

MINUTES

METROPOLITAN EMPLOYEE BENEFIT BOARD

MEDICAL & LIFE COMMITTEE

February 23, 2017

The Metropolitan Employee Benefit Board's Medical & Life Committee met on Thursday, February 23, 2017 in the Sonny West Conference Room, Howard Office Building, 700 2nd Avenue North, Nashville, Tennessee at approximately 9:31 a.m.

Committee Members present: Committee Chair Jerry Hall; Vice-Chair: Christine Bradley; Members: Stephanie Bailey, Christine Bradley, Charles D. Clariday and B.R. Hall, Sr. and John P. Kennedy. Alternate: Edna J. Jones.

Others present: Christina Hickey, Metro Human Resources and Katie Downey, Attorney, Metro Legal Department.

Committee Chair Jerry Hall called the meeting to order and informed those present that this Committee only makes a recommendation to the full Board for consideration.

BENEFIT BOARD ITEMS

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

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

The pensioner was present.

James Smallwood, Fraternal Order of Police, (FOP), was present.

Committee Chair Jerry Hall reviewed the recommendation to pay for the standard surgery and lens replacement for cataracts and that anything above that in cost would be the responsibility of the pensioner with the Committee.

The pensioner addressed the Committee regarding the appeal for the surgery. He stated that his eyes are continuing to get worse and his corrective vision is not correctable anymore with glasses or contacts. He stated that because of his prior surgery several years ago the conventional cataract removal is not possible and his doctor prefers to use a bladeless procedure to remove the cataracts and insert a special lens. He also stated that the cost is substantial.

James Smallwood, FOP, addressed the Committee. He stated that he is not asking for anything that is above and beyond what would normally be covered. He asked the Committee to consider the fact that if he could have the regular surgery and correct his vision it would not be a problem, but he has to have something special to get his vision corrected to where it needs to be. He also stated that what the Committee has previously recommended seemed very reasonable and to consider that.

Paul Huffman, account representative for Cigna was present. He stated that the plan covers the standard cataract removal and the standard lens placement. He stated that they have obtained information on what the cost would be for; 1) standard cataract removal and lens, 2) to use the laser that the physician has requested, (which is what is being denied because that laser is used to correct his vision (refractive correction), and 3) the specialized lens, (which is also being denied). Mr. Huffman stated that the first step would be covered, but the physician is telling him that he needs step 2 and 3.

There was further discussion regarding the recommendation to cover the cost of the standard cataract surgery and not the special laser or lens procedure.

1. Medical care appeal – Pensioner from Metropolitan Nashville Police Department. (continued)

Katie Downey, Legal Department, stated that you can only cover what is in the plan. She stated that you cannot say because this is the procedure we are going to cover a portion of what we normally would cover. She stated the plan does not allow for that. She stated that you can cover the regular cataract surgery that is in the plan or you would have to choose to cover this surgery. She stated that you can not use what you normally cover to cover another portion of another surgery.

There was discussion regarding going outside of the plan to cover something and how it has been done in the past.

There was some discussion regarding the advice from the Legal Department, why this was sent back to the Committee, and the Board's authority to decide to pay for something outside of the plan.

The Committee discussed what would be paid for if it is submitted as is.

Paul Huffman, Cigna, stated that the cataract removal would be covered but if they correct his vision with the lasik tool and use that special lens it will be denied. He stated that he would get the cataract procedure, but that is just a small piece of this. He also noted that the in/out patient office visits would be covered.

The pensioner stated that the physician would not be using lasik, it is a lasik type of laser to cut open the eye not to put lines in it because when they put the proper lens in the eye, that will correct his vision. He stated the laser is being used as a scapel not for correction.

There was discussion that the code for that laser is a lasik laser and it is used for vision correction.

There was further discussion of the cost between the regular lens versus the specialty lens and that the regular lens will not work because of the previous radial keratotomy surgery performed changed the shape of his eye.

B.R. Hall moved to cover the cost of the standard surgery and lens. Doug Clariday seconded.

It was clarified that the motion does not include the specialty laser and lens.

Katie Downey, Legal Department, reiterated to the Committee that the Board can not do this.

A vote was taken on the motion to cover the standard surgery and lens and resulted in a tie vote with Jerry Hall, B.R. Hall and Doug Clariday in favor and John Kennedy, Christine Bradley and Stephanie Bailey opposing.

This item will go to the Board without a recommendation from the Committee and there was discussion regarding the procedure for this item going forward.

The Committee discussed what options the individual has with respect to the surgery.

The Committee discussed the plan language regarding radial keratotomy.

Debbie Sims, Blue Cross Blue Shield, addressed the Committee regarding the Board covering things not covered in the plan. She stated that there has been a few overrides.

Paul Huffman, Cigna, stated that if the Board does choose to do an override that could be done.

Katie Downey, Legal Department, stated that the recommendation the Committee has made can not be done because it is not legal to do it that way.

The Committee discussed the costs of the standard procedure from this provider and what Cigna would pay. B.R. Hall moved to cover the procedure. Doug Clariday seconded.

1. Medical care appeal – Pensioner from Metropolitan Nashville Police Department. (continued)

A vote was taken on the motion to cover the procedure and failed with B.R. Hall and Doug Clariday in favor and Christine Bradley, John Kennedy and Stephanie Bailey opposing and Jerry Hall abstaining.

There will be no recommendation from the Committee on this item.

2. Medical care appeal – Employee from General Services.

The employee and spouse were present.

The employee is appealing the denial of applied behavioral analysis (ABA) therapy for her dependent. The employee states that she was given information from Cigna when signing up for benefits that this therapy would be covered and chose Cigna based on that information.

The employee described the struggles the dependent has, his medical conditions and the benefits of ABA therapy.

Paul Huffman, Cigna, stated that they have no call records that the employee was told this was a covered benefit prior to enrolling. He stated that Cigna did work with the therapist on getting credentialed and in network, but had no conversations about this therapy being covered. He also stated that ABA therapy is not required to be covered in the state of TN.

There was some discussion regarding the employee speaking with Cigna regarding this therapy and it not being mandated by the state that it be a covered benefit.

Christina Hickey stated that in checking both plans, ABA therapy is not covered by either plan and is only covered in states where it is mandated.

The Committee discussed calls from non-members not being recorded, this being one of the therapies for children with autism and its effectiveness and why it is not covered.

The Committee discussed what would have to be changed to have this therapy covered.

Christine Bradley moved to cover the ABA therapy for this case and to review the plans. Stephanie Bailey seconded.

After clarification on the time limits for the coverage and a separate motion regarding the plans, a vote was taken on the motion to cover the ABA therapy for this case with the time limits as indicated for the coverage (10 hours per week for the duration of 2017) and was approved without objection.

Christine Bradley moved that this issue be discussed in a Medical and Life Committee meeting. Stephanie Bailey seconded and the Committee approved without objection.

3. Medical care appeal – Daughter of former pensioner from Traffic and Parking.

The daughter of the former pensioner and her spouse were present.

Christina Hickey informed the Committee that Cigna has an update on this appeal.

Paul Huffman, Cigna, stated that because the family has already paid for the services Cigna is reaching out to the facility, (NHC), to possibly refund the member what they have paid. He stated that the facility submitted prior authorization for in patient hospice care, which was approved by Cigna. He stated that the facility performed long term care which is why it was denied. He stated that Cigna will try to get them to reimburse the family but has no legal recourse to make them, but the family might.

The Committee discussed how the facility went outside the realm of what they were suppose to do and it is not the fault of the family.

3. Medical care appeal – Daughter of former pensioner from Traffic and Parking. (continued)

There was discussion of any legal recourse to go after the facility if Metro pays this.

B.R. Hall moved to cover the first 90 days in the facility.

The Committee discussed the unknowns of the legal part if Metro pays for this and Katie Downey, Legal Department, cautioned not to pay this because it could take away leverage from Cigna to get the refund back.

The daughter of the former pensioner addressed the Committee regarding the appeal. She described how it was her understanding that the hospice care was approved and that after 90 days in the facility, she reapplied for another 90 days of care and at that time received a denial that her father was not approved and that the previous 90 days would not be covered either. She stated that she is appealing the first 90 days of coverage.

There was discussion that Cigna has not paid anything on this claim and that what was approved (hospice care) was not what was provided.

John Kennedy moved to defer this appeal for one month.

After clarification that there is already a motion on the floor, with no second, Doug Clariday seconded the motion.

After some discussion regarding what was paid out of pocket for the hospice care, a vote was taken on the motion to cover the hospice care for the first 90 days and was approved with Jerry Hall, B.R. Hall and Doug Clariday and Stephanie Bailey in favor and Christine Bradley opposing and John Kennedy abstaining.

With nothing further presented, the meeting adjourned at 10:53 a.m.

ATTEST:

APPROVED:

John P. Kennedy, Interim Director
Human Resources

Jerry Hall, Chair
Medical & Life Committee