

**INTERLOCAL HEALTH BENEFITS COMMITTEE
SPECIAL CALLED MEETING
August 4, 2022, 10:00 am
10001 Hwy 70, Lakeland, TN 38002**

I. CALL TO ORDER:

II. ROLL CALL:

III. CONSENT AGENDA

1. Appeal #1 Claim No. 221023748P
2. Appeal #2 Claim No. 221262978P
3. Appeal #3 Claim No. 221472882U
4. Appeal #4 Claim No. 221665559U
5. Appeal #5 Claim No. 221793568U

IV. DISCUSSION/ACTION:

1. Appeal #6 Claim No. 213142969E
2. Review and approval of the "revised" Appeals process
3. OrthoSouth Discussion

V. ANNOUNCEMENTS:

VI. ADJOURNMENT:



**Consultant's Report
Special Called Meeting
August 2, 2022**

1. ACTION ITEMS

(A) Appeal 6: Claim No. 213142969E

The member is appealing denial of thirty claims for therapy for their dependent child, who has cerebral palsy. The plan has a sixty-visit combined limit for spinal manipulation, pulmonary rehabilitation, post-cochlear implant aural therapy, and cognitive, physical, occupational, and speech therapy. The provider called to verify benefits four separate times between 2020 and 2021, and each time was told that the plan had a sixty-visit combined therapy limit. The provider also requested prior authorization for additional visits in October 2021 and was told the plan had a sixty-visit limit and the child had used fifty-five of those visits. The child received a total of ninety visits in 2021, sixty of which were paid under the terms of the plan.¹

The member is requesting that the plan pay for the additional visits because they are necessary for the child's success in life. They also noted that they had exceeded the limit in 2020 by ten visits, and "didn't have any trouble" getting additional coverage for them. In fact, those additional ten visits were denied. The provider may have written off those visits.

Sherrill Morgan recommends that the denial be upheld.

(B) Appeals Process for TruData Appeals

Evans Petree, MedBen, and Sherrill Morgan are proposing that a new process be followed for appeals for medications excluded under the TruData program. This new process is expected to streamline the appeals process for the Committee and also make the process easier for members to navigate. Please see Attachment A.

(C) OrthoSouth

MedBen needs clarification on how to proceed with OrthoSouth. During the retreat a short contract year was discussed in order for members who might be in mid-treatment to receive care. According to MedBen they do not know of any members in mid-treatment. No claims have been paid to OrthoSouth's since their refusal to see patients in January. MedBen has negotiated a rate of 200% of Medicare which would allow members to resume services with OrthoSouth. Other Orthopedic facilities do honor the 151% of Medicare.

¹The billed charges were \$150 per therapy visit, so the potential liability for the member is \$4,500.

APPEALS PROCESS JULY 2022

1. Member receives notice of drug exclusion
2. Member calls TDRX (Trudata) directly to initiate the appeal
3. TDRS completes one on one consultation with member to discuss appeal criteria and other covered options
 - a. Member agrees to move forward with a covered option, or
 - b. Member request TCRX move forward with appeal process
 - i. TDRX coordinates with provider to obtain all necessary clinical information
 - ii. TDRX reviews all available information to determine if member meets appeal criteria
4. TDRX notifies MedBen of approval or denial recommendation
5. MedBen provides to the Committee and Sherrill Morgan
 - a. The Appeals File developed by TDRX with all medical reports
 - b. The determination of TDRX on the appeal
6. Sherrill Morgan reviews the file and either concurs or differs with TDRX determination and prepares a report for the Committee
 - a. Sherrill Morgan will group the appeals as follows:
 - i. Those appeals on which Sherrill Morgan agrees with the determination of TDRX. These will be presented in a Consent Agenda type format
 1. The Committee can rule on these grouped appeals as a whole or can withdraw from the group any appeal it wishes to place on the agenda for a separate review
 - ii. Those appeals on which either Sherrill Morgan disagrees with the determination of TDRX, has additional information or opinions to present to the Committee with the Appeal, or believes the Committee should consider separately
 1. These appeals will be addressed separately by the Committee
7. The Committee, sitting in appeal, addresses the appeals in these two groupings
 - a. On all appeals on which both TDRX and Sherrill Morgan agree upon denial and the basis for denial the Committee will receive information sufficient to analyze the Claim and determine its ruling. However, unless the Committee wishes to withdraw any Claim from these Claims for individual examination, the Committee can act on these Claims as a group upon the joint recommendation of Trudata and Sherrill Morgan
 - b. On the Claims presented to the Committee by Sherrill Morgan separately or which the Committee withdraws from the group, the Committee will review each Claim individually
8. If the Committee affirms denial of any Claim, MedBen will inform the Claimant of the procedures for an External Review
9. If a Claimant requests an External Review, MedBen will refer the appeal to one of its contracted external review organizations.
10. The determination of the external review organization is binding on the Committee.
11. In each of the steps above the Committee is the Plan fiduciary and performing its fiduciary duties by providing a claims review appeals process that provides a Claimant the opportunity for an appropriate resolution of grievances.