

State of Tennessee

Medical Payment Committee

Meeting Transcript

October 14, 2025

Disclaimer

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Transcript

OPENING

Robert B. Snyder:

Good afternoon, everyone. Welcome to the Medical Payment Committee meeting. Doctor Yarborough, I'll turn it over to you.

Mary Yarborough:

OK. Thank you.

Before we get started, just a reminder — during the meeting, if you have questions, you can raise your hand on camera, use the Teams “Raise Hand” feature, enter them in the chat, or contact someone from Suzy Douglas’s team or call into the Workers’ Compensation area directly to raise your question.

OK. So let’s start out with introductions, and then we’ll make sure we have a quorum.

INTRODUCTIONS

Mary Yarborough:

Let’s start with the board members first.

My name is Mary Yarborough. I work at Vanderbilt and represent the Tennessee Medical Association.

Leann Lewis – ManageWare Solutions:

I'll go next. It's Leann Lewis, here from ManageWare Solutions, representing insurers.

Hunter:

Hey, I'll go ahead. I'm a visitor — Lee Hunter. I'm an orthopedic surgeon with TOA, part of the Columbia division. I'm just here observing.

Mary Yarborough:

OK, thank you. Can we get the other board members real quick to make sure we have the quorum?

Mark Finks:

Doctor Yarborough, would you like me to call the roll?

Mary Yarborough:

Yes, thank you.

ROLL CALL

Mark Finks:

All right. We've got Doctor Mary Yarborough — here.
Miss Leann Lewis — here.
Mr. Will Cromer —

Will Cromer:

Present.

Mark Finks:

Miss Jennifer Guffey —

Jennifer Guffey:

Present.

Mark Finks:

Doctor Roy Johnson —

Roy Johnson:

Present.

Mark Finks:

Mr. Josh Heffinger — [No response noted.]
Doctor Robert Snyder —

Robert B. Snyder:

Here.

Mark Finks:

All right. We have six out of seven members present, which is sufficient to establish a quorum.

Mary Yarborough:

Thank you, Mark. OK.

VISITOR INTRODUCTIONS

Mary Yarborough:

How would we like to do the visitors, Bob — what's the best way?

Robert B. Snyder:

Just the ones that aren't recognized. I'll go through the list of attendees not recognized from before.

Robert B. Snyder:

Area code 417?

Nancy Grace:

Yes, that's Nancy Grace, here for cases 41, 42, and 43. I'm with Ozark Anesthesia.

Robert B. Snyder:

OK, thank you. Cassandra Spicer?

Cassandra Spicer:

Hello, I am with Parallon on behalf of HCA, observing for a potential case.

Robert B. Snyder:

Thank you. Liz Adams?

Liz Adams:

Hello, I'm Liz Adams, Director of Compliance with Rising Medical Solutions.

Robert B. Snyder:

Thank you. Fran Sweat?

M. Fran Sweatt:

Vanderbilt Medical Center.

Robert B. Snyder:

OK, thank you. The rest of the individuals we recognize and have been in the meeting before, so thank you.

Mary Yarborough:

All right. You can refer to the “People” list in Teams if you’d like to review everyone present. Thank you all for being here and for your interest.

APPROVAL OF PREVIOUS MINUTES

Mary Yarborough:

We need approval of the minutes from the August 26th meeting. Do we have a motion to approve from one of the committee members?

Leann Lewis – ManageWare Solutions:

It’s Leann — I’ll make a motion to approve the minutes.

Mary Yarborough:

Thank you, Leann. Do we have a second?

Roy Johnson:

I’ll second the motion.

Mary Yarborough:

Thank you, Roy. All in favor?

All:

Aye.

Mary Yarborough:

Any additions or corrections?

No? OK. Thank you.

Mary Yarborough:

Next item — medical fee schedule update. Bob, I’ll turn it over to you.

Robert B. Snyder:

Let’s actually go to the cases first.

Mary Yarborough:

Yes.

Robert B. Snyder:

OK.

CASE 2025-22

Robert B. Snyder:

Cases for October. The first one is Case 2025-22 — *Dr. Hazelwood v. LDG*.

A Z code was not recognized or paid. The billed amount was \$270. The paid amount was \$140. The expected amount was \$180.

This Z code is payable to this individual, who is on the Certified Physician Program.

The recommendation is that an additional \$40 is due to the provider, less any contractual discounts.

Mary Yarborough:

All right. We have the recommendation — do we have a motion to accept it?

Jennifer Guffey:

This is Jennifer. I motion to accept.

Mary Yarborough:

Thank you. Do we have a second?

Leann Lewis – ManageWare Solutions:

It's Leann — I'll second it.

Mary Yarborough:

All in favor?

All:

Aye.

Mary Yarborough:

Any opposed? OK — motion carries.

CASES 28 THROUGH 38 (COMBINED DISCUSSION)

Robert B. Snyder:

Next, we're going to take Cases 28 through 38 together.

This was an individual who originally had a compensable lung injury in 2017 and was given a permanent impairment rating in 2020 with open medicals.

Her death occurred early in 2024 after multiple providers, short hospital stays, and ambulance services.

The insurer would not pay without receiving the proper claim forms — UB-04 or CMS-1500.

The insurer's attorney submitted these cases to the Medical Payment Committee because they were unable to get responses from the providers.

This case is also in mediation, involving both the estate and the death-benefit settlement. Resolution of the estate mediation requires resolution of these unpaid claims.

After reviewing this with our legal staff, we determined we were unlikely to get further response from the billing providers or the insurer.

So we went ahead and priced out **11 claims** associated with this situation for the committee's review.

[Possible correction: "ubo 4" should read "UB-04."]

Mary Yarborough:

Thank you, Bob. OK — so we're reviewing the recommendations for those 11 claims.

Robert B. Snyder:

Correct.

[Robert pauses briefly — "Had a dry throat, give me a second to get some water."]

David Ward:

Mary, this is David Ward on the line. I'm standing in for attorney Alan Grant, who was just retained on this claim, replacing attorney Steven Morton.

I'm listening in to make sure our client has clarification — it sounds like Dr. Snyder's outlining that now.

Mary Yarborough:

Thank you, David.

Robert B. Snyder:

Thank you for joining us.

So, the first of these cases — Case 28 — is a CT of the abdomen.

The billed amount was \$204.40.

The Medical Fee Schedule amount was \$217.22.

The recommendation is that it be paid at the fee-schedule rate of \$217.22, less any contractual discounts.

Mary Yarborough:

So, the motion would be to accept the recommendation to pay \$217.22 less contractual discounts?

Robert B. Snyder:

That is correct.

Leann Lewis – ManageWare Solutions:

It's Leann — I move to accept the recommendation.

Jennifer Guffey:

Second.

Mary Yarborough:

Any discussion? All in favor?

All:

Aye.

Mary Yarborough:

Any opposed? Motion carries.

CASE 29

Robert B. Snyder:

Case 29 is *Signature Health*.

It's a two-day skilled-nursing-facility stay.

They billed \$609.95.

The Medical Fee Schedule amount is \$582.00.

Because it was a two-day stay, only the room rate is payable — pharmacy is included in that rate.

The recommendation is to pay \$582.00 less any contractual discounts.

Mary Yarborough:

Do I have a motion to accept?

Jennifer Guffey:

This is Jennifer — I motion to accept.

Roy Johnson:

I'll second.

Mary Yarborough:

Any discussion? All in favor?

All:

Aye.

Mary Yarborough:

Motion carries.

CASE 30

Robert B. Snyder:

This is *Good Samaritan Hospital v. Insurance Company*.

Billed amount was \$25,503.72.

Good Samaritan is requesting payment only for the portion remaining after other payments.

The amount due is \$2,400.

Recommendation: Pay \$2,400 less any contractual discounts.

Mary Yarborough:

Motion to accept the recommendation to pay \$2,400 less discounts?

Roy Johnson:

I move.

Leann Lewis – ManageWare Solutions:

Second.

Mary Yarborough:

All in favor?

All:

Aye.

Mary Yarborough:

Any opposed? Motion carries.

CASE 31A AND 31B (FIRST CALL AMBULANCE)

Robert B. Snyder:

Case 31 was one bill from First Call Ambulance Service, separated into two dates of service.

Case 31A: Date of service 3/7/2024.

Billed \$1,096.96 [Possible correction: transcribed "\$63116.96" — likely \$1,016.96].

Paid \$1,025.07.

Medical Fee Schedule total \$1,019.06.

Recommendation: No additional payment due, and notify First Call they may not bill the patient for any remaining balance.

Mary Yarborough:

So, to clarify, notification goes to First Call Ambulance that they cannot bill the patient?

Robert B. Snyder:

Yes — we'll note that in the record.

Mary Yarborough:

OK. Motion to accept the recommendation?

Leann Lewis – ManageWare Solutions:

Motion to accept.

Jennifer Guffey:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

Case 31B: Date of service 2/6/2024.

Billed \$6,690.00.

Medical Fee Schedule \$1,101.62. No payment shown.

Recommendation: Pay \$1,101.62 less any contractual discounts or previous amounts paid.

Mary Yarborough:

Motion to accept the recommendation?

Roy Johnson:

I move.

Leann Lewis – ManageWare Solutions:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

CASE 32

Robert B. Snyder:

Cumberland County EMS — Date of service 2/28/2024.

Billed \$918.20 [Possible correction: transcribed as "9 thousand \$1918.20"].

No payment was made. Mileage was not listed, but the charge included mileage of \$1,303 (about 96 miles).

Provider requested only \$754 for the first code.

Recommendation: Pay \$754.01 less any contractual discounts.

Jennifer Guffey:

Motion to accept.

Roy Johnson:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

CASE 33

Robert B. Snyder:

ECC Emergency Coverage LLC — Filed a claim in probate court against the estate.

Billed \$17,119 for physician services (ER physician charges).

Legal staff reviewed and determined the insurer should either pay the billed amount or await the probate court's decision.

Mary Yarborough:

So the motion is to recommend that the insurer either pay or await the probate court decision?

Leann Lewis – ManageWare Solutions:

Motion to accept recommendation.

Jennifer Guffey:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

CASE 34

Robert B. Snyder:

Putnam County EMS — Date of service August 8, 2023. Ambulance transport.

Billed \$1,169.85 [Possible correction: "\$16,169.85" appears misheard].

Medical Fee Schedule \$809.42.

Provider requested only \$200 after previous allowances.

Recommendation: Pay \$200 less any contractual discounts.

Roy Johnson:

I move to accept.

Leann Lewis – ManageWare Solutions:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

CASE 35 – SELECT SPECIALTY HOSPITAL

Robert B. Snyder:

Select Specialty Hospital — Dates of service September 12 through December 1, 2023 (about 2 ½ months of hospitalization).

The provider has filed in probate court against the estate.

Billed amount: \$1,459,375.69.

Payments after adjustments: \$1,457,500.69.

Remaining balance: \$1,875.

Legal staff reviewed the matter. Given the size of the bill and ongoing probate status, the recommendation is that the insurer either make a reasonable settlement offer or wait for the probate court decision.

Mary Yarborough:

Do we have a motion to accept the recommendation?

Leann Lewis – ManageWare Solutions:

Motion to accept.

Jennifer Guffey:

Second.

All:

Aye.

Mary Yarborough:

Any opposed? Motion carries.

CASE 40 – HTI V. LIBERTY MUTUAL

Robert B. Snyder:

HTI v. Liberty Mutual Galaxy — Payment for a right-below-elbow prosthesis.
Billed \$19,638.02; paid \$16,690.34; provider expected full payment.

Christina Pendrak has reviewed this case.

Christina Pendrak:

Under Tennessee guidelines, DME and implantables are reimbursed at the lesser of the provider's charges or the Medical Fee Schedule rate table.

After review, the provider actually under-billed per the rate tables.

Therefore, the provider should be paid in full the \$19,638.02.

They were paid \$16,690.34, so the additional amount due is \$2,945.68 (less any contractual discounts).

Mary Yarborough:

Do we have a motion to accept that recommendation?

Leann Lewis – ManageWare Solutions:

Motion to accept.

Jennifer Guffey:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

CASE 41 – OZARK ANESTHESIA V. VAN LEAR / PARADIGM

Robert B. Snyder:

Billed \$1,995; paid \$1,066.28; expected \$1,425.

Date of service 5/2/2024.

Recommendation: Additional \$358.72 due to the provider, less any contractual discounts.

Leann Lewis – ManageWare Solutions:

I have a question about the physical-status modifier calculation in the formula — does that follow Medicare?

Robert B. Snyder:

No, it's based on the Tennessee rate tables, not Medicare.

Leann Lewis – ManageWare Solutions:

Got it — thank you.

David Ward:

For context — this case was discussed last meeting; contact info between Ozark Anesthesia and our attorney was shared then.

We have since clarified that these services were performed in Missouri, and payments were being processed under the Missouri fee schedule.

[Possible correction: Missouri does *not* have a workers' compensation fee schedule — so this may refer to usual and customary rates.]

Nancy Grace (Ozark Anesthesia):

That's correct — Missouri does not have a fee schedule, and we are not contracted with Paradigm.

David Ward:

Right — Paradigm is contracted with National Interstate (the TPA). I'll connect with Nancy after the meeting to clarify billing contacts.

Robert B. Snyder:

Thank you. Regardless, the committee still needs to make a recommendation for record purposes.

Recommendation stands: additional \$358.72 due to the provider, less any contractual discounts.

Mary Yarborough:

Do we have a motion to accept that recommendation?

Leann Lewis – ManageWare Solutions:

Motion to accept.

Jennifer Guffey:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

CASE 42 – OZARK ANESTHESIA (V. SAME PAYER)

Robert B. Snyder:

Same provider and payer, date of service 4/30/2024.

Same issue — additional \$358.72 due to the provider.

Mary Yarborough:

Motion to accept?

Jennifer Guffey:

Motion to accept.

Leann Lewis – ManageWare Solutions:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

CASE 43 – OZARK ANESTHESIA V. PARADIGM (NETWORK DISPUTE)

Robert B. Snyder:

Billed \$1,365; paid \$729.56; expected \$975.

Date of service 5/4/2024.

Recommendation: Additional \$245.44 due to the provider, less any contractual discounts.

Leann Lewis – ManageWare Solutions:

Motion to accept the recommendation.

Roy Johnson:

Second.

All:

Aye.

Mary Yarborough:

Any opposed? Motion carries.

CASE 59 – STATUS UPDATE

Mary Yarborough:

We have Case 59 listed as deferred. Bob, any updates?

Robert B. Snyder:

Yes — there's been some action since I sent that out.

It turns out the attorney hadn't received the physician's analysis we'd provided earlier. Once we resent it, they indicated the issue should be resolved outside of a deposition, so we expect that case to be closed.

Mary Yarborough:

Excellent.

CASE 60 – ST. FRANCIS VS. HARTFORD

Robert B. Snyder:

Christina, you have a report on this one?

Christina Pendrak:

Yes. The provider requested additional reimbursement, claiming underpayment by Coventry.

This was a two-day inpatient hospital stay for a posterior spinal fusion.

I wasn't provided implant invoices or logs, but I reviewed Hartford's payment, which included \$20,535.64 for implants.

After applying per diem and stop-loss calculations, the total owed was \$110,090.44. The provider was reimbursed \$110,599.40 — slightly overpaid.

Recommendation: No additional payment due.

Mary Yarborough:

So the stop-loss plus implant payment already exceeds the correct amount?

Christina Pendrak:

That's correct — they were overpaid.

Mary Yarborough:

OK. Motion to accept the recommendation of *no additional payment due?*

Leann Lewis – ManageWare Solutions:

Motion to accept.

Jennifer Guffey:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

CASE 66 – SPEARS PROSTHETICS VS. AIG / GALLAGHER BASSETT

Robert B. Snyder:

This case involved nonpayment for refurbishing a below-elbow prosthesis.

Billed \$4,008.15. Expected amount: \$3,465.66. Nothing was paid initially.

After discussion between the adjuster and bill-review company,
they resolved the issue directly.

Recommendation: Case closed — no further action needed.

Mary Yarborough:

OK, noted.

CASE 68 – DEFERRED

Robert B. Snyder:

Deferred until next meeting.

CASE 69 – DR. HAZELWOOD VS. CRUM & FORRESTER

Robert B. Snyder:

Z code was not paid.

Paid amount: \$141.87. Expected: \$181.87.

This date of service was *before* advisory letters went out to bill review companies, so it's being treated as a timing issue.

Recommendation: Additional \$40 due to the provider, less any contractual discounts.

Jennifer Guffey:

Motion to accept.

Roy Johnson:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

CASE 70 – DR. HAZELWOOD VS. SEDGWICK

Robert B. Snyder:

Procedure code 95886 was not paid.

Billed \$725. Paid \$392.02. Expected \$548.76.

The service was a brachial plexus and upper-extremity EMG with five or more muscle studies.

Therefore, the additional amount due to the provider is \$156.74, less any contractual discounts.

Leann Lewis – ManageWare Solutions:

Motion to accept.

Roy Johnson:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

CASE 71 – DR. HAZELWOOD VS. SEDGWICK

Robert B. Snyder:

Office visit and Z code were denied.

Billed \$162. Expected \$137.33 after discount.

The denial occurred because the Z code was incorrectly changed to a surgery code (20816) and considered within the global period.

Recommendation: Pay \$137.33 (discount already applied).

Will Cromer:

Motion to accept.

Leann Lewis – ManageWare Solutions:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

CASE 72 – DR. HAZELWOOD VS. SEDGWICK

Robert B. Snyder:

Office visit and Z code denied.

Billed \$202. Paid \$37.20. Expected \$189.29.

Date of service was before advisory letters.

Recommendation: Additional \$149.29 due to the provider, less any contractual discounts.

Roy Johnson:

Motion to accept.

Leann Lewis – ManageWare Solutions:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

CASE 73 – BAPTIST MEMPHIS VS. SEDGWICK

Robert B. Snyder:

Echocardiography study not properly paid.
Billed \$4,612.75. Paid \$739.99. Expected \$1,144.32.

Christina Pendrak:

The amount paid was likely under a PPO contract rate.
Under the fee schedule, the correct allowance is \$1,144.32.
Additional due: \$404.33 less any contractual discounts.

Mary Yarborough:

Motion to accept the recommendation of an additional \$404.33?

Leann Lewis – ManageWare Solutions:

Motion to accept.

Roy Johnson:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

CASE 74 – TENNESSEE OCCUPATIONAL MEDICINE VS. EASTERN ALLIANCE

Robert B. Snyder:

Modifier not paid correctly.
Billed \$192.26. Paid \$182.00. Expected \$192.26.

The insurer did not recognize the correct outpatient (OP) modifier for this physician.
Recommendation: Additional \$10.26 due to the provider, less PPO discounts.

Jennifer Guffey:

Motion to accept.

Will Cromer:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

**CASE 75 – TENNESSEE OCCUPATIONAL MEDICINE VS.
LIBERTY MUTUAL**

Robert B. Snyder:

Office visit denied as “not related to claim.”

Billed \$360.92. Expected \$360.92. Nothing paid.

Although later determined unrelated,
the visit was authorized by the insurer for causation evaluation,
and per rule, authorized evaluations are payable regardless of claim outcome.

Recommendation: Pay \$360.92 less any contractual discounts.

Will Cromer:

Motion to accept.

Jennifer Guffey:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

**CASE 76 – TENNESSEE OCCUPATIONAL MEDICINE VS.
LIBERTY MUTUAL**

Robert B. Snyder:

EKG performed same date as Case 75 — denied as unrelated.

However, the visit was authorized as part of the evaluation.

Recommendation: Additional \$55 due to the provider, less contractual discounts.

Will Cromer:

Motion to accept.

Leann Lewis – ManageWare Solutions:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

CASE 77 – TENNESSEE OCCUPATIONAL MEDICINE (DME DENIAL)

Robert B. Snyder:

Durable medical equipment and special-mold walking boot denied as “bundled.”

Billed \$294.44; paid \$135.34; expected \$294.44.

Recommendation: Additional \$159.10 due to the provider, less contractual discounts.

Leann Lewis – ManageWare Solutions:

Motion to accept.

Jennifer Guffey:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

CASE 78 – CLOSED

Robert B. Snyder:

Case 78 has been paid and closed.

CASE 79 – TENNESSEE OCCUPATIONAL MEDICINE VS. GALLAGHER BASSETT

Robert B. Snyder:

Office visit down-coded.

Billed \$298.13. Paid \$182.02. Expected \$298.13.

After review, the medical decision-making process justified the lower level.
Recommendation: No additional amount due.

Jennifer Guffey:

Motion to accept.

Roy Johnson:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

CASE 80 – DR. HAZELWOOD VS. SEDGWICK

Robert B. Snyder:

Z code not recognized and changed to a surgical code within global period.
Expected \$140.08. Recommendation: Additional \$140.08 due to the provider, less contractual discounts.

Jennifer Guffey:

[Recused — Sedgwick case.]

Leann Lewis – ManageWare Solutions:

Motion to accept.

Roy Johnson:

Second.

All (excluding Guffey):

Aye.

Mary Yarborough:

Motion carries.

CASES 81–82 – DEFERRED

Robert B. Snyder:

Deferred to next meeting.

CASE 83 – PC’S KNOXVILLE VS. GALLAGHER BASSETT

Robert B. Snyder:

Spinal injection codes denied.
Billed \$12,283; nothing paid.

After review, procedure note supports CPT 64483 (payable) but not 64484 (non-payable add-on for ASC).

Recommendation: Pay \$1,335.44 less any contractual discounts.

Jennifer Guffey:

Motion to accept.

Leann Lewis – ManageWare Solutions:

Second.

All:

Aye.

Mary Yarborough:

Motion carries.

Z-CODE ISSUE UPDATES

Mary Yarborough:

Next on the agenda — issues with Z codes.

Robert B. Snyder:

We haven’t had any recent submissions involving Z-code violations.

It appears that the letters we sent out in May corrected most of those errors.

I think occasionally we might still see one come through from a smaller insurer or billing company,

but overall, the problem seems to be resolving.

Mary Yarborough:

That’s great news.

Robert B. Snyder:

Yes — the five letters we issued seem to have made a difference.

So I’m hopeful those types of cases will continue to decrease.

Mary Yarborough:

Good work — must've been a good letter.

MEDICAL FEE SCHEDULE UPDATE

Robert B. Snyder:

Amanda just checked with the Attorney General's office.

Rules 18 and 19 have been cleared,
but we're still waiting on final clearance for **Rule 17**,
which governs medical payments.

Once that's approved, the updates will be posted on the **Secretary of State's website**,
and we'll announce it on our Bureau announcements page.

Mary Yarborough:

Thank you, Bob.

NEW BUSINESS — WCRI REPORTS AND ARTIFICIAL INTELLIGENCE DISCUSSION

Mary Yarborough:

Next, we have new business.

Let's talk about the **WCRI high-cost claims report** and the **AI study**.

Robert B. Snyder:

WCRI (Workers' Compensation Research Institute) issued two reports in August.

The first focused on **high-cost claims** involving the back and shoulder.

For the back, the study looked at neurological, disc, degenerative, and soft-tissue conditions.

For the shoulder, it included rotator cuff injuries, frozen shoulder, and arthritis.

Average **medical costs** for these high-cost claims were about **\$120,000**,
and they involved roughly **twice the average number of temporary-disability weeks**
compared to typical claims.

Comorbidities were present in about 90% of these high-cost cases —
obesity, chronic pain syndromes, mental-health issues, and sleep disorders
were the most frequent.

For shoulder claims, **pre-existing arthritis and older age** were leading cost drivers.

They also found **higher late-stage resource utilization**, meaning expenses accumulated years after the initial injury. Most cases involved multiple providers and interventions.

The data couldn't definitively prove whether comorbidities caused the higher costs, but there was a strong association.

Surgical claims were **eight times more likely** to become high-cost claims.

Mary Yarborough:

That makes sense — the more severe or surgical the case, the more expensive it becomes.

Robert B. Snyder:

Exactly. Although that seems like common sense, the data also showed that severity alone didn't always predict cost — degenerative conditions could drive cost regardless of severity.

My takeaway is that both providers and insurers should use caution when recommending surgery for degenerative conditions. It's often appropriate to seek **a second opinion** before proceeding.

Mary Yarborough:

And who can request those second opinions?

Robert B. Snyder:

Both the **insurer and the patient** can request one.

In fact, there was a court case establishing that patients have the right to a second opinion on both diagnosis and surgery recommendations.

Mary Yarborough:

Good clarification — thank you.

WCRI REPORT ON AI AND WORKERS' COMPENSATION

Robert B. Snyder:

The second WCRI report examined the role of **artificial intelligence in workers' compensation**.

AI is expected to reduce administrative burdens by processing data consistently and efficiently.

Potential benefits include:

- Automating routine tasks
- Predicting claim outcomes and identifying early interventions

- Increasing speed, consistency, and accuracy of communications
- Preventing data-loss incidents and improving record transparency
- Generating summaries, drafting communications, and supporting educational tools

These are aspirational — a **“wish list,”** as WCRI put it — but early implementations are already showing promise in claim review and communication.

Mary Yarborough:

AI seems to be everywhere these days — looks like workers’ comp won’t be spared either!

Robert B. Snyder:

Yes, that’s true. It’s already being tested in data summarization, compliance support, and reporting.

WCRI REGIONAL MEDICAL PAYMENT REVIEW

Robert B. Snyder:

WCRI also reviewed **medical payment trends.**

Among southeastern states, only **North Carolina and Florida** are in the WCRI network.

Both saw **no significant increase** in medical payments this cycle — so our region remains relatively stable.

Mary Yarborough:

That’s reassuring — thank you.

ADVISORY COUNCIL REPORT AND NCCI PREMIUM PROJECTIONS

Robert B. Snyder:

Troy, can you summarize the latest from the Advisory Council meeting?

Troy Haley:

Yes, happy to.

Dr. Snyder and I attended the **Advisory Council on Workers’ Compensation** meeting on September 24 at the Cordell Hull Legislative Building.

Attendance was excellent — nearly all council members were present.

Two presentations were given:

one by **NCCI** (National Council on Compensation Insurance) and one by the Council's consultant, **Elevate Consulting**.

NCCI recommended a **2% decrease in voluntary market loss costs for 2026** — marking the twelfth consecutive year of reductions since the 2014 reforms. Although smaller than previous double-digit cuts, it reflects a stable and healthy market.

Nationwide, and in Tennessee, **claim frequency is down but severity is up**. That's consistent with national trends — fewer claims overall, but those that do occur are costlier.

The Council will meet again on **November 5** to hear presentations from actuaries representing both the Department of Commerce and Insurance and the Council. Afterward, they'll finalize their recommendation for 2026.

Mary Yarborough:

Thank you, Troy — that's encouraging information.

CLOSING REMARKS AND NEXT MEETING

Mary Yarborough:

Are there any other questions or comments from the committee?

(Pause — none.)

All right — a few announcements:

Our **next MPC meeting** will be **Tuesday, December 9, 2025**, and the following one will be **Tuesday, February 17, 2026**, both at 1:00 PM.

Robert B. Snyder:

Yes, same time — 1:00 PM Central.

Mary Yarborough:

Great.

Everyone worked hard today and certainly earned some brownie points — we can't say dollars, but brownie points will do!

Thank you all — and thank you to the Bureau staff for all your work behind the scenes. It's truly appreciated.

Do I have a motion to adjourn?

Leann Lewis – ManageWare Solutions:

Motion to adjourn.

Will Cromer:

Second.

All:

Aye.

Mary Yarborough:

All right — meeting adjourned.

Thank you, everyone. Have a great evening and safe holidays.

Robert B. Snyder:

Thank you all — appreciate your work.

Various Members (in closing):

Thank you.

Take care, everyone.

Bye-bye.