

MINUTES

METROPOLITAN EMPLOYEE BENEFIT BOARD

MEDICAL & LIFE COMMITTEE

February 21, 2025

The Metropolitan Employee Benefit Board's Medical & Life Committee met on Friday, February 21, 2025, in the Metropolitan Nashville Public Schools Board Room, 2601 Bransford Avenue, Nashville, TN at approximately 9:36 a.m.

Committee Members present: Vice-Chair Gilbert Gonzales: Members: B.R. Hall, Sr., Shannon Hall and Edna J. Jones. Alternate(s): *Robert Weaver.

Chair Harold W. Finch, II and member G. Thomas Curtis were unable to be present.

Others present: Christina Hickey, Metro Human Resources and Courtney Mohan, Metro Legal Department.

Christina Hickey called the meeting to order and stated that she would be helping the Vice-Chair conduct the meeting.

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

1. Public Comment Period

A maximum of five (5) persons who write their names on the sign-up sheet provided at the meeting will be allowed to comment on matters that are germane to items on the Agenda. Comments are limited to a maximum of two (2) minutes per person. To provide comment, you must sign up prior to the beginning of the meeting.

There were no public comments.

2. Self-insured Cigna HRA plan appeal – Dependent of employee from District Attorney's Office.

Christina Hickey reported to the Committee that a dependent of an employee from the District Attorney's Office, participating in the self-insured Cigna HRA plan was denied coverage of Sucraid 8500 unit/ml solution due to medical necessity. She stated previously, this request and grievance for this coverage were denied and the employee and their dependent are appealing the Cigna HRA plan denial and have supplied documentation on their appeal. Ms. Hickey stated that Cigna has also supplied documentation on the denial.

The employee and dependent were present.

Paul Huffman, Cigna, was present. He reviewed the coverage policy for the medication and stated that it was denied as the request does not meet the criteria for the medication. He noted that the information submitted by the provider did not meet the criteria and no other additional clinical information was provided at the appeals level to change the decision.

*Denotes the arrival of Robert Weaver.

The dependent and employee addressed the Committee regarding her condition, testing and the request for the medication.

There was some discussion of the impacts of the deficiency and need for the medication.

Edna Jones moved for approval of the medication. B.R. Hall seconded.

After some discussion of the tests she has already had, policy updates, the tests that are accepted by Cigna and there being no diagnosis in the medical record to support the request for the medication, Edna Jones withdrew her motion for approval. B.R. Hall withdrew his second.

2. Self-insured Cigna HRA plan appeal – Dependent of employee from District Attorney's Office. (continued)

After some discussion regarding deferring this item to allow for additional medical information of a diagnosis to support the request for the medication, B.R. Hall moved for a deferral to the next Committee meeting. Shannon Hall seconded, and the Committee approved without objection.

3. Self-insured Blue Cross Blue Shield plan appeal – Employee from General Sessions Court.

Christina Hickey reported to the Committee that an employee from the General Sessions Court, who was participating in the self-insured BCBS PPO plan at the time, was denied coverage of out of network services due to the out of network deductible not being met. She stated that additionally travel, meals, and lodging were denied per coverage policy unless approved for organ transplant related services. She stated previously, this request and grievance for this coverage was denied and the employee is appealing the BCBS PPO plan denial and has supplied documentation on their appeal. Ms. Hickey stated BCBS has also supplied documentation on the denial.

Russ Henderson, BlueCross BlueShield, was present. He stated this was a claim with an out of network provider and was paid based on out of network benefits consistent with the plan design and it also included a request for travel related expenses, which is not covered unless it is related to organ transplant.

The employee was present and addressed the Committee regarding his condition, treatments, past procedures and the most recent procedure related to this claim.

There was some discussion regarding pre-authorization, what was paid towards this claim, was there someone in network that could have done this particular procedure, his attempts to get treatment within network providers, and whether or not the diagnosis codes submitted by the providers are the same.

After some discussion of the employee requesting in network benefits prior to the procedure and adjudicating the claim as in network, Shannon Hall moved to defer this item pending review of the billing diagnosis codes for the in-network treatments and out of network treatments as well as what the usual network charges would have been for the treatment. Edna Jones seconded, and the Committee approved without objection.

With nothing further presented, the meeting adjourned at 10:36 a.m.

ATTEST:

APPROVED:

Shannon B. Hall, Director
Human Resources

Gilbert Gonzales, Vice-Chair
Medical & Life Committee