

Minutes

State, Local Education and Local Government Insurance Committees July 22, 2021

The State, Local Education and Local Government Insurance Committees met on July 22, 2021 at 1:00 pm (central) in Conference Room A, North Conference Center, 3rd Floor Tennessee Tower, Nashville, Tennessee and via WebEx.

State Insurance Committee members participating:

Eugene Neubert, representing Butch Eley, Commissioner, Finance and Administration
Rachel Buckley, representing Jason Mumpower, Comptroller of the Treasury (by teleconference)
Rick Dubray, representing David Lillard, State Treasurer
Carter Lawrence, Commissioner, Commerce and Insurance
Juan Williams, Commissioner, Human Resources
Michelle Consiglio-Young, state employee representative
Randy Stamps, Tennessee State Employees Association (by teleconference)
Holly Girgias, representing Higher Education (by teleconference)

Local Education Insurance Committee members participating:

Eugene Neubert, representing Butch Eley, Commissioner, Finance and Administration
Rachel Buckley, representing Jason Mumpower, Comptroller of the Treasury (by teleconference)
Rick Dubray, representing David Lillard, State Treasurer
Carter Lawrence, Commissioner, Commerce and Insurance
Maryanne Durski, Department of Education (by teleconference)
Scott Langford, middle TN School Employee representative
Erin Johnson, east TN School Employee representative (by teleconference)
Jennifer Downing, west TN School Employee representative (by teleconference)
Jennifer White, Tennessee School Boards Association (by teleconference)

Local Government Insurance Committee members participating:

Eugene Neubert, representing Butch Eley, Commissioner, Finance and Administration
Rachel Buckley, representing Jason Mumpower, Comptroller of the Treasury (by teleconference)
Rick Dubray, representing David Lillard, State Treasurer
Kevin Krushenski, Tennessee Municipal League

Deputy Commissioner Neubert called the meeting to order at 1:00 pm (central). A roll call of attendance noted a quorum from each Committee was participating in the meeting. Deputy Commissioner Neubert stated that due to scheduling conflicts, less than a quorum of State and Local Education Committee members was present in the meeting room. Under TCA Section 8-44-108, the Committees can rely on the participation of members by telephone or other electronic means to constitute a quorum only upon a finding of necessity by the Committee. Deputy Commissioner Neubert noted that the agenda included approving changes to the Medical Plan Documents which govern the eligibility and enrollment provisions of the Plans. The timing of this approval was necessary to incorporate these changes into employee materials prior to the annual enrollment period (beginning October 1, 2021) for changes effective January 1, 2022.

Mr. Dubray made a motion that the State Insurance Committee proceed under the provisions of TCA 8-44-108. Commissioner Lawrence seconded the motion, which passed with the following roll call vote:

Neubert	yes	Buckley	yes
Dubray	yes	Lawrence	yes
Williams	yes	Consiglio-Young	yes
Stamps	absent	Girgies	yes

On behalf of the Local Education Insurance Committee, Mr. Langford made a motion to proceed under the provisions of TCA 8-44-108. Ms. Durski seconded the motion, which passed with the following roll call vote:

Neubert	yes	Buckley	yes
Dubray	yes	Lawrence	yes
Durski	yes	Langford	yes
Johnson	yes	Downing	yes
White	yes		

Agenda Item #1 – Minutes of June 24, 2021 Meeting

Commissioner Lawrence made a motion that the State Insurance Committee approve the June 24, 2021 minutes as presented. Commissioner Williams seconded the motion, which passed with the following roll call vote:

Neubert	yes	Buckley	yes
Dubray	yes	Lawrence	yes
Williams	yes	Consiglio-Young	yes
Stamps	absent	Girgies	yes

On behalf of the Local Education Insurance Committee, Mr. Langford made a motion to approve the June 24, 2021 minutes as presented. Commissioner Lawrence seconded the motion, which passed with the following roll call vote:

Neubert	yes	Buckley	yes
Dubray	yes	Lawrence	yes
Durski	yes	Langford	yes
Johnson	yes	Downing	yes
White	yes		

On behalf of the Local Government Insurance Committee, Mr. Krushenski made a motion to approve the June 24, 2021 minutes as presented. Mr. Dubray seconded the motion, which passed with the following roll call vote:

Neubert	yes	Buckley	yes
Dubray	yes	Krushenski	yes

Agenda Item #2 – Medical Plan Document Changes

Laurie Lee, Executive Director, Benefits Administration (BA) advised the Committees of the ongoing medical Plan Document review. The effort will reorganize existing information, simplify the language of the Plan Documents, clarify plan provisions, and make plan practices more transparent. Additionally, proposed changes will ensure consistency in plan administration and enhance compliance with state and federal regulations especially for utilization of pre-tax dollars.

Members were provided with the proposed changes in advance of the meeting and Executive Director Lee highlighted the following:

- Section 1.11 Dependent Definition - adds an age limit of 18 to the legal guardianship category to be consistent with state law.
- Section 2.01 Employee Eligibility, Enrollment and Effective Date of Coverage - clarifies that employees who are newly eligible and employees coming from other participating employers will be considered as new hires. This clarification would allow these employees to choose their coverage option, coverage tier, network carrier and the ability to add new dependents to the coverage. These employees must submit enrollment within 30 calendar days of the hire date or date of becoming eligible.
- Section 2.04 Substantiation of Dependent Eligibility - adds language to clarify that social security numbers may be required and allows 10 days past the enrollment deadline to submit dependent documentation.
- Section 2.06 Special Enrollment – creates distinct categories for loss of eligibility for other coverage and acquisition of new dependents and updates the list of loss reasons. This proposed change also clarifies the effective date of coverage and distinguishes between dependents acquired by birth, adoption or placement for adoption and

dependents acquired due to other scenarios. This proposed change would reduce the deadline for submission of special enrollment materials from 60 to 30 days in the case of acquisition of a new dependent.

- Section 2.07 Annual Enrollment Elections – clarifies that if no new elections are made, coverage in place immediately prior to annual enrollment will be deemed to be elected for the upcoming year and would be in effect for the full plan year.
- Section 13.04 Exclusions and Limitations – deletes the exclusion for “telephone consultations, except as administered through vendor programs and approved by the Plan”. This proposed change would allow telephone consultations with primary care physicians and specialists and would not affect the state sponsored carrier telehealth programs (MD Live and Physician Now).

In response to member inquiry, Executive Director Lee confirmed that employees coming from other participating agencies would not be required to satisfy a waiting period or start with new deductibles or other accumulators. Committee members asked about prior authorization (PA) and step therapy (ST) provisions in the event of an employee transfer. Tresa Jones, Assistant Director of Provider Services noted that a transfer between plans would not negate the PA and ST provisions; however, there are differences in the carriers’ medical policies. If an employee enrolled with a different carrier, BA would work with them if the carrier required a new PA/ST approval.

Mr. Stamps made a motion, on behalf of the State Insurance Committee, to approve the Plan Document changes as recommended. Commissioner Lawrence seconded the motion, which passed with the following roll call vote:

Neubert	yes	Buckley	yes
Dubray	yes	Lawrence	yes
Williams	yes	Consiglio-Young	yes
Stamps	yes	Girgies	yes

On behalf of the Local Education Insurance Committee, Mr. Langford made a motion to approve the Plan Document changes as recommended. Ms. White seconded the motion, which passed with the following roll call vote:

Neubert	yes	Buckley	yes
Dubray	yes	Lawrence	yes
Durski	yes	Langford	yes
Johnson	yes	Downing	yes
White	yes		

On behalf of the Local Government Insurance Committee, Mr. Krushenski made a motion to approve the Plan Document changes as recommended. Mr. Dubray seconded the motion, which passed with the following roll call vote:

Neubert	yes	Buckley	yes
Dubray	yes	Krushenski	yes

Agenda Item #3 – State Insurance Committee Appointment to Audit Committee

Executive Director Lee noted the vacancy of the state representative on the Audit Committee due to the end of Rob Chance’s appointment effective June 30, 2021. The Insurance Committees are charged with the responsibility to ensure the members of the Audit Committee have an adequate background and education to discharge their duties. BA recommended the appointment of Holly Girgies, newly appointed member by the Tennessee Board of Regents to the State Insurance Committee effective July 1, 2021, to the Audit Committee. Ms. Girgies is the Director of Human Resources for the Tennessee Board of Regents, holds a Master of Science in Management degree and has over 15 years of administrative, human resources, training, and management experience.

Ms. Buckley informed the members that due to the role and nature of work completed by the Comptroller’s Office, she would abstain from voting on this issue. Ms. Consiglio-Young made a motion that the State Insurance Committee approve the appointment of Holly Girgies to the Audit Committee. Commissioner Lawrence seconded the motion, which passed with the following roll call vote:

Neubert	yes	Buckley	abstain
Dubray	yes	Lawrence	yes
Williams	yes	Consiglio-Young	yes
Stamps	yes	Girgies	yes

Agenda Item #4 – Unique Care Exceptions (Information Only)

Executive Director Lee noted that Committee members, at their May 27, 2021 meeting, had requested information on unique care exceptions related to out-of-network providers. Members were advised that unique care is highly specialized treatment that the claims administrator has determined is not available through a network provider which may be provided by a non-network provider and paid as if it were a network expense. Continuous care exceptions may be granted when a covered person is undergoing active treatment for a serious clinical condition and an in-network provider leaves the network during the member’s acute care treatment plan.

Members were provided with data from 2019 -2020 for both BlueCross and Cigna. For BlueCross, the majority of their denials for network adequacy was the result of requests from Myriad Genetics, an out-of-network provider for genetic testing, who routinely submits a unique care request with each prior authorization request. In response to this issue, BlueCross worked with referring providers to supply them in network genetic labs. Most of the remaining denials were for HCA/Tristar facilities and Methodist Hospital which were out of network and

there were other in-network facilities for a member to receive care. For Cigna, the continuous care requests for 2020 were reflective of HCA leaving the Cigna Local Plus Network.

Commissioner Neubert reminded members of the survey distributed by Commissioner Eley regarding feedback on BA's provision of administrative services to the Committees. The deadline for completion of the survey is July 31, 2021.

There being no further business, the meeting was adjourned at 1:45 pm.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Laurie S. Lee". The signature is written in a cursive, flowing style.

Laurie S. Lee