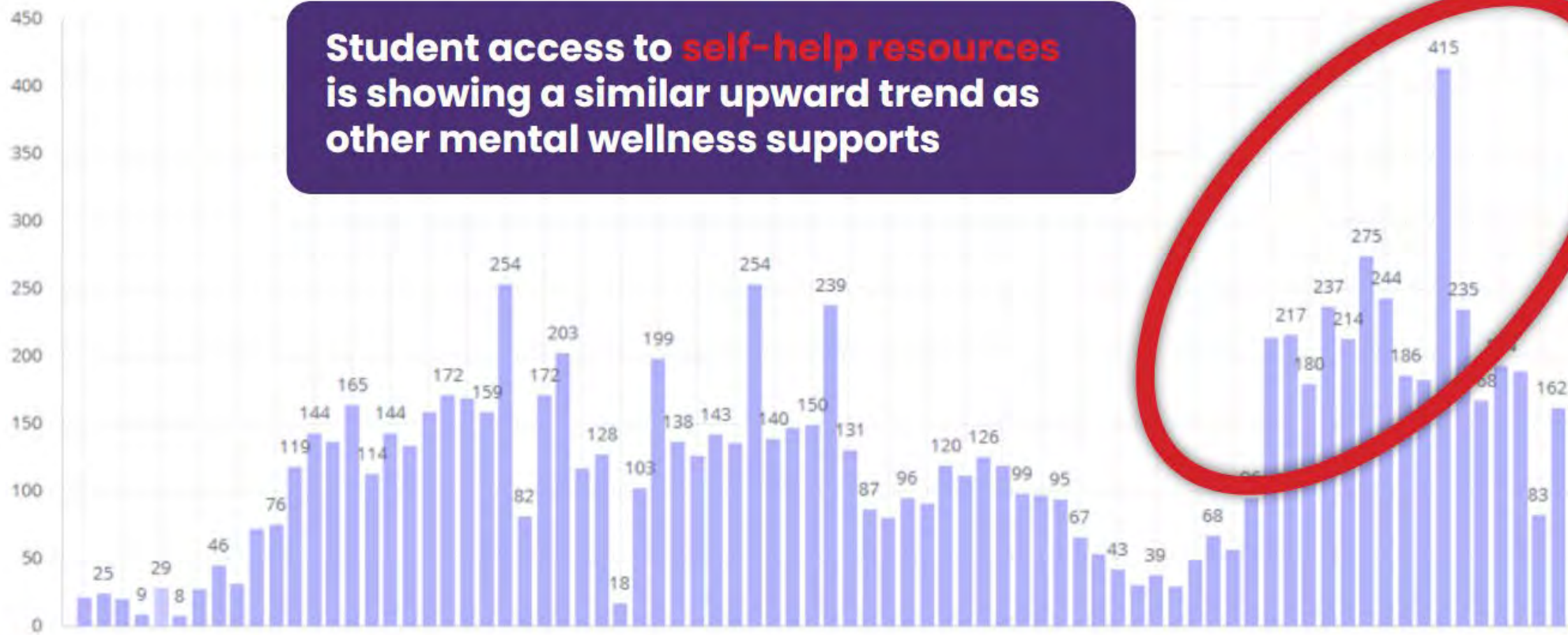


Student use of  
Crisis Text Line  
through our  
solution is  
**up 210% Year**  
over Year

## Student Mental Health and Wellness

Get Help Resources

Analyze It





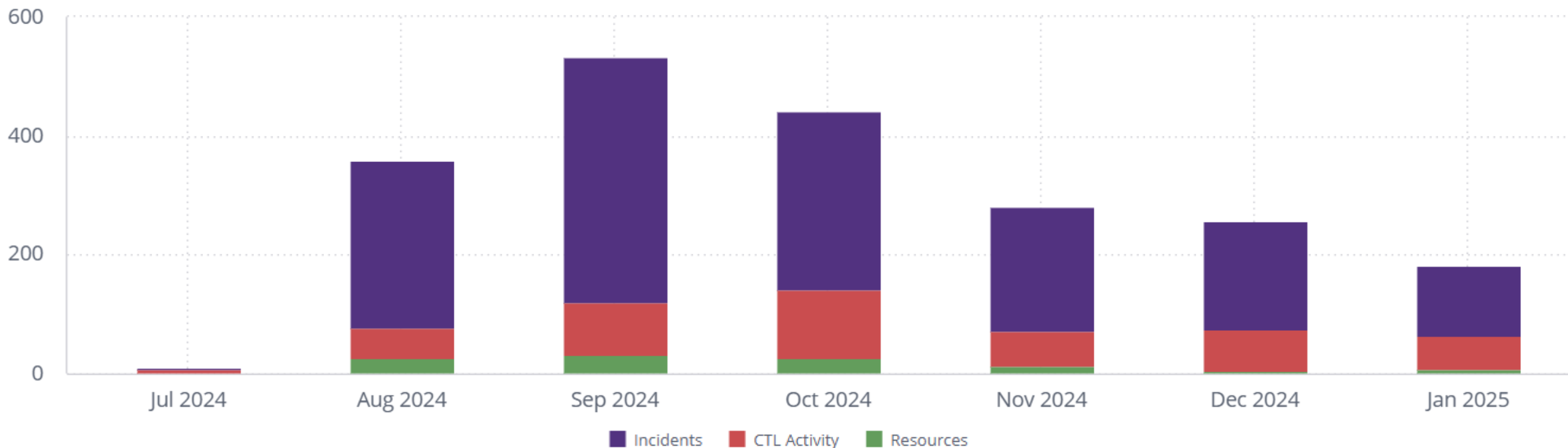
# SY 2024-25 Program Impact

Downloads  
4,710

Incidents  
1,296

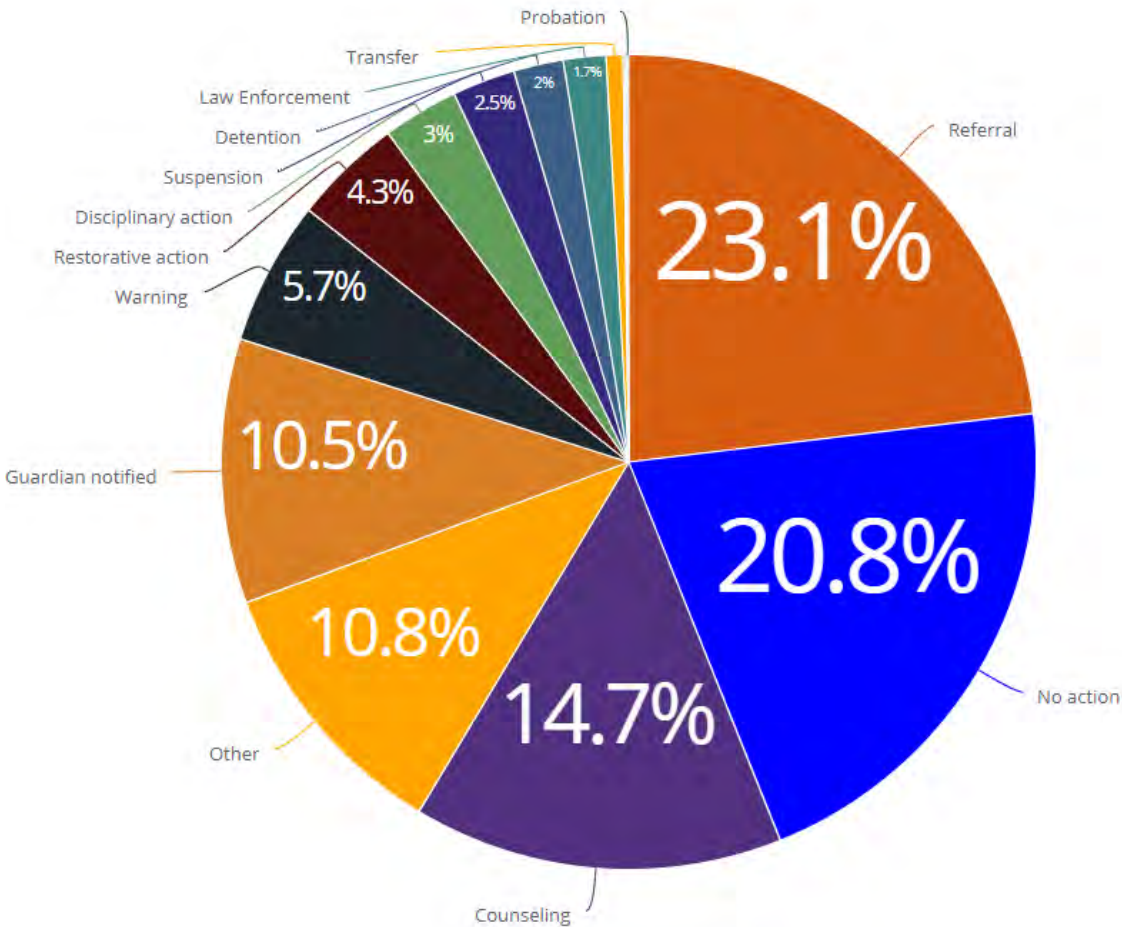
CTL  
443

Resources  
115





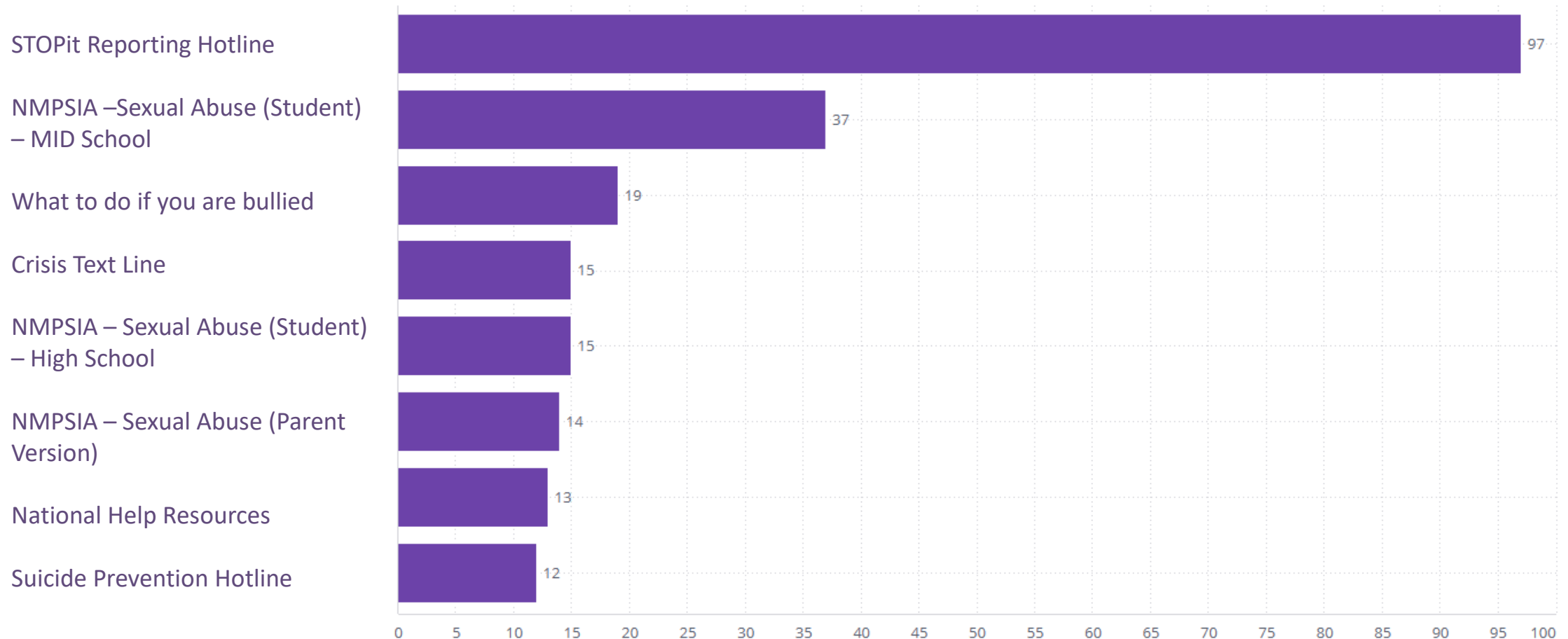
## Actions Taken



## Top 5 Actionable Incident Families

Life Threat Category	Incident Family	# of Incidents...
Life-Threat	Cutting / Self-Harm	27
	Suicide Ideation	19
	Threat or Planned Attack	83
	Violence	42
	Weapons	36
Life-Threat Total		83
Non Life-Threat	Alcohol / Drugs	189
	Bullying	327
	General Concern	210
	Harassment / Intimidation	100
	Inappropriate Conduct	81
Non Life-Threat Total		327
# of Incidents		1,114

## Get Help Resources





**Dec 16, 2024 – Jan 6, 2025**  
**Holiday Activity**

Downloads  
156

Incidents  
57

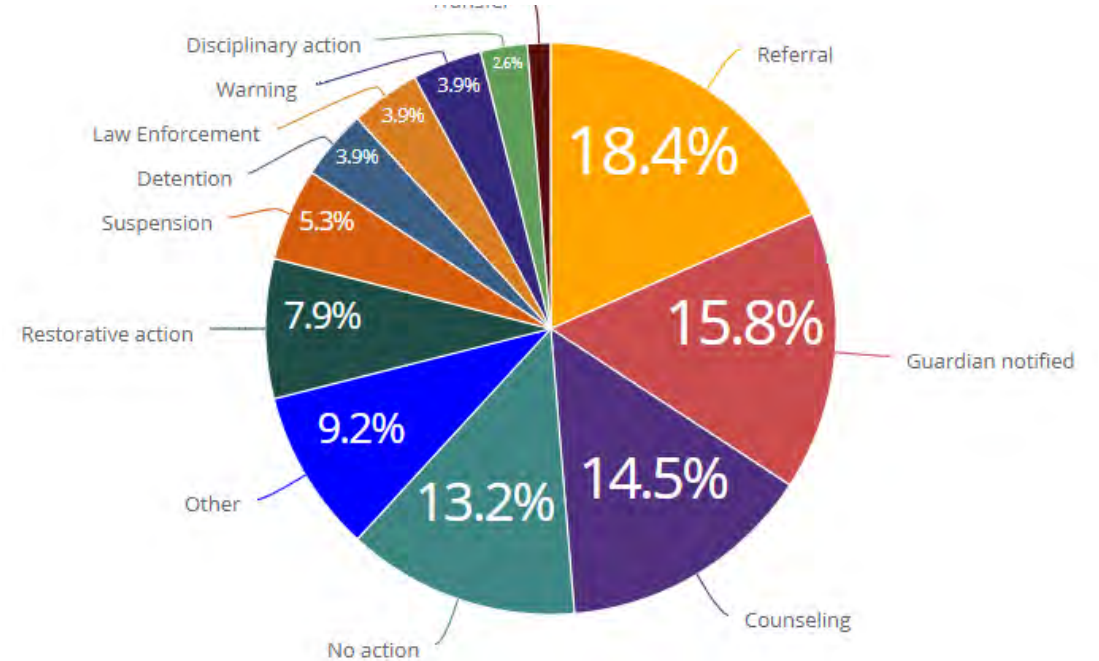
CTL  
25


Resources  
1

## Detailed Incident Type

Incident Family	org_incident_type	# of Incidents
Abuse	Abuse	3
Alcohol / Drugs	Drugs / Alcohol / Vaping	14
Anger Issue	Anger Issue	2
Bullying	Bullying / Cyberbullying	18
Fraud / Theft	Theft / Fraud	1
General Concern	Other	7
Harassment / Intimidation	Harrassment / Intimidation	5
Inappropriate Conduct	Inappropriate Relationship	2
Suicide Ideation	Suicide ideation	1
Threat or Planned Attack	Threat or Planned Attack	3
Violence	Violence	1
# of Incidents		57

## Actions Taken



 Home Incidents Broadcasts Reports Content Settings

Live Chat Support New Profile

Incident: # [REDACTED]

12/13/2024 06:55 PM via Mobile App

Detail Team Comms Notes Activity Log

Submitted by user

Life Threatening

STATUS:  
Closed

INCIDENT TYPE:  
Cutting / Self-Harm

WHEN DID THIS HAPPEN?  
mm/dd/yyyy

LOCATION:  
Where did this occur?

ASSIGN:  
[REDACTED]

ASSIGN TEAMS

LABEL(S):  
Start typing to select an option

ALLEGED TARGET(S):  
Start typing to select an option

ALLEGED PERPETRATOR(S):  
Start typing to select an option


ACTION(S) TAKEN: 1

\* Law enforcement notified \* Parents / Guardian notified \* Assigned

FOLDER(S):  
Start typing to select an option

*"I am afraid this person might do something to harm themselves. He was angry at the group chat because of an argument and because of his history we're all concerned"*

ATTACHMENTS (0)

 Home Incidents Broadcasts Reports Content Settings

Live Chat Support New Profile

Incident: # [REDACTED]

12/18/2024 11:41 AM via Web App

Detail Team Comms Notes Activity Log

Submitted by user

Life Threatening

STATUS:  
Closed - False

INCIDENT TYPE:  
Threat or Planned Attack

WHEN DID THIS HAPPEN?  
mm/dd/yyyy

LOCATION:  
Where did this occur?

ASSIGN:  
[REDACTED]

ASSIGN TEAMS

LABEL(S):  
Start typing to select an option

ALLEGED TARGET(S):  
Start typing to select an option

ALLEGED PERPETRATOR(S):  
Start typing to select an option

ACTION(S) TAKEN: 1

\* Law enforcement notified \* Parents / Guardian notified

FOLDER(S):  
Start typing to select an option

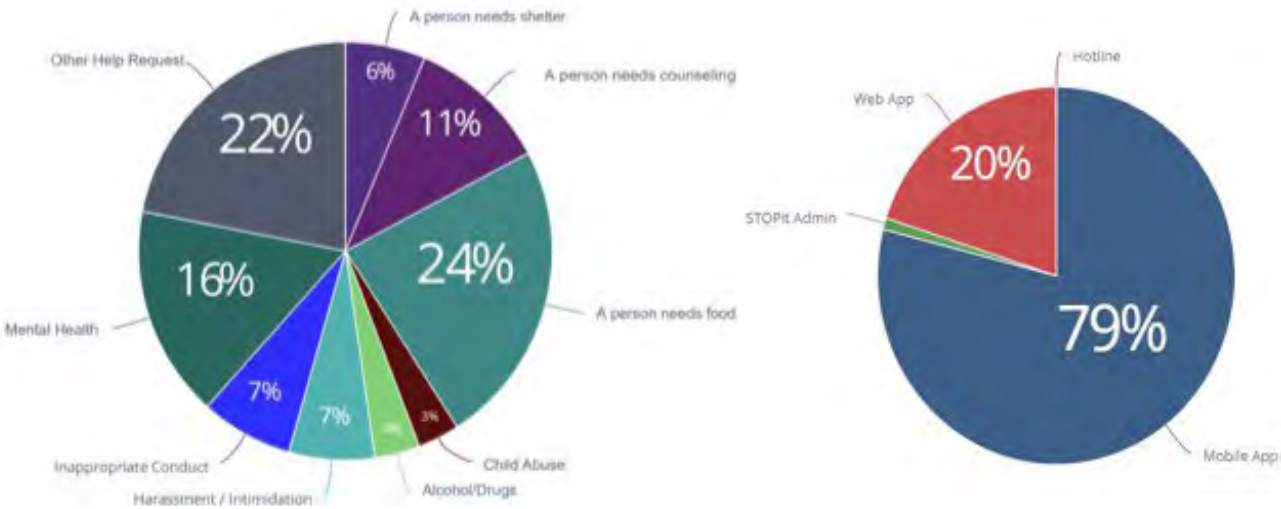
*"I think [REDACTED] is gonna shoot up the school. Sometime this week I think"*

Actionable intelligence through a variety of online reports for program administrators gives schools and communities the power to show where and how resources are needed.

For Program Admins



For Leadership







Questions?

**NMPSIA BOARD REPORT SUMMARY - LIABILITY AND PROPERTY**

11-30-2024

ALL YEARS TOTAL OPEN CLAIMS FOR LIABILITY AS OF NOVEMBER 30, 2024							ALL YEARS TOTAL OPEN CLAIMS FOR PROPERTY AS OF NOVEMBER 30, 2024						GRAND TOTALS	
SCHOOL DISTRICT	NUMBER OF OPEN CLAIMS	NUMBER OF NEW CLAIMS	NUMBER OF CLOSED CLAIMS	RESERVE	PAYMENT	TOTAL	NUMBER OF OPEN CLAIMS	NUMBER OF NEW CLAIMS	NUMBER OF CLOSED CLAIMS	RESERVE	PAYMENT	TOTAL	OPEN CLAIMS	GRAND TOTAL
SUBTOTAL - DISTRICTS	414	34	38	\$61,429,139.01	\$33,626,575.15	\$95,055,714.16	59	7	8	\$41,609,273.13	\$47,747,863.57	\$89,357,136.70	473	\$184,412,850.86
SUBTOTAL - CHARTER SCHOOLS	40	1	3	\$1,819,698.23	\$343,026.45	\$2,162,724.68	5	0	2	\$87,222.06	\$12,231.94	\$99,454.00	45	\$2,262,178.68
GRAND TOTAL	454	35	41	\$63,248,837.24	\$33,969,601.60	\$97,218,438.84	64	7	10	\$41,696,495.19	\$47,760,095.51	\$89,456,590.70	518	\$186,675,029.54

CHANGE FROM PRIOR MONTH	CURRENT CHANGES LIABILITY CLAIMS FROM PRIOR MONTH						CURRENT CHANGES PROPERTY CLAIMS FROM PRIOR MONTH						CURRENT CHANGES	
SCHOOL DISTRICT	OPEN CLAIMS	NEW CLAIMS	CLOSED CLAIMS	RESERVE	PAYMENT	TOTAL	OPEN CLAIMS	NEW CLAIMS	CLOSED CLAIMS	RESERVE	PAYMENT	TOTAL	OPEN CLAIMS	GRAND TOTAL
SUBTOTAL - DISTRICTS	(2)	1	(11)	(\$4,768,525.57)	\$5,474,860.01	\$706,334.44	2	(1)	(5)	\$2,930,942.72	\$2,515,150.45	\$5,446,093.17	0	\$6,152,427.61
SUBTOTAL - CHARTER SCHOOLS	(2)	(8)	1	(\$37,802.56)	(\$63,805.73)	(\$101,608.29)	(2)	(1)	1	(\$16,764.91)	(\$82,265.79)	(\$99,030.70)	(4)	(\$200,638.99)
GRAND TOTAL	(4)	(7)	(10)	(\$4,806,328.13)	\$5,411,054.28	\$604,726.15	0	(2)	(4)	\$2,914,177.81	\$2,432,884.66	\$5,347,062.47	(4)	\$5,951,788.62

HISTORY	MONTH TOTAL						MONTH TOTAL CHANGES FROM PRIOR MONTH TOTAL					
Monthly Totals	Open Claims	New Claims	Closed Claims	RESERVE	PAYMENTS	TOTAL	Open Claims	New Claims	Closed Claims	RESERVE	PAYMENTS	TOTAL
November - 2024	518	42	51	\$104,945,332.43	\$81,729,697.11	\$186,675,029.54	(4)	(9)	(14)	(\$1,892,150.32)	\$7,843,938.94	\$5,951,788.62
October - 2024	522	51	65	\$106,837,482.75	\$73,885,758.17	\$180,723,240.92	4	(3)	16	(\$2,664,730.24)	\$2,886,186.99	\$221,456.75
September - 2024	518	54	49	\$109,502,212.99	\$70,999,571.18	\$180,501,784.17	9	9	(12)	\$1,045,219.27	\$12,548,572.58	\$13,593,791.85
August - 2024	509	45	61	\$108,456,993.72	\$58,450,998.60	\$166,907,992.32	(9)	2	(21)	(\$2,621,326.38)	\$8,138,317.07	\$5,516,990.69
July - 2024	518	43	82	\$111,078,320.10	\$50,312,681.53	\$161,391,001.63	(37)	4	24	\$6,515,287.59	\$2,869,934.03	\$9,385,221.62
June - 2024	555	39	58	\$104,563,032.51	\$47,442,747.50	\$152,005,780.01	(11)	(24)	2	\$3,913,147.72	\$7,132,155.05	\$11,045,302.77
May - 2024	566	63	56	\$100,649,884.79	\$40,310,592.45	\$140,960,477.24	15	7	(15)	\$44,644,561.24	\$3,820,664.74	\$48,465,225.98
April - 2024	551	56	71	\$56,005,323.55	\$36,489,927.71	\$92,495,251.26	(11)	10	9	(\$35,950,476.69)	\$6,632,943.17	(\$29,317,533.52)
March - 2024	562	46	62	\$91,955,800.24	\$29,856,984.54	\$121,812,784.78	(13)	(11)	(19)	(\$485,476.25)	\$249,074.98	(\$236,401.27)
February - 2024	575	57	81	\$92,441,276.49	\$29,607,909.56	\$122,049,186.05	(19)	7	22	\$64,920.75	\$1,645,072.33	\$1,709,993.08
January - 2024	594	50	59	\$92,376,355.74	\$27,962,837.23	\$120,339,192.97	(7)	(5)	7	\$1,011,307.34	(\$596,633.73)	\$414,673.61
December - 2023	601	55	52	\$91,365,048.40	\$28,559,470.96	\$119,924,519.36	7	(32)	15	(\$2,102,495.40)	\$251,548.52	(\$1,850,946.88)
November - 2023	594	87	37	\$93,467,543.80	\$28,307,922.44	\$121,775,466.24	54	8	(19)	(\$243,734.87)	(\$4,043,113.87)	(\$4,286,848.74)
October - 2023	540	79	56	\$93,711,278.67	\$32,351,036.31	\$126,062,314.98	29	27	18	\$1,996,129.56	(\$2,946,017.50)	(\$949,887.94)
September - 2023	511	52	38	\$91,715,149.11	\$35,297,053.81	\$127,012,202.92	19	(3)	(26)	(\$1,266,805.79)	\$2,767,421.22	\$1,500,615.43
August - 2023	492	55	64	\$92,981,954.90	\$32,529,632.59	\$125,511,587.49	(5)	(31)	(3)	\$4,695,525.49	(\$7,037,658.70)	(\$2,342,133.21)
July - 2023	497	86	67	\$88,286,429.41	\$39,567,291.29	\$127,853,720.70	24	38	20	\$3,192,782.91	\$1,079,304.89	\$4,272,087.80
June - 2023	473	48	47	\$85,093,646.50	\$38,487,986.40	\$123,581,632.90	9	(13)	(36)	\$28,611,890.88	(\$3,279,230.43)	\$25,332,660.45
May - 2023	464	61	83	\$56,481,755.62	\$41,767,216.83	\$98,248,972.45	(15)	7	24	(\$2,940,892.57)	\$2,132,509.33	(\$808,383.24)
April - 2023	479	54	59	\$59,422,648.19	\$39,634,707.50	\$99,057,355.69	1	(15)	(4)	(\$2,764,490.56)	\$4,999,879.61	\$2,235,389.05
March - 2023	478	69	63	\$62,187,138.75	\$34,634,827.89	\$96,821,966.64	11	18	24	\$1,287.92	\$1,139,897.50	\$1,141,185.42
February - 2023	467	51	39	\$62,185,850.83	\$33,494,930.39	\$95,680,781.22	19	(10)	(8)	\$571,024.43	\$1,187,977.05	\$1,759,001.48
January - 2023	448	61	47	\$61,614,826.40	\$32,306,953.34	\$93,921,779.74	18	29	0	\$361,499.20	(\$175,637.96)	\$185,861.24
December - 2022	430	32	47	\$61,253,327.20	\$32,482,591.30	\$93,735,918.50	(13)	(30)	(12)	(\$1,886,367.25)	(\$3,797,977.87)	(\$5,684,345.12)
November - 2022	443	62	59	\$63,139,694.45	\$36,280,569.17	\$99,420,263.62	13	(20)	(17)	\$2,289,852.48	(\$425,745.37)	\$1,864,107.11
October - 2022	430	82	76	\$60,849,841.97	\$36,706,314.54	\$97,556,156.51	8	39	31	\$437,166.04	(\$4,136,937.99)	(\$3,699,771.95)
September - 2022	422	43	45	\$60,412,675.93	\$40,843,252.53	\$101,255,928.46	5	(29)	(15)	\$1,683,415.42	\$1,226,358.10	\$2,909,773.52
August - 2022	417	72	60	\$58,729,260.51	\$39,616,894.43	\$98,346,154.94	15	54	31	\$970,635.92	\$2,352,124.71	\$3,322,760.63
July - 2022	402	18	29	\$57,758,624.59	\$37,264,769.72	\$95,023,394.31	(6)	(39)	(11)	\$20,243,939.17	\$4,938,782.62	\$25,182,721.79





**NMPSIA BOARD REPORT SUMMARY - LIABILITY AND PROPERTY**  
**12-31-2024**

ALL YEARS TOTAL OPEN CLAIMS FOR LIABILITY AS OF DECEMBER 31, 2024							ALL YEARS TOTAL OPEN CLAIMS FOR PROPERTY AS OF DECEMBER 31, 2024						GRAND TOTALS	
SCHOOL DISTRICT	NUMBER OF OPEN CLAIMS	NUMBER OF NEW CLAIMS	NUMBER OF CLOSED CLAIMS	RESERVE	PAYMENT	TOTAL	NUMBER OF OPEN CLAIMS	NUMBER OF NEW CLAIMS	NUMBER OF CLOSED CLAIMS	RESERVE	PAYMENT	TOTAL	OPEN CLAIMS	GRAND TOTAL
SUBTOTAL - DISTRICTS	383	27	65	\$60,360,749.45	\$33,976,441.94	\$94,337,191.39	61	4	2	\$40,528,899.88	\$48,078,429.84	\$88,607,329.72	444	\$182,944,521.11
SUBTOTAL - CHARTER SCHOOLS	36	5	5	\$2,146,177.77	\$362,783.43	\$2,508,961.20	6	1	0	\$88,231.91	\$13,222.09	\$101,454.00	42	\$2,610,415.20
GRAND TOTAL	419	32	70	\$62,506,927.22	\$34,339,225.37	\$96,846,152.59	67	5	2	\$40,617,131.79	\$48,091,651.93	\$88,708,783.72	486	\$185,554,936.31

CHANGE FROM PRIOR MONTH	CURRENT CHANGES LIABILITY CLAIMS FROM PRIOR MONTH						CURRENT CHANGES PROPERTY CLAIMS FROM PRIOR MONTH						CURRENT CHANGES	
SCHOOL DISTRICT	OPEN CLAIMS	NEW CLAIMS	CLOSED CLAIMS	RESERVE	PAYMENT	TOTAL	OPEN CLAIMS	NEW CLAIMS	CLOSED CLAIMS	RESERVE	PAYMENT	TOTAL	OPEN CLAIMS	GRAND TOTAL
SUBTOTAL - DISTRICTS	(31)	(7)	27	(\$1,068,389.56)	\$349,866.79	(\$718,522.77)	2	(3)	(6)	(\$1,080,373.25)	\$330,566.27	(\$749,806.98)	(29)	(\$1,468,329.75)
SUBTOTAL - CHARTER SCHOOLS	(4)	4	2	\$326,479.54	\$19,756.98	\$346,236.52	1	1	(2)	\$1,009.85	\$990.15	\$2,000.00	(3)	\$348,236.52
GRAND TOTAL	(35)	(3)	29	(\$741,910.02)	\$369,623.77	(\$372,286.25)	3	(2)	(8)	(\$1,079,363.40)	\$331,556.42	(\$747,806.98)	(32)	(\$1,120,093.23)

HISTORY	MONTH TOTAL						MONTH TOTAL CHANGES FROM PRIOR MONTH TOTAL					
Monthly Totals	Open Claims	New Claims	Closed Claims	RESERVE	PAYMENTS	TOTAL	Open Claims	New Claims	Closed Claims	RESERVE	PAYMENTS	TOTAL
December - 2024	486	37	72	\$103,124,059.01	\$82,430,877.30	\$185,554,936.31	(32)	(5)	21	(\$1,821,273.42)	\$701,180.19	(\$1,120,093.23)
November - 2024	518	42	51	\$104,945,332.43	\$81,729,697.11	\$186,675,029.54	(4)	(9)	(14)	(\$1,892,150.32)	\$7,843,938.94	\$5,951,788.62
October - 2024	522	51	65	\$106,837,482.75	\$73,885,758.17	\$180,723,240.92	4	(3)	16	(\$2,664,730.24)	\$2,886,186.99	\$221,456.75
September - 2024	518	54	49	\$109,502,212.99	\$70,999,571.18	\$180,501,784.17	9	9	(12)	\$1,045,219.27	\$12,548,572.58	\$13,593,791.85
August - 2024	509	45	61	\$108,456,993.72	\$58,450,998.60	\$166,907,992.32	(9)	2	(21)	(\$2,621,326.38)	\$8,138,317.07	\$5,516,990.69
July - 2024	518	43	82	\$111,078,320.10	\$50,312,681.53	\$161,391,001.63	(37)	4	24	\$6,515,287.59	\$2,869,934.03	\$9,385,221.62
June - 2024	555	39	58	\$104,563,032.51	\$47,442,747.50	\$152,005,780.01	(11)	(24)	2	\$3,913,147.72	\$7,132,155.05	\$11,045,302.77
May - 2024	566	63	56	\$100,649,884.79	\$40,310,592.45	\$140,960,477.24	15	7	(15)	\$44,644,561.24	\$3,820,664.74	\$48,465,225.98
April - 2024	551	56	71	\$56,005,323.55	\$36,489,927.71	\$92,495,251.26	(11)	10	9	(\$35,950,476.69)	\$6,632,943.17	(\$29,317,533.52)
March - 2024	562	46	62	\$91,955,800.24	\$29,856,984.54	\$121,812,784.78	(13)	(11)	(19)	(\$485,476.25)	\$249,074.98	(\$236,401.27)
February - 2024	575	57	81	\$92,441,276.49	\$29,607,909.56	\$122,049,186.05	(19)	7	22	\$64,920.75	\$1,645,072.33	\$1,709,993.08
January - 2024	594	50	59	\$92,376,355.74	\$27,962,837.23	\$120,339,192.97	(7)	(5)	7	\$1,011,307.34	(\$596,633.73)	\$414,673.61
December - 2023	601	55	52	\$91,365,048.40	\$28,559,470.96	\$119,924,519.36	7	(32)	15	(\$2,102,495.40)	\$251,548.52	(\$1,850,946.88)
November - 2023	594	87	37	\$93,467,543.80	\$28,307,922.44	\$121,775,466.24	54	8	(19)	(\$243,734.87)	(\$4,043,113.87)	(\$4,286,848.74)
October - 2023	540	79	56	\$93,711,278.67	\$32,351,036.31	\$126,062,314.98	29	27	18	\$1,996,129.56	(\$2,946,017.50)	(\$949,887.94)
September - 2023	511	52	38	\$91,715,149.11	\$35,297,053.81	\$127,012,202.92	19	(3)	(26)	(\$1,266,805.79)	\$2,767,421.22	\$1,500,615.43
August - 2023	492	55	64	\$92,981,954.90	\$32,529,632.59	\$125,511,587.49	(5)	(31)	(3)	\$4,695,525.49	(\$7,037,658.70)	(\$2,342,133.21)
July - 2023	497	86	67	\$88,286,429.41	\$39,567,291.29	\$127,853,720.70	24	38	20	\$3,192,782.91	\$1,079,304.89	\$4,272,087.80
June - 2023	473	48	47	\$85,093,646.50	\$38,487,986.40	\$123,581,632.90	9	(13)	(36)	\$28,611,890.88	(\$3,279,230.43)	\$25,332,660.45
May - 2023	464	61	83	\$56,481,755.62	\$41,767,216.83	\$98,248,972.45	(15)	7	24	(\$2,940,892.57)	\$2,132,509.33	(\$808,383.24)
April - 2023	479	54	59	\$59,422,648.19	\$39,634,707.50	\$99,057,355.69	1	(15)	(4)	(\$2,764,490.56)	\$4,999,879.61	\$2,235,389.05
March - 2023	478	69	63	\$62,187,138.75	\$34,634,827.89	\$96,821,966.64	11	18	24	\$1,287.92	\$1,139,897.50	\$1,141,185.42
February - 2023	467	51	39	\$62,185,850.83	\$33,494,930.39	\$95,680,781.22	19	(10)	(8)	\$571,024.43	\$1,187,977.05	\$1,759,001.48
January - 2023	448	61	47	\$61,614,826.40	\$32,306,953.34	\$93,921,779.74	18	29	0	\$361,499.20	(\$175,637.96)	\$185,861.24
December - 2022	430	32	47	\$61,253,327.20	\$32,482,591.30	\$93,735,918.50	(13)	(30)	(12)	(\$1,886,367.25)	(\$3,797,977.87)	(\$5,684,345.12)
November - 2022	443	62	59	\$63,139,694.45	\$36,280,569.17	\$99,420,263.62	13	(20)	(17)	\$2,289,852.48	(\$425,745.37)	\$1,864,107.11
October - 2022	430	82	76	\$60,849,841.97	\$36,706,314.54	\$97,556,156.51	8	39	31	\$437,166.04	(\$4,136,937.99)	(\$3,699,771.95)
September - 2022	422	43	45	\$60,412,675.93	\$40,843,252.53	\$101,255,928.46	5	(29)	(15)	\$1,683,415.42	\$1,226,358.10	\$2,909,773.52
August - 2022	417	72	60	\$58,729,260.51	\$39,616,894.43	\$98,346,154.94	15	54	31	\$970,635.92	\$2,352,124.71	\$3,322,760.63
July - 2022	402	18	29	\$57,758,624.59	\$37,264,769.72	\$95,023,394.31	(6)	(39)	(11)	\$20,243,939.17	\$4,938,782.62	\$25,182,721.79



NMPSIA BOARD REPORT

ALL YEARS TOTAL

OPEN CLAIMS FOR WORKERS' COMPENSATION AS OF December 2024

SCHOOL DISTRICT	OPEN		RE-OPENED		NEW		CLOSED		RESERVE		PAYMENT		TOTAL	
HISTORY	Chg	Ct	Chg	Ct	Chg	Ct	Chg	Ct	Change	Current	Change	Current	Change	Current
DECEMBER-2024	(36)	1,004	(9)	35	(48)	172	(54)	243	(233,097)	\$ 14,079,462.06	(91,755)	\$ 50,208,071.30	(324,851)	\$ 64,287,533.36
NOVEMBER-2024	(33)	1,040	(8)	44	(82)	220	(11)	297	(\$487,417)	\$ 14,312,558.78	+\$233,172	\$ 50,299,825.91	(\$254,246)	\$ 64,612,384.69

SCHOOL DISTRICT	OPEN		RE-OPENED		NEW		CLOSED		RESERVE		PAYMENT		TOTAL	
HISTORY	Chg	Ct	Chg	Ct	Chg	Ct	Chg	Ct	Change	Current	Change	Current	Change	Current
DECEMBER-2024	(36)	1,004	(9)	35	(48)	172	(54)	243	(233,097)	\$ 14,079,462.06	(91,755)	\$ 50,208,071.30	(\$324,851)	\$ 64,287,533.36
NOVEMBER-2024	(33)	1,040	(8)	44	(82)	220	(11)	297	(487,417)	\$ 14,312,558.78	+233,172	\$ 50,299,825.91	(\$254,246)	\$ 64,612,384.69
OCTOBER-2024	+46	1,073	+17	52	+25	302	+52	308	(156,281)	\$ 14,799,976.15	+58,859	\$ 50,066,654.12	(\$97,421)	\$ 64,866,630.27
SEPTEMBER-2024	+56	1,027	+23	35	(320)	277	(317)	256	+\$561,082	\$ 14,956,256.94	(\$260,431)	\$ 50,007,794.66	+\$300,651	\$ 64,964,051.60
AUGUST-2024	15	971	(9)	+12	233	320	128	317	+\$126,239	\$ 14,395,174.56	(\$222,026)	\$ 50,268,225.75	(\$95,787)	\$ 64,663,400.31
JULY-2024	(81)	956	(4)	+21	5	87	38	189	(\$563,919)	\$ 14,268,935.78	+\$319,675	\$ 50,490,251.70	(\$244,244)	\$ 64,759,187.48
JUNE-2024	(44)	1,037	(6)	+25	(159)	82	(87)	151	(\$212,569)	\$ 14,832,854.50	(\$761,756)	\$ 50,170,576.65	(\$974,325)	\$ 65,003,431.15
MAY-2024	34	1,081	(27)	+31	8	241	(68)	238	(\$31,133)	\$ 15,045,423.61	+\$864,631	\$ 50,932,332.48	+\$833,498	\$ 65,977,756.09
APRIL-2024	(15)	1,047	+27	58	+75	233	+86	306	(\$308,539)	\$ 15,076,556.59	(\$426,219)	\$ 50,067,701.36	(\$734,759)	\$ 65,144,257.95
MARCH-2024	+31	1,062	(35)	31	(99)	158	(119)	220	+\$214,907	\$ 15,385,095.75	+\$607,686	\$ 50,493,920.81	+\$822,593	\$ 65,879,016.56
FEBRUARY-2024	(16)	1,093	+15	66	(17)	257	+24	339	(\$138,503)	\$ 15,170,189.21	+\$50,320	\$ 49,886,234.81	(\$88,183)	\$ 65,056,424.02
JANUARY-2024	+40	1,109	+41	51	(1)	274	+67	315	+\$1,034,520	\$ 15,308,691.71	+\$718,648	\$ 49,835,914.38	+\$1,753,168	\$ 65,144,606.09
DECEMBER-2023	(30)	1,069	(44)	10	(28)	207	+7	248	+\$599,426	\$ 14,873,597.81	+\$589,987	\$ 49,707,253.61	+\$1,189,413	\$ 64,580,851.42
NOVEMBER-2023	+48	1,099	(14)	27	(49)	235	(10)	241	+\$107,813	\$ 14,274,171.37	(\$138,909)	\$ 49,117,266.79	(\$31,095)	\$ 63,391,438.16
OCTOBER-2023	+74	1,051	+6	41	(7)	284	+28	251	+\$44,721	\$ 14,166,358.01	+\$559,806	\$ 49,256,175.64	+\$604,527	\$ 63,422,533.65
SEPTEMBER-2023	+103	977	+16	35	(17)	291	(65)	223	+\$126,044	\$ 14,121,637.30	+\$294,077	\$ 48,696,369.34	+\$420,121	\$ 62,818,006.64
AUGUST-2023	+39	874	+1	19	+245	308	+127	288	+\$132,605	\$ 13,995,593.65	+\$431,710	\$ 48,402,292.11	+\$564,315	\$ 62,397,885.76
JULY-2023	(80)	835	(21)	18	(26)	63	(15)	161	(\$262,929)	\$ 13,862,988.41	(\$143,520)	\$ 47,970,582.09	(\$406,449)	\$ 61,833,570.50
JUNE-2023	(48)	915	+18	39	(171)	89	(100)	176	(\$379,803)	\$ 14,125,916.93	(\$219,030)	\$ 48,114,102.48	(\$598,832)	\$ 62,240,019.41
MAY-2023	+5	963	(3)	21	+12	260	+32	276	+\$68,789	\$ 14,505,719.52	+\$573,316	\$ 48,333,132.36	+\$642,104	\$ 62,838,851.88
APRIL-2023	+28	958	(2)	24	+42	248	(20)	244	+\$208,786	\$ 14,436,930.86	(\$167,817)	\$ 47,759,816.67	+\$40,969	\$ 62,196,747.53
MARCH-2023	(32)	930	+0	26	(98)	206	(44)	264	+\$324,401	\$ 14,228,144.59	+\$65,950	\$ 47,927,633.81	+\$390,351	\$ 62,155,778.40
FEBRUARY-2023	+22	962	+4	26	+92	304	+53	308	+\$152,151	\$ 13,903,743.67	(\$6,557)	\$ 47,861,683.74	+\$145,594	\$ 61,765,427.41
JANUARY-2023	(21)	940	(9)	22	+58	212	+54	255	(\$160,549)	\$ 13,751,592.21	(\$150,749)	\$ 47,868,241.18	(\$311,299)	\$ 61,619,833.39
DECEMBER-2022	(16)	961	+0	31	(39)	154	(34)	201	(\$67,403)	\$ 13,912,141.54	+\$336,936	\$ 48,018,990.62	+\$269,533	\$ 61,931,132.16
NOVEMBER-2022	(11)	977	+6	31	(73)	193	(14)	235	+\$183,112	\$ 13,979,544.16	+\$140,739	\$ 47,682,054.64	+\$323,851	\$ 61,661,598.80
OCTOBER-2022	+42	988	(4)	25	(14)	266	(12)	249	+\$23,698	\$ 13,796,432.07	+\$495,740	\$ 47,541,316.10	+\$519,438	\$ 61,337,748.17
SEPTEMBER-2022	+48	946	+8	29	+31	280	+5	261	+\$113,539	\$ 13,772,734.44	(\$36,008)	\$ 47,045,575.78	+\$77,531	\$ 60,818,310.22
AUGUST-2022	+14	898	+7	21	+191	249	+123	256	+\$245,756	\$ 13,659,195.34	(\$176,954)	\$ 47,081,584.06	+\$68,802	\$ 60,740,779.40
JULY-2022	(61)	884	(18)	14	(35)	58	(7)	133	(\$548,564)	\$ 13,413,439.70	(\$1,038,108)	\$ 47,258,537.68	(\$1,586,672)	\$ 60,671,977.38
JUNE-2022	(15)	945	+10	32	(114)	93	(59)	140	(\$344,886)	\$ 13,962,003.26	+\$54,290	\$ 48,296,645.97	(\$290,596)	\$ 62,258,649.23
MAY-2022	+30	960	(1)	22	+29	207	+18	199	(\$24,133)	\$ 14,306,889.60	+\$353,763	\$ 48,242,355.49	+\$329,630	\$ 62,549,245.09
APRIL-2022	+20	930	+1	23	(47)	178	(24)	181	(\$354,710)	\$ 14,331,022.70	+\$398,883	\$ 47,888,592.21	+\$44,173	\$ 62,219,614.91
MARCH-2022	+42	910	+7	22	+59	225	+26	205	+\$27,833	\$ 14,685,732.34	(\$404,683)	\$ 47,489,709.58	(\$376,850)	\$ 62,175,441.92

NMPSIA Monthly Loss Prevention Abatement Report

November 2024	Total Rec	Total Capital	Total Non-Capital	Corrected Capital	Corrected Non-Capital	Total Corrected
November 2024	168	15	153	2	81	83
Total % Corrected	49.40%	= Total Corrected/Total Recommendations				
% Corrected Capital	13.33%	= Corrected Capital/Total Capital				
% Corrected Non-Capital	52.94%	= Corrected Non-Capital/Total Non-Capital				

December 2024	Total Rec	Total Capital	Total Non-Capital	Corrected Capital	Corrected Non-Capital	Total Corrected
December 2024	354	1	353	1	313	314
Total % Corrected	88.70%	= Total Corrected/Total Recommendations				
% Corrected Capital	100.00%	= Corrected Capital/Total Capital				
% Corrected Non-Capital	88.67%	= Corrected Non-Capital/Total Non-Capital				

SY 2025 YTD	Total Rec	Total Capital	Total Non-Capital	Corrected Capital	Corrected Non-Capital	Total Corrected
SY 2025 YTD	1096	27	1069	7	828	835
Total % Corrected	76.19%	= Total Corrected/Total Recommendations				
% Corrected Capital	25.93%	= Corrected Capital/Total Capital				
% Corrected Non-Capital	77.46%	= Corrected Non-Capital/Total Non-Capital				



















New Mexico Public Schools Insurance Authority

# Plan Design Considerations

December 2024 BAC/Board Meetings

# Plan Design Recommendations – Projected Impact

## Assume all changes effective 1/1/26

Current Plan RV's: High Plan = 82.8%, EPO (OON adj) = 83.1%, Low Plan = 79.3%

Plan Changes	RV Change	FY2026	FY27
Move Emergency Room Visits to \$550 from \$450 (High and Low Option)	-0.2% High; -0.1% Low	(\$491,000)	(\$1,051,000)
Eliminate EPO Plan (assume 77% High/ 23% Low Option Migration)*	-0.3% High; -4.5% Low	(\$18,000)	(\$38,000)
Low Option PPO: increase in-network out-of-pocket maximum to \$5,500/\$11,000 (Employee/Family)	-1.8%	(\$574,000)	(\$1,228,000)
Add a Lifestyle Drug Tier (weight loss and ED drugs) – no utilization reduction	-0.2%	(\$553,000)	(\$1,261,000)
20% utilization reduction	-0.5%	(\$1,063,000)	(\$2,425,000)
30% utilization reduction	-0.7%	(\$1,595,000)	(\$3,637,000)
Increase retail preferred to maximum \$75; 2x retail for mail	-0.7%	(\$1,723,000)	(\$3,929,000)
Update Rx tier for Low Option <i>Retail</i> - Generics: \$15; Preferred Brand: 30% with \$45-\$112; Non-Preferred Brand: 70%; <i>Specialty</i> - Generic: \$55; Preferred Brand: \$120; Non-preferred Brand: \$170; <i>Mail order</i> = 90 day retail	-0.6%	(\$304,000)	(\$693,000)
<b>Total Projected Savings</b>	<b>-1.18% High; -2.78% Low</b>	<b>(\$3,306,000)</b>	<b>(7,382,000)</b>

Notes: RV = Relative Value

Projected impacts based on total plan paid

These values are not all additive and combination could result in a lower savings impact

\*An additional savings of \$66k and \$142K in FY26 and FY27, respectively, is projected associated with increased contributions with moving to other plan options.

# Updated Drug Tiers

	Current Plan	Suggested High Option	Suggested Low Option	Lifestyle Drug Tier (High and Low Options)
Out-of-Pocket Maximum (Employee/ Family)	\$3,000/\$6,000			N/A
Generic (30/31-90 day) Copay	\$10/\$22		\$15/\$35	\$10/\$22 in High Plan; \$15/\$35 Low Plan
Preferred Brand Drugs (30; 31-90 day)	30% Coins with Min \$30 and Max \$60; \$60		30% Coins with Min \$45 and Max \$112; \$112	30% Coins. with Min \$30 and Max \$150; \$300
Non-preferred brand drugs	70% Coins.			
Specialty (30-day)	Generic: \$55			
	Preferred: \$80 Non-Preferred: \$130		Preferred: \$120; Non-Preferred: \$170	N/A
Mail Order Generic (90-day)	\$22 Copay		\$35	
Mail Order Preferred Brand Drugs (90-day)	\$60 Copay		\$112	\$300
Mail Order Non-Preferred Brand Drugs	70% Coins.			

# Other Plan Design Considerations

Plan Changes	RV Change	FY2026	FY27
Offer High Option Only*	+5.1% to Low Option	\$1,775,000	\$3,799,000
Convert High Option to a(n) HMO/EPO; Keep Low Option PPO	-3.3% to High Option	(\$6,448,000)	(\$13,800,000)
Convert Low Option to a(n) HMO/EPO; Keep High Option PPO	-3.2% to Low Option	(\$1,060,000)	(\$2,269,000)
Plan H (see Appendix)	-3.7% High; -5.0% Low; -5.0% EPO	(\$8,973,000)	(\$19,203,000)
Alternative Plan H1 (see next slides)	-2.98% High; -4.45% Low	(\$5,288,000)	(\$11,315,000)

Notes: RV = Relative Value

Projected impacts based on total plan paid

These values are not all additive and combination could result in a lower savings impact

\*After reflecting member contributions, plan costs are offset by additional member contributions resulting in \$308k and \$684k in savings for FY26 and FY27, respectively.

These member contributions reflect Affordability.

# Potential Plan Changes – Alternative H1

	Medical Plan Design – High Option			
	Current		Proposed	
	IN	OON	IN	OON
Deductible	\$750 person, \$1,500 family	\$1,500 person, \$3,000 family	\$825 person, \$1,650 family	\$3,000 person, \$6,000 family
Coinsurance	20%	40%	25%	50%
Medical Out-of-Pocket Maximum	\$4,100 person, \$8,200 family	\$9,500 person, \$19,000 family	\$4,500 person, \$9,000 family	\$10,000 person, \$20,000 family
Office Visits - Primary Care	\$25 copay (deductible waived)	40% coinsurance after deductible	\$30 copay (deductible waived)	50% coinsurance after deductible
Office Visits - Specialist	\$50 copay (deductible waived)	40% coinsurance after deductible	\$55 copay (deductible waived)	50% coinsurance after deductible
Office Visits - Urgent Care	\$50 copay (deductible waived)	40% coinsurance after deductible	\$55 copay (deductible waived)	50% coinsurance after deductible
Emergency Room	\$450 copay (deductible waived)		\$550 copay (deductible waived)	
Inpatient Hospital Stay	20% coinsurance after deductible	40% coinsurance after deductible	25% coinsurance after deductible	50% coinsurance after deductible
Outpatient Surgery	20% coinsurance after deductible	40% coinsurance after deductible	25% coinsurance after deductible	50% coinsurance after deductible
Ambulance / Emergency Air Transport	\$50 copay/trip (deductible waived)		\$55 copay/trip (deductible waived)	



# Potential Plan Changes – Alternative H1

	Medical Plan Design – Low Option			
	Current		Proposed	
	IN	OON	IN	OON
Deductible	\$2,000/person, \$4,000/family	\$4,000/person, \$8,000/family	\$2,200/person, \$4,400/family	\$6,000/person, \$12,000/family
Coinsurance	25%	50%	30%	60%
Medical Out-of-Pocket Maximum	\$4,100/person, \$8,200/family	\$9,500/person, \$19,000/family	\$5,500/person, \$11,000/family	\$10,000/person, \$20,000/family
Office Visits - Primary Care	\$30 copay (deductible waived)	50% coinsurance after deductible	\$35 copay (deductible waived)	60% coinsurance after deductible
Office Visits - Specialist	\$60 copay (deductible waived)	50% coinsurance after deductible	\$70 copay (deductible waived)	60% coinsurance after deductible
Office Visits - Urgent Care	\$60 copay (deductible waived)	50% coinsurance after deductible	\$70 copay (deductible waived)	60% coinsurance after deductible
Emergency Room	\$450 copay after deductible		\$550 copay after deductible	
Inpatient Hospital Stay	25% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	60% coinsurance after deductible
Outpatient Surgery	25% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	60% coinsurance after deductible
Ambulance / Emergency Air Transport	25% coinsurance after deductible		30% coinsurance after deductible	

# Potential Plan Changes – All Plans

## Scenario H:

	Medical Plan Design			
	Current		Proposed	
	High Option		High Option	
	IN	OON	IN	OON
Deductible	\$750/person \$1,500/family	\$1,500/person, \$3,000/family	\$1,800/person, \$3,600/family	\$3,000/person, \$6,000/family
Coinsurance	20%	40%	30%	50%
Medical Out-of-Pocket Maximum	\$4,100/person \$8,200/family	\$9,500/person, \$19,000/family	\$4,500/person, \$9,000/family	\$10,000/person, \$20,000/family
Office Visits - Primary Care	\$25 copay (deductible waived)	40% coinsurance after deductible	\$25 copay (deductible waived)	50% coinsurance after deductible
Office Visits - Specialist	\$50 copay (deductible waived)	40% coinsurance after deductible	\$50 copay (deductible waived)	50% coinsurance after deductible
Office Visits - Urgent Care	\$50 copay (deductible waived)	40% coinsurance after deductible	\$50 copay (deductible waived)	50% coinsurance after deductible
Emergency Room	\$450 copay (deductible waived)		\$450 copay (deductible waived)	
Inpatient Hospital Stay	20% coinsurance after deductible	40% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
Outpatient Surgery	20% coinsurance after deductible	40% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
Ambulance / Emergency Air Transport	\$50 copay/trip (deductible waived)		\$50 copay/trip (deductible waived)	

# Potential Plan Changes – All Plans

## Scenario H:

	Medical Plan Design			
	Current		Proposed	
	Low Option		Low Option	
	IN	OON	IN	OON
Deductible	\$2,000/person, \$4,000/family	\$4,000/person, \$8,000/family	\$3,000/person, \$6,000/family	\$6,000/person, \$12,000/family
Coinsurance	25%	50%	35%	50%
Medical Out-of-Pocket Maximum	\$4,100/person, \$8,200/family	\$9,500/person, \$19,000/family	\$6,100/person, \$12,200/family	\$12,200/person, \$24,400/family
Office Visits - Primary Care	\$30 copay (deductible waived)	50% coinsurance after deductible	\$30 copay (deductible waived)	50% coinsurance after deductible
Office Visits - Specialist	\$60 copay (deductible waived)	50% coinsurance after deductible	\$60 copay (deductible waived)	50% coinsurance after deductible
Office Visits - Urgent Care	\$60 copay (deductible waived)	50% coinsurance after deductible	\$60 copay (deductible waived)	50% coinsurance after deductible
Emergency Room	\$450 copay after deductible		\$450 copay after deductible	
Inpatient Hospital Stay	25% coinsurance after deductible	50% coinsurance after deductible	35% coinsurance after deductible	50% coinsurance after deductible
Outpatient Surgery	25% coinsurance after deductible	50% coinsurance after deductible	35% coinsurance after deductible	50% coinsurance after deductible
Ambulance / Emergency Air Transport	25% coinsurance after deductible		35% coinsurance after deductible	



# Potential Plan Changes – All Plans

## Scenario H:

	Medical Plan Design	
	Current	Proposed
	EPO Option	EPO Option
	IN	IN
Deductible	\$500/person, \$1,000/family	\$1,000/person, \$2,000/family
Coinsurance	20%	30%
Medical Out-of-Pocket Maximum	\$3,250/person, \$6,500/family	\$5,250/person, \$10,500/family
Office Visits - Primary Care	\$25 copay (deductible waived)	\$25 copay (deductible waived)
Office Visits - Specialist	\$35 copay (deductible waived)	\$35 copay (deductible waived)
Office Visits - Urgent Care	\$45 copay (deductible waived)	\$45 copay (deductible waived)
Emergency Room	\$150 copay plus 20% coinsurance after deductible	\$150 copay plus 30% coinsurance after deductible
Inpatient Hospital Stay	\$500 copay per admission plus 20% coinsurance after deductible	\$500 copay per admission plus 30% coinsurance after deductible
Outpatient Surgery	\$150 copay plus 20% coinsurance after deductible	\$150 copay plus 30% coinsurance after deductible
Ambulance / Emergency Air Transport	\$25 copay/trip (deductible waived)	\$25 copay/trip (deductible waived)



**Patrick Sandoval**  
Executive Director

**Martha Quintana**  
Deputy Director

# NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY

## Office of Executive Director

410 Old Taos Highway  
Santa Fe, New Mexico 87501  
1-800-548-3724 or 505-988-2736  
505-983-8670 (fax)

### BOARD OF DIRECTORS

- NM School Boards Association
- NM Superintendents Association
- Public Education Commission
- NM School Administrators
- NM National Education Association
- American Federation of Teachers N.M.
- Governor Appointees
- Educational Institutions at Large

February 6, 2025

Deborah Donaldson, FSA, MAAA  
Senior Vice President  
The Segal Company  
500 Marquette Ave, NW, Suite 1200  
Albuquerque, NM 87102

RE: Amendment 7 - Effective February 6, 2025  
Professional Services Agreement for Benefits  
and Actuarial Consulting  
Date of Agreement: January 1, 2023  
Agreement No. 342-2023-02

Dear Ms. Donaldson:

This letter shall constitute an Amendment to the above-captioned Agreement between the New Mexico Public Schools Insurance Authority, hereinafter referred to as the "Agency," and The Segal Company, referred to as the "Contractor," and is effective as of the dates shown herein.

The Agency and Contractor entered into a Professional Services Agreement for Benefits and Actuarial Consulting ("Agreement") effective January 1, 2023. The Agency and Contractor wish to amend their Agreement with the amendments set out herein.

1. Add to Section 2.A (Compensation) to read as follows:

A. The Agency shall pay the Contractor a fixed fee retainer in the amounts shown below for each calendar, including gross receipts tax, to be paid in twelve (12) equal monthly installments.

2. The additional compensation payable to the Contractor under the Amendment for item 28. PBM Post-Audit Analysis Services, added to the Scope of Work, shall not exceed \$15,000 including gross receipts tax.

3. The additional compensation payable to the Contractor under the Amendment for item 29. CVS Caremark (CVS) Post-Implementation Audit Services, added to the Scope of Work, shall not exceed \$66,500 including gross receipts tax.

4. The additional compensation payable to the Contractor under the Amendment for item 30. Initial Phase, Limited-Scope Mental Health Parity and Addiction Equity Act (MHPAEA) Compliance Review, added to the Scope of Work, shall not exceed \$53,500.00, including gross receipts tax.
5. The additional compensation payable to the Contractor under the Amendment for item 31. CVS Caremark (CVS) Pharmacy Benefit Manager (PBM) Market Check, added to the Scope of Work, shall not exceed \$18,000.00, including gross receipts tax.
6. The additional compensation payable to the Contractor under the Amendment for item 32. Medical Benefits Summary Document Development, added to the Scope of Work, shall not exceed \$120,000.00, per deliverable as described in table A.6.a, including gross receipts tax.

a.

Invoice Number	Project Milestone	Estimated Invoice Date*	Invoice Amount
1	Kickoff Meeting	Dec. 19, 2024**	\$12,250
2	First Draft Release	March 13, 2025	\$67,750
3	Fourth Draft Release***	July 10, 2025	\$18,250
4	Final 2026 Draft Release and Approval	Sept 30, 2025	\$8,000
<b>Total</b>	<b>Year 1 2026 Document Completion</b>		\$106,250
5	Year 2 2027 Document Update	Aug. 31, 2026	<b>\$13,750</b>
<b>Total</b>	<b>Completed Project</b>		<b>\$120,000</b>

IN WITNESS WHEREOF, the undersigned have duly executed this Amendment as of the date first written above.

**New Mexico Public Schools  
Insurance Authority**

By:

\_\_\_\_\_  
Alfred A. Park  
Board President

**The Segal Company**

By:

\_\_\_\_\_  
Deborah Donaldson  
Senior Vice President



**Patrick Sandoval**  
Executive Director

**Martha Quintana**  
Deputy Director

# NEW MEXICO PUBLIC SCHOOLS INSURANCE AUTHORITY

## Office of Executive Director

410 Old Taos Highway  
Santa Fe, New Mexico 87501  
1-800-548-3724 or 505-988-2736  
505-983-8670 (fax)

### BOARD OF DIRECTORS

- NM School Boards Association
- NM Superintendents Association
- Public Education Commission
- NM School Administrators
- NM National Education Association
- American Federation of Teachers N.M.
- Governor Appointees
- Educational Institutions at Large

February 6, 2025

Deborah Donaldson, FSA, MAAA  
Senior Vice President  
The Segal Company  
500 Marquette Ave, NW, Suite 1200  
Albuquerque, NM 87102

RE: Amendment 8 - Effective February 6, 2025  
Professional Services Agreement for Benefits  
and Actuarial Consulting  
Date of Agreement: January 1, 2023  
Agreement No. 342-2023-02

Dear Ms. Donaldson:

This letter shall constitute an Amendment to the above-captioned Agreement between the New Mexico Public Schools Insurance Authority, hereinafter referred to as the "Agency," and The Segal Company, referred to as the "Contractor," and is effective as of the dates shown herein.

The Agency and Contractor entered into a Professional Services Agreement for Benefits and Actuarial Consulting ("Agreement") effective January 1, 2023. The Agency and Contractor wish to amend their Agreement with the amendments set out herein.

1. Pursuant to Section 1 (Scope of Work), the Contractor will provide:

33. Network Re-Pricing at a Percentage of Medicare

A. The Contractor will convert current claims to a Medicare equivalency percentage will incorporate the following work:

1. Review of latest twelve months of claims data compared to Medicare. Segal will provide Green Light (a Segal third-party vendor partner for claims re-pricing under a percentage of Medicare) with NMPSIA SHAPE data to perform the conversion of claims to Medicare equivalencies. Segal has the appropriate data confidentiality agreements (BAA) in place with Green Light. Segal will incorporate minimum necessary standards in this data sharing.

2. Repricing of eligible claims according to Medicare Fee Schedules, as published by the Centers for Medicare and Medicaid Services (CMS).
  - a. Medicare re-pricing may not be available for non-Medicare participating providers, provider type, or healthcare services not covered by Medicare.
  - b. Repricing shall be based on Medicare Fee Schedules which were effective at the time services were rendered to the patient.
3. Once Green Light provides results of the Medicare equivalency repricing, they send the model output results to Segal. Segal will then perform additional analysis per NMPSIA's request:
  - a. Analyze and provide detailed service categories, including splits between inpatient facility, outpatient facility, and professional services.
  - b. Provide results by geographical location:
    - i. Albuquerque
    - ii. Northern NM (excluding Albuquerque)
    - iii. Southwest NM
    - iv. Southeast NM
    - v. Out of State Providers
  - c. Summarize results by highest cost Hospitals and identify outliers.
4. After completing this analysis, Segal will provide NMPSIA with a report containing details of the results. Segal can also provide additional ad hoc analyses on the Medicare equivalency results as requested and needed and within reason.
  - a. These may include focusing on specific services, or providers, or valuing the impact of implementing a payment strategy that included a floor or cap at a set percentage of Medicare.

2. Pursuant to Section 2 (Compensation):

- A.7. The additional compensation payable to the Contractor under the Amendment for item 33. Network Re-Pricing at a Percentage of Medicare, added to the Scope of Work, shall not exceed \$25,500 including gross receipts tax.

IN WITNESS WHEREOF, the undersigned have duly executed this Amendment as of the date first written above.

**New Mexico Public Schools  
Insurance Authority**

By:

\_\_\_\_\_  
Alfred A. Park  
Board President

**The Segal Company**

By:

\_\_\_\_\_  
Deborah Donaldson  
Senior Vice President



The New Mexico Public Schools Insurance Authority

# Analysis of Medical Claims Processing and Payment Procedures by Presbyterian

**Audit Period: January 1, 2023 through December 31, 2023**

**Final Draft Report**

January 28, 2025 / Jennifer Laguna





1501 West Fountainhead Parkway  
Suite 370  
Tempe, AZ 85282-1936  
T 602.381.4000  
segalco.com

January 28, 2025

Patrick Sandoval  
Executive Director  
410 Old Taos Highway  
Santa Fe, NM 87501

**Re: Medical Claims Audit for New Mexico Public Schools Insurance Authority**

Dear Patrick:

On behalf of the New Mexico Public Schools Insurance Authority (NMPSIA), Segal's Benefit Audit Solutions Practice (Segal) completed a review of the medical health benefit plan administered by the Presbyterian Health Care Services (Presbyterian), for the period of January 1 through December 31, 2023. The audit includes an assessment of Presbyterian adjudication procedures and a random sampling of stratified statistical claims.

The following report presents the details and results of the review process.

Once you have reviewed this report, please let us know if you have any questions.

Sincerely,

Jennifer T. Lagua  
Senior Consultant, Audits

cc:

Martha Quintana, NMPSIA  
Cristina De Leon, Segal  
Deborah Donaldson, Segal

# Table of Contents

Section 1 — Executive Summary .....	1
Statistical achievement categories .....	2
Key findings and recommendations .....	3
Section 2 — Audit Details .....	5
Review process .....	5
Section 3 — Statistical Review .....	7
Statistical claim sample error table .....	8
Section 4 — Time-to-Process Achievement .....	11
Section 5 — Adjudication Procedures Review .....	12
Section 6 — Presbyterian’s Formal Response to the Draft Report .....	14
Appendix A .....	15
Source documentation .....	15

# Section 1 — Executive Summary

This report summarizes Segal's review of the claims processing and payment procedures utilized by Presbyterian Health Care Services (Presbyterian), in its administration of the New Mexico Public Schools Insurance Authority (NMPSIA) group medical benefits. Jennifer Lagua of Segal's Benefit Audit Solutions (BAS) Practice conducted the remote audit during the week of October 7, 2024.

The audit encompassed a total sample of 105 random, stratified statistical claims for the audit period of January 1, 2023 through December 31, 2023. The 105 sample claims equated to \$6,214,662.74; or 5.75% by cost, of the \$108,090,316.08 total claims for the audit period.

Overall, Segal identified \$224.07 in overpayments and \$36.46 in underpayments, which is outlined under Key Findings and Recommendation section.

Segal's audit included the following review components.

- A random, stratified sample of 105 statistical medical claims to measure validity in the financial dollar value and incidence.
- A Measurement of the time-to-process claims from receipt of claim to the initial date processed for payment or denial.
- An adjudication procedure review to assess day-to-day processing guidelines and claim control measures.

## Statistical achievement categories

As illustrated in the chart below, Presbyterian met performance guarantees and industry standards in all categories except for Time-to-Process within 14 and 30 calendar days. The audit period accuracy results do not include out-of-sample claims.

Performance Guarantees Table

Category	Statistical Achievement	Performance Guarantees	Industry Standards
Financial Accuracy (dollar value)	99.76%	99.00%	99.00%
Payment Accuracy (Free from financial error)	98.99%	N/A	97.00%
Procedural Accuracy (free from processing error)	100.00%	N/A	95.00%
Overall Processing Accuracy (Free from error)	98.99%	95.00%	95.00%
Time-to-Process			
(within 14 calendar days)	86.75%	N/A	95.00%
(within 30 calendar days)	92.10%	97.00%	100.00%

**Note:** Time-to-Process achievement was calculated on 100% of the claim's population for the audit period and does not take adjustments into account. This calculation does not measure clean claims only.

NA = not applicable

## Key findings and recommendations

The following issues summarize the primary findings identified by Segal's auditor during the claims review. Presbyterian was presented with the draft report on December 12, 2024 for its review and comment. Presbyterian did not provide a formal response; therefore, the NMPSIA requested that Segal release the final report without Presbyterian's formal response. On January 20, 2025, NMPSIA requested Presbyterian to provide a formal response. As of this report release, Presbyterian has not provided a formal response.

### Statistical and Target Audit Findings Summary Chart

Medical Audit Findings Summary Issue	Audit Findings (In and Out of Sample) Overpayments	Audit Findings (In and Out of Sample) Underpayments	Audit Findings (In and Out of Sample) Number of Sample Claims
Issue 1: Maternity Care	\$224.07		1
Issue 2: Birth control - no cost share		-\$36.46	1
Issue 3: Plan Intent	N/A	N/A	2
<b>Total</b>	<b>\$224.07</b>	<b>-\$36.46</b>	<b>4</b>

An Out-of-Sample finding is identified as a claim that is not sampled but identified through a sampled member's claims history.

Details regarding the identified deviations can be found in the claim sample error table in Section 3 of this report.

Based upon the review, Segal recommends:

- **Segal recommends NMPSIA discuss with Presbyterian the prenatal care benefits.**
  - Maternity Benefits: Presbyterian applied the \$70 outpatient hospital test copay to a maternity claim. The claim was billed with maternity diagnosis codes and procedures; therefore, this claim should have been covered under the maternity benefit which is subject to 25% coinsurance. Based on review of plan document, Segal believes outpatient labs in this instance would fall under the maternity benefit of 25% coinsurance not a \$70 copay.
- **NMPSIA request financial impact reports on the claims that were auto adjudicated.**
  - Maternity Benefits: Presbyterian applied a \$70 copay instead of 25% cost share. (Issue 1)
  - Birth Control: Presbyterian applied a cost share and should have been paid at 100% of allowed amount. (Issue 2)
- **NMPSIA to provide clarity to Segal and Presbyterian the Plan's intent regarding:**

- Rehabilitation services requiring a preauthorization to avoid financial penalty. The SBC notes require preauthorization, and the SPD is silent on this benefit. Presbyterian is not obtaining prior authorizations for physical therapy services. (Issue 3).
- Imaging (CT/PET scans, MRIs) are subject to \$600 copayment per day or 20% of the Plan's allowed amount. Deductible does not apply. Clarification is needed when two separate MRIs were performed on the same day on whether the deductible is applied on a per day or per line-item basis. (Issue 3).

## Section 2 — Audit Details

Presbyterian provided an electronic data file of all medical claims processed and paid during the 12-month period of January 1, 2023 through December 31, 2023. The objective of the review was to ensure that claims were paid in accordance with the NMPSIA's plan provisions.

The auditor completed a form for each sampled claim serving as the primary documentation on which the report is based. To maintain patient confidentiality, claims addressed within this report are referred to as "Worksheets." These worksheets (1-105) are further distinguished with an alphabet character (A-H) that identifies the respective payment tier in the statistical analysis. The auditor reviewed each claim from receipt to release for check disbursement to identify any variances in procedures and benefit determination.

### Review process

Presbyterian provided a copy of the sampled claim submissions and access through its Claim System. Auditor recalculated and reviewed each claim manually from initial receipt to final benefit determination seeking evidence of compliance with established adjudication procedures and benefit provisions. In addition to verifying the amount paid, evidence of the following processing tasks was explored.

- Claims were paid only on behalf of eligible individuals based on records contained in the claims system.
- Documentation (i.e., provider bills, physician statements, utilization review decisions or penalty findings, surgical reports, etc.) is on file for claims paid and verified when necessary.
- Coordination of benefits (COB) and subrogation provisions were enforced, where applicable.
- Amounts paid were within the network discount fees or designated non-contracted allowances.
- Proper medical authorization is on file, as applicable.
- Benefits were paid under the proper classification, diagnostic, and procedure codes as an incorrect entry may affect payment accuracy or future benefit determinations.
- Appropriate benefit limitations, deductibles, copayments, coinsurance, and out-of-pocket maximums were applied.
- As appropriate, high-dollar claims were considered for care management and stop-loss notifications were filed timely, as applicable.
- Claims system logic for examiner edits and auto-adjudication capabilities.

- Arithmetic calculations were correct.
- Duplicate submissions were properly denied.
- Payment was made to the proper party (i.e., the provider of service if benefits were assigned; claimant if benefits were not assigned).
- Time-to-process for processing of claims was within industry standards or established performance guarantees.

The 2022 Summary Plan Description (SPD) and 2023 Summary of Benefits and Coverages (SBC) served as references for the statistical and electronic analyses, please note that a full list of resources documents has been added to the appendix.

All questions and potential errors were presented to Presbyterian's representatives; outstanding responses post-audit were provided through November 22, 2024.



## Section 3 — Statistical Review

The selection of 105 random claims for plan year January 1, 2023 through December 31, 2023 was stratified by dollar amount to provide large claims representation that is more valid in determining financial accuracy levels. The methodology of Segal's stratified selection process utilizes a formula designed to take full advantage of statistical sampling procedures that allows a quantifiable degree of confidence, whereby results obtained in the audit sample are a true reflection of the way all claims were processed during the audit period.

A basic principle of the sampling technique is the premise that stratified audit findings are representative of all claims; therefore, the respective strata error rate is used to project the total errors for each stratum. The total projected errors are used to calculate the statistical accuracy levels for comparison to industry standards.

### Stratification Table

Below is the stratification table utilized for the audit.

Strata	Dollar Range of Strata	Number of Claims in Range	Number of Claims in Selection	Dollar-Amount in Selection	Dollar-Amount in Strata
A	\$0.01–\$79.99	63,755	15	\$ 521.12	\$2,633,612.80
B	\$80.00–\$149.99	64,976	20	\$2,200.51	\$7,319,086.04
C	\$150.00–\$749.99	51,680	12	\$4,291.90	\$15,891,068.09
D	\$750.00–\$3,399.99	10,908	11	\$13,973.17	\$16,800,591.01
E	\$3,400.00–\$11,499.99	2,972	10	\$76,782.09	\$17,829,726.64
F	\$11,500.00–\$39,999.99	1,081	12	\$266,673.17	\$21,878,993.13
G	\$40,000.00–\$259,999.99	285	15	\$1,143,653.04	\$21,030,670.63
H	\$260,000.00–\$940,452.45	10	10	\$4,706,567.74	\$4,706,567.74
<b>Total</b>		<b>195,667</b>	<b>105</b>	<b>\$6,214,662.74</b>	<b>\$108,090,316.08</b>

## Statistical claim sample error table

The review of 105 statistical sample claims for the audit period of January 1, 2023 through December 31, 2023 identified two (2) in-sample errors:

- One (1) overpayment of \$224.07; and,
- One (1) underpayment of -\$36.46.

**In addition to the above errors, two additional samples were identified for Plan intent.**

Presbyterian should initiate overpayment recovery for the claims identified in the following table and provide financial impact reports when noted below. In addition, Presbyterian should issue.

### Statistical Sample Findings

Worksheet	Under/ Overpayment/ Procedural/ Plan Intent	Auto/ Manual	Initial Error	Presbyterian's Response	Segal's Final Comment
<b>Issue 1: Maternity Care</b>					
49D Low Plan	\$224.07	Auto	<p>No charge for preventive services required by the Health Reform Law to prenatal care for all females. All other services are subject to 25% coinsurance.</p> <p><i>Although a pregnancy diagnosis is billed on the claim, the services billed are outpatient labs only. The benefit for outpatient labs is 100% of service cost with a \$70 per day for the same practitioner - deductible waived.</i></p> <p>Segal disagrees – the diagnosis and procedures on the claim should have triggered the maternity benefit that would not be subject to 25% cost share not a copay. Segal recommends Presbyterian provide a financial impact report.</p>	Per NMPSIA's request, Segal released the final report without a formal response from Presbyterian.	<b>Since Presbyterian did not respond to Segal or NMPSIA, NMPSIA should discuss with Presbyterian the prenatal care benefits and request a financial impact report on all similar claims.</b>
<b>Issue 2: Birth Control</b>					

Worksheet	Under/ Overpayment/ Procedural/ Plan Intent	Auto/ Manual	Initial Error	Presbyterian's Response	Segal's Final Comment
55D High Plan	-\$36.46	Auto	<p>Family Planning (including insertion/removal of birth control devices, surgical sterilization in office, birth control and therapeutic injections), Immunizations) is not subject to cost share. Presbyterian applied cost share in error.</p> <p><i>Presbyterian agreed to error. Claim should be paid at 100% for birth control. Claim is incorrectly applying a copay.</i></p> <p>Segal recommends Presbyterian adjust the claim and provide a financial impact report.</p>	Per NMPSIA's request, Segal released the final report without a formal response from Presbyterian.	<b>Since Presbyterian did not respond to Segal or NMPSIA, NMPSIA should request that Presbyterian adjust the claim as well as request a financial impact report on all similar claims.</b>
<b>Issue 3: Plan Intent</b>					
19B High Plan		Auto	<p>Physical therapy is paid without prior authorization.</p> <p><i>Presbyterian noted, physical therapy does not require prior authorization.</i></p> <p>The SBC indicates prior authorization is required.</p> <p>Segal requests Plan intent.</p>	Per NMPSIA's request, Segal released the final report without a formal response from Presbyterian.	<b>NMPSIA should provide clarity on the plan intent regarding the preauthorization for physical therapy for Presbyterian and update the SBC, if applicable.</b>
58D High Plan		Auto	<p>MRI is subject to \$600 copay or 20%, whichever is less per day (deductible waived) - deductible was applied in error. X-rays nor injections have a deductible.</p> <p><i>Presbyterian noted, two separate MRI's, which carried a coinsurance of less than \$600 for each service line. Need clarification from the group if the services should be per day or per line item.</i></p> <p>Segal requests Plan intent</p>	Per NMPSIA's request, Segal released the final report without a formal response from Presbyterian.	<b>NMPSIA should provide clarity on the plan intent regarding the copay when more than one MRI is performed per day to Presbyterian and update the plan documents, if applicable.</b>

## Summary of Statistical Sample Findings

Description	Amount
1 Overpayment	\$224.07
1 Underpayment	-\$36.46
2 Plan Intent Items	N/A

Segal does not guarantee the accuracy of the claims adjudication of the medical benefit plan or that the audit results will capture all differences in the plan's benefit documents and the Presbyterian's medical claims adjudication. The results in this report are based on information available to Segal at the time the audit was conducted and are not a guarantee of future results. Actual experience may differ due to numerous factors, including but not limited to changes in the regulatory environment, plan designs, claim volumes, and changes to contractual agreements. Segal's audit results and recommendations, as applicable are not legal advice. Issues involving the interpretation of laws/regulations should be referred to the plan's own legal counsel. Some materials provided may be deemed proprietary and confidential and may not be disclosed or shared with any third parties other than authorized employees, directors, or Trustees of the plan sponsor without the consent of your carrier.

## Section 4 — Time-to-Process Achievement

There were concerns with the time-to-process measurement for non-adjusted claims. Results from the electronic analysis of all medical claims processed during the audit period of January 1, 2023 through December 31, 2023 revealed Presbyterian processed 86.75% of the claims within fourteen (14) calendar days and 92.10% within thirty (30) calendar days.

Time-to-process is measured from the date a claim is first received to the initial date processed for payment or denial. Industry standards indicate 95% of all claims should be processed within fourteen (14) calendar days. Best practice, which follows U.S. Department of Labor, Employee Benefits Security Administration (EBSA), requires 100% within thirty (30) calendar days.\*

Segal's electronic calculations of all claims processed within the audit period did not allow for distinction of multiple processing events, therefore, Segal can conclude there were no issues with the time to process.

\* <https://www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/publications/filing-a-claim-for-your-health-benefits.pdf>.

# Section 5 – Adjudication Procedures Review

The objective of the review is to ensure that proper procedures are in place to ensure claims control measures. The processing guidelines were described in the Adjudications Procedures Review and evidenced within the 105 statistical or confirmed through discussion with Presbyterian's personnel. While the list did not capture all administrative procedures and system functions, it does support that established guidelines are in place to control Plan costs.

- Presbyterian has a team designated to process administrative service only (ASO) claims; however, all claim processors are trained in all lines of business.
- On average, Presbyterian receives 17,000 claims a day.
  - 95.00% of claims are received electronically as an organization.
  - 97.00% of claims are received electronically ASO groups.
- Currently processed claims are no older than an average of 25 days.
- As an organization, 80.50% of claims are received electronically.
- As ASO groups, 83.00% of claims are received electronically.
- Upon notification of a termination, a file audit is conducted, and any claims paid after the termination date are adjusted to be regrouped.
- A letter and questionnaire are sent to the member once a claim is identified as potential accidental/workers compensation.
- Each claim will generate a pend reason to ensure benefits are coordinated with the primary carrier when other insurance has been identified for a member.
- A series of reports are reviewed monthly to verify other coverage information and update the information in the claims processing system.
- “Pay and Pursue” approach is not used when COB is involved. An inquiry letter is sent to the member requesting other insurance information. If the information is not received within the allotted time the claim is denied for no response to the COB inquiry.
  - COB questionnaires are not sent on an annual basis. A questionnaire will be sent if Presbyterian is notified of other coverage of which they are not already aware.
- A subrogation team manages third-party liability (TPL) cases.
- Presbyterian utilizes a pay and pursue approach for all TPL cases.
- Claims paying \$20,000 or more, level 1 specialist pre-payment audits are performed.

- Specialist pre-payment audits are performed for claims where payment is \$50,000 or more.
- Presbyterian has a financial recovery team that pursues claim overpayments that have not been recouped through future payments.
- Presbyterian will pursue any overpayment greater than \$10.00.
- Presbyterian has 12 months from the date of payment to pursue recoveries due to the overpayment of claims or for retro-terminated enrollment.
- Claims over \$50K billed charges are automatically reviewed by Presbyterian's Senior management.



## Section 6 — Presbyterian's Formal Response to the Draft Report

Presbyterian did not provide a formal response to the draft report. Per NMPSIA's request, Segal released the final report without a formal response from Presbyterian.

# Appendix A

## Source documentation

The information below is a list of all documentation used as part of the review process for the medical health benefit review.

- Administrative Service Agreement (Agreement), between the NMPSIA and Presbyterian effective January 1, 2024
- Summary Plan Description (SPD), effective January 1, 2022
- Summary Benefits and Coverage (SBC), effective January 1, 2023
- New Mexico Public Schools Insurance Authority (NMPSIA) PPO Medical Plan Summary Plan Description, effective January 1, 2022
- NMPSIA Low Option Plan, effective January 1, 2022
- NMPSIA Low Option Plan, effective January 1, 2023
- NMPSIA High Option Plan, effective January 1, 2022
- NMPSIA High Option Plan, effective January 1, 2023



State of New Mexico Public Schools Insurance Authority

# Pharmacy Benefit Audit – Final Report

**July 1, 2022 through June 30, 2023**

December 23, 2024 / Ernest Chan



Ernest Chan  
Senior Consultant  
T 646.599.0035  
echan@segalco.com

333 W. 34<sup>th</sup> Street  
New York, NY 10001-2402  
segalco.com

December 23, 2024

Patrick Sandoval  
Executive Director  
410 Old Taos Highway  
Santa Fe, NM 87501

Dear Patrick:

On behalf of the State of New Mexico Public Schools Insurance Authority (NMPSIA), Segal's Benefit Audit Solutions practice (Segal) completed an audit of the financial terms and benefit administration for the commercial program administered by NMPSIA's Pharmacy Benefit Manager (PBM), CVS Caremark (CVS), for the contract period of July 1, 2022 through June 30, 2023.

The following report presents the details and results of the audit process. CVS was afforded the opportunity to review Segal's findings and its responses throughout the audit process have been incorporated herein up to the draft report.

A draft report was shared with CVS on October 23, 2024, and its response was expected on December 6, 2024; however, CVS's representative was out of the office and indicated that a response would be issued by December 11, 2024. On December 10<sup>th</sup> and December 11<sup>th</sup>, Segal requested confirmation that CVS's response would be provided on the due date. On December 11, 2024, CVS indicated that they would be delayed and needed an additional 5-7 business days. As of issuance of this report, a response was not received.

Sincerely,

A handwritten signature in black ink, appearing to read "Ernest Chan", is written over a large, light gray "DRAFT" watermark.

Ernest Chan  
Senior Consultant

cc: Martha Quintana, NMPSIA  
Walker Bradshaw - Segal  
Cristina De Leon – Segal  
Deborah Donaldson – Segal  
Maverick Ola – Segal  
Lisa Zetkov – Segal

# Table of Contents

Section 1 – Introduction .....	1
Section 2 – Executive Summary .....	2
Audit results and recommendations .....	2
Financial review .....	2
Plan design review .....	4
Section 3 – Financial Review .....	5
Review process .....	5
Average wholesale price discount guarantees .....	5
Dispensing fee guarantees .....	7
Rebate guarantees .....	7
Generic dispensing rate guarantees .....	10
Claims invoice review .....	11
Administrative fees review .....	11
Section 4 – Plan Design Review .....	12
Review process .....	12
Deductible .....	12
Copay/coinsurance .....	12
Maximum out-of-pocket .....	12
Drug coverage/exclusions .....	13
Refill-too-soon .....	13
Days' supply limits .....	13
Prior authorization .....	13
Quantity limits .....	13
Step therapy .....	13
Appendix A – Claims Data Validation .....	14
Monthly claims review .....	14
AWP Medi-Span® review .....	15
Excluded claims review .....	15
Appendix B – Plan Design Summary .....	16
Appendix C – Source Documentation .....	17

# Section 1 – Introduction

This report summarizes the results of the review period from July 1, 2022 through June 30, 2023 (Audit Period) to evaluate the performance of CVS Caremark (CVS) as the Pharmacy Benefit Manager (PBM) for the State of New Mexico Public Schools Insurance Authority (NMPSIA) for the commercial program. The audit reviewed a total of 501,056 claims incurred during the Audit Period, corresponding to a total gross paid amount of \$89,922,573.

Segal's audit included the following review components:

- **Financial Review** — Assess the performance of the financial guarantees, including Average Wholesale Price (AWP) Discounts, Dispensing Fees, Generic Dispensing Rate (GDR), and Minimum Rebates. Administrative fees and claims invoices were reviewed to ensure that billed claims costs and fees were accurate.
- **Plan Design Review** — Validate claims were correctly adjudicated in CVS's claims system based upon NMPSIA's benefit plan designs, which includes member cost sharing (i.e., copay/coinsurance and maximum out-of-pocket (MOOP)) and administrative utilization management rules (i.e., refill-too-soon (RTS) thresholds, days' supply limits, and drug coverage/exclusion).
- **Clinical Program Review** — Confirm clinical criteria and prerequisites were met for Prior Authorization (PA), Quantity Limits (QL), and Step Therapy (ST) rules, respectively.

# Section 2 – Executive Summary

In accordance with the State of New Mexico Public Schools Insurance Authority Professional Services Contract with CVS (Agreement), the following table summarizes Segal's review of the applicable financial and benefit administration components for the Audit Period.

Review Task	Outcome	Segal Calculated Amount Due	PBM Reported Amount Due	Remaining Amount Due
<b>Financial Review</b>				
AWP Discounts	Issue	\$2,256,406	\$2,236,510	\$19,896
Dispensing Fees	De Minimis Issue	\$82	\$0	\$82
Rebates	Issue	\$2,064,799	\$0	\$2,064,799
Generic Dispensing Rates	Underperformance	\$100,000	\$100,000	\$0
Claims Invoices	Passed	-	-	-
Administrative Fees	Passed	-	-	-
<b>Financial Review Total</b>		<b>\$4,421,288</b>	<b>\$2,336,510</b>	<b>\$2,084,777</b>
<b>Plan Design Review</b>				
Deductible	Not applicable	-	-	-
Copay/Coinsurance	Passed	-	-	-
Maximum Out-of-Pocket	Passed	-	-	-
Drug Coverage/Exclusion	Passed	-	-	-
Refill Too Soon	Passed	-	-	-
Days' Supply Limits	Observation	-	-	-
Prior Authorization	Passed	-	-	-
Quantity Limits	Passed	-	-	-
Step Therapy	Passed	-	-	-
<b>Plan Design Review Total</b>		<b>-</b>	<b>-</b>	<b>-</b>
<b>Claims Data Validation</b>				
Monthly Claims	Passed			
AWP Medi-Span®	Passed			
Excluded Claims	Passed			
<b>Total</b>		<b>\$4,421,288</b>	<b>\$2,336,510</b>	<b>\$2,084,777</b>

Totals are rounded to the nearest dollar.

## Audit results and recommendations

### Financial review

- **AWP Discount Guarantees:** Segal agrees with CVS's reported total shortfall of \$2,236,510. CVS did not meet the guarantees for the Retail Generic, Mail Brand, or CVS Specialty components.

Although Segal does not agree with CVS's methodology in allocating Brand and Generic Drugs, it did not result in a material financial impact. Additional details on this issue are provided in the Financial Review – Average Wholesale Price Discount Guarantees section of this report.



Segal requested that CVS provide payment details for the \$2,236,510 shortfall due to NMPSIA in its response to the draft report. According to the Agreement, CVS should have already paid NMPSIA within 90 days after the end of the contract year. Shortfall amounts that are not paid to NMPSIA in that time frame accrues a pro-rated 2% monthly late fee.

**Segal Notes:** On October 29, 2024, Segal reiterated the request to CVS for the payment information for the PBM-reported AWP Discount and GDR Guarantees shortfall amounts that were due to NMPSIA.

**As of issuance of this report, CVS has not provided a response.**

- **Dispensing Fee Guarantees:** Segal disagrees with CVS's assessment that it met the guarantees for all components, and the Brand and Generic Drug allocation issue identified in the AWP Discount Guarantees assessment impacts the Dispensing Fee Guarantees as well. However, both result in de minimis shortfalls.
- **Rebate Guarantees:** CVS reportedly paid NMPSIA its self-reported Minimum Rebate Guarantee amount of \$32,107,869, which was greater than its reported 100% pass through manufacturer rebate amount of \$28,120,807.

However, Segal calculated a total Minimum Rebate guarantee amount of \$34,172,668 and identified two issues with a total estimated impact of \$2M:

- The Brand and Generic Drug allocation issue identified in the AWP Discount and Dispensing Fee Guarantees assessments affects the per Brand Drug Claim Rebate Guarantees as well, resulting in an estimated impact of \$1M.
- Segal also disagrees with CVS excluding certain claims categorized as "Formulary Exceptions" from its Minimum Rebate Guarantees assessment, resulting in an additional estimated impact of \$1M.

Additional details regarding these issues are provided in the Financial Review – Rebate Guarantees section of this report.

- **GDR Guarantees:** Segal agrees with CVS's assessment that it did not meet the guarantees for both Mail and Retail channels, which resulted in a reported amount due to NMPSIA of \$100,000.

**Segal requested that CVS provide payment details for the \$100,000 due to NMPSIA in its response to the draft report.**

**Segal Notes:** On October 29, 2024, Segal reiterated the request to CVS for the payment information for the PBM-reported AWP Discount and GDR Guarantees shortfall amounts that were due to NMPSIA.

**As of issuance of this report, CVS has not provided a response.**

- **Claims Invoice:** Segal determined that claims were appropriately billed to NMPSIA.

- **Administrative Fees:** Segal determined that administrative fees were appropriate billed to NMPSIA.

## Plan design review

- **Deductible:** Segal confirmed that a prescription program deductible benefit was not applicable.
- **Copay/Coinsurance:** Segal determined that CVS accurately adjudicated claims according to NMPSIA's intended copay/coinsurance plan design.
- **MOOP:** Segal determined that CVS accurately adjudicated claims according to NMPSIA's annual prescription drugs MOOP limits.
- **Drug Coverage/Exclusion:** Segal determined that CVS accurately adjudicated claims according to NMPSIA's drug coverage elections.
- **Refill Too Soon (RTS) Edits:** Segal determined that CVS accurately adjudicated claims according to NMPSIA's RTS utilization management rule for each dispensing channel.
- **Days' Supply Limits:** Segal notes that the Employee Health & Well-Being Benefits Program Guide provided by NMPSIA states that the maximum days' supply for the Retail and Mail dispensing channels is 90. However, CVS's Benefit Builder files allows a days' supply up to 999 for stepped copay (i.e., a fixed copay increase based on an incremental increase in days' supply) claims. Additional details on this observation are provided in the Plan Design Review – Days' Supply Limits section of this report.

**Segal requested that CVS confirm the intended and applicable days' supply limits for each dispensing channel and review adequate utilization management with NMPSIA.**

**Segal Note: As of issuance of this report, CVS has not provided a response.**

- **Prior Authorization:** Segal determined that CVS accurately adjudicated claims according to NMPSIA's PA clinical edits.
- **Quantity Limits:** Segal determined that CVS accurately adjudicated claims according to NMPSIA's QL clinical edits.
- **Step Therapy:** Segal determined that CVS accurately adjudicated claims according to NMPSIA's ST clinical edits.

# Section 3 – Financial Review

The purpose of the financial review is to confirm the accuracy in which CVS applied the contractual pricing terms to the pharmacy claims during the Audit Period. Pricing terms reviewed include AWP Discount Guarantees, Dispensing Fee Guarantees, Rebate Guarantees, and GDR Guarantee. In addition, claims invoices and base administrative fees were assessed in the audit.

## Review process

Segal reviewed a file of all claims adjudicated by CVS during the Audit Period. Segal performed an initial review of these claims to determine any anomalies or unexplained pricing methodology that are inconsistent with the terms and definitions outlined in the Agreement. The findings were presented to CVS for additional clarification and its responses were incorporated into Segal's review. **As of issuance of this final report, CVS did not provide its formal response to the draft report.**

Documents used as references for this review are listed in Appendix C.

## Average wholesale price discount guarantees

CVS provides discounts that are applied to the AWP to calculate a guaranteed ingredient cost amount. The guaranteed ingredient cost amount is compared to the ingredient cost amount billed to NMPSIA and any excess over the guaranteed ingredient cost is repaid to NMPSIA on a contract period basis.

Segal calculated the AWP Discount Guarantees according to the following terms of the Agreement:

- AWP Discount Guarantees are measured individually by “Dispensing Channel / Drug Source” component. Therefore, an overperformance (surplus) in one component may not be used to offset an underperformance (shortfall) in any other component or Guarantee.
- The following claims are excluded from the AWP Discount Guarantees:
  - 340B;
  - Compound drugs;
  - Paper or member submitted;
  - Coordination of benefits (COB);
  - Secondary payer;
  - Vaccine (including for COVID-19) and vaccine administration;
  - COVID-19 testing-related; and,
  - COVID-19 antiviral drugs.

The following table illustrates achieved discounts for each dispensing channel and drug source for the Audit Period. Negative values in the last two columns correspond to shortfalls. Values in

the Calculated Amount Due are noted as \$0 for overperformance amounts.

Dispensing Channel / Drug Source	Segal Claim Count	AWP	Achieved Discount	Guaranteed Discount	Billed Ingredient Cost	Guaranteed Ingredient Cost	Guaranteed Less Billed Ingredient Cost	Segal Calculated Amount Due
Retail Generic	290,809	\$33,577,196	82.64%	86.50%	\$5,828,659	\$4,532,921	(\$1,295,738)	(\$1,295,738)
Retail Brand	40,432	\$28,849,212	20.35%	20.20%	\$22,977,206	\$23,021,671	\$44,465	\$0
Retail 90 Generic	91,029	\$28,312,084	89.09%	88.00%	\$3,088,461	\$3,397,450	\$308,989	\$0
Retail 90 Brand	9,041	\$11,815,414	23.82%	23.50%	\$9,001,194	\$9,038,792	\$37,597	\$0
Mail Generic	25,116	\$8,341,379	89.68%	89.25%	\$860,965	\$896,698	\$35,733	\$0
Mail Brand	6,737	\$8,953,429	24.49%	24.50%	\$6,761,119	\$6,759,839	(\$1,280)	(\$1,280)
Specialty Retail Generic	10	\$5,492	58.18%	45.00%	\$2,297	\$3,021	\$724	\$0
Specialty Retail LDD	6	\$226,800	34.14%	13.00%	\$149,371	\$197,316	\$47,945	\$0
CVS Specialty Generic	201	\$2,307,863	43.70%	62.00%	\$1,299,421	\$876,988	(\$422,433)	(\$422,433)
CVS Specialty Brand	3,251	\$38,288,118	18.70%	20.10%	\$31,129,161	\$30,592,206	(\$536,955)	(\$536,955)
<b>Total</b>	<b>466,632</b>	<b>\$160,676,986</b>	<b>-</b>	<b>-</b>	<b>\$81,097,855</b>	<b>\$79,316,901</b>	<b>-</b>	<b>(\$2,256,406)</b>

Totals are rounded to the nearest dollar.

Percentages are rounded to the nearest hundredth.

Segal agrees with CVS's reported total shortfall of \$2,236,510. CVS did not meet the guarantees for the Retail Generic, Mail Brand, or CVS Specialty components.

Although it did not result in a material financial impact, Segal does not agree with CVS's methodology in allocating Brand and Generic Drugs. Per the Agreement, for purposes of pricing guarantees, Brand Drug is defined using the Medi-Span® Multisource indicator. Segal sent sample claims to CVS for review, and on June 5, 2024, CVS replied:

*"Non issue: per the contract CVS may override the M, N, O indicators and reclassify the drug to be a generic drug after review of additional information."*

*According to Column G, this drug is a generic. Please provide claim information if additional research is needed."*

Segal contended on June 14, 2024 that CVS's ability to override and reclassify Brand Drugs as Generic Drugs pertains to adjudication purposes only and not for purposes of reconciling financial guarantees.

**Segal requested that CVS provide payment details for the \$2,236,510 shortfall due to NMPSIA in its response to the draft report. According to the Agreement, CVS should have already paid NMPSIA within 90 days after the end of the contract year. Shortfall amounts that are not paid to NMPSIA in that time frame accrues a pro-rated 2% monthly late fee.**

**Segal Note: As of issuance of this report, CVS has not provided a response.**

## Dispensing fee guarantees

CVS provides dispensing fee guarantees on claims as guaranteed maximum dispensing fees charged by pharmacies during the contract year. The total maximum dispensing fees billed are compared to the guaranteed dispensing fees and any excess over the guaranteed fees is repaid to NMPSIA on a contract period basis.

Segal calculated the Dispensing Fee Guarantees according to the terms of the Agreement, which are consistent with the terms outlined for the AWP Discount Guarantees.

The following table illustrates the achieved dispensing fees for each dispensing channel and drug source for the Audit Period. Negative values in the last two columns correspond to shortfalls. Values in the Calculated Amount Due are noted as \$0 for overperformance amounts.

Dispensing Channel / Drug Source	Segal Claim Count	Achieved Dispensing Fee/Rx	Guaranteed Dispensing Fee/Rx	Billed Dispensing Fee	Guaranteed Dispensing Fee	Guaranteed Less Billed Dispensing Fee	Segal Calculated Amount Due
Retail Generic	290,809	\$0.19	\$0.20	\$56,071	\$58,162	\$2,091	\$0
Retail Brand	40,432	\$0.19	\$0.20	\$7,768	\$8,086	\$319	\$0
Retail 90 Generic	91,029	\$0.00	\$0.00	\$70	\$0	(\$70)	(\$70)
Retail 90 Brand	9,041	\$0.00	\$0.00	\$6	\$0	(\$6)	(\$6)
Mail Generic	25,116	\$0.00	\$0.00	\$3	\$0	(\$3)	(\$3)
Mail Brand	6,737	\$0.00	\$0.00	\$3	\$0	(\$3)	(\$3)
Specialty Retail Generic	10	\$0.20	\$0.20	\$2	\$2	\$0	\$0
Specialty Retail LDD	6	\$0.00	\$0.20	\$0	\$1	\$1	\$0
CVS Specialty	3,452	\$0.00	\$0.00	\$0	\$0	\$0	\$0
<b>Total</b>	<b>466,632</b>	<b>-</b>	<b>-</b>	<b>\$63,922</b>	<b>\$66,251</b>	<b>-</b>	<b>(\$82)</b>

Totals are rounded to the nearest dollar.

Segal disagrees with CVS's assessment that it met the guarantees for all components, resulting in a de minimis shortfall of \$82. The Brand and Generic Drug allocation issue identified in the AWP Discount Guarantees assessment impacts the Dispensing Fee Guarantees as well.

**Segal Note: As of issuance of this report, CVS has not provided a response.**

## Rebate guarantees

Rebates are additional payments made by drug manufacturers to lower the cost of certain brand drugs. CVS provides NMPSIA a guarantee on the rebates paid by the pharmaceutical manufacturers as the greater of:

- 100% of Rebates and Manufacturer Administrative Fees collected by CVS from the manufacturers; or,
- The total minimum rebates guaranteed on a per Brand Drug claim basis.

According to the Agreement, CVS will pay NMPSIA the minimum rebates guaranteed on a quarterly basis. Then, on an annual basis, CVS will reconcile the rebate pass-through percent against the minimum rebates guaranteed and pay NMPSIA for any deficit within 90 days after the end of the contract year.

Segal calculated the Rebate Guarantees for the Audit Period according to the following terms of the Agreement:

- Rebate Guarantees are measured in aggregate across the “Dispensing Channel / Drug Source” components.
- An overperformance (surplus) in the Rebate Guarantees may not be used to offset an underperformance (shortfall) in any other Guarantee.
- Rebate Guarantees are reconciled using the Medi-Span® Multisource indicator.
- The following claims are excluded from the Rebate Guarantees:
  - 340B;
  - Compound drugs;
  - Paper or member submitted;
  - COB;
  - Secondary Payer;
  - Vaccine (including for COVID-19) and vaccine administration;
  - COVID-19 testing-related;
  - Medicare Part B;
  - Claims approved by formulary exception;
  - Biosimilar drugs;
  - Dispensed as Written (DAW) 5; and,
  - COVID-19 antiviral drugs.

The following table illustrates Segal’s and CVS’s calculated Minimum Rebate Guarantee for each dispensing channel and drug source, as well as CVS’s reported total rebates paid to NMPSIA as of the issuance of this report for the Audit Period.

Dispensing Channel / Drug Source	Segal Claim Count	Guaranteed Minimum Rebate Per Brand Claim	Segal - Total Guaranteed Minimum Rebates	PBM Total Guaranteed Minimum Rebates*	PBM Reported Percent Share Rebates	PBM Reported Rebate Amount Paid	Calculated Amount Due
Mail Brand	6,713	\$814.22	\$5,465,859				
Retail Brand	40,174	\$279.32	\$11,221,402				
Retail 90 Brand	9,025	\$814.22	\$7,348,336				
Specialty Brand	3,227	\$3,141.33	\$10,137,072				
<b>Total</b>	<b>59,139</b>	<b>-</b>	<b>\$34,172,668</b>	<b>\$32,107,869</b>	<b>\$28,120,807</b>	<b>\$32,107,869</b>	<b>\$2,064,799</b>

\*Based on PBM's claim counts multiplied by Guaranteed Minimum Rebate Per Brand Claim.  
Totals are rounded to the nearest dollar.

CVS reportedly paid NMPSIA its self-reported Minimum Rebate Guarantee amount of \$32,107,869, which was greater than its reported 100% pass through manufacturer rebate amount of \$28,120,807. However, Segal identified two issues with a total estimated impact of \$2M:

- The Brand and Generic Drug allocation issue identified in the AWP Discount and Dispensing Fee Guarantees assessments affects the per Brand Drug Claim Rebate Guarantees as well,



resulting in an estimated impact of \$1M. Segal sent sample claims to CVS for review, and on August 2, 2024, CVS cited the following excerpt from the Agreement to support its position:

*“No Rebate shall be credited for any Generic Drug, whether such Claim is filled with a Generic Drugs or by a Brand Drug dispensed in lieu of a Generic Drug at the Generic Drug reimbursement rate.”*

On August 5, 2024, Segal contended with the excerpt referenced by CVS because “Rebates” are defined in the Agreement as follows:

*“1.27 “Rebates” means compensation or remuneration of any kind received or recovered from a pharmaceutical manufacturer by CVS Caremark attributable to the purchase or utilization of Covered Drugs by Members, including, but not limited to, incentive rebates; credits; rebates, regardless of how categorized; market share incentives; promotional allowances; commissions; educational grants; market share of utilization; drug pull-through programs; implementation allowances; clinical detailing; rebate submission fees; price/inflation protection; and administrative or management fees, including Manufacturer Administrative Fees (as defined above); and any fees that CVS Caremark receives from a pharmaceutical manufacturer for administrative costs, formulary placement, and/or access. **CVS Caremark agrees to pass through 100% of ALL Rebate revenue earned and will not charge an administrative fee for this arrangement.** CVS Caremark also agrees to disclose details of all other programs and services generating financial remuneration attributable to the purchase or utilization of covered drugs by eligible persons from outside entities, including manufacturers and retailers.”*

Therefore, terms for “Rebates” pertain to the applicable amounts collected from the manufacturers and CVS’s citation refers to House Generics (i.e., DAW 5 claims) as per the definitions.

Further applicable contract provisions follow:

*“1.4 “Brand Drug” shall mean for purposes of reconciling financial guarantees, drugs or devices for which the Medi-Span Multisource Code field contains “M” (co-branded product), or “N” (single source brand), or “O” (originator). For purposes of adjudication, CVS Caremark may override the M, N, or O indicators and reclassify the drug to be a Generic Drug after review of additional information.”*

*“1.12 “Generic Drug” shall mean, for purposes of reconciling financial guarantees, drugs or devices for which the Medi-Span Multisource Code field contains a “Y” (generic). In addition, Claims with DAW 5 code (“House Generics”) shall be classified as Generic Drug Claims. For purposes of adjudication, CVS Caremark may override a MediSpan Multisource Code of M, N, or O and reclassify the drug to be a Generic Drug after review of additional information.”*

- Segal also disagrees with CVS excluding certain claims categorized as “Formulary Exceptions” from its Minimum Rebate Guarantees assessment, resulting in an additional estimated impact of \$1M. Sample claims were sent to CVS and on June 26, 2024, CVS provided the following response:



*“Non issue- any drug requiring a PA on the formulary, would be excluded, per the contract on page 32.”*

Segal disagrees with CVS’s methodology as its citation of “claims approved by formulary exception” pertains to drugs that are not covered by the plan and/or not on the Formulary and require a PA in order to be covered under the plan. The sample claims provided by Segal are Brand Drugs found on the Formulary provided by CVS with a PA clinical utilization management requirement.

**Segal Note: As of issuance of this report, CVS has not provided a response.**

## Generic dispensing rate guarantees

CVS provides a guarantee that a percentage of all prescriptions are filled as generic drugs for the contract period.

Segal calculated the GDR according to the following terms of the Agreement:

- The Mail GDR Guarantee for the Audit Period is 87.30%.
- The Retail GDR Guarantee for the Audit Period is 89.47%.
- The maximum GDR guarantee penalty will be paid on a dollar-for-dollar basis with a maximum annual payment cap of \$100,000 across all components.
- The following claims are excluded from the GDR Guarantee:
  - Specialty Drugs;
  - Compound drugs;
  - Paper;
  - COB;
  - DAW 1, 2, and 7;
  - Vaccines;
  - COVID-19 testing-related; and,
  - COVID-19 antiviral drugs.

The following tables illustrate Cigna’s GDR performance for the Audit Period.

Dispensing Channel / Drug Source	Segal Total Claim Count	Segal Generic Claim Count	Achieved GDR	Guaranteed GDR	GDR Guarantee Performance	Calculated Amount Due
Mail	30,941	24,913	80.52%	87.30%	(\$105,958)	
Retail	435,249	384,717	88.39%	89.47%	(\$237,407)	
<b>Total</b>	<b>466,190</b>	<b>409,630</b>	<b>-</b>	<b>-</b>	<b>(\$343,365)</b>	<b>(\$100,000)</b>

Totals are rounded to the nearest dollar.

Percentages are rounded to the nearest hundredth.

Segal agrees with CVS’s assessment that it did not meet the guarantees for both Mail and Retail channel guarantees, which resulted in a reported amount due to NMPSIA of \$100,000.

Segal requested that CVS provide payment details for the \$100,000 due to NMPSIA in its response to the draft report.

**Segal Note:** As of issuance of this report, CVS has not provided a response.

## Claims invoice review

Segal reviewed the claims invoices provided by CVS to validate that the sum amounts are in accordance with the plan paid amount from the claims file.

Segal determined that the claims were appropriately billed to NMPSIA for the Audit Period. The invoices reported a total amount due of \$75,815,697, which is the same as the total plan paid amount from the claims file.

## Administrative fees review

Segal reviewed the invoices provided by CVS to validate that the fees are in accordance with the base administrative fees stipulated in the Agreement.

The following table illustrates the summary of administrative fees invoices for the Audit Period

Administrative Fee	Count	Total Fees Paid	Average Fee Paid per Count	Contracted Fee
Formulary Exception Appeals (per claim)	11	\$330	\$30.00	\$30.00
First Level Appeals (per claim)	99	\$9,900	\$100.00	\$100.00
Second Level Appeals (per claim)	6	\$3,000	\$500.00	\$500.00
Claim History Files (per month)	1	\$125	\$125.00	\$125.00
Formulary Exception Prior Authorization (per claim)	1,197	\$35,910	\$30.00	\$30.00
Manual Claim (per claim)	3,418	\$5,127	\$1.50	\$1.50
Prior Authorization (per claim)	2,452	\$73,560	\$30.00	\$30.00
Transform Diabetes Care: Diabetes + Comorbidity (HTN Only) Program (patient-driven payment model)	12,939	\$177,911	\$13.75	\$14.15
Urgent Appeals (per claim)	1	\$600	\$600.00	\$600.00
<b>Total</b>	<b>20,124</b>	<b>\$306,463</b>	<b>-</b>	<b>-</b>

Total Fees Paid are rounded to the nearest dollar.

Average Fee Paid per Count is rounded to the nearest cent.

Segal determined that CVS did not overcharge for the base administrative fees.

# Section 4 – Plan Design Review

The purpose of the of the plan design review is to ensure that CVS accurately administered NMPSIA's member cost share provisions, administrative utilization management rules, clinical utilization management rules, and drug coverage elections during the Audit Period.

## Review process

Segal utilized a file of all claims adjudicated by CVS, plan design documentation provided by both CVS and NMPSIA, and clinical program drug lists provided by CVS for the Audit Period. The review was conducted by recalculating the member cost share (i.e., copay/coinsurance and MOOP) for each claim and comparing the recalculated amounts against the adjudicated amounts in the claims data. Segal also identified drugs that had a PA, QL, and/or ST clinical edit and assessed claims to validate that the applicable criteria was satisfied before it was adjudicated. In addition, drug coverage elections and the administrative utilization management rules for RTS thresholds and days' supply maximums were reviewed.

Documents used as references for this review are listed in Appendix C.

## Deductible

Segal confirmed that a prescription program deductible benefit was not applicable.

## Copay/coinsurance

Segal recalculated the member's copay/coinsurance according to NMPSIA's intended plan design as illustrated in Appendix B.

Segal determined that CVS accurately adjudicated claims according to NMPSIA's intended copay/coinsurance plan design.

Segal sent 19 claim samples to CVS for research and after review of CVS's responses, Segal agrees that each sample claim was accurately adjudicated.

## Maximum out-of-pocket

Segal determined that CVS accurately adjudicated claims according to NMPSIA's annual prescription drugs MOOP limits as illustrated in Appendix B.

Segal sent 19 claim samples to CVS for research and after review of CVS's responses, Segal agrees that each sample claim was accurately adjudicated.

## Drug coverage/exclusions

Segal determined that CVS accurately adjudicated claims according to NMPSIA's drug coverage elections for the Audit Period.

## Refill-too-soon

Segal determined that CVS accurately adjudicated claims according to NMPSIA's RTS utilization management rule for each dispensing channel.

## Days' supply limits

Segal sent to CVS for research 38 claim samples, where days' supplies between 93 and 595 were allowed, and CVS provided the following response on June 26, 2024:

*"Non Issue: Drug is a unbreakable package, so additional qty is dispensed to meet days supply."*

Segal notes that the Employee Health & Well-Being Benefits Program Guide provided by NMPSIA states that the maximum days' supply for Retail and Mail is 90. However, CVS's Benefit Builder files allow a days' supply up to 999 for stepped copay claims.

**Segal requested that CVS confirm the intended and applicable days' supply limits for each dispensing channel and review adequate utilization management with NMPSIA.**

**Segal Note: As of issuance of this report, CVS has not provided a response.**

## Prior authorization

Segal determined that CVS accurately adjudicated claims according to NMPSIA's PA clinical edits.

## Quantity limits

Segal determined that CVS accurately adjudicated claims according to NMPSIA's QL clinical edits.

## Step therapy

Segal determined that CVS accurately adjudicated claims according to NMPSIA's ST clinical edits.

# Appendix A – Claims Data Validation

Segal relied on claims data provided by CVS to conduct all analyses and conducted the following tests to validate that the data was accurate and sufficient to utilize for the audit.

## Monthly claims review

Segal reviewed monthly totals of key financial fields in the data file to validate the following:

- Claims experience coincides with the Audit Period;
- Claim trends appear reasonable and there are no spikes or dips in utilization that require additional investigation; and,
- Financial cost fields reconcile between the Gross Cost of all drugs (i.e., Ingredient Cost + Dispensing Fee + Sales Tax + Incentive Fee) and the amount billed to NMPSIA, billed to its plan members, and paid by other payers, such as secondary payer through COB (i.e., Plan Paid + Patient Paid + Other Payer Paid).

The following table summarizes the paid claim totals by month for the claims data file supplied by CVS.

Year	Month	Claim Count	Ingredient Cost + Dispensing Fee + Sales Tax + Incentive Fee	Plan Paid + Patient Paid + Other Payer Paid
2022	7	40,073	\$6,004,003	\$6,004,542
2022	8	42,322	\$6,942,652	\$6,942,652
2022	9	40,916	\$6,812,479	\$6,812,479
2022	10	45,445	\$6,598,421	\$6,598,421
2022	11	45,112	\$7,408,984	\$7,408,984
2022	12	44,529	\$7,046,002	\$7,046,002
2023	1	41,932	\$7,585,717	\$7,585,717
2023	2	38,073	\$6,957,373	\$6,957,373
2023	3	42,134	\$8,086,231	\$8,086,231
2023	4	38,820	\$8,068,400	\$8,068,400
2023	5	41,036	\$9,022,610	\$9,022,610
2023	6	40,664	\$9,389,162	\$9,389,162
<b>Total</b>	<b>-</b>	<b>501,056</b>	<b>\$89,922,034</b>	<b>\$89,922,573</b>

Totals are rounded to the nearest dollar.

Although there is a nominal difference of \$539, this is within Segal's audit variance tolerance. Overall, Segal observed reasonable claim amounts month-to-month with no anomalous costs and concluded that the claims data accurately and completely represents the claims adjudicated during the Audit Period. The claims data was valid to use for the review.

## AWP Medi-Span® review

Segal used an in-house Medi-Span® pricing source file to independently validate the accuracy of the AWP provided by CVS for each claim. This review of the claims file is limited to claims with drugs that can be found in the Medi-Span® database. Compound drug claims submitted with representative National Drug Codes (NDC) such as “00000000000”, invalid NDCs, missing NDCs, or NDCs with an inactive pricing record are some of the reasons why claims would not be included in this review.

The following table summarizes the key statistics reviewed during the AWP validation for the Audit Period.

Total Claims	AWP Matched Claims	% Matched Claims	PBM Total AWP	Segal Total AWP	AWP \$ Variance	AWP % Variance
501,056	499,720	99.73%	\$192,971,811	\$193,046,602	\$74,791	0.04%

Totals are rounded to the nearest dollar.

Percentages are rounded to the nearest hundredth.

CVS’s claims file matched Segal’s independent Medi-Span® file for 99.73% of claims by count which resulted in a difference in the total AWP that is less than 1%. These are within Segal’s tolerance for reasonable deviation and Segal finds the AWP provided by CVS is reasonable to use for measuring discounts. It is common to observe some differences due to timing variations in updating AWP prices, where one entity may update prices monthly, daily, or weekly while the other may be on a different basis.

The analyses for this review utilize the AWP provided by CVS in the data file.

## Excluded claims review

The following table illustrates the volume of claims that were excluded from the AWP Discount and Dispensing Fee Guarantees for the Audit Period, as applied by Segal based on the Agreement. The Achieved Discount values are included for illustrative purposes only. Segal notes that the Minimum Rebate Guarantees claim exclusion categories may differ from the AWP Discount and Dispensing Fee Guarantees exclusion categories illustrated.

Segal determined that CVS appropriately applied all exclusions for the AWP Discount and Dispensing Fee guarantees.

Exclusion Reason	Segal Excluded Claim Count	% of Total Claim Count	AWP	Ingredient Cost	Achieved Discount
340B	6,207	1.24%	\$3,309,636	\$2,056,234	37.87%
COB	2,104	0.42%	\$27,777,525	\$5,073,359	81.74%
Compounds	111	0.02%	\$0	\$1,937	N/A
COVID-19 antiviral drugs	2,019	0.40%	\$20	\$0	100.00%
COVID-19 testing	3,696	0.74%	\$265,932	\$302,059	-13.59%
Member submitted	146	0.03%	\$21,738	\$10,014	53.93%
Vaccines	20,141	4.02%	\$919,973	\$725,313	21.16%
<b>Total</b>	<b>34,424</b>	<b>6.87%</b>	<b>\$32,294,825</b>	<b>\$8,168,916</b>	<b>74.71%</b>

Totals are rounded to the nearest dollar.

Percentages are rounded to the nearest hundredth.

# Appendix B – Plan Design Summary

	High/Low PPO Plans	EPO Plan
<b>Copay/Coinsurance</b>		
Retail		
Generic	\$10	\$10
Brand Preferred	30%	30%
	(\$30 min / \$60 max)	(\$30 min / \$60 max)
Brand Non-Preferred	70%	70%
Mail		
Generic	\$22	\$22
Brand Preferred	\$60	\$60
Brand Non-Preferred	70%	70%
Specialty		
Generic	\$55	\$55
Brand Preferred	\$80	\$80
Brand Non-Preferred	\$130	\$130
<b>Maximum Out-of-Pocket (MOOP)</b>		
Individual	\$3,000	\$3,100
Family	\$6,000	\$6,200



# Appendix C – Source Documentation

Below is a list of the documentation used during the audit.

- **State of New Mexico Public Schools Insurance Authority Professional Services Contract # 342-2021- 06**, between CVS and NMPSIA, effective July 1, 2022. Also referred to as “Agreement” throughout this report.
- **Employee Health & Well-Being Benefits Program Guide**, effective July 2022, which was provided by NMPSIA.
- **Benefit Plan Summary**, signed on July 6, 2022, which was provided by CVS.
- **Benefit Builders**, which were provided by CVS and applicable to the Audit Period.
- **Clinical Plan Management Form**, approved by NMPSIA on April 6, 2022, which was provided by CVS and details the clinical management programs and guidelines elected by NMPSIA.
- **Clinical Program Election Form**, approved by NMPSIA on May 19, 2022, which authorizes NMPSIA’s enrollment in the Transform Diabetes Care Program.
- **CVS Health COVID-19 Vaccination Program, COVID-19 Vaccination Network, COVID-19 Vaccines Enrollment Form**, approved by NMPSIA on April 13, 2022 and effective July 1, 2022.
- **CVS Health COVID-19 Pharmacy-based Oral Antiviral Program, COVID-19 Vaccines, Therapeutics and Antivirals Enrollment Form**, approved by NMPSIA on April 13, 2022 and effective December 22, 2021.
- **State of New Mexico – PSIA\_RXC\_PerformanceRpt\_Jul22-Jun23\_IH.xlsx**, which is the AWP Discount and Dispensing Fee Guarantees performance report provided by CVS for the Audit Period.
- **FY2023 New Mexico PSIA Specialty Guarantee Audit Report.xlsx**, which is the Specialty AWP Discount Guarantees performance report provided by CVS for the Audit Period.
- **State of New Mexico (PSIA)-GDR Report -.xlsx**, which is the GDR Guarantees performance report provided by CVS for the Audit Period.
- **Recon rebate report.xlsx**, which is the annual rebate reconciliation report provided by CVS.
- **ZR11 report (admin fees).xlsx**, provided by CVS, which is a report detailing the claims and administrative fees invoices charged to NMPSIA during the Audit Period.

- **Formulary 1555\_ NMPSIA\_7.1.22\_6.30.23.xlsx**, which is the formulary drug list provided by CVS. Also referred to as “Formulary” throughout this report.
- **Limited Distribution Drugs Lists**, provided by CVS, which are applicable to calendar years 2022 and 2023.
- **Specialty Network Listing.xlsx**, provided by CVS.

Segal does not guarantee the accuracy of the claims adjudication of the pharmacy benefit plan or that the audit results will capture all differences in the plan’s benefit documents and the PBM’s pharmacy claims adjudication. The results in this report are based on information available to Segal at the time the audit was conducted and are not a guarantee of future results. Segal’s audit results and recommendations, as applicable, are not legal advice. Issues involving the interpretation of laws/regulations should be referred to the plan’s own legal counsel. Some materials provided may be deemed proprietary and confidential and may not be disclosed or shared with any third parties other than authorized employees, directors, or Trustees of the plan sponsor without the consent of the PBM vendor.



New Mexico Public Insurance Authority

# Preliminary FY2026 Projections for October 1, 2025 Rate Setting

February 5-6, 2025

# | Agenda

**Historical View**

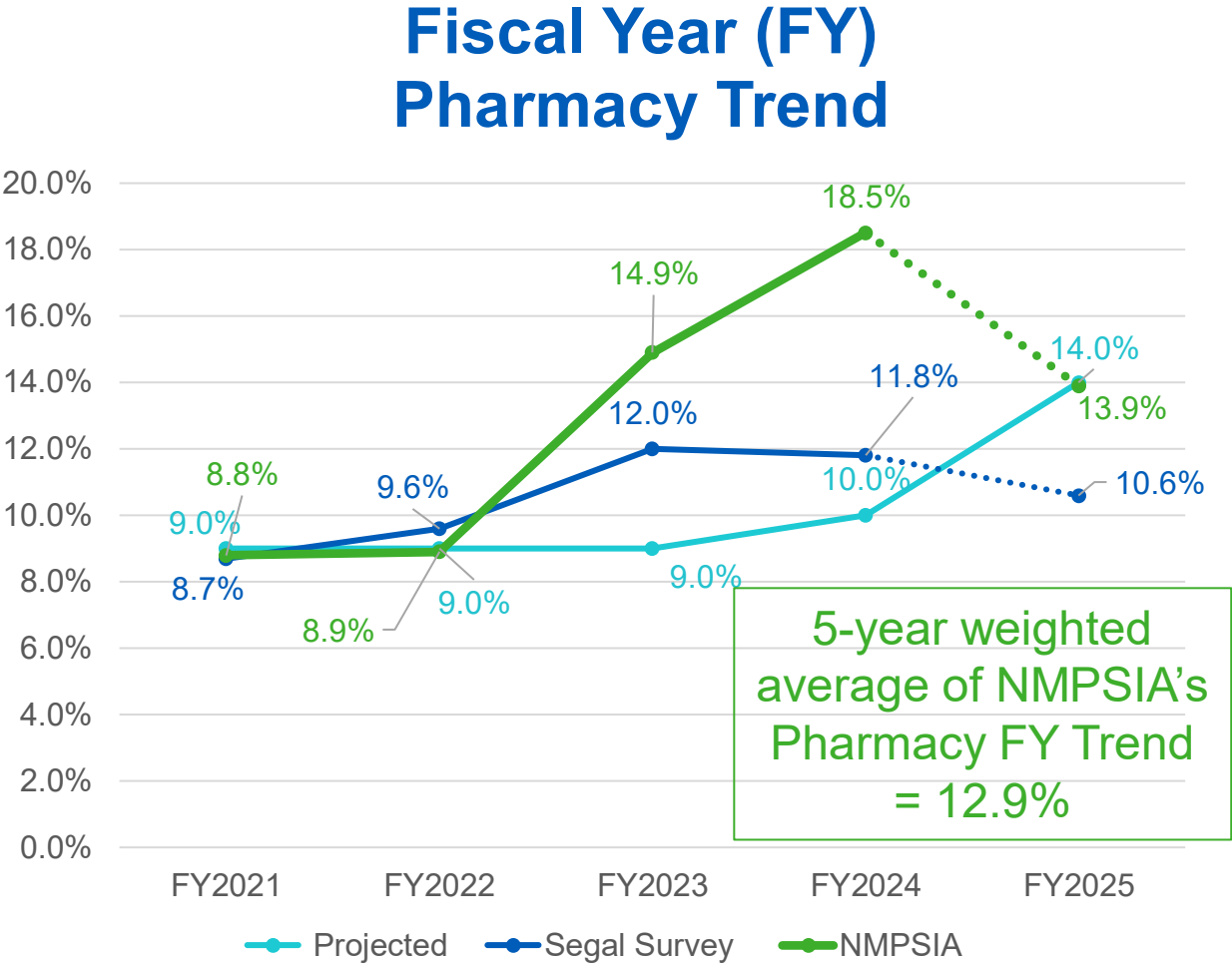
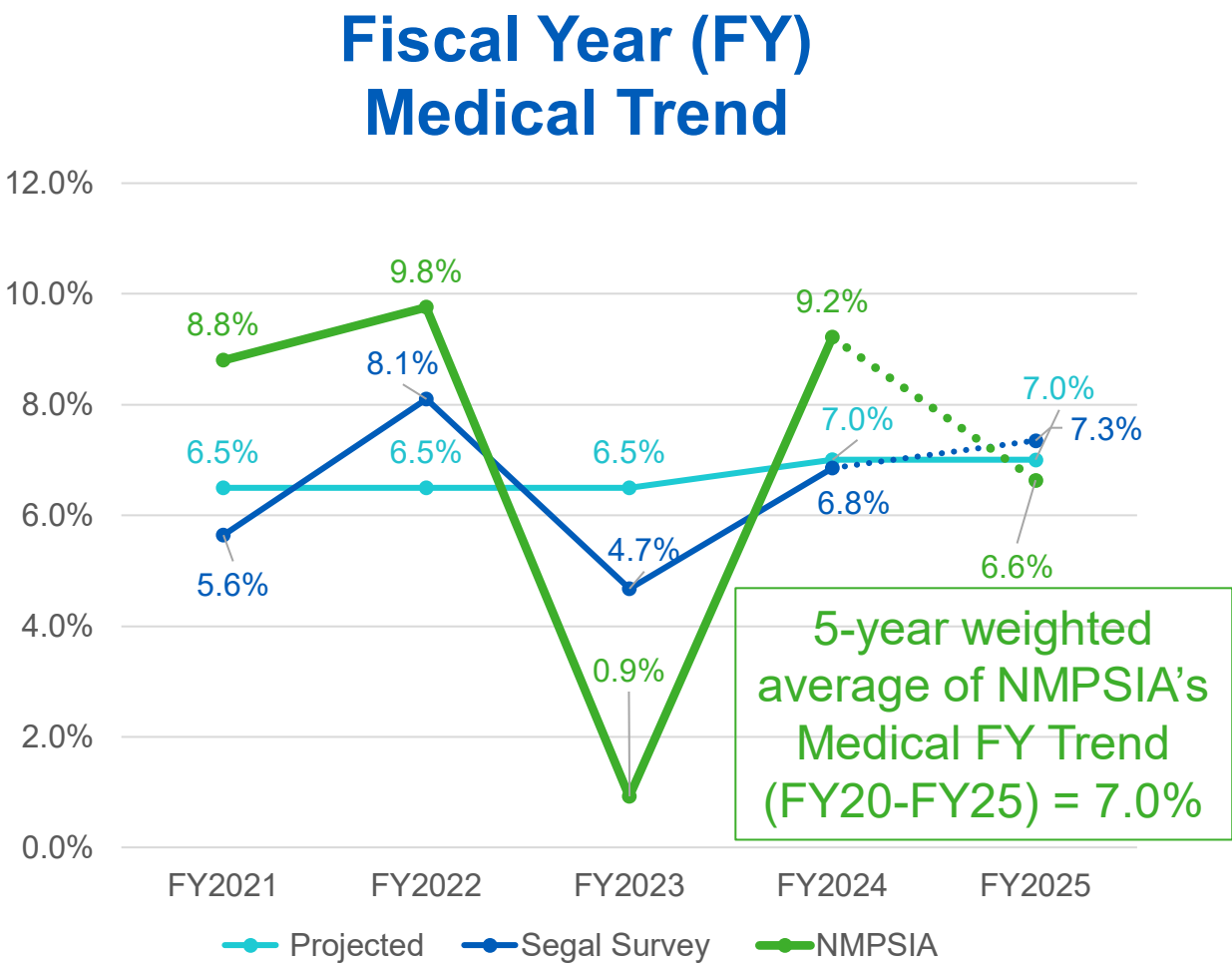
**Assumptions**

**Projections**

**Appendix**

# | Historical Experience

# Five-Year Summary of Medical/Rx Trends



1 Source: 2025 Segal Health Plan Cost Trend Survey All trends are illustrated for actives and retirees under age 65  
2 The Segal Trend Survey data is reported on a calendar year basis and has been converted to a July 1 basis in chart on right to align with NMPSIA's fiscal year.  
3 The FY2024 and FY2025 Segal Survey Actual figure includes a projected component  
4 Rx trends are reflective prior to rebates.  
5 FY2025 data is through November 2024

# Historical Look - Trends

- For the 89 months from July 1, 2017 through November 30, 2024, paid **Medical/Rx claims PMPM have increased by 7.3%** on average per year
- During the same period:
  - Average **Medical/Rx revenue PMPM increased 5.5%** per year
  - Average **membership has decreased 0.5%** per year

	Med/Rx Claims PMPM <sup>(1)</sup>	Med/Rx Paid Trend	Med/Rx Expenses PMPM	Total Claims & Expenses PMPM	Total Med/Rx Revenue PMPM <sup>(2)</sup>	% Change in Revenue PMPM	Med/Rx Revenue less Expenditures
FY2018	\$431.18	N/A	\$27.21	\$458.38	\$464.77	4.2%	\$6.39
FY2019	\$435.41	1.0%	\$26.74	\$462.14	\$480.27	3.3%	\$18.12
FY2020	\$473.53	8.8%	\$31.49	\$505.01	\$503.27	4.8%	(\$1.75)
FY2021	\$495.43	4.6%	\$38.13	\$533.56	\$530.70	5.5%	(\$2.86)
FY2022	\$557.33	12.5%	\$43.23	\$600.56	\$558.97	5.3%	(\$41.59)
FY2023	\$572.85	2.8%	\$36.72	\$609.58	\$590.03	5.6%	(\$19.55)
FY2024	\$620.75	8.4%	\$36.89	\$657.64	\$629.33	6.7%	(\$28.31)
FY2025 YTD <sup>(3)</sup>	\$693.54	11.7%	\$39.91	\$733.45	\$666.39	5.9%	(\$67.06)
Annualized Average		7.3%				5.5%	

(1) Includes Rx Rebates  
(2) Excludes investment income/(loss) and miscellaneous income.  
(3) July 1, 2024 through November 30, 2024 claims experience and Rx Rebates, not annualized.



# Premium Increases Needed to “Break Even”

	Premium Increases		Projected Medical/Rx Revenue			Approved Rates vs Actual Medical/Rx Expenses	
	Projected Breakeven Rates	Projected Approved Rates	Projected Breakeven Rates	Projected Approved Rates	Difference	Actual Medical/Rx Expenses <sup>1</sup>	Difference
FY2020	2.9% All Plans	5.9% High/EPO; 3.1% Low	\$284,168,000	\$289,847,000	\$5,679,000	\$285,915,000	\$3,932,000
FY2021	11.3% All Plans	6.0% High/EPO; 2.1% Low	\$314,940,000	\$302,405,000	-\$12,535,000	\$296,946,000	\$5,459,000
FY2022	11.9% All Plans	6.0% High/EPO; 3.6% Low	\$326,301,000	\$312,356,000	-\$13,945,000	\$331,097,000	-\$18,741,000
FY2023	8.1% All Plans	6.0% High/EPO; 3.2% Low	\$325,175,000	\$319,381,000	-\$5,794,000	\$319,532,000	-\$151,000
FY2024	7.6% All Plans	7.2% All Plans	\$339,923,000	\$339,168,000	-\$755,000	\$365,425,000	-\$26,257,000
FY2025	15.5% All Plans	10.0% All Plans	\$404,180,000	\$389,169,000	-\$15,011,000	\$417,626,000	-\$28,457,000

<sup>1</sup>FY2025 actual medical/Rx expenses includes paid data through November 2024 (5 months) and projected medical/Rx expenses for June 2025; includes claim costs, stop-loss premiums, administrative and related program fees.

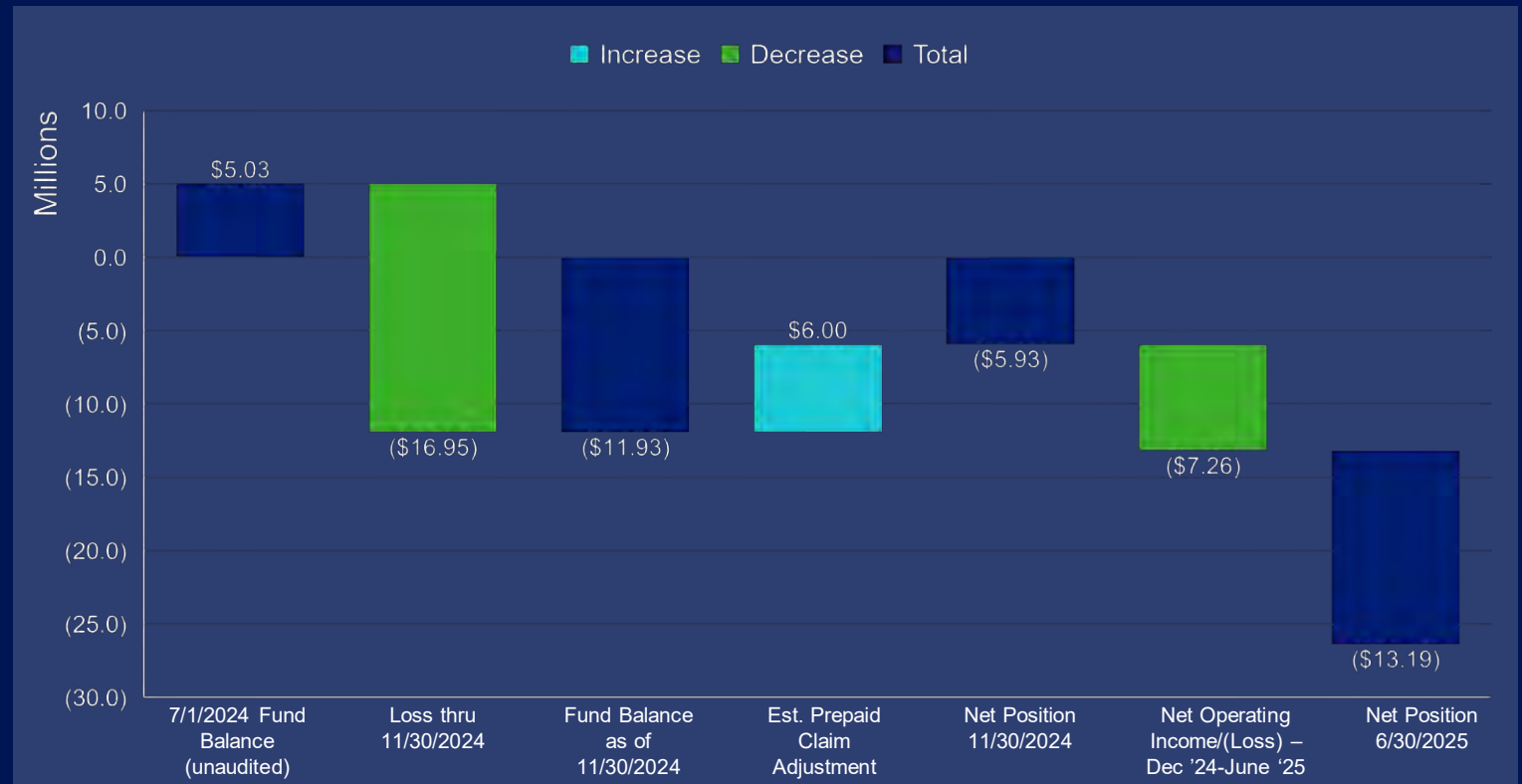
Excludes dental, vision, life insurance, disability, investment income.

# FY2025 Experience and Projection

**\$24.2M**

Projected **loss**  
for FY2025

Projected fund balance of  
-\$13.2M is -0.3 months of  
claims



## Key Drivers

- Recent Rx claims experience outpacing expectations
- Medical high-cost claimants
- Continued migration from High Option plans to Low Option plans
- Impact of mandated legislative changes to plan benefits

# | Assumptions

# Assumptions for Projections

- Claims Experience: December 2023 –November 2024
- Revenues based on enrollment as of December 5, 2024
- FY2025 through FY2030 Trend:
  - 7.0% Medical
  - 14.0% Rx
  - 4.0% Dental

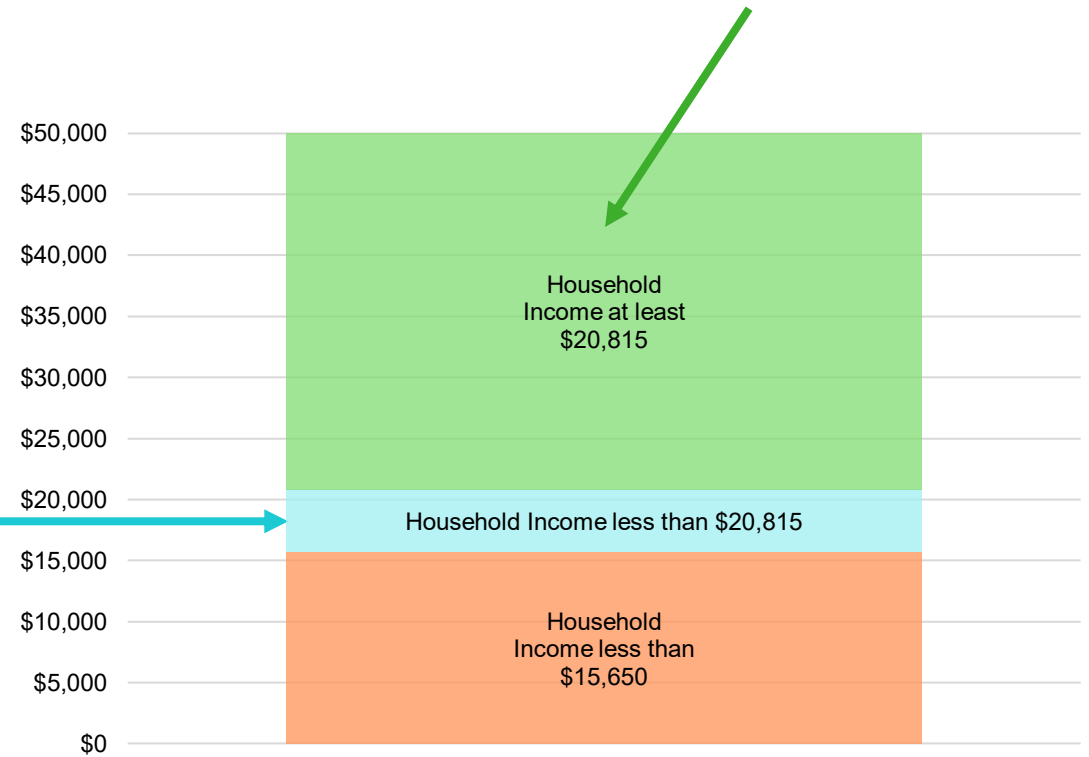
Approximately 8.8% blended Medical/Rx trend
- Prepaid claim adjustment; Assumes June 30 prepaid claims of \$6,000,000, based on discussion with NMPSIA staff
- Baseline projection assumes no changes to current plan design and does not assume any material migration between plans from the experience period to the projection periods
- Projections include:
  - Impact of 2023 and 2024 legislative requirements effective 1/1/2024 and 1/1/25 and beyond
- Target fund balance represents 1 month of claims

# Affordability Considerations for 10/1/25 Rates

- Only considering affordability as it relates to individuals not eligible for Medicaid
- In New Mexico, these are individuals at or above 133% of the federal poverty line (\$20,815 for 2025)
- For plan years beginning in 2025, compare cost of self-only employer-sponsored coverage to 9.02% of household income to determine if employee would qualify for subsidy due to unaffordable coverage

$$\begin{aligned} & \$20,815 \\ & \times 9.02\% \\ & \div 12 \text{ months} \\ & = \$156.45 \text{ per month} \end{aligned}$$

Employees with household income in this range who reside outside of NM may qualify for subsidized coverage on the exchange.



- Maximum increase to Low Option is **34.8%**

Eligible for Medicaid in all states  
Eligible for Medicaid in NM  
Not eligible for Medicaid in any states

# | Projections

# Summary of Projection Scenarios

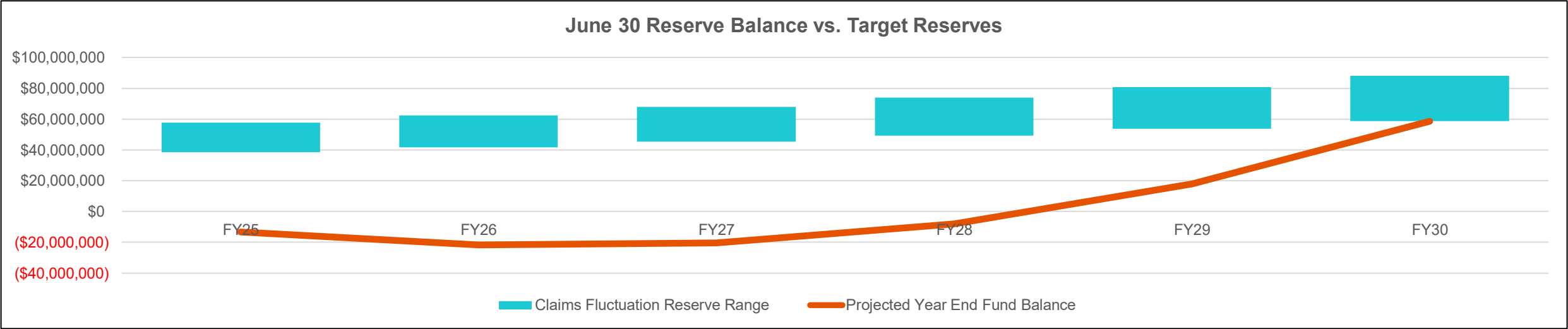
Description		Baseline:	Scenario A: FY26 “Breakeven”	Scenario B: \$15M Appropriation in FY26	Scenario C: \$35M Appropriation in FY26	Scenario C.1: \$35M Appropriation in FY26 (9.5% All Years)	Scenario D: \$50M Appropriation in FY26
Rate Action*							
Eff. 10/1/2025		10.59% Medical / 4.0% Dental	17.72% Medical / 4.0% Dental	12.8% Medical / 4.0% Dental	10.1% Medical / 4.0% Dental	9.5% Medical / 4.0% Dental	9.9% Medical / 4.0% Dental
Eff. 10/1/2026		10.59%	7.28%	9.23%	10.10%	9.50%	9.90%
Eff. 10/1/2027		10.59%	7.28%	9.23%	10.10%	9.50%	9.90%
Eff. 10/1/2028		10.59%	7.28%	9.23%	10.10%	9.50%	9.90%
Eff. 10/1/2029		10.59%	7.28%	9.23%	10.10%	9.50%	9.90%
Fund Balance							
End of FY2025	Revenue	\$424,211,732	\$424,211,732	\$424,211,732	\$424,211,732	\$424,211,732	\$424,211,732
	Fund Balance	-\$13,187,723	-\$13,187,723	-\$13,187,723	-\$13,187,723	-\$13,187,723	-\$13,187,723
	Month of Claims	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)
End of FY2026	Revenue	\$471,138,086	\$492,885,889	\$477,885,889	\$469,662,896	\$467,818,703	\$469,025,304
	Appropriation Funds	\$0	\$0	\$15,000,000	\$35,000,000	\$35,000,000	\$50,000,000
	Fund Balance	-\$21,747,803	\$0	\$0	\$11,777,006	\$9,932,814	\$26,139,415
	Month of Claims	(0.5)	0.0	0.0	0.3	0.2	0.6
End of FY2027	Revenue	\$518,076,026	\$537,490,287	\$523,122,775	\$514,328,658	\$509,663,996	\$512,713,426
	Fund Balance	-\$20,523,402	\$20,638,662	\$6,271,149	\$9,254,039	\$2,745,184	\$22,001,215
	Month of Claims	(0.5)	0.5	0.1	0.2	0.1	0.5
End of FY2028	Revenue	\$569,777,803	\$574,535,280	\$568,708,512	\$563,303,864	\$555,283,494	\$560,521,836
	Fund Balance	-\$7,946,672	\$37,972,869	\$17,778,588	\$15,356,831	\$827,605	\$25,321,978
	Month of Claims	(0.2)	0.8	0.4	0.3	0.0	0.5
End of FY2029	Revenue	\$626,929,741	\$614,262,177	\$618,482,837	\$617,205,122	\$605,215,950	\$613,039,089
	Fund Balance	\$17,807,870	\$51,059,847	\$35,086,227	\$31,386,754	\$4,868,357	\$37,185,868
	Month of Claims	0.3	0.9	0.7	0.6	0.1	0.7
End of FY2030	Revenue	\$690,108,334	\$656,865,832	\$672,831,981	\$676,529,645	\$659,870,595	\$670,730,622
	Fund Balance	\$58,721,727	\$58,731,201	\$58,723,730	\$58,721,922	\$15,544,475	\$58,722,013
	Month of Claims	1.0	1.0	1.0	1.0	0.3	1.0



# Projection Summary - *Baseline*

	Percentage Increase effective 10/1/20**			Projected Year End Fund Balance	Target Fund Balance Floor <sup>(2)</sup>	Target Fund Balance Ceiling <sup>(3)</sup>
	Breakeven	Contribution to Contingency Reserve	Total Rate Increase <sup>(1)</sup>			
FY25	n/a	n/a	n/a	-\$13,187,723	\$38,459,670	\$57,689,506
FY26	13.39%	-2.81%	10.59%	-\$21,747,803	\$41,672,122	\$62,508,183
FY27	10.23%	0.36%	10.59%	-\$20,523,402	\$45,342,625	\$68,013,937
FY28	7.22%	3.37%	10.59%	-\$7,946,672	\$49,379,999	\$74,069,999
FY29	4.35%	6.24%	10.59%	\$17,807,870	\$53,825,117	\$80,737,676
FY30	1.62%	8.97%	10.59%	\$58,721,727	\$58,724,144	\$88,086,217

- (1) Medical/Rx rate increase is shown on a blended basis with the FY26-FY30
- (2) Floor is one month of projected incurred claims.
- (3) Ceiling is one and a half months of projected incurred claims, based on Segal recommendation in April 2018.



4.0% Dental increase in FY26

# Employee Deduction Increases eff. 10/1/24

## Scenario A

- 17.72% increase in monthly payroll deduction for High, Low, and EPO Options
- Effective October 1, 2025 (deductions taken in September)

		Salary less than \$50,000	Salary \$50,000 to \$59,999	Salary \$60,000 and over
BCBSNM High Option	Single	\$35.96	\$53.95	\$71.93
	Family	\$91.36	\$137.03	\$182.71
BCBSNM Low Option	Single	\$24.94	\$37.40	\$49.87
	Family	\$63.34	\$95.02	\$126.69
BCBSNM EPO Option	Single	\$32.37	\$48.55	\$64.73
	Family	\$82.22	\$123.33	\$164.43
Presbyterian High Option	Single	\$29.09	\$43.62	\$58.17
	Family	\$81.44	\$122.15	\$162.88
Presbyterian Low Option	Single	\$20.17	\$30.25	\$40.33
	Family	\$56.47	\$84.69	\$112.92

Subject to change after rounding of employee and district contribution rates.

# Employee Deduction Increases eff. 10/1/24

## Scenario B

- 12.80% increase in monthly payroll deduction for High, Low, and EPO Options
- Effective October 1, 2025 (deductions taken in September)

		Salary less than \$50,000	Salary \$50,000 to \$59,999	Salary \$60,000 and over
BCBSNM High Option	Single	\$25.98	\$38.98	\$51.97
	Family	\$66.00	\$99.00	\$132.00
BCBSNM Low Option	Single	\$18.02	\$27.02	\$36.03
	Family	\$45.76	\$68.65	\$91.53
BCBSNM EPO Option	Single	\$23.38	\$35.08	\$46.77
	Family	\$59.40	\$89.10	\$118.79
Presbyterian High Option	Single	\$21.01	\$31.52	\$42.03
	Family	\$58.84	\$88.25	\$117.67
Presbyterian Low Option	Single	\$14.57	\$21.86	\$29.14
	Family	\$40.80	\$61.18	\$81.58

Subject to change after rounding of employee and district contribution rates.

# Employee Deduction Increases eff. 10/1/25

## *Dental and Vision*

- 4.00% increase in monthly payroll deduction for Comprehensive and Basic Dental Options
- Effective October 1, 2025 (deductions taken in September)

		Salary less than \$50,000	Salary \$50,000 to \$59,999	Salary \$60,000 and over
Delta Dental High Option	Single	\$0.23	\$0.33	\$0.45
	Family	\$0.67	\$1.01	\$1.34
Delta Dental Low Option	Single	\$0.11	\$0.17	\$0.23
	Family	\$0.34	\$0.50	\$0.68
UCD High Option	Single	\$0.26	\$0.37	\$0.50
	Family	\$0.75	\$1.13	\$1.50
UCD Low Option	Single	\$0.12	\$0.19	\$0.25
	Family	\$0.38	\$0.57	\$0.75
BCBS High Option	Single	\$0.22	\$0.33	\$0.44
	Family	\$0.67	\$0.99	\$1.33
BCBS Low Option	Single	\$0.11	\$0.17	\$0.22
	Family	\$0.33	\$0.50	\$0.67

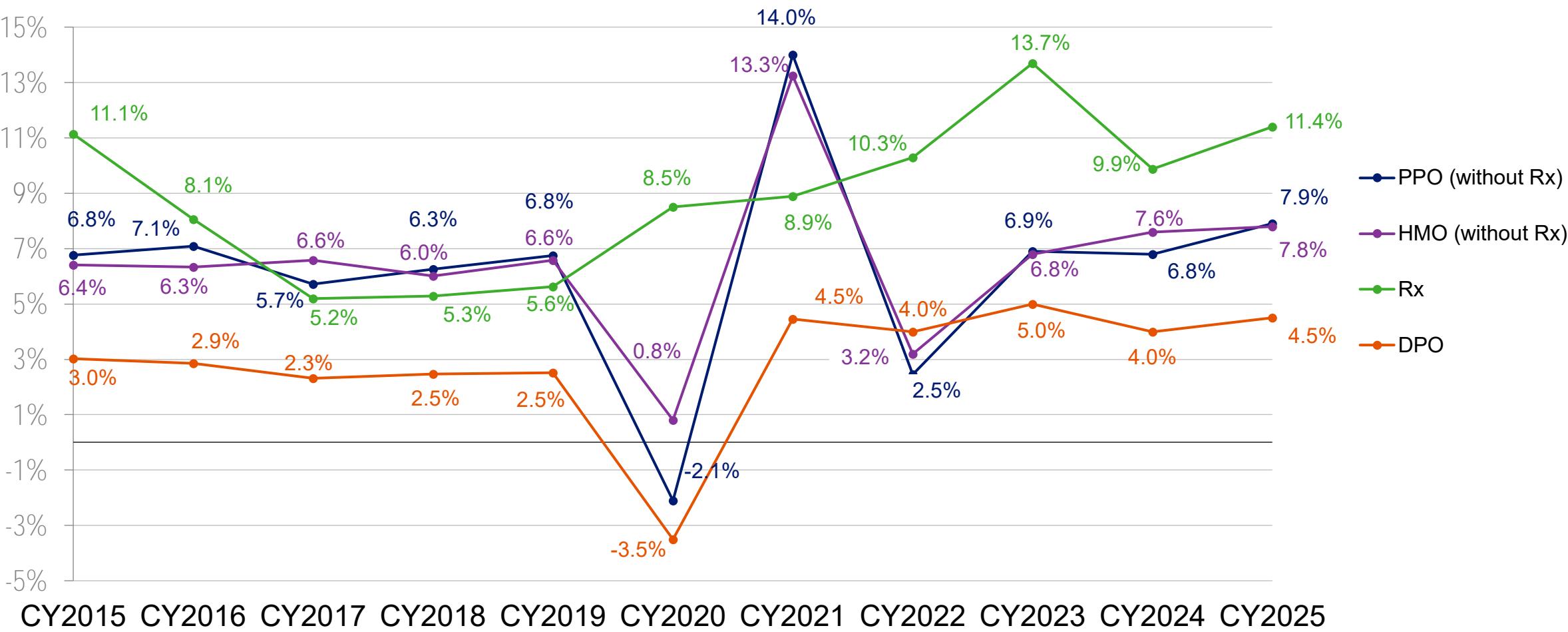
*Subject to change after rounding of employee and district contribution rates.*

# Disclaimers

- This document has been prepared for the exclusive use and benefit of New Mexico Public Schools Insurance Authority (NMPSIA), based upon information provided by you and your other service providers or otherwise made available to Segal at the time this document was created. Segal makes no representation or warranty as to the accuracy of any forward-looking statements and does not guarantee any particular outcome or result. Except as may be required by law, this document should not be shared, copied or quoted, in whole or in part, without the consent of Segal. This document does not constitute legal, tax or investment advice or create or imply a fiduciary relationship. You are encouraged to discuss any issues raised with your legal, tax and other advisors before taking, or refraining from taking, any action.
- The projections in this report are estimates of future costs and are based on information available to Segal at the time the projections were made. Segal has not audited the information provided. Projections are not a guarantee of future results. Actual experience may differ due to, but not limited to, such variables as changes in the regulatory environment, local market pressure, trend rates, and claims volatility. The accuracy and reliability of projections decrease as the projection period increases.

# | Appendix

# Ten-Year Summary of Selected Medical, Prescription Drug Carve-Out and Dental Trends



Source: 2025 Segal Health Plan Cost Trend Survey  
<sup>1</sup> All trends are illustrated for actives and retirees under age 65. 2016-2023 actual and 2024-2025 projected

# New Mexico Public Schools Insurance Authority

## Medical Provider Contracting

February 2025

Presented by:  
Denise Hernandez, Director, Network Management



# Lines of Business

## Commercial

- HMO – Health Maintenance Organization
- POS – Point of Service
- PPO – Preferred Provider Option
- FEP – Federal Employee Program

## Individual / Family

- CNN – Blue Community HMO
- NLP – NM Blue Preferred PPO
- BAV – Blue Advantage HMO

## Medicare

- HMO – Medicare Advantage HMO
- PPO – Medicare Advantage PPO
- DSNP – Duals

## Medicaid

- MCD – Medicaid Turquoise Care

# Types of Contracts – Providers

- ASC – Ambulatory Surgery Centers
- CSA – Core Service Agencies
- DME – Durable Medical Equipment
- HIT – Home Infusion Therapy
- Home Health
- Hospice
- Hospitals (General / Behavioral Health)
- IPA – Independent Physician Association
- Laboratories
- LTC – Long Term Care
- Professional – PCP, Physical Health, Behavioral Health
- Rehabilitation
- SNF / NF – Skilled Nursing Facilities

Acupuncture	Hand Surgery	Oriental Medicine
Allergy/Immunology	Hematology	Orthopedic Surgery
Anesthesiology	Hospice & Palliative Medicine	Osteopathic Manipulative Medicine
Audiology	Infectious Diseases	Otolaryngology
Board Certified Assistant Behavior Analyst	Internal Medicine	Pain Management
Cardiac ElectroPhysiology	Interventional Cardiology	Pathology
Cardiovascular Disease	Lactation Consultant	Pharmacist Clinical
Certified Nurse Midwife	Licensed Clinical Social Worker	Physical Medicine & Rehabilitation
Certified Nurse Practitioner	Licensed Genetic Counselor	Physical Therapy
Child & Adolescent Psychiatry	Maternal & Fetal Medicine	Plastic Surgery
Chiropractic	Maxillofacial Surgery	Podiatry
Clinical Psychology	Midwifery	Preventive Medicine
Colon-Rectal Surgery	Naprapath	Prostheses, Orthotics & Pedorthists
Community Health Worker	Naturopathy	Prosthodontics
Counseling	Neonatology	Psychiatry
Critical Care Medicine	Nephrology	Pulmonary Disease
Dermatology	Neurology	Radiation Oncology
Diabetes Disease Management	Neuropsychiatry	Radiation Therapy
Dietician	Neuropsychology	Radiology
Disease Management Education	Nuclear Medicine	Reproductive Endocrinology & Infertility
Emergency Medicine	Nurse Anesthetist	Respiratory Therapist
Endocrinology, Diabetes & Metabolism	Nutrition & Dietetics	Rheumatology
Family Practice	Obstetrics	Sleep Medicine
Gastroenterology	Obstetrics-Gynecology	Social Worker
General Practice	Occupational Therapy	Speech Pathology
General Surgery	Oncology	Sports Medicine
General Vascular Surgery	Ophthalmology	Thoracic Cardiovascular Surgery
Geriatric Medicine	Optometry	Thoracic Surgery
Gynecologic Oncology	Oral Maxillofacial Surgery	Urology
Gynecology	Oral Surgery	Vascular Medicine

# Blue Cross and Blue Shield of New Mexico

## – Provider Contracted Counts

4,198 Contracted Tax ID numbers for BCBSNM (all lines of business)

### Groups – 3,120

- 1,213 Behavioral Health
- 1,737 Physical Health
- 37 Multi Specialty
- 133 Long Term Care (Medicaid)

### Facilities – 199

- 186 Physical Health (ASCs, Dialysis, Home Health, Hospice, Hospital, LTAC, Rehab, SNF)
- 13 Behavioral Health (Hospitals, RTC)

### Groups/Facilities Combo – 150

- 13 Behavioral Health
- 94 Physical Health
- 17 Multi Specialty
- 26 Long Term Care (Medicaid)

### Solo Professional – 766

- 582 Behavioral Health
- 184 Physical Health

### Included above, broken out by:

- 21,701 Providers Records (unique providers)\*
- With more than 2 million unique, in-network providers, BCBS Plans have the largest hospital and physician networks in the U.S., with 97% of all U.S. hospitals and 83% of physicians.

\* Includes: New Mexico, Texas, Arizona and Colorado

# Contracting Process Overview

- Blue Cross and Blue Shield of New Mexico (BCBSNM) established standard rates that the contracting team offers a newly contracted group/provider. A newly contracted provider could have negotiated rates, this would depend on specialty and location.
- The process has improved by aligning the contracting / credentialing processes.
- The majority of our contracts are perpetual and very few have hard term dates memorialized in the contracts. Which means contracts automatically renew each year.
- Annually BCBSNM will review the Medicare Resource Based Relative Value System (RBRVS) updates and incorporate into our fee schedule. BCBSNM updates its Maximum Allowable Fee Schedule by making certain adjustments to the RBRVS RVUs and fees, while generally maintaining their relativity.
- Providers can request a rate review at any time by sending in a written rate proposal and explanation for the request. The Contractor will request financial modeling, review other similar contracted provider rates, and will review with management if needed and take into consideration location (rural / frontier) etc.

# Reimbursement Rate Trends

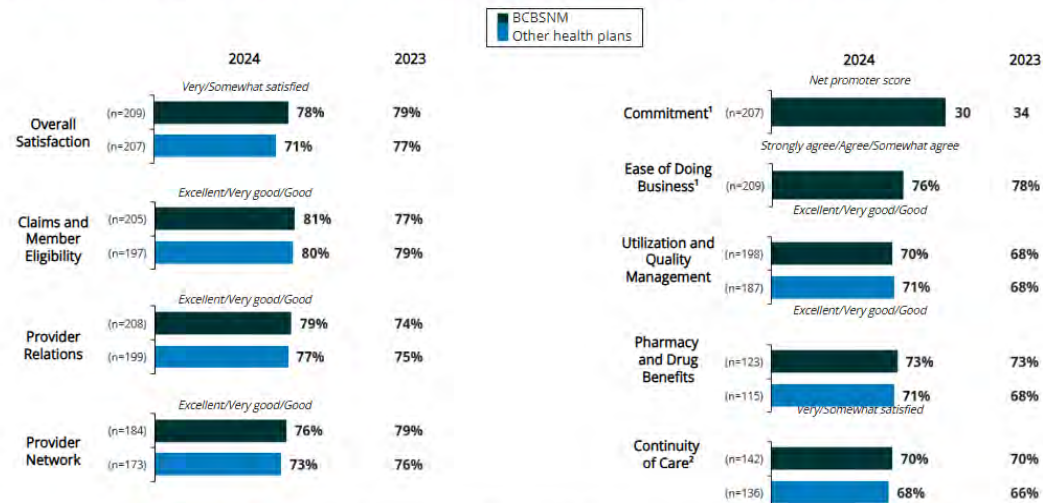


- Over the past few years, reimbursement rates have seen varying levels of change, often influenced by factors like healthcare policy shifts, inflation and market dynamics.
- In 2024 and again in 2025 the New Mexico Health Care Authority (HCA) implemented significant increases in Medicaid provider reimbursement rates.
- While these Medicaid rate increases are currently in effect, their permanence is uncertain. If these enhanced rates are sustained, they could influence commercial insurance reimbursement rates.
- Historically, Medicaid rates have been lower than commercial rates; however, with Medicaid rates now meeting or exceeding commercial levels, providers may advocate for higher reimbursements from commercial insurers to align with Medicaid's enhanced rates.

# Metrics for Contracting Success

## – 2024 Provider Satisfaction Survey

### Composite scores – BCBSNM Commercial



↑ Indicates that the score is significantly higher or lower than the previous year's score.

○ Indicates that the score is significantly higher than the corresponding score when comparing results for BCBSNM vs. Other health plans.

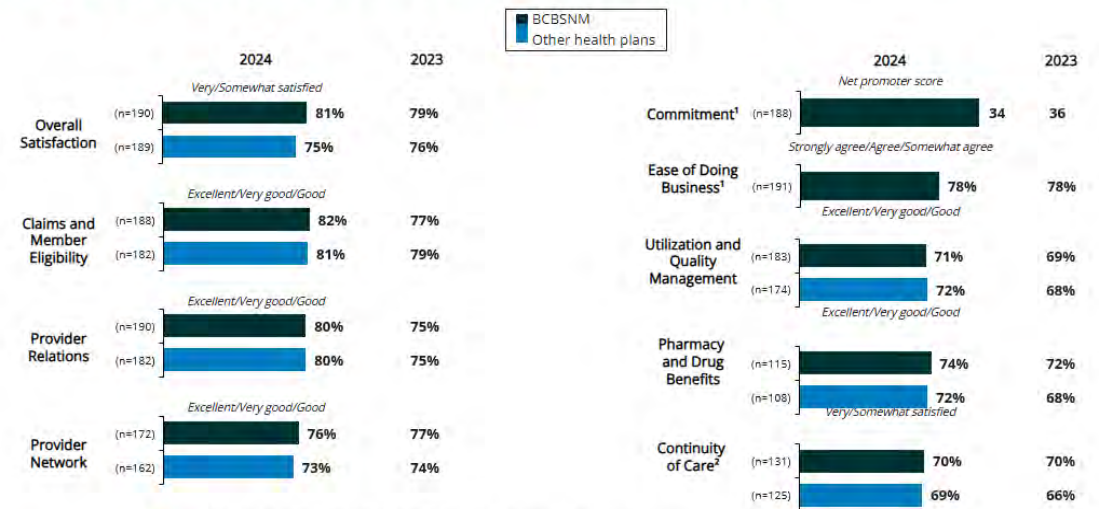
<sup>1</sup> Providers were only asked to rate BCBSNM, therefore there are no comparison data for the Commitment and Ease of Doing Business composites.

<sup>2</sup> The Continuity of Care score includes only one measure, overall satisfaction with continuity of care.

HCSC

Source: Provider Satisfaction Survey 2024; Press Ganey, HCSC Market Research

### Composite scores – BCBSNM Retail



↑ Indicates that the score is significantly higher or lower than the previous year's score.

○ Indicates that the score is significantly higher than the corresponding score when comparing results for BCBSNM vs. Other health plans.

<sup>1</sup> Providers were only asked to rate BCBSNM, therefore there are no comparison data for the Commitment and Ease of Doing Business composites.

<sup>2</sup> The Continuity of Care score includes only one measure, overall satisfaction with continuity of care.

HCSC

Source: Provider Satisfaction Survey 2024; Press Ganey, HCSC Market Research



# Metrics for Contracting Success Example – Commercial

## Example – Rate Adjustments Based on Inflation or Market Conditions

- Ensuring payment rates keep pace with inflation, cost-of-living adjustments, or local market changes.
- Use the Consumer Price Index (CPI) for medical services as a benchmark for inflation adjustments.
- Monitor Medicare and Medicaid rate updates as a baseline, especially in New Mexico, where Medicaid rates were recently increased.

## Network Adequacy Metrics

- Ensuring sufficient provider availability across specialties and regions.

Intermediate Demand category, seasonally adjusted (October 2024)

Grouping	Commodity code		Unadjusted 12-month percent change <sup>1</sup>
	Group code	Item code	
Bundled wired telecommunications access services <sup>2</sup> .....	37	5	7.0
Consumer loans (partial).....	39	12	0.4
Deposit services (partial) <sup>2</sup> .....	39	2	20.5
Other credit intermediation, incl. trust services (partial) <sup>2</sup> .....	39	3	-6.4
Securities brokerage, dealing, investment advice, and related services <sup>2</sup> .....	40	1	5.6
Portfolio management <sup>2</sup> .....	40	2	18.7
Life insurance <sup>2</sup> .....	41	1101	-0.4
Disability insurance, including accidental death <sup>2</sup> .....	41	1102	-0.5
Health and medical insurance.....	41	1103	4.6
Property and casualty insurance <sup>2</sup> .....	41	1104	8.2
Annuities <sup>2</sup> .....	41	2	4.1
Residential property sales and leases, brokerage fees and commissions.....	43	21	3.2
Passenger car rental.....	44	1	-2.9
Legal services.....	45	1	8.0
Tax preparation and planning.....	45	2102	1.9
Architectural and engineering services.....	45	3	1.6
Management, scientific, and technical consulting services <sup>2</sup> .....	45	4	3.0
Arrangement of flights (partial).....	47	1	-2.2
Arrangement of vehicle rentals and lodging <sup>2</sup> .....	47	2	18.7
Arrangement of cruises and tours <sup>2</sup> .....	47	3	-0.4
Physician care.....	51	1101	1.6
Medical laboratory and diagnostic imaging care <sup>2</sup> .....	51	1102	0.0
Home health and hospice care.....	51	1103	1.5
Hospital outpatient care <sup>2</sup> .....	51	1104	3.6
Dental care.....	51	1105	4.5
Hospital inpatient care.....	51	2101	3.3
Nursing home care.....	51	2102	3.3

# Mileage Standard – Commercial

Row Labels	Average of DistanceCriteria
<b>Bernalillo, NM</b>	
Acute Inpatient Hospitals	30
Allergy and Immunology	30
Cardiac Catheterization Services	40
Cardiac Surgery Program	40
Cardiology	20
Cardiothoracic Surgery	40
Chiropractor	30
Clinical Psychology	30
Clinical Social Work	20
Critical Care Services – Intensive Care Units (ICU)	30
Dermatology	30
Diagnostic Radiology	30
Endocrinology	40
ENT/Otolaryngology	30
Gastroenterology	30
General Surgery	20
Gynecology, OB/GYN	30
Infectious Diseases	40
Inpatient Psychiatric Facility Services	45
Mammography	30
Nephrology	30
Neurology	30
Neurosurgery	40
Occupational Therapy	30
Oncology - Medical, Surgical	30
Oncology - Radiation/Radiation Oncology	40
Ophthalmology	20
Orthopedic Surgery	20
Outpatient Infusion/Chemotherapy	30
Physiatry, Rehabilitative Medicine	30
Physical Therapy	30
Plastic Surgery	40
Podiatry	30
Primary Care	10
Psychiatry	30
Pulmonology	30
Rheumatology	40
Skilled Nursing Facilities	30
Speech Therapy	30
Surgical Services (Outpatient or ASC)	30
Urology	30
Vascular Surgery	40

## Examples of Use

90% of Metro county Bernalillo members must have access within 30 miles to an Allergy and Immunology provider.

85% of CEAC county Catron members must have access within 165 miles to a CardioThoracic Surgery provider.

County Type Designation	Population
<b>Large Metro</b>	≥ 1,000,000
--	500,000 – 999,999
--	Any
<b>Metro</b>	≥ 1,000,000
--	500,000 – 999,999
--	200,000 – 499,999
--	50,000 – 199,999
--	10,000 – 49,999
<b>Micro</b>	50,000 – 199,999
--	10,000 – 49,999
<b>Rural</b>	10,000 – 49,999
--	<10,000
<b>CEAC</b>	Any

## CMS Mileage Standard

Logic is member getting to provider; based on members home address

Row Labels	Average of PassPctCriteria
CEAC	85
Metro	90
Micro	85
Rural	85

Row Labels	Average of PassPctCriteria
<b>CEAC</b>	<b>85</b>
Catron, NM	85
Cibola, NM	85
Colfax, NM	85
DeBaca, NM	85
Grant, NM	85
Guadalupe, NM	85
Harding, NM	85
Hidalgo, NM	85
Lincoln, NM	85
Luna, NM	85
Mora, NM	85
Quay, NM	85
Rio Arriba, NM	85
Roosevelt, NM	85
San Miguel, NM	85
Sierra, NM	85
Socorro, NM	85
Torrance, NM	85
Union, NM	85
<b>Metro</b>	<b>90</b>
Bernalillo, NM	90
Dona Ana, NM	90
<b>Micro</b>	<b>85</b>
Chaves, NM	85
Eddy, NM	85
Lea, NM	85
Los Alamos, NM	85
McKinley, NM	85
Otero, NM	85
San Juan, NM	85
Sandoval, NM	85
Santa Fe, NM	85
Valencia, NM	85
<b>Rural</b>	<b>85</b>
Curry, NM	85
Taos, NM	85





# Improvements

## Create a Value-Based Reimbursement Framework

- Fee-for-service models may not adequately incentivize quality care or efficient resource use.
- Transition some contracts to value-based payment models, such as bonuses for meeting quality or outcome metrics.
- Offer higher rates or shared savings for achieving goals like reduced hospital readmissions or preventive care milestones.
- Provide resources and training to help providers adapt to value-based care.

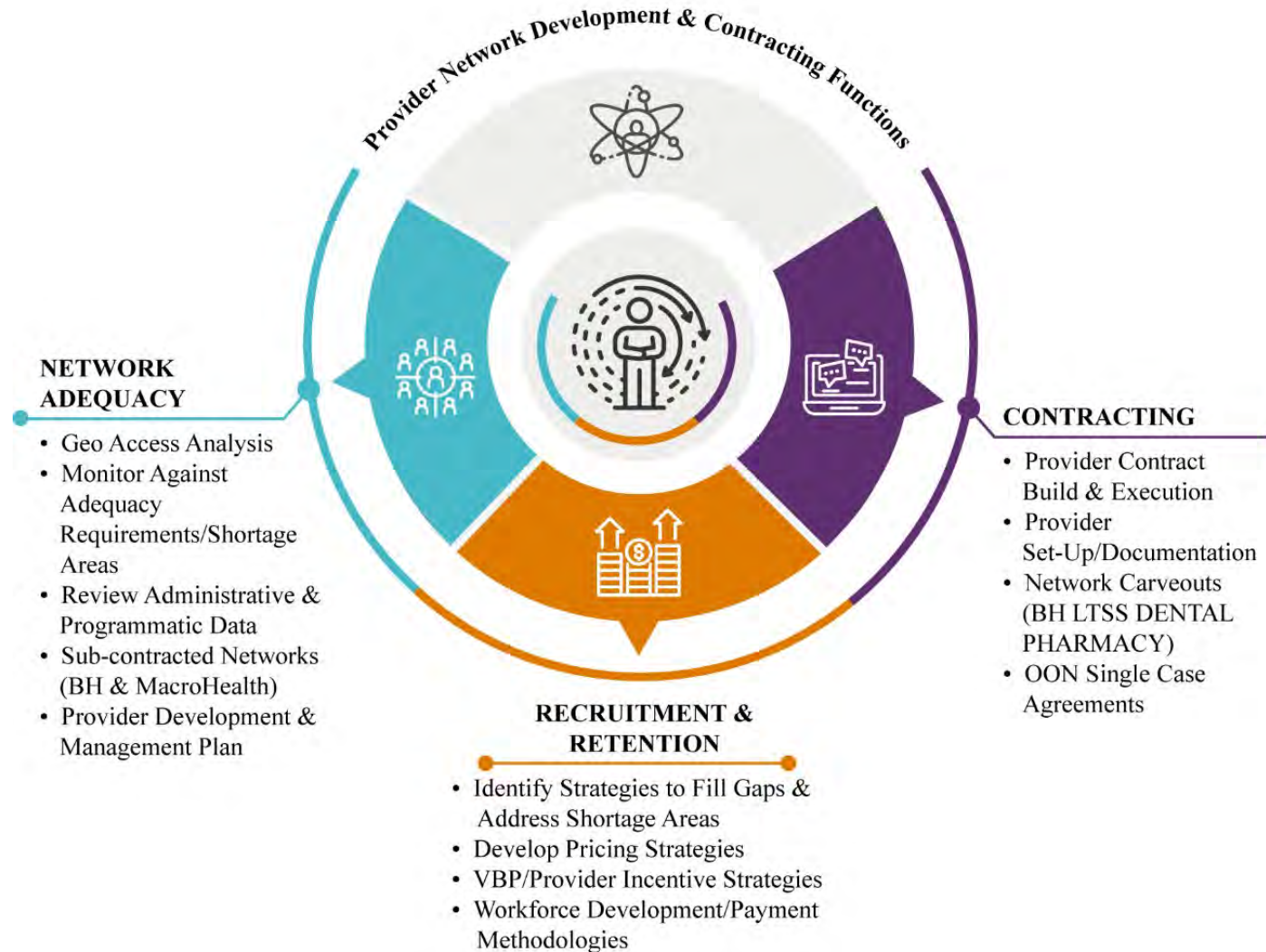
## Expand Rural Incentives / Recruitment

- Enhance reimbursement rates to offset these challenges.
- Offer grants to recruit additional providers.



# Presbyterian Provider Network Development

# Provider Network Development Functions



# Provider Network Adequacy Monitoring

## Member Measures

- **Formal Appeals & Grievances**
- **Informal Complaints**
- **Recovery/Resilience and Mental Health Statistical Improvement Project (MHSIP) Data**

## Aggregate Measures

- **GeoAccess**
- **Appointment Timeliness**
- **PCP to Member Ratios**
- **Provider Retention Rates**
- **Out-of-Network Utilization Rates**

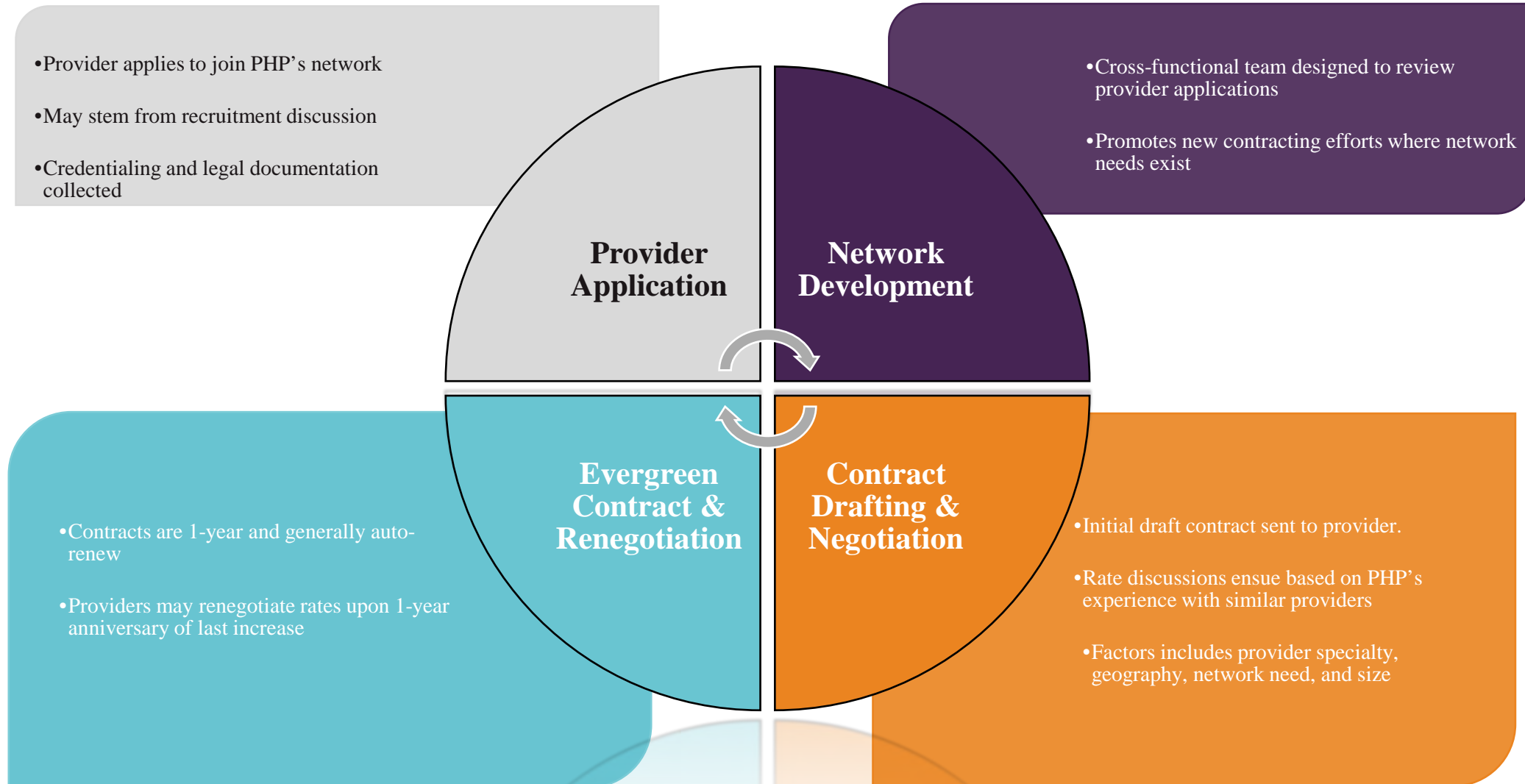
## Provider Measures

- **Services Offered**
- **Provider Type (i.e., PCMH, CSA, FQHC, RHC, IHS, etc.)**
- **Length of Stay**

## Outcome Measures

- **Healthcare Effectiveness Data and Information Set (HEDIS)**
- **Consumer Assessment of Healthcare Providers and Services (CAHPS)**
- **Total Cost of Care Comparisons**

# Provider Contracting Process



# Reimbursement Rate Trends

---

- PHP regularly re-negotiates reimbursement rates with providers. Over the last 3 years we have seen a 2.6% increase in payments per claim for our commercial and ASO business.
- Contract negotiations balance discussions on commercial and ASO increases with other payment increases providers have received through Medicare and Medicaid program payment updates.
- Through our provider engagement approach and contract negotiation process, we have consistently maintained a 99% contract retention rate over the last 3 years.
- Emerging from the pandemic, PHP saw increased requests to negotiate rates in 2023 as inflation spiked. Through this, we have been able to maintain measured consistency in provider contract rates while maintaining existing relationships.



# Contract Metrics

---

- 99% contract renewal/retention rate
- PressGaney Provider Satisfaction
  - 89.4% overall satisfaction with Presbyterian Health Plan
- Rate adjustments are conducted as providers request negotiation.
  - 2.6% increase in average payment per claim between 2022 and 2024
  - Factors include:
    - Provider Specialty      - Geography      - Members Served      - Market Comparison
    - Consumer Price Index      - Network Need      - Provider Sustainability      - Alternative Providers
- Presbyterian has multiple value agreements with providers that offer reimbursement for savings on Total Cost of Care and accountability for quality measures. These agreements are not tied to fee-for-service claims or adjustments to fee-for-service reimbursement but offer fixed bonuses for achievement.



# Network Opportunities

---

- **Network groups continue to encounter challenges in recruiting new providers due to structural factors that include:**
  - Professional liability insurance coverage and medical malpractice legal landscape
  - Concern over crime rates is frequently cited as a recruitment barrier
  - Opportunities for education pose challenges in recruiting providers with young families
- **Provider salaries are typically cited as a recruitment factor following the challenges above. Several structural improvements are underway to address this factor:**
  - Approximately 40% of New Mexicans are covered through the Medicaid program. These rates have historically been much lower than commercial contract rates. The New Mexico Health Care Authority has promoted a series of increases to Medicaid payments that have structurally lifted provider payments for this slice of the population. Continued increases in commercial contract rates alone designed to support provider wage competitiveness place employers in an unsustainable situation
- **Continued expansion of value-based care models that promote in-office care and enhanced care delivery will offer additional funds to physician offices while continuing to address cost of care through waste reduction including ED diversion, pharmacy management, and overall wellness.**



# NMPSIA National network partnership (Aetna) Presentation

FEBRUARY 5, 2025 & FEBRUARY 6, 2025



# National Network (Aetna)

On the Network Analysis Report

Showing \$473,306.09 paid or 0.4% of total claim cost

- \$222,975.99 paid to facilities in El Paso, Tx

8 visits to El Paso, Tx

- Facilities were showing contracted according to Aetna
- None of the visits were for emergency services

What facilities are contracted with Aetna – List of hospital facilities on next page

How members can find an Aetna provider/facility outside NM, including neighboring states.

# Aetna – Facilities in El Paso, Tx

Hospitals:			
Acute Short Term Care Hospitals		14	
Children's Hospitals		1	
Long Term Acute Care Hospitals		3	
Total Hospitals		18	
Psychiatric Hospitals		4	
Substance Abuse Facilities		1	
Rehabilitation Facilities		3	
Residential Treatment Facilities			
Convalescent Care Facilities			
Total Hospital Type Facilities		31	
Ancillaries			
Surgi Centers		14	
Other Facilities and Centers		125	
Contracted Hospitals Printing in the Directory			
Full-Service Hospitals			
Del Sol Camp LPDSH	El Paso, TX		
East El Paso Physicians' Medical Center, LLC	El Paso, TX		
El Paso Children's Hospital Corporation	El Paso, TX		
El Paso Psychiatric Center	El Paso, TX		
Harmony Road Recovery, LLC	El Paso, TX		
Las Palmas Camp LPDSH	El Paso, TX		
Las Palmas Rehabilitation Hospital- HCA Affiliate	El Paso, TX		
Med-Mark Treatment Centers El Paso	El Paso, TX		
Mentis El Paso, LLP	El Paso, TX		
PAM Health Rehabilitation Hospital of El Paso	El Paso, TX		
Rio Vista Behavioral Health	El Paso, TX		
The Hospital of Providence Northeast Campus	El Paso, TX		
The Hospital of Providence Transmountain Campus	El Paso, TX		
The Hospitals of Providence East Campus	El Paso, TX		
The Hospitals of Providence Horizon City Campus	Horizon City, TX		
The Hospitals of Providence Memorial Campus	El Paso, TX		
The Hospitals of Providence Sierra Campus	El Paso, TX		
The Hospitals of Providence Specialty Campus	El Paso, TX		
University Behavioral Health of El Paso LLC	El Paso, TX		



# Aetna Providers El Paso, Tx

Network Location	El Paso, TX	
Number of Participating Providers:		
Primary Care Physicians:		
General Practice	9	
Family Practice	141	
Internal Medicine	290	
OB/GYN	97	
Geriatrics		
Total Adult Primary Care (excludes peds)	440	
Pediatric PCPs	139	
Total Primary Care	579	
Specialists:		
Pediatric	192	
Psychiatry	64	
Other Physician Specialists	1,066	
Total Physician Specialists	1,280	
Non-Physician Specialists/Practitioners	2,178	
Total Specialists	3,458	



# Aetna – Accessing providers outside of New Mexico



**You've got this**

Your online provider directory makes healthy simpler

Aetna.com/asa  
1639969-01-01 (11/22)

**Aetna Signature  
Administrators®**

[www.Aetna.com/asa](http://www.Aetna.com/asa)

**Finding a doctor or other health care professional is an important part of staying healthy. Our online directory helps make it simpler. It offers you up-to-date information about providers — and it's available online, anytime.**

#### Provider details

To visit our online directory, simply go to [Aetna.com/asa](http://Aetna.com/asa) and begin searching for a doctor using your location — ZIP, city, county or state. You can use either the general or category search to see provider details that typically include:

- Board certification
- Hospital affiliation
- Medical school/year of graduation
- Gender
- Website address (if available)
- Specialties
- Languages spoken

You can also see additional provider information that can include: participation information,\* other office locations, whether they're accepting new patients, maps, driving directions and more.

#### Additional features

You'll be able to find specialty care, too, by searching for a provider based on a condition like heart attack or MRI.

#### Narrowing your search

Want to refine your search even further? Multiple options are available. You can easily:

- Filter by provider characteristics — such as:

- Specialty
- Languages spoken
- Gender
- Board certification
- Hospital affiliation
- Accepting new patients
- Performance — high quality, cost-efficient care through Institutes of Excellence® (IOE), Institutes of Quality® (IOQ) and Gene-Based, Cellular and Other Innovative Therapies™ (GCIT) facilities.

- Expand or reduce the geographic radius of your results
- Sort by best matched or distance
- View a map to see the locations of results and get driving directions
- Print results

If you wish to view additional information about providers, detail pages are available (on selected providers).

\* Although listed, Sutter Health facilities and providers in Northern California may not be in network for all plans. Be sure to check with your human resources representative or call the number on the back of your ID card before making an appointment or being treated.

Aetna Signature Administrators is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

Information is believed to be accurate as of the production date; however, it is subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services.

Aetna.com/asa  
©2022 Aetna Inc.  
1639969-01-01 (11/22)

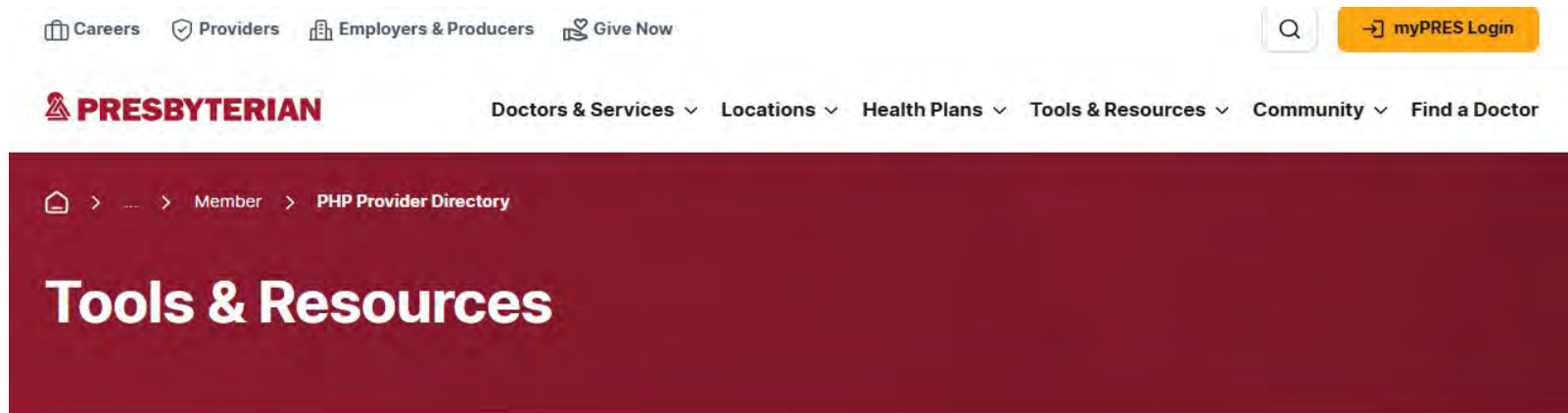
**Aetna Signature  
Administrators®**





# Aetna – Accessing providers outside of New Mexico

Website: <https://www.phs.org/tools-resources/member/php-directory>



## GETTING CARE WHEN OUTSIDE OF NEW MEXICO

All plans cover urgent care and emergency care services wherever you are, whether you are in or outside of New Mexico.

But, your plan may or may not have coverage for non-emergency care outside of New Mexico. Please call the Presbyterian Customer Service Center using the number on the back of your ID card. You can also review your plan materials to learn more about your plan's out-of-state coverage.

Whether you have out-of-state coverage or if you are paying out-of-pocket, it's a good idea to use our national healthcare provider network. To get services outside of New Mexico, members can search for a provider through our national network of medical providers or our national network of behavioral health providers.

[National Network of Medical Providers](#)



# Aetna – Accessing providers outside of New Mexico

- Website: <https://www.phs.org/health-plans/employer-plans/new-mexico-public-schools-insurance-authority>

The screenshot shows the Presbyterian Health Plan website. At the top, there is a navigation bar with links for Careers, Providers, Employers & Producers, and Give Now. A search bar and a myPRES Login button are also present. Below the navigation bar, the Presbyterian logo is displayed, followed by a menu with links for Doctors & Services, Locations, Health Plans, Tools & Resources, Community, and Find a Doctor. The main content area has a dark red header with the text "Employer-Offered Plans" and a breadcrumb trail: Home > ... > Employer-Offered Plans > New Mexico Public Schools Insurance Authority. Below this, there is a sidebar with a list of plan types: Individual & Family Plans, Medicare Advantage Plans, Turquoise Care Medicaid Plans, Employer-Offered Plans (highlighted), and Understanding Health Insurance. The main content area features the title "NM Public Schools Insurance Authority" and a paragraph stating: "Presbyterian Health Plan, Inc. is pleased to be a health partner with New Mexico Public Schools Insurance Authority."

## MEDICAL SERVICES OUTSIDE OF NEW MEXICO

Presbyterian members receive in-network benefits outside of New Mexico with our collaboration with Aetna Signature Administrators® to offer access to Aetna's PPO network with more than 1.5 million participating physicians and ancillary providers, including over 6,000 hospitals. To search for providers in the national network please use the link below.

[National Network of Medical Providers](#)

# Questions

NMPSIA Open-Switch Enrollment  
Final Counts

*Erisa Administrative Services, Inc.*



# New Mexico Public Schools Insurance Authority

Administrative Office: Erisa Administrative Services, Inc.

P. O. Box 9054; Santa Fe, NM 87504

Phone: (505) 988-4974 or (800) 233-3164 Fax: (505) 988-8943

e-mail: [sf@santafe.cserisa.com](mailto:sf@santafe.cserisa.com)



01/06/2025

Open Enrollment From 2024

## OPEN ENROLLMENT COUNTS FOR 2024

### MEDICAL

Carrier	Employee Count	Employee and Dependents Count
BCBS HIGH	432	946
BCBS LOW	111	200
BCBS EPO	17	30
PRES HIGH	319	586
PRES LOW	187	345

### DENTAL

Carrier	Employee Count	Employee and Dependents Count
UCD HIGH	246	578
UCD LOW	15	26
DLTA HIGH	1,051	2,212
DLTA LOW	121	216
BCBS HIGH	0	0
BCBS LOW	0	0

### VISION

Employee Count	1,226	Employee And Dependents Count	2,543
----------------	-------	-------------------------------	-------



# New Mexico Public Schools Insurance Authority

Administrative Office: Erisa Administrative Services, Inc.

P. O. Box 9054; Santa Fe, NM 87504

Phone: (505) 988-4974 or (800) 233-3164 Fax: (505) 988-8943

e-mail: sf@santafe.cserisa.com

**EASI**

01/06/2025

## SWITCH ENROLLMENT FROM 2025

Medical				
Old UW	Old Plan	New UW	New Plan	Count
BCBS	EPO	BCBS	H	7
BCBS	EPO	BCBS	L	2
BCBS	EPO	PRES	H	6
BCBS	EPO	PRES	L	1
BCBS	H	BCBS	EPO	5
BCBS	H	BCBS	L	83
BCBS	H	PRES	H	50
BCBS	H	PRES	L	22
BCBS	L	BCBS	H	81
BCBS	L	PRES	H	9
BCBS	L	PRES	L	10
PRES	H	BCBS	EPO	3
PRES	H	BCBS	H	68
PRES	H	BCBS	L	7
PRES	H	PRES	L	92
PRES	L	BCBS	EPO	1
PRES	L	BCBS	H	26
PRES	L	BCBS	L	22
PRES	L	PRES	H	56

Medical Total Number of Switches

551

Dental				
Old UW	Old Plan	New UW	New Plan	Count
DLTA	B	BCBS	B	1
DLTA	B	BCBS	C	16
DLTA	B	DLTA	C	49
DLTA	B	UCD	B	2
DLTA	B	UCD	C	4
DLTA	C	BCBS	B	5
DLTA	C	BCBS	C	52
DLTA	C	DLTA	B	35



# New Mexico Public Schools Insurance Authority

Administrative Office: Erisa Administrative Services, Inc.

P. O. Box 9054; Santa Fe, NM 87504

Phone: (505) 988-4974 or (800) 233-3164 Fax: (505) 988-8943

e-mail: sf@santafe.cserisa.com

**EASI**

01/06/2025

## SWITCH ENROLLMENT EMPLOYEE COUNTS FOR 01/01/2025

DLTA	C	UCD	B	2
DLTA	C	UCD	C	59
UCD	B	BCBS	B	4
UCD	B	BCBS	C	9
UCD	B	DLTA	B	1
UCD	B	DLTA	C	12
UCD	B	UCD	C	35
UCD	C	BCBS	B	9
UCD	C	BCBS	C	105
UCD	C	DLTA	B	9
UCD	C	DLTA	C	163
UCD	C	UCD	B	17

Dental Total Number of Switches 589

### Medical

UW	Plan	Loss	Gain	Net
BCBS	EPO	16	9	-7
BCBS	H	160	182	22
BCBS	L	100	114	14
PRES	H	170	121	-49
PRES	L	105	125	20

### Dental

UW	Plan	Loss	Gain	Net
BCBS	B	0	19	19
BCBS	C	0	182	182
DLTA	B	72	45	-27
DLTA	C	153	224	71
UCD	B	61	21	-40
UCD	C	303	98	-205

NMPSIA Annual Statistics

Employee Benefits

as of January 2025

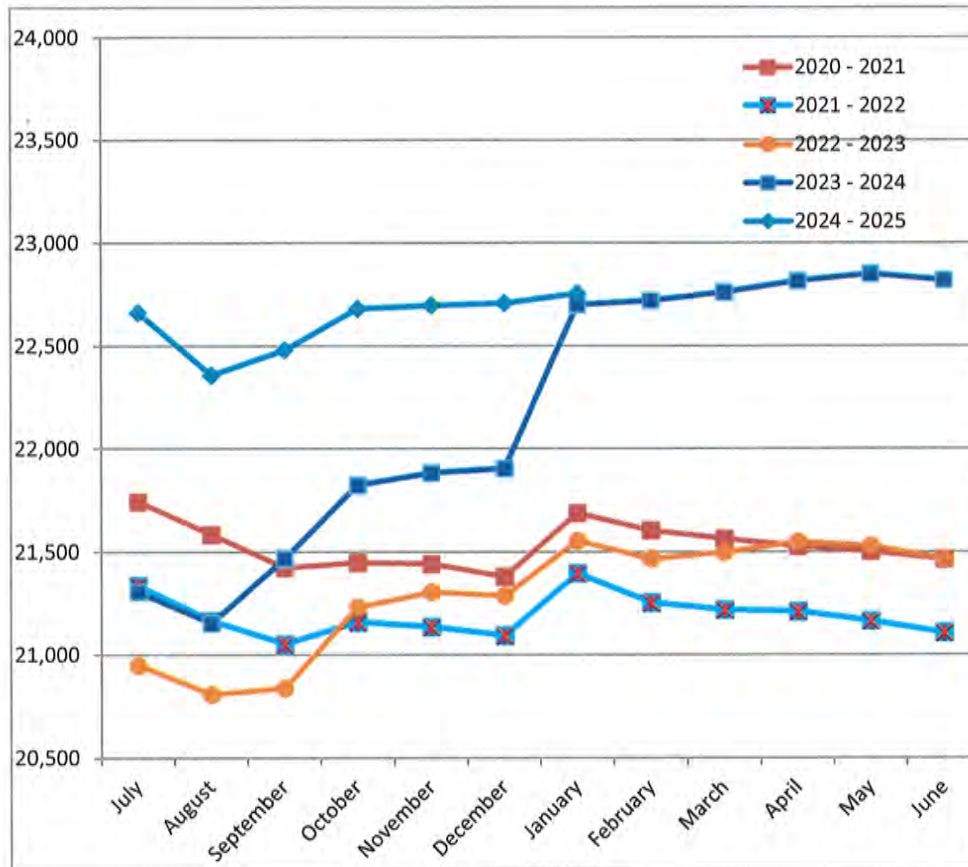
*Erisa Administrative Services, Inc.*



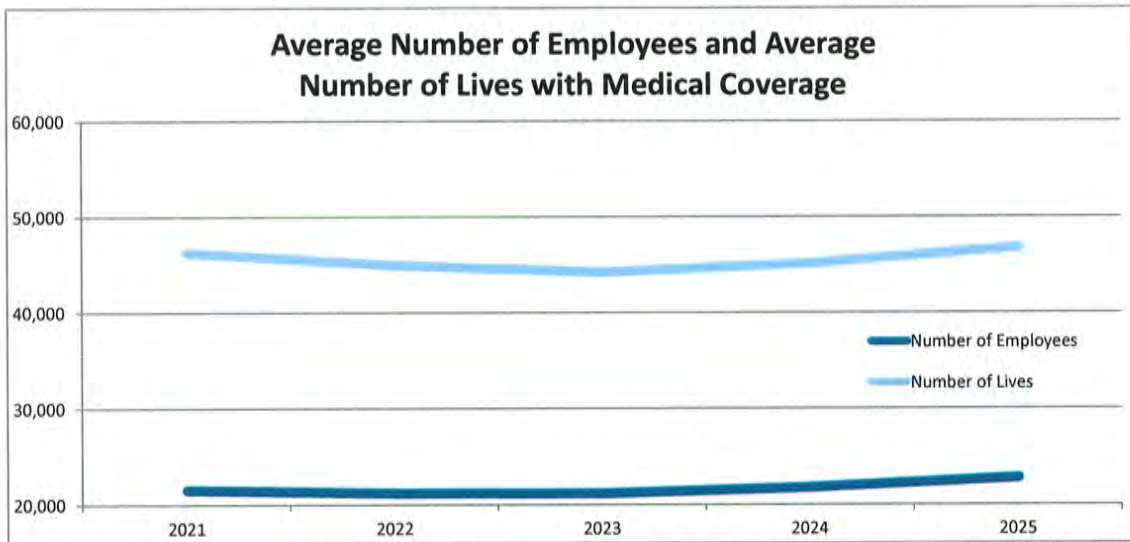
## NMPSIA

### Number of Employees with Medical Eligibility (by fiscal year)

	2020 - 2021	2021 - 2022	2022 - 2023	2023 - 2024	2024 - 2025
July	21,744	21,335	20,950	21,304	22,662
August	21,584	21,164	20,809	21,153	22,357
September	21,423	21,051	20,839	21,467	22,480
October	21,447	21,157	21,231	21,823	22,680
November	21,441	21,134	21,304	21,882	22,696
December	21,379	21,092	21,287	21,904	22,708
January	21,688	21,393	21,553	22,699	22,754
February	21,603	21,251	21,466	22,720	
March	21,563	21,216	21,497	22,759	
April	21,527	21,207	21,547	22,814	
May	21,501	21,161	21,527	22,848	
June	21,462	21,103	21,464	22,818	
<b>Average:</b>	21,530	21,189	21,290	22,183	26,390
<b>% Change:</b>		-1.59%	0.48%	4.19%	18.96%



Medical Benefit	2021	2022	2023	2024	2025	% Change Last Year	% Change 2021 - 2025
Average Eligibles	21,529	21,189	21,290	21,747	22,718	4.46%	5.52%
Average No. of Lives	46,250	44,928	44,169	45,076	46,717	3.64%	1.01%
Average Monthly Premium	\$24,344,563	\$24,901,110	\$25,834,934	\$27,784,585	\$30,261,931	8.92%	24.31%
% change eligibles		-1.58%	0.48%	2.15%	4.46%		
% change no. of lives		-2.86%	-1.69%	2.05%	3.64%		
% change premium		2.29%	3.75%	7.55%	8.92%		



Benefit Information	Medical Benefit	2021	2022	2023	2024	2025	% Change Last Year	% Change 2021 - 2025
Medical	Eligibles	21,529	21,189	21,139	21,747	22,718	4.46%	5.52%
	No. of Lives	46,250	44,928	44,169	45,076	46,717	3.64%	1.01%
	Monthly Premium	\$24,344,563	\$24,901,110	\$25,834,934	\$27,784,585	\$30,261,931	8.92%	24.31%
	% change eligibles		-1.58%	-0.24%	2.88%	4.46%		
	% change no. lives		-2.86%	-1.69%	2.05%	3.64%		
	% change premium		2.29%	3.75%	7.55%	8.92%		
Dental	Eligibles	23,579	23,305	23,421	24,069	25,255	4.93%	7.11%
	No. of Lives	53,418	52,035	51,559	52,583	54,672	3.97%	2.35%
	Monthly Premium	\$1,237,029	\$1,044,863	\$1,196,866	\$1,221,672	\$1,312,255	7.41%	6.08%
	% change eligibles		-1.16%	0.50%	2.77%	4.93%		
Vision	Eligibles	20,294	20,021	20,474	21,056	22,063	4.78%	8.72%
	No. of Lives	46,054	44,767	45,092	45,898	47,677	3.88%	3.52%
	Monthly Premium	\$202,963	\$198,402	\$201,041	\$205,508	\$218,113	6.13%	7.46%
	% change eligibles		-1.35%	2.26%	2.84%	4.78%		
Basic Life	Eligibles	36,479	36,618	38,384	39,750	40,723	2.45%	11.63%
	Face Value (\$ 000)	\$1,547,386	\$1,556,601	\$1,674,393	\$1,735,947	\$1,793,717	3.33%	15.92%
	Premium	\$155,431	\$163,861	\$176,241	\$192,689	\$206,639	7.24%	32.95%
	% change eligibles		0.38%	4.82%	3.56%	2.45%		
Additional Life	Eligibles	10,102	10,119	10,766	11,107	11,322	1.94%	12.08%
	Face Value (\$ 000)	\$1,262,018	\$1,266,838	\$1,362,555	\$1,546,212	\$1,651,685	6.82%	30.88%
	Premium	\$286,142	\$297,575	\$321,423	\$378,817	\$416,500	9.95%	45.56%
	% change eligibles		0.17%	6.39%	3.17%	1.94%		
Spouse Life	Eligibles	3,811	3,682	3,710	3,707	3,693	-0.38%	-3.10%
	Face Value (\$ 000)	\$178,745	\$175,264	\$185,657	\$206,888	\$217,714	5.23%	21.80%
	Premium	\$48,612	\$48,431	\$50,805	\$59,011	\$64,400	9.13%	32.48%
	% change eligibles		-3.38%	0.76%	-0.08%	-0.38%		
Long Term Disability	Eligibles	12,000	11,972	12,301	12,727	12,920	1.52%	7.67%
	LTD Gross	\$566,653,540	\$575,757,259	\$622,617,454	\$721,011,681	\$772,766,963	7.18%	36.37%
	Premium	\$248,763	\$254,018	\$273,824	\$316,630	\$338,872	7.02%	36.22%
	% change eligibles		-0.23%	2.75%	3.46%	1.52%		



	As of January 2024	As of January 2025	Low Value		High Value	
Average Age	46.94	46.74	Dzil Dit'ooi School of Empowerment Solare Collegiate Rio Grande Academy of Fine Arts	31.00 31.00 32.83	NM Coalition of Educational Leaders Board Members NM Tech Retirees	73.00 72.67 72.50
Average Family Size	2.05	2.02	Alma D'Arte Charter High School Dzil Dit'ooi School of Empowerment NM Coalition of Educational Leaders	1.00 1.00 1.00	Public Charter Schools of NM Moreno Valley High School Melrose Municipal Schools	4.00 3.50 3.48
Average Salary	\$62,931	\$64,676	Quay Schools Federal Credit Union Raices Del Saber Xinachtli Community School Reserve Independent Schools	\$44,644.00 \$47,300.00 \$51,093.00	NM Coalition of Educational Leaders Public Charter Schools of NM Middle College High School	\$150,000.00 \$134,000.00 \$107,437.00
F:M Gender Ratio	2.43	2.40	NM Coalition of Educational Leaders Board Members Walatowa High Charter School	0.00 0.29 0.33	Horizon Academy West Charter School Lake Arthur Municipal Schools Anansi Charter School	24.00 20.00 17.00
Average Per Capita Medical Premium	\$1,356.62					
Medical Participant/Total Population	54.80%					

Demographic Information	2021	2022	2023	2024	2025	% Change Last Year	% Change 2021 - 2025
Average Age	47.54	47.37	47.30	46.94	46.74	-0.43%	-1.68%
Average Family Size	2.08	2.06	2.04	2.05	2.02	-1.46%	-2.88%
Average Salary	\$49,981	\$51,767	\$59,493	\$62,931	\$64,676	2.77%	29.40%
F:M Gender Ratio	2.44	2.38	2.36	2.43	2.40	-1.23%	-1.64%
BCBS/PRES Allocation (Cigna 2022-2024)	58 / .25 / 41	58 / 0.6 / 41	58 / 1 / 41	58/1/40	59.45/40.55		
Average Per Capita Medical Premium	\$1,114.22	\$1,160.04	\$1,205.89	\$1,262.94	\$1,356.62	7.42%	21.76%
Medical Participant/Total Population	57.10%	56.80%	54.20%	53.40%	54.80%	2.62%	-4.03%



Erisa Administrative Services, Inc.  
1429 2nd Street Santa Fe, NM 87505-3486  
Phone: (505) 988-4974 ■ (800) 233-3164  
Fax: (505) 988-8943

**Memo**

**To :** Patrick Sandoval, NMPSIA Executive Director  
NM Public Schools Insurance Authority

**From :** Kathy Payanes

**Subject :** Annual Average Summary 01/01/2020 to 01/01/2024

**Date :** 01/01/2025

---

The following report summarizes the level of enrollment and total premium amounts covering the period of 2020 through 2024. The histogram on page 5 shows the growth of the NMPSIA program in a graphical presentation.

**NM Public Schools Insurance Authority**  
**Summary of Employee Benefit Coverage**  
**2020 to 2024**

Year	Avg Monthly Medical EEs	Avg Monthly Medical Lives	Avg Monthly Medical \$	Avg Monthly Dental EEs	Avg Monthly Dental Lives	Avg Monthly Dental \$	Avg Monthly Vision EEs	Avg Monthly Vision Lives	Avg Monthly Vision \$	Avg Monthly BLF EEs	Avg Monthly BLF Prem	Avg Monthly BLF Face (\$ 000)
2024	22,702	46,908	\$30,798,033	25,286	55,020	\$1,296,968	22,093	48,011	\$216,722	40,660	\$205,561	\$1,784,357
2023	21,573	44,770	\$27,245,507	23,910	52,354	\$1,216,574	20,938	45,892	\$204,831	39,619	\$186,354	\$1,728,880
2022	19,386	40,645	\$23,377,394	21,497	47,454	\$1,100,787	18,675	41,403	\$183,834	35,017	\$159,141	\$1,511,864
2021	21,363	45,480	\$24,781,920	23,476	52,700	\$1,221,638	20,198	45,452	\$200,811	36,503	\$163,192	\$1,550,233
2020	21,725	46,829	\$24,206,402	23,772	54,063	\$1,251,005	20,448	46,707	\$204,996	36,888	\$151,460	\$1,564,054

Year	Avg Monthly ADL EEs	Avg Monthly ADL Prem	Avg Monthly ADL Face (\$ 000)	Avg Monthly SPLF EEs	Avg Monthly SPLF Prem	Avg Monthly SPLF Face (\$ 000)	Avg Monthly LTD EEs	Avg Monthly LTD Prem	Avg Monthly LTD Gross
2024	11,301	\$421,747	\$1,651,700	3,707	\$65,174	\$218,231	12,933	\$338,444	\$795,954,832
2023	11,044	\$371,635	\$1,530,806	3,709	\$57,923	\$205,152	12,657	\$312,871	\$727,912,158
2022	9,804	\$290,185	\$1,221,912	3,402	\$46,140	\$166,900	11,248	\$246,247	\$569,229,949
2021	10,044	\$300,640	\$1,265,039	3,713	\$49,451	\$176,242	11,948	\$253,031	\$579,821,706
2020	10,161	\$284,323	\$1,267,516	3,858	\$48,546	\$180,394	12,046	\$247,769	\$573,349,472

Year	Avg Monthly Count	Total Premium		All Benefits		Ratio of Medical/Total			
		Avg Amount/Month	Annual Amount	Avg per Capita Amount/Month	% Change				
2024	41,420	\$33,342,649	\$400,111,790	\$804.98	9.8 %	54.8 %			
2023	40,382	\$29,595,694	\$355,148,326	\$732.89	3.1 %	53.4 %			
2022	35,745	\$25,403,728	\$304,844,738	\$710.68	-0.9 %	54.2 %			
2021	37,607	\$26,970,683	\$323,648,200	\$717.16	3.3 %	56.8 %			
2020	38,020	\$26,394,501	\$316,734,009	\$694.22	3.6 %	57.1 %			

**NM Public Schools Insurance Authority**  
**Average Premium Rates and Year to Year % Change**  
**2020 to 2024**

**Medical % Change**

Year	Employee Lives	\$/Month	Average	% Increase
2024	22,702	\$30,798,033	\$ 1,356.62	7.42%
2023	21,573	\$27,245,507	\$ 1,262.94	4.73%
2022	19,386	\$23,377,394	\$ 1,205.89	3.95%
2021	21,363	\$24,781,920	\$ 1,160.04	4.11%
2020	21,725	\$24,206,402	\$ 1,114.22	4.15%

**Dental % Change**

Year	Employee Lives	\$/Month	Average	% Increase
2024	25,286	\$1,296,968	\$ 51.29	0.81%
2023	23,910	\$1,216,574	\$ 50.88	-0.72%
2022	21,479	\$1,100,787	\$ 51.25	-1.52%
2021	23,476	\$1,221,638	\$ 52.04	-1.13%
2020	23,772	\$1,251,005	\$ 52.63	2.68%

**Vision % Change**

Year	Employee Lives	\$/Month	Average	% Increase
2024	22,093	\$216,722	\$ 9.81	0.30%
2023	20,938	\$204,831	\$ 9.78	-0.58%
2022	18,675	\$183,834	\$ 9.84	-0.97%
2021	20,198	\$200,811	\$ 9.94	-0.88%
2020	20,448	\$204,996	\$ 10.03	-0.64%

**Basic Life % Change**

Year	Premium	Face Value (\$000)	Average	% Increase
2024	205,561	\$1,784,357	\$ 5.06	7.57%
2023	186,354	\$1,728,880	\$ 4.70	3.60%
2022	159,141	\$1,511,864	\$ 4.54	1.67%
2021	163,192	\$1,550,233	\$ 4.47	8.77%
2020	151,460	\$1,564,054	\$ 4.11	4.21%

**Additional Life % Change**

Year	Premium	Face Value (\$000)	Average	% Increase
2024	421,747	\$1,651,700	\$ 37.32	10.90%
2023	371,635	\$1,530,806	\$ 33.65	13.68%
2022	290,185	\$1,221,912	\$ 29.60	-1.11%
2021	300,640	\$1,265,039	\$ 29.93	6.98%
2020	284,323	\$1,267,516	\$ 27.98	9.47%

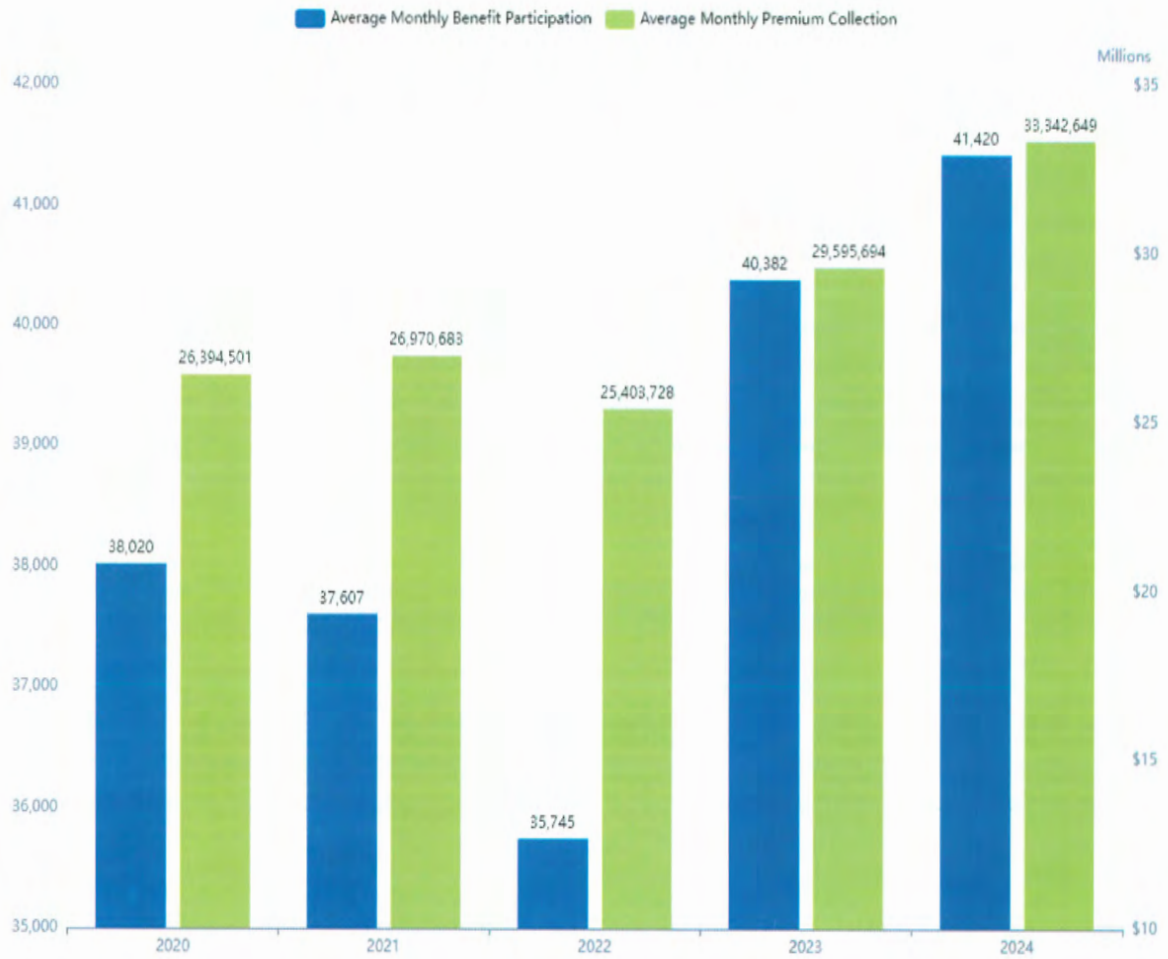


**Spouse Life % Change**

<b>Year</b>	<b>Premium</b>	<b>Face Value (\$000)</b>	<b>Average</b>	<b>% Increase</b>
2024	65,174	\$218,231	\$ 17.58	12.56%
2023	57,923	\$205,152	\$ 15.62	15.17%
2022	46,140	\$166,900	\$ 13.56	1.82%
2021	49,451	\$176,242	\$ 13.32	5.87%
2020	48,546	\$180,394	\$ 12.58	10.09%

**LTD % Change**

<b>Year</b>	<b>Premium</b>	<b>Face Value (\$000)</b>	<b>Average</b>	<b>% Increase</b>
2024	338,444	\$795,954,832	\$ 26.17	5.86%
2023	312,871	\$727,912,158	\$ 24.72	12.92%
2022	246,247	\$569,229,949	\$ 21.89	3.36%
2021	253,031	\$579,821,706	\$ 21.18	2.95%
2020	247,769	\$573,349,472	\$ 20.57	8.71%





Erisa Administrative Services, Inc.  
1429 2nd Street Santa Fe, NM 87505-3486  
Phone: (505) 988-4974 ■ (800) 233-3164  
Fax: (505) 988-8943

**Memo**

**To :** Patrick Sandoval, NMPSIA Executive Director  
NM Public Schools Insurance Authority

**From :** Kathy Payanes

**Subject :** Annual Summary as of 01/01/2025

**Date :** 01/01/2025

---

This report provides the enrollment and premium statistics as of 01/01/2025 by line of benefit, carrier and coverage type.

The first chart shows the distribution of premium among the medical carrier, the second shows the distribution of premium between the various benefits.



# New Mexico Public Schools Insurance Authority

Administrative Office: Erisa Administrative Services, Inc.

P. O. Box 9054; Santa Fe, NM 87504

Phone: (505) 988-4974 or (800) 233-3164 Fax: (505) 988-8943

e-mail: sf@easitpa.com



As of 01/01/2025

## Year End Summary

### Medical

Carrier	EE	ES	E1	EC	EF	All	Premium
BCBS	6,042	2,403	718	381	3,207	12,751	\$20,140,651
PRES	5,513	1,658	650	355	2,520	10,696	\$13,735,802
<b>All</b>	<b>11,555</b>	<b>4,061</b>	<b>1,368</b>	<b>736</b>	<b>5,727</b>	<b>23,447</b>	<b>\$33,876,454</b>

### Dental

Carrier	EE	ES	E1	EC	EF	All	Premium
BCBSB	35	12	3	2	6	58	\$1,215
BCBSC	216	68	21	17	89	411	\$19,485
DLTAB	840	128	88	49	215	1,320	\$28,666
DLTAC	4,978	1,740	564	448	2,289	10,019	\$492,385
UCDB	623	135	77	36	187	1,058	\$26,712
UCDC	5,011	2,706	808	553	4,093	13,171	\$806,638
<b>All</b>	<b>11,703</b>	<b>4,789</b>	<b>1,561</b>	<b>1,105</b>	<b>6,879</b>	<b>26,037</b>	<b>\$1,375,101</b>

### Vision

Carrier	EE	ES	E1	EC	EF	All	Premium
DV	10,259	4,161	1,350	1,001	5,983	22,754	\$227,495

### Basic Life

				All	Premium	Face Amount
BLF	394	9,161	31,515	41,070	\$208,367	\$1,808,715,000

### Additional Life

				All	Premium	Face Amount
ADL	3,142	1,665	6,650	11,457	\$453,196	\$1,722,795,000

### Spouse Life

				All	Premium	Face Amount
SPLF				3,707	\$69,441	\$226,131,000

### Dependent Life

				All	Premium
DPLF				3,888	\$1,010

### LTD

				All	Premium	Gross Amount
LTD	10,071	1,713	1,283	13,067	\$353,477	\$836,421,878

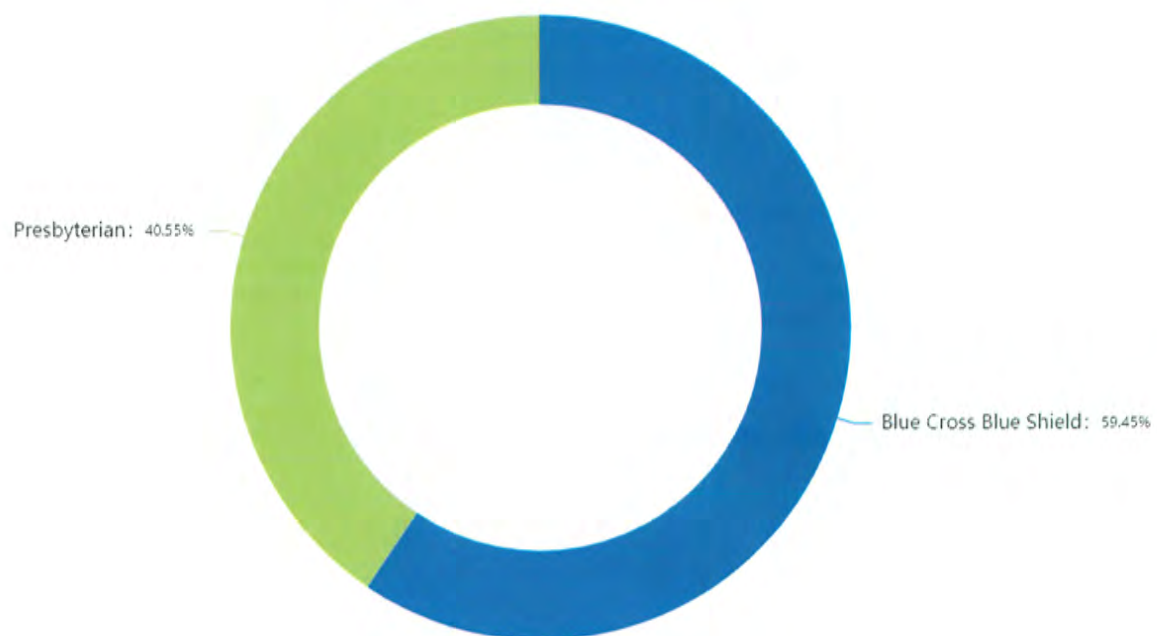
**Grand Total**

**Total Participant**

41,804      \$36,564,541

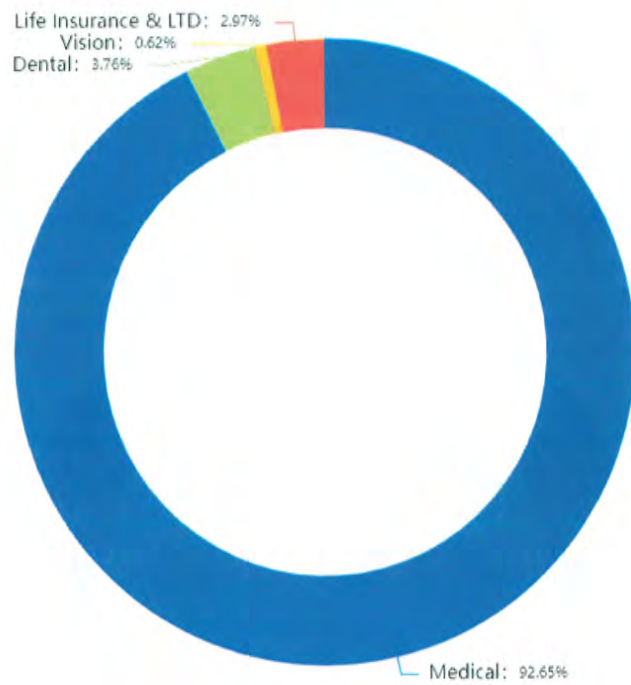
Blue Cross Blue Shield  
Presbyterian

### Allocation of Medical Premium (January 1, 2025)



- Medical
- Dental
- Vision
- Life Insurance & LTD

Allocation of Premium by Benefit Type  
(January 1, 2025)







Erisa Administrative Services, Inc.  
1429 2nd Street Santa Fe, NM 87505-3486  
Phone: (505) 988-4974 ■ (800) 233-3164  
Fax: (505) 988-8943

**Memo**

**To :** Patrick Sandoval, NMPSIA Executive Director  
NM Public Schools Insurance Authority

**From :** Kathy Payanes

**Subject :** Average Age, Family Size, Average Gross Salary and F/M Ratio

**Date :** 01/01/2025

---

The first of these tabulations is arranged by Employer Name, the others are variations of this report using a different sort sequence: Female/Male Ratio, Average Gross, Average Family Size and Average Age



# New Mexico Public Schools Insurance Authority

Administered by Erisa Administrative Services, Inc.

P. O. Box 9054; Santa Fe, NM 87504

Phone: (505) 988-4974 or (800) 233-3164 Fax: (505) 988-8943

e-mail: [sf@easitpa.com](mailto:sf@easitpa.com)

**EASI**

Average Age, Gross, Family Size, F/M Ratio by Employer

As of 01/01/2025 In Employer Name Sequence

01/03/2025

Employer ID and Name	Age	Family Size	AVG Gross	Ratio F/M
309 ACADEMY FOR TECHNOLOGY AND THE CLAS:	46.90	1.93	\$77,407	0.81
393 ACE LEADERSHIP HIGH SCHOOL	44.04	1.72	\$66,824	1.08
444 ACES TECHNICAL CHARTER SCHOOL	40.77	1.38	\$67,549	1.17
97 AFT NEW MEXICO	45.18	1.82	\$59,283	1.75
46 ALAMOGORDO PUBLIC SCHOOLS	47.09	1.88	\$62,952	1.72
416 ALBUQUERQUE AVIATION ACADEMY	46.36	2.29	\$83,408	1.80
351 ALBUQUERQUE BILINGUAL ACADEMY	43.00	1.61	\$67,266	10.50
345 ALBUQUERQUE CHARTER ACADEMY	48.48	2.48	\$95,517	2.22
439 ALBUQUERQUE COLLEGIATE CHARTER SCHC	34.55	1.70	\$71,731	5.67
354 ALBUQUERQUE INSTITUTE FOR MATH & SCIEI	49.88	2.41	\$95,539	1.13
396 ALBUQUERQUE SCHOOL OF EXCELLENCE	44.34	2.15	\$71,755	1.95
389 ALBUQUERQUE SIGN LANGUAGE ACADEMY	39.10	1.67	\$69,101	2.75
349 ALDO LEOPOLD CHARTER SCHOOL	46.39	1.78	\$66,053	1.57
364 ALICE KING COMMUNITY SCHOOL	48.16	2.08	\$66,231	11.33
337 ALMA D ARTE CHARTER HIGH SCHOOL	46.78	1.11	\$60,670	3.50
440 ALTURA PREPARATORY SCHOOL	46.25	1.75	\$70,847	5.00
304 AMY BIEHL CHARTER HIGH SCHOOL	43.74	1.70	\$68,235	1.30
314 ANANSI CHARTER SCHOOL	48.00	2.33	\$67,687	17.00
30 ANIMAS PUBLIC SCHOOLS	46.82	2.12	\$66,913	3.25
22 ARTESIA PUBLIC SCHOOLS	45.61	2.33	\$63,445	3.18
64 AZTEC MUNICIPAL SCHOOLS	48.24	2.27	\$59,433	3.07
87 BELEN CONSOLIDATED SCHOOLS	48.70	1.88	\$63,324	2.45
61 BERNALILLO PUBLIC SCHOOLS	47.35	1.83	\$64,599	2.83
66 BLOOMFIELD MUNICIPAL SCHOOLS	47.18	2.23	\$57,501	3.73
406 Board Members	72.67	1.67		0.29
40 CAPITAN MUNICIPAL SCHOOLS	50.54	2.17	\$62,105	2.25
20 CARLSBAD MUNICIPAL SCHOOLS	45.51	2.14	\$67,712	3.64
37 CARRIZOZO MUNICIPAL SCHOOLS	54.57	2.36	\$59,741	13.00
67 CENTRAL CONSOLIDATED SCHOOL DISTRICT	49.14	2.12	\$71,236	1.88
343 CESAR CHAVEZ COMMUNITY SCHOOL	43.89	1.58	\$71,754	2.17
53 CHAMA VALLEY INDEPENDENT SCHOOLS	46.10	2.24	\$64,884	1.73
357 CHRISTINE DUNCAN'S HERITAGE ACADEMY	47.19	1.63	\$81,215	2.38
382 CIEN AGUAS INTERNATIONAL SCHOOL	42.66	2.09	\$66,264	4.17
8 CIMARRON MUNICIPAL SCHOOLS	46.80	1.73	\$64,946	4.50
84 CLAYTON MUNICIPAL SCHOOLS	47.60	1.90	\$61,922	2.00
48 CLOUDCROFT MUNICIPAL SCHOOLS	50.16	2.68	\$52,729	2.67
113 CLOVIS MUNICIPAL SCHOOLS	44.68	2.01	\$60,383	3.44
110 COBRA Participants	50.15	1.38		2.08
24 COBRE CONSOLIDATED SCHOOLS	48.70	2.00	\$60,697	2.67
373 COOPERATIVE EDUCATIONAL SERVICES	49.55	1.79	\$82,213	6.38
417 CORAL COMMUNITY CHARTER SCHOOL	47.38	2.19	\$61,719	4.33
38 CORONA PUBLIC SCHOOLS	45.18	3.23	\$60,794	4.50
381 CORRALES INTERNATIONAL SCHOOL	50.00	2.15	\$74,893	4.00
378 COTTONWOOD CLASSICAL PREPARATORY SC	42.88	1.93	\$66,772	1.23
317 COTTONWOOD VALLEY CHARTER SCHOOL	45.87	2.00	\$65,532	6.00
62 CUBA INDEPENDENT SCHOOLS	44.59	1.90	\$67,401	2.00
358 DEMING CESAR CHAVEZ CHARTER HIGH SCH	51.70	1.90	\$70,406	3.50





# New Mexico Public Schools Insurance Authority

Administered by Erisa Administrative Services, Inc.

P. O. Box 9054; Santa Fe, NM 87504

Phone: (505) 988-4974 or (800) 233-3164 Fax: (505) 988-8943

e-mail: [sf@easitpa.com](mailto:sf@easitpa.com)

**EASI**

Average Age, Gross, Family Size, F/M Ratio by Employer

As of 01/01/2025 In Employer Name Sequence

01/03/2025

Employer ID and Name	Age	Family Size	AVG Gross	Ratio F/M
42 DEMING PUBLIC SCHOOLS	46.87	1.87	\$60,143	1.84
85 DES MOINES MUNICIPAL SCHOOLS	45.17	2.78	\$64,553	10.50
6 DEXTER CONSOLIDATED SCHOOLS	48.07	2.58	\$58,554	2.67
326 DIGITAL ARTS AND TECHNOLOGY ACADEMY	42.04	1.56	\$69,070	1.78
114 DORA CONSOLIDATED SCHOOLS	48.47	2.77	\$55,797	6.50
430 DREAM DINE' CHARTER SCHOOL	55.33	2.00	\$63,132	3.00
54 DULCE INDEPENDENT SCHOOLS	48.34	1.81	\$70,523	1.97
431 DZIL DITL'OOÍ SCHOOL OF EMPOWERMENT, A	31.00	1.00	\$60,000	1.00
306 EAST MOUNTAIN HIGH SCHOOL	45.26	2.33	\$69,593	2.00
329 EL CAMINO REAL ACADEMY	44.14	1.62	\$61,638	3.14
58 ELIDA MUNICIPAL SCHOOLS	43.52	3.00	\$62,216	5.67
140 ENMU - PORTALES	44.90	1.83	\$63,126	1.10
141 ENMU - ROSWELL	44.35	1.72	\$59,354	1.14
55 ESPANOLA PUBLIC SCHOOLS	48.28	1.70	\$62,582	2.75
80 ESTANCIA MUNICIPAL SCHOOLS	46.22	2.19	\$68,462	3.92
418 ESTANCIA VALLEY CLASSICAL ACADEMY	47.34	2.54	\$64,991	2.18
32 EUNICE MUNICIPAL SCHOOLS	44.53	2.38	\$60,503	3.94
429 EXPLORE ACADEMY	42.91	2.19	\$66,683	2.59
447 EXPLORE ACADEMY - LAS CRUCES	41.35	1.77	\$59,385	1.87
450 EXPLORE ACADEMY RIO RANCHO	38.16	1.96	\$57,350	4.00
125 FARMINGTON MUNICIPAL SCHOOLS	47.46	2.34	\$63,158	3.37
59 FLOYD MUNICIPAL SCHOOLS	50.64	1.86	\$61,458	4.25
16 FORT SUMNER MUNICIPAL SCHOOLS	47.65	2.53	\$56,802	2.09
19 GADSDEN INDEPENDENT SCHOOLS	48.24	1.83	\$66,797	2.50
43 GALLUP-MCKINLEY COUNTY SCHOOLS	47.29	1.91	\$67,324	1.89
342 GILBERT L. SENA CHARTER HIGH SCHOOL	43.62	1.54	\$67,055	1.40
377 GORDON BERNELL CHARTER SCHOOL	47.16	2.21	\$68,997	1.38
15 GRADY MUNICIPAL SCHOOLS	47.12	2.71	\$56,450	14.00
88 GRANTS/CIBOLA COUNTY SCHOOLS	47.25	2.02	\$59,526	2.05
5 HAGERMAN MUNICIPAL SCHOOLS	47.09	2.27	\$58,349	2.38
18 HATCH VALLEY PUBLIC SCHOOLS	46.16	1.96	\$62,543	2.33
424 HEALTH LEADERSHIP HIGH SCHOOL	48.42	1.92	\$85,930	1.40
33 HOBBS MUNICIPAL SCHOOLS	46.09	2.10	\$64,455	4.23
39 HONDO VALLEY PUBLIC SCHOOLS	54.27	1.53	\$58,976	6.50
335 HORIZON ACADEMY WEST	48.92	2.52	\$67,478	24.00
50 HOUSE MUNICIPAL SCHOOLS	56.50	1.90	\$58,374	3.50
441 HÓZHÓ ACADEMY	45.60	2.46	\$61,756	1.71
410 J. PAUL TAYLOR ACADEMY	44.67	2.83	\$62,534	8.00
34 JAL PUBLIC SCHOOLS	45.11	2.52	\$57,552	5.40
328 JEFFERSON MONTESSORI ACADEMY	44.17	1.92	\$66,492	3.00
56 JEMEZ MOUNTAIN PUBLIC SCHOOLS	48.76	1.53	\$68,271	3.25
63 JEMEZ VALLEY PUBLIC SCHOOLS	46.63	2.03	\$72,237	1.46
332 LA ACADEMIA DE ESPERANZA	45.94	2.06	\$64,677	1.83
338 LA ACADEMIA DOLORES HUERTA	41.50	1.50	\$73,701	1.00
7 LAKE ARTHUR MUNICIPAL SCHOOLS	41.50	1.70	\$64,545	20.00
17 LAS CRUCES PUBLIC SCHOOLS	45.34	2.04	\$64,154	2.42
372 LAS MONTANAS CHARTER HIGH SCHOOL	44.27	1.93	\$68,959	0.56





# New Mexico Public Schools Insurance Authority

Administered by Erisa Administrative Services, Inc.

P. O. Box 9054; Santa Fe, NM 87504

Phone: (505) 988-4974 or (800) 233-3164 Fax: (505) 988-8943

e-mail: [sf@easitpa.com](mailto:sf@easitpa.com)

**EASI**

Average Age, Gross, Family Size, F/M Ratio by Employer

As of 01/01/2025 In Employer Name Sequence

01/03/2025

Employer ID and Name	Age	Family Size	AVG Gross	Ratio F/M
69 LAS VEGAS CITY SCHOOLS	47.42	2.09	\$62,542	2.09
323 LEA REGIONAL EDUCATIONAL # 7	55.67	1.33	\$104,478	3.00
51 LOGAN MUNICIPAL SCHOOLS	48.76	2.67	\$56,037	3.00
29 LORDSBURG MUNICIPAL SCHOOLS	51.84	1.73	\$59,339	3.00
41 LOS ALAMOS PUBLIC SCHOOLS	44.46	1.93	\$57,320	1.99
376 LOS ALAMOS SCHOOLS CREDIT UNION	46.60	1.80	\$69,152	0.67
86 LOS LUNAS SCHOOLS	45.51	2.01	\$64,350	2.66
325 LOS PUENTES CHARTER SCHOOL	47.69	2.38	\$73,346	1.60
21 LOVING MUNICIPAL SCHOOLS	45.53	2.49	\$74,331	4.36
31 LOVINGTON MUNICIPAL SCHOOL DISTRICT	46.45	2.03	\$68,878	4.19
94 LUNA COMMUNITY COLLEGE	47.85	1.54	\$52,358	1.38
75 MAGDALENA MUNICIPAL SCHOOLS	48.97	2.00	\$59,970	2.00
312 MARK ARMIJO ACADEMY	44.76	2.29	\$67,901	3.20
11 MAXWELL MUNICIPAL SCHOOLS	52.47	1.82	\$61,580	2.40
421 MCCURDY CHARTER SCHOOL	46.48	2.04	\$67,709	5.50
14 MELROSE MUNICIPAL SCHOOLS	48.52	3.48	\$61,744	2.43
78 MESA VISTA CONSOLIDATED SCHOOLS	50.55	1.55	\$55,253	1.50
104 MESALANDS COMMUNITY COLLEGE	49.11	1.66	\$68,362	0.81
386 MIDDLE COLLEGE HIGH SCHOOL	50.67	3.00	\$107,437	0.50
420 MISSION ACHIEVEMENT AND SUCCESS CHAR	39.78	1.44	\$79,099	2.16
303 MONTE DEL SOL CHARTER SCHOOL	53.39	1.61	\$66,025	0.94
344 MONTESSORI OF THE RIO GRANDE CHARTER	45.55	2.85	\$72,361	4.00
44 MORA INDEPENDENT SCHOOL DISTRICT	45.44	2.04	\$60,323	3.09
324 MORENO VALLEY HIGH SCHOOL	46.50	3.50	\$79,317	5.00
81 MORIARTY-EDGEWOOD SCHOOL DISTRICT	48.32	1.97	\$59,620	3.27
362 MOSAIC ACADEMY	46.53	3.20	\$69,272	15.00
28 MOSQUERO MUNICIPAL SCHOOLS	47.21	2.14	\$67,645	6.00
353 MOUNTAIN MAHOGANY COMMUNITY SCHOOL	43.33	1.33	\$62,611	6.50
82 MOUNTAINAIR PUBLIC SCHOOLS	39.33	1.88	\$51,295	1.56
363 NATIVE AMERICAN COMMUNITY ACADEMY	40.97	1.76	\$64,018	4.33
92 NEA	57.50	2.20	\$94,480	1.50
380 NEW MEXICO ACADEMY FOR THE MEDIA ART:	51.58	1.75	\$73,626	2.00
435 NEW MEXICO ASSOCIATION OF SCHOOL BUSI	46.00	2.33	\$86,279	2.00
423 NEW MEXICO CONNECTIONS ACADEMY	46.63	2.73	\$77,515	6.38
399 NEW MEXICO INTERNATIONAL SCHOOL	46.87	2.39	\$75,847	10.50
103 NEW MEXICO JUNIOR COLLEGE	47.20	1.83	\$73,473	1.44
395 NEW MEXICO SCHOOL FOR THE ARTS	43.87	1.39	\$68,880	1.71
108 NEW MEXICO TECH	45.27	1.79	\$75,453	0.65
407 NEW MEXICO TECH RETIREES	72.50	1.39		0.87
91 NM ACTIVITIES ASSOCIATION	48.25	3.17	\$100,560	0.71
374 NM COALITION OF EDUCATIONAL LEADERS	73.00	1.00	\$150,000	0.00
375 NM SCHOOL BOARD ASSOCIATION	63.00	1.50	\$75,265	2.00
105 NM SCHOOL FOR THE DEAF	45.66	1.81	\$60,473	2.00
90 NMPSIA	38.78	2.33	\$94,493	3.50
336 NORTH VALLEY ACADEMY	45.75	1.81	\$64,460	4.33
98 NORTHERN NEW MEXICO COLLEGE	47.52	1.57	\$68,443	1.48
436 PECOS CYBER ACADEMY	47.81	2.33	\$74,780	4.44





# New Mexico Public Schools Insurance Authority

Administered by Erisa Administrative Services, Inc.

P. O. Box 9054; Santa Fe, NM 87504

Phone: (505) 988-4974 or (800) 233-3164 Fax: (505) 988-8943

e-mail: [sf@easitpa.com](mailto:sf@easitpa.com)

**EASI**

Average Age, Gross, Family Size, F/M Ratio by Employer

As of 01/01/2025 In Employer Name Sequence

01/03/2025

Employer ID and Name	Age	Family Size	AVG Gross	Ratio F/M
70 PECOS INDEPENDENT SCHOOL DISTRICT	49.31	1.56	\$60,434	1.83
322 PECOS VALLEY REC #8	41.17	1.67	\$78,587	5.00
77 PENASCO INDEPENDENT SCHOOL DISTRICT	47.84	1.75	\$70,814	4.33
72 POJOAQUE VALLEY SCHOOL DISTRICT	47.99	1.51	\$59,978	2.35
116 PORTALES MUNICIPAL SCHOOLS	48.77	2.45	\$65,146	3.13
318 PUBLIC ACADEMY FOR PERFORMING ARTS	43.75	1.82	\$70,373	1.45
426 PUBLIC CHARTER SCHOOLS OF NEW MEXICO	42.50	4.00	\$134,164	1.00
379 QUAY SCHOOLS FEDERAL CREDIT UNION	55.00	1.67	\$44,644	3.00
3 QUEMADO INDEPENDENT SCHOOLS	46.24	2.55	\$61,076	4.60
79 QUESTA INDEPENDENT SCHOOL DISTRICT	45.30	2.28	\$59,466	3.00
443 RAICES DEL SABER XINACHTLI COMMUNITY S	44.40	1.53	\$47,300	14.00
9 RATON PUBLIC SCHOOLS	47.27	2.01	\$57,197	2.89
143 REC #2	54.43	1.64	\$78,018	14.00
320 RED RIVER VALLEY CHARTER SCHOOL	48.13	2.25	\$68,596	6.00
452 REGION IX EDUCATION COOPERATIVE	47.35	2.06	\$61,245	6.29
142 REGIONAL EDUCATIONAL CENTER #6	44.50	3.00	\$72,774	3.00
2 RESERVE INDEPENDENT SCHOOLS	44.50	2.50	\$51,093	2.33
368 RIO GALLINAS SCHOOL FOR ECOLOGY AND T	42.75	1.75	\$59,944	3.00
449 RIO GRANDE ACADEMY OF FINE ARTS	32.83	1.33	\$62,114	3.00
120 RIO RANCHO PUBLIC SCHOOLS	44.92	2.13	\$66,431	2.46
319 ROBERT F. KENNEDY CHARTER SCHOOL	49.92	1.54	\$57,147	1.36
315 ROOTS AND WINGS COMMUNITY SCHOOL	44.80	1.40	\$77,671	4.00
4 ROSWELL INDEPENDENT SCHOOL DISTRICT	46.36	2.19	\$70,057	2.87
27 ROY MUNICIPAL SCHOOLS	48.50	2.69	\$63,603	3.00
36 RUIDOSO MUNICIPAL SCHOOLS	47.46	2.22	\$64,771	3.27
301 SAN DIEGO RIVERSIDE CHARTER SCHOOL	53.00	2.00	\$75,190	3.00
52 SAN JON MUNICIPAL SCHOOLS	43.29	2.24	\$53,636	4.67
433 SANDOVAL ACADEMY OF BILINGUAL EDUCATI	46.08	2.33	\$67,746	11.00
106 SANTA FE COMMUNITY COLLEGE	49.25	1.70	\$69,261	1.54
71 SANTA FE PUBLIC SCHOOLS	49.10	2.01	\$63,537	2.67
25 SANTA ROSA CONSOLIDATED SCHOOLS	46.22	1.97	\$55,362	3.19
388 SCHOOL OF DREAMS ACADEMY	48.24	1.94	\$73,858	1.06
316 SIDNEY GUTIERREZ MIDDLE SCHOOL	43.77	2.85	\$76,113	5.50
437 SIEMBRA LEADERSHIP HIGH SCHOOL	38.67	1.22	\$81,137	2.27
23 SILVER CONSOLIDATED SCHOOLS	48.47	2.25	\$60,918	2.69
438 SIX DIRECTIONS INDIGENOUS SCHOOL	51.00	1.00	\$55,645	1.00
74 SOCORRO CONSOLIDATED SCHOOLS	48.27	1.86	\$56,956	2.88
442 SOLARE COLLEGIATE CHARTER SCHOOL	31.00	1.38	\$66,556	2.22
302 SOUTH VALLEY ACADEMY	44.02	1.57	\$71,261	1.72
390 SOUTH VALLEY PREPARATORY SCHOOL	42.70	1.60	\$61,787	1.50
347 SOUTHWEST PREPARATORY LEARNING CENT	41.60	2.10	\$76,267	9.00
311 SOUTHWEST SECONDARY LEARNING CENTE	48.40	2.20	\$69,185	2.33
10 SPRINGER MUNICIPAL SCHOOLS	51.70	1.65	\$57,136	2.33
384 TAOS ACADEMY	47.80	1.88	\$70,124	3.17
305 TAOS CHARTER SCHOOL	41.83	2.44	\$68,078	3.50
397 TAOS INTEGRATED SCHOOL OF THE ARTS	45.73	1.93	\$57,012	14.00
428 TAOS INTERNATIONAL SCHOOL	49.73	1.80	\$64,011	2.75



# New Mexico Public Schools Insurance Authority

Administered by Erisa Administrative Services, Inc.

P. O. Box 9054; Santa Fe, NM 87504

Phone: (505) 988-4974 or (800) 233-3164 Fax: (505) 988-8943

e-mail: [sf@easitpa.com](mailto:sf@easitpa.com)



Average Age, Gross, Family Size, F/M Ratio by Employer

As of 01/01/2025 In Employer Name Sequence

01/03/2025

Employer ID and Name	Age	Family Size	AVG Gross	Ratio F/M
76 TAOS MUNICIPAL SCHOOLS	50.92	1.86	\$60,397	2.92
35 TATUM MUNICIPAL SCHOOLS	47.44	2.66	\$59,634	3.43
432 TECHNOLOGY LEADERSHIP HIGH SCHOOL	44.61	2.06	\$74,687	2.00
13 TEXICO MUNICIPAL SCHOOLS	45.98	2.85	\$62,003	4.22
371 THE ALBUQUERQUE TALENT DEVELOPMENT	55.25	1.38	\$76,069	1.00
394 THE ASK ACADEMY	49.76	2.71	\$71,651	1.93
398 THE GREAT ACADEMY	42.50	2.00	\$96,735	1.00
383 THE INTERNATIONAL SCHOOL	39.54	1.63	\$63,543	6.00
392 THE MASTERS PROGRAM	51.83	1.79	\$78,881	3.00
352 THE MONTESSORI ELEMENTARY & MIDDLE SC	45.50	2.36	\$63,440	6.33
415 THE NEW AMERICA SCHOOL - LAS CRUCES	44.00	1.69	\$61,937	1.67
385 THE NEW AMERICA SCHOOL NEW MEXICO	40.73	1.45	\$75,699	1.75
448 THRIVE COMMUNITY SCHOOL	38.48	2.05	\$64,147	6.00
391 TIERRA ADENTRO OF NEW MEXICO	42.69	1.25	\$73,019	15.00
355 TIERRA ENCANTADA CHARTER HIGH SCHOOL	52.43	2.33	\$79,274	1.33
73 TRUTH OR CONSEQUENCES MUNICIPAL SCH	47.22	2.03	\$61,245	3.00
49 TUCUMCARI PUBLIC SCHOOLS	50.70	2.18	\$60,932	2.45
47 TULAROSA MUNICIPAL SCHOOL DISTRICT	48.07	2.23	\$64,914	2.75
313 TURQUOISE TRAIL CHARTER SCHOOLS	45.66	1.79	\$63,936	4.22
310 TWENTY FIRST CENTURY PUBLIC ACADEMY	40.52	1.59	\$61,622	2.38
26 VAUGHN MUNICIPAL SCHOOLS	44.31	1.94	\$62,023	3.00
367 VISTA GRANDE CHARTER HIGH SCHOOL	41.73	1.73	\$61,283	0.57
445 VOZ COLLEGIATE	33.91	1.18	\$66,992	1.75
45 WAGON MOUND PUBLIC SCHOOLS	49.13	2.44	\$61,976	1.29
334 WALATOWA HIGH CHARTER SCHOOL	59.83	1.67	\$71,517	0.33
68 WEST LAS VEGAS SCHOOL DISTRICT	47.42	1.95	\$64,049	1.56
96 WESTERN NM UNIVERSITY	47.25	1.94	\$67,991	1.39
89 ZUNI PUBLIC SCHOOLS	46.15	2.22	\$82,509	1.52
Overall	46.74	2.02	\$64,676	2.40



New Mexico  
Public Schools  
Insurance  
Authority

February 2025 Benefits Statistics

July 2024-September 2024

1st Quarter

175 Total Inquiries

123 Phone Calls

52 Website Feedback

Days Resolved

1 Day= 152    19 Days=1

2 Days= 13    36 Days=1

3 Days= 3    51 Days=1

6 Days= 1    86 Days= 1

7 Days= 1    168 Days=1

Carriers 20

General 155

Blue Cross Blue Shield	5		Erisa Administrative Services	45
Presbyterian	1		Employer	70
Surgery Plus	2		NMPSIA	32
CVS	4		NMRHCA	4
United Concordia	0		Finance	1
Delta Dental	0		CCMSI	2
Davis Vision	3		APS	1
The Standard	0			
Carriers	5			