

## MINUTES

### METROPOLITAN EMPLOYEE BENEFIT BOARD

#### MEDICAL & LIFE COMMITTEE

January 17, 2017

The Metropolitan Employee Benefit Board's Medical & Life Committee met on Tuesday, January 17, 2017 in the Sonny West Conference Room, Howard Office Building, 700 2<sup>nd</sup> Avenue North, Nashville, Tennessee at approximately 10:00 a.m.

Committee Members present: Committee Chair Jerry Hall; Vice-Chair: To be elected; Members: Stephanie Bailey, Christine Bradley, Charles D. Clariday and B.R. Hall, Sr. and John P. Kennedy. Alternates: Edna J. Jones and Talia Lomax-O'dneal.

Others present: Christina Hickey, Metro Human Resources and Nicki Eke, Attorney, Metro Legal Department.

The meeting was called to order and Christina Hickey stated the first order of business is to elect a Chair and Vice-Chair for the Committee.

B.R. Hall nominated Jerry Hall for Chair of the Medical and Life Committee. Stephanie Bailey seconded.

A vote was taken on the nomination for Committee Chair and was approved unanimously by the Committee.

B.R. Hall nominated Christine Bradley for Vice-Chair of the Medical and Life Committee. Doug Clariday seconded.

A vote was taken on the nomination for Committee Vice-Chair and was approved unanimously by the Committee.

#### **BENEFIT BOARD ITEMS**

The Human Resources staff submitted the following for the Committee's consideration and appropriate action:

1. Eye surgery procedures discussion.

Christina Hickey reported to the Committee that this item stems from discussions regarding what our plans and other plans do regarding these types of procedures. She stated that Blue Cross Blue Shield, Cigna and Humana will be giving a brief overview regarding these procedures and the actuary will provide cost implications.

Paul Huffman, account manager, and Jim Lancaster, Medical Director, with Cigna were present. Paul Huffman stated that Mr. Lancaster will describe what was covered versus what was denied regarding item 2.

Jim Lancaster stated that Cigna did a partial approval for the procedure for removal of the cataracts and replacement with a standard lens for the member. He stated that what was requested by the physician was not approved and is never approved by Cigna because it is considered experimental and investigational. He stated that the requested lasik procedure (keratotomy) done by the laser is not covered and is a benefit exclusion. He stated that the toric lens that was requested, which is different from the standard lens that was covered, is a special lens used specifically to improve the ability for reading with that lens and so for that reason it is considered cosmetic because it decreases or replaces the need for glasses or contacts. He also stated these coverages are relatively standard across the industry and that FDA approval only indicates safety.

There was some discussion regarding the procedure changing the shape of the cornea and that a standard lens would not work.

Jim Lancaster stated other medical directors and with Cigna and a board certified ophthalmologist also reviewed this case and they concluded that they are not aware of needing a toric lens specifically for this procedure.

There was some discussion regarding what has been paid for regarding the cataract surgery.

Jim Lancaster stated that it was approved for a standard cataract surgery and a replacement with the standard lens implant.

There was some discussion regarding how many cataract surgeries are done in a year and that the use of the laser is included in the cataract surgery, however, this specific laser is considered experimental.

There was some discussion regarding how many physicians prefer the scalpel method versus the laser method, this procedure being reviewed periodically and there being no data proving that vision is better when using this specific type of laser versus standard.

Debbie Sims, account manager, and Pat Weaver, Medical Director, with Blue Cross Blue Shield were present. Debbie Sims stated that after some research, they could not find a plan that does refractive corrective surgery.

Pat Weaver stated that the term refractive refers to conditions that could be corrected with traditional eye glasses or contacts. She stated that generally a refractive procedure is one where the person just no longer wants to use contacts or glasses. She stated that in terms of the laser, the laser is just the instrument that is used and there are a number of different types of laser eye refractive surgeries.

She stated that the most advanced one is the bladeless laser and that is differentiated from the type where there is a blade used to cut and that the specialized laser requested for this case is used to make additional changes under that cut. She stated that with Metro's plan, the radial keratotomy is covered and that procedure is different from the one requested as a blade is used. She also stated that the refractive laser surgery may be covered only in a really extreme medically necessary case.

There was some discussion regarding rare medical circumstances where the procedure could be considered.

There was discussion regarding those that have had these types of procedures done and still had to have additional procedures and whether or not the specialty lens are really worth what they cost.

Pat Weaver also stated that the toric lens requested is considered refractive and BCBS will only pay for the standard lens.

Michelle Tallman, Humana, was present. She stated that the Metro Humana plan is a Medicare Advantage plan which means that it follows all Medicare guidelines and cover all services that Medicare covers. She stated that lasik is not considered medically necessary by Medicare and is not covered. She stated that it does cover bladeless cataract surgery.

Joe Meyers, Bryan, Pendleton, Swats & McAllister, was present. He reviewed costs related to adding lasik to the plans. He stated that based on the current enrollment, the assumption that 60% of the adult population would get the procedure over a 10 year period and a cost estimate of \$4,000 per eye it would cost approximately 134 million over a 10 year period with 33 million in the first year. He also noted that since there is no data, this estimate could vary widely.

The Committee discussed what the current payout is on radial keratotomy, who determines what is medically necessary, what procedures are considered medically necessary and the criteria for medically necessary and radial keratotomy being an outdated procedure.

The Committee also discussed case scenarios, the skill level of the ophthalmologist, and the equipment used.

There was also some discussion regarding keeping the plans uniform in terms of what is covered.

2. Medical care appeal – Pensioner from Metropolitan Nashville Police Department.

The pensioner was present.

Paul Huffman, account representative for Cigna was present.

The pensioner addressed the Board regarding the claim. He stated that several years ago he had radial keratotomy surgery performed on both eyes. He stated that over time his vision has deteriorated due to cataracts. He stated that in starting the process to have the cataracts removed, he was advised that the radial keratotomy surgery changed the shape of his cornea. He stated that he is not able to wear contacts because his eye is so flat and glasses offer little help. He stated that after doing some research he saw Dr. Ming Wang. He reviewed some studies/research regarding this procedure and stated that he's not wanting to have the surgery just because he does not want to wear glasses, it's a medical necessity because his condition will only continue to get worse.

B.R. Hall moved to cover the procedure. Doug Clariday seconded and the motion failed with Doug Clariday and B.R. Hall in favor and John Kennedy, Stephanie Bailey, Christine Bradley opposing and Jerry Hall abstaining.

The Committee discussed what Cigna will pay for, which is the standard lens and not the upgraded lens.

Nicki Eke, Legal Department, stated that physicians are actually paid for the services they provide as opposed to services that they did not provide. She stated that you can not pay a physician for something that they did not do so you can cover something they did. She also advised the Committee that is not how the plan is written and if the Board decides to do that, it is outside of the plan document. She also stated that it can expose Metro to liability because if you cover something when it is specifically excluded any other member will be entitled to that same coverage.

B.R. Hall moved to pay for the standard lens. Doug Clariday seconded.

There was further discussion regarding the standard surgery for cataracts and the individual being responsible for anything beyond that.

After clarification on the motion to approve payment of the standard surgery and lens, and that anything above that would be the individual's responsibility, was approved with Jerry Hall, Doug Clariday and B.R. Hall in favor and Stephanie Bailey opposing and Christine Bradley and John Kennedy abstaining.

With nothing further presented, the meeting adjourned at 10:05 a.m.

ATTEST:

APPROVED:

---

**John P. Kennedy, Interim Director  
Human Resources**

---

**Jerry Hall, Chair  
Medical & Life Committee**