

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

Brittany R. Tovar and
Reid Olson;

Court File No. 16-cv-00100 (DWF/LIB)

Plaintiffs,

v.

**DECLARATION OF CHRISTY L.
HALL IN OPPOSITION TO
HEALTHPARTNERS
DEFENDANTS' MOTION TO
DISMISS OR STAY**

Essentia Health,
Innovis Health, LLC, dba Essentia Health
West,
HealthPartners, Inc., and
HealthPartners Administrators, Inc.;

Defendants.

I, Christy L. Hall, state as follows:

1. I am a Staff Attorney with the nonprofit organization Gender Justice. Gender Justice is counsel for Plaintiffs Brittany R. Tovar and Reid Olson in the above-captioned matter.
2. After this case was remanded to this Court from the 8th Circuit, Plaintiffs submitted an amended complaint. They obtained new facts about HealthPartners' role in creating the plan at issue in this case by requesting a copy of the EEOC investigative file into Tovar's EEOC complaint. These facts were added in the amended complaint.
3. Attached as Exhibit A is a true and correct copy of an email attachment from correspondence between HealthPartners and Essentia, obtained by Plaintiffs from the EEOC investigative file.
4. Attached as Exhibit B is a true and correct copy of email correspondence between HealthPartners and Essentia, obtained by Plaintiffs from the EEOC investigative file.

5. Attached as Exhibit C is a true and correct copy of notes from interviews of some Essentia employees, obtained by Plaintiffs from the EEOC investigative file.

The undersigned declares under penalty of perjury under the laws of the United States and the State of Minnesota that the facts stated in this Declaration are, to the best of her knowledge and belief, true and correct.

Executed on this 6th day of February, 2018.

s/Christy L. Hall
Christy L. Hall

Exhibit A



1. For HealthPartners book of business, what percentage of your self-funded plans offer coverage for gender reassignment?

13 of
260
have
coverage

For self-funded plans, gender reassignment is excluded and only added upon request.

13 of the 260 HealthPartners self-insured clients have added coverage for gender reassignment surgery. These companies are large employers who are in the field of healthcare, medical device, retail and banking.

2. Do your FI clients get this coverage?

Yes, gender reassignment surgery is covered according to our medical coverage policy for fully insured clients. Members must meet the qualifications that determine medical necessary.

3. What is the medical coverage criteria for this type of service? Are their pre-service approval requirements?

Gender reassignment surgery is generally covered subject to the indications listed below and per your plan documents. HealthPartners follows the World Professional Association for Transgender Health (WPATH SOC-7), guidelines for primary sex characteristic gender reassignment surgery.

All of the following criteria must be met prior to hysterectomy and oophorectomy in female to male members and orchiectomy for male to female members:

1. The member must:
 1. Have persistent, well documented gender dysphoria.
 2. Be at least 18 years old, the legal age of majority in Minnesota; and
 3. Have the capacity to make a fully informed decision and to consent for treatment; and
 4. Have two referrals from two separate qualified mental health professionals. One therapist may be in a purely evaluative role, and one must address all of the following:
 1. The member's general identifying characteristics; and
 2. Results of the member's psychosocial assessment, including any diagnoses; andThe duration of the mental health professional's relationship with the member including the type of evaluation and therapy or counseling to date; and



3. An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the member's request for surgery; and
 4. A statement that the mental health professional is available for coordination of care.
 2. If significant medical or mental health concerns are present, documentation must support that they are reasonably well controlled; and
 3. Twelve months of continuous hormone therapy as appropriate to the member's gender goals (unless the member has a medical contraindication or is otherwise unable or unwilling to take hormones).
2. All of the following criteria must be met prior to genital reconstructive surgery (i.e., vaginectomy, urethroplasty, metoidioplasty, phalloplasty, scrotoplasty, and placement of a testicular prosthesis and erectile prosthesis in female to male; penectomy, vaginoplasty, labiaplasty, and clitoroplasty in male to female).
 1. The member must:
 1. Have persistent, well documented gender dysphoria.
 2. Be at least 18 years old, the legal age of majority in Minnesota; and
 3. Have the capacity to make a fully informed decision and to consent for treatment; and
 4. Have two referrals from two separate qualified mental health professionals. One therapist may be in a purely evaluative role, and one must address all of the following:
 1. The member's general identifying characteristics; and
 2. Results of the member's psychosocial assessment, including any diagnoses; and
 3. The duration of the mental health professional's relationship with the member including the type of evaluation and therapy or counseling to date; and
 4. An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the member's request for surgery; and
 5. A statement that informed consent has been obtained from the patient; and
 6. A statement that the mental health professional is available for coordination of care.
 2. If significant medical or mental health concerns are present, documentation must support that they are reasonably well controlled; and
 3. Twelve months of continuous hormone therapy as appropriate to the member's gender goals (unless the member has a medical



- contraindication or is otherwise unable or unwilling to take hormones);
and
4. The member must have completed 12 continuous months of living in a gender role that is congruent with their gender identity.

Please note: Although not an explicit criterion, it is recommended that members undergoing these procedures also have regular visits with a mental health or other medical professional.

The link to the coverage policy: [Gender Reassignment Surgery](#). HealthPartners coverage criteria supports coverage for primary **sex characteristics** which refers to the genetically determined sex characteristics related to reproduction. The primary sex characteristics are the genital organs and their related hormones. HealthPartners does not coverage changes to **Secondary sex characteristics** which refer to various genetically transmitted physical or behavioral characteristics that appear in humans at puberty and differentiate between the sexes without having a direct reproductive function.

Members work with HealthPartners Nurse Navigators to determine network (Cigna) providers for genital gender reassignment surgery. There are no providers in Minnesota at this time.

Chest surgery (mastectomy) and hysterectomy for female to male and the other surgeries we consider cosmetic, may be done by a number of contracted, local providers.

4. What do you find the utilization is for clients that offer this service?

Since 2010 there have been claims for 17 members for gender reassignment surgery. Many members will pursue taking hormone therapy but not complete the actual surgery for the gender change.

5. Annually how many claims are adjudicated for these services, and what does the cost per event look like?

The cost per event is difficult to capture as coverage for many affiliated services such as hormone therapy and mental health services, while covered, are not identified by underlying condition.

On average the cost for claims administered through HealthPartners is:

CPT	Description	HealthPartners Average
-----	-------------	------------------------



55970	Intersex surgery; male to female	\$45,000
55980	Intersex surgery; female to male	\$15,000

6. What benefits would apply in the event we offer coverage? i.e. IP hospitalization with ded/coins.

Benefits would be paid based on the place of service of the procedure and type of claims submitted.

7. In addition to the gender reassignment surgery, what other services go hand in hand for a full transition between genders, and what additional costs could we be facing?

As indicated in the coverage criteria; hormone replacement therapy and mental health claims are typically needed. Identifying costs related to gender reassignment is difficult.

There are no providers in Minnesota at this time that does genital gender reassignment surgery. Because of this travel costs may be a consideration for the member. Travel costs are typically excluded from plan coverage, even if the plan does cover gender reassignment surgery.

Exhibit B

From: Imelmann, Deborah A <Deborah.A.Imelmann@HealthPartners.Com>
Sent: Wednesday, May 27, 2015 2:10 PM
To: Carlin, Kim C.; Shepherd, Danielle L.
Cc: Taylor, Gisele A
Subject: RE: Gender Reassignment Surgery HP:0235824

Hello all,

Yes, we can wait to send our appeal decision letter until June 9, which is 30 days from the receipt date. If Essentia would like to make any plan changes, would you want us to adjust the letter to reflect any changes? The denial letter would be based the plan as it is now.

Thanks,

Deborah

Deborah Imelmann | Account Representative
HealthPartners | 8170 33rd Ave S | Minneapolis, MN 55425 | MS*21105M | ☎ 952.883.7771 |
✉ deborah.a.imelmann@healthpartners.com

From: Carlin, Kim C. [<mailto:Kim.Carlin@EssentiaHealth.org>]
Sent: Wednesday, May 27, 2015 12:02 PM
To: Imelmann, Deborah A; Shepherd, Danielle L.
Cc: Taylor, Gisele A
Subject: RE: Gender Reassignment Surgery HP:0235824

All – This exclusion is going to be reviewed by our Senior Leadership on Tuesday, June 2nd. Is it my understanding that this appeal does not need to follow the noted timeframes because it is not appealing coverage for a service? I'm just wondering if we can delay the HP communication until after the meeting with our leadership.

Kim Carlin, CEBS
Director of Total Rewards
Essentia Health
Human Resources | SSB6
407 E. 4th St., Duluth, MN 55804
Phone 218-786-4192 | Fax 218-786-4889 |
Pager 218-788-8024 | kim.carlin@essentiahealth.org

From: Imelmann, Deborah A [<mailto:Deborah.A.Imelmann@HealthPartners.Com>]
Sent: Wednesday, May 27, 2015 11:43 AM
To: Shepherd, Danielle L.; Carlin, Kim C.
Cc: Taylor, Gisele A
Subject: RE: Gender Reassignment Surgery HP:0235824
Importance: High

Hello Danielle,

I wanted to let you know that the second level appeal was heard at the HPAI committee meeting this morning. The denial was upheld. Mollie and her team will send the decision letter to the member within the next week.

Thank you and please let us know if you need any additional information.

Deborah

Deborah Imelmann | Account Representative
HealthPartners | 8170 33rd Ave S | Minneapolis, MN 55425 | MS+21105M | ☎ 952.883.7771 |
✉ deborah.a.imelmann@healthpartners.com

From: Shepherd, Danielle L. [<mailto:Danielle.Shepherd@EssentiaHealth.org>]
Sent: Thursday, May 21, 2015 7:58 AM
To: Taylor, Gisele A; Imelmann, Deborah A; Carlin, Kim C.
Subject: RE: Gender Reassignment Surgery HP:0235824

Good Morning Gisele,

I appreciate the phone call, and email outlining the reason for the language in the first level appeal response.

I understand why this language was used, and understand the timing issue.

Thanks!

Danielle Shepherd
Benefits Analyst
Essentia Health
Human Resources | SSB6
407 E. Fourth St., Duluth MN 55805
P: 218-786-4043 | F: 218-786-4889
Danielle.Shepherd@EssentiaHealth.org

From: Taylor, Gisele A [<mailto:Gisele.A.Taylor@HealthPartners.Com>]
Sent: Wednesday, May 20, 2015 4:32 PM
To: Shepherd, Danielle L.; Imelmann, Deborah A; Carlin, Kim C.
Subject: RE: Gender Reassignment Surgery HP:0235824

Danielle,

I wanted to respond to your comment below and assure that the language is not specific to Essentia but rather this language is used when any self-insured group has not finalized their plan/SPD in the plan year when the appeal occurred.

At the time of the first appeal, Essentia finalized their SPD for 2015 on 3/23/15. It takes our system a number of weeks before all team at HealthPartners know there is a final SPD. During the first appeal and at the time the letter was sent our team was not aware that the SPD were in fact finalized. This language will not be included in the second level appeal language as your SPD's are now finalized and loaded into our systems.

I hope this helps, Gisele

From: Shepherd, Danielle L. [<mailto:Danielle.Shepherd@EssentiaHealth.org>]
Sent: Wednesday, May 20, 2015 2:10 PM
To: Imelmann, Deborah A; Taylor, Gisele A
Subject: FW: Gender Reassignment Surgery HP:0235824

Hi Deborah,

Thank you very much for getting this over to me so quickly!

I do, unfortunately, have one piece of feedback that we need addressed: Page 4 4 of the "appeal response portfolio" that states: As mentioned, your employer has not yet finalized this language, and as such, it may be subject to change at your employer's discretion. However, based on their stated intentions, I regret that we are not able to approve your request for coverage.

This is a commonality we have repeatedly asked HP to refrain from doing in their member services department and we certainly cannot have the appeals team mentioning that exclusions are subject to change at our discretion. Can you please work with the appeals team and ensure that language is not posted on future appeals?

Let me know if you have any questions

Thanks!

Danielle Shepherd

Benefits Analyst

Essentia Health

Human Resources | SSB6

407 E. Fourth St., Duluth MN 55805

P: 218-786-4043 | F: 218-786-4889

Danielle.Shepherd@EssentiaHealth.org

From: Imelmann, Deborah A [<mailto:Deborah.A.Imelmann@HealthPartners.Com>]

Sent: Wednesday, May 20, 2015 12:23 PM

To: Shepherd, Danielle L.

Cc: Taylor, Gisele A

Subject: RE: Gender Reassignment Surgery HP:0235824

Hello Danielle,

Please see our responses to the questions below in bold and the related attachments for the appeal. The second level review is not yet complete; the request will be reviewed on May 27 and the deadline for the appeal is June 9.

Let us know if you have any questions.

Thank you,

Deborah

Deborah Imelmann | Account Representative

HealthPartners | 8170 33rd Ave S | Minneapolis, MN 55425 | MS•21105M | ☎ 952.883.7771 |

✉ deborah.a.imelmann@healthpartners.com

From: Shepherd, Danielle L. [<mailto:Danielle.Shepherd@EssentiaHealth.org>]

Sent: Wednesday, May 20, 2015 10:41 AM

To: Taylor, Gisele A

Cc: Imelmann, Deborah A
Subject: FW: Gender Reassignment Surgery
Importance: High

Hi Gisele,

I have a few follow up questions, I am hoping you may address with this issue:

1. Our exclusion list states: Services and/or surgery for gender reassignment. I was under the impression that hormone replacement therapy and mental health services were in fact covered, can you explain what the "services" portion would include?
Mental health services are covered as this is a covered benefit and gender dysphoria is a covered MH diagnosis.

2. Kim seems to think that the hormone replacement therapy for her child was denied (not sure if that is accurate or not), but can you advise if there is any restrictions on receiving hormone replacement therapy? i.e. age, DX associated with the therapy, gender, any medical criteria that needs to be met prior to receiving the therapy?
Generally, hormone replacement therapy pharmacy claims would go through as covered because hormone replacement is covered for other indications. Since pharmacy claims don't include a diagnosis, there's not a way to deny those that should be denied. A prior authorization or appeal would be denied if the request was for coverage of hormone replacement therapy related to gender reassignment since we know of the plan's exclusion. In this family's first level appeal decision letter, we explained that gender reassignment services including hormone replacement was not covered.

Also, the member tried to fill a pharmacy claim for hormones recently, which was denied because the medication requires prior authorization.

3. Can you send us copies of all documents related to the 1st and 2nd level appeal including what the employee submitted and the responses from HP?
Please see attached. The second level appeal is scheduled to be heard at the May 27 HPAI Committee meeting.

This is a time sensitive issue, and I am hoping to have these details responded to ASAP.

Let me know if there are any questions.

Thanks!!

Danielle Shepherd
Benefits Analyst
Essentia Health
Human Resources | SSB6
407 E. Fourth St., Duluth MN 55805
P: 218-786-4043 | F: 218-786-4889
Danielle.Shepherd@EssentiaHealth.org

From: Taylor, Gisele A [<mailto:Gisele.A.Taylor@HealthPartners.Com>]
Sent: Thursday, May 14, 2015 1:38 PM
To: Shepherd, Danielle L.
Cc: Imelmann, Deborah A
Subject: RE: Gender Reassignment Surgery

Danielle,

Attached are responses to your specific questions regarding gender reassignment surgery. Let me know if you need anything further, Gisele

From: Shepherd, Danielle L. [<mailto:Danielle.Shepherd@EssentiaHealth.org>]
Sent: Thursday, May 14, 2015 11:26 AM
To: Taylor, Gisele A
Cc: Imelmann, Deborah A
Subject: RE: Gender Reassignment Surgery

Good Morning,

How are we doing on this request?

Kim would like details no later than tomorrow.

Thanks!

Danielle Shepherd
Benefits Analyst
Essentia Health
Human Resources | SSB6
407 E. Fourth St., Duluth MN 55805
P: 218-786-4043 | F: 218-786-4889
Danielle.Shepherd@EssentiaHealth.org

From: Taylor, Gisele A [<mailto:Gisele.A.Taylor@HealthPartners.Com>]
Sent: Wednesday, May 06, 2015 10:24 AM
To: Shepherd, Danielle L.
Cc: Imelmann, Deborah A
Subject: RE: Gender Reassignment Surgery

Danielle, I have reviewed the questions and have a team of people involved. We will meet on Monday 5/11 to formulate our response and have something to share with you by Wednesday or Thursday. Does that work? Thanks,
Gisele

From: Shepherd, Danielle L. [<mailto:Danielle.Shepherd@EssentiaHealth.org>]
Sent: Wednesday, May 06, 2015 9:19 AM
To: Taylor, Gisele A
Cc: Imelmann, Deborah A
Subject: Gender Reassignment Surgery
Importance: High

Good Morning Ladies,

I just met with Kim, and was informed that it is highly likely that we will be adding coverage for gender reassignment surgery to our health plans that offer reproductive services. A firm decision has not yet been made, however Kim has asked that I put together a presentation for our Leaders to help explain the details of this design change. I am in need of your expertise on the below items.

1. For HealthPartners book of business, what percentage of your self-funded plans offer coverage for gender reassignment? I would like numbers for your overall self-insured book of business, as well as like companies please. Do your FI clients get this coverage?
2. What is the medical coverage criteria for this type of service? Are their pre-service approval requirements?
3. What do you find the utilization is for clients that offer this service? Annually how many claims are adjudicated for these services, and what does the cost per event look like?
4. What benefits would apply in the event we offer coverage? i.e. IP hospitalization with ded/coins.
5. In addition to the gender reassignment surgery, what other services go hand in hand for a full transition between genders, and what additional costs could we be facing? i.e. hormone replacement therapy, behavioral evaluations?

If there is anything else I may not be thinking of, please feel free to include. The more information on this item, the better. Kim is looking for completion of this item by the end of next week if possible.

Please let me know if you have any questions.

Thanks!

Danielle Shepherd

Benefits Analyst

Essentia Health

Human Resources | SSB6

407 E. Fourth St., Duluth MN 55805

P: 218-786-4043 | F: 218-786-4889

Danielle.Shepherd@EssentiaHealth.org

This message was secured by **ZixCorp**^(R).

This e-mail and any files transmitted with it are confidential and are intended solely for the use of the individual or entity to whom they are addressed. If you are not the intended recipient or the individual responsible for delivering the e-mail to the intended recipient, please be advised that you have received this e-mail in error and that any use, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited.

If you have received this communication in error, please return it to the sender immediately and delete the original message and any copy of it from your computer system. If you have any questions concerning this message, please contact the sender. Disclaimer R001.0



This message was secured by ZixCorp^(R).

This message was secured by ZixCorp^(R).

01/15 8:20

01/15 15:21

This message was secured by ZixCorp^(R).

This message was secured by ZixCorp^(R).

This message was secured by ZixCorp^(R).

Exhibit C

INTERVIEW NOTES TO FILE

From: PM
Re: B. Tovar v. Essentia 444-2015-00791
Date: 12/3/15

R states that it delegated its authority to administer the plan to Kim Carlin, Director of Total Rewards and Diane T. Davidson, Chief Human Resources Officer, and Danielle Shepherd is the Benefits Analyst. These individuals were interviewed by phone 218-786-2630 thru the R's att. Shawn Pearson.

All 3 were all provided Section 1001 provision and non-retaliation provision. Danielle Shepherd, a non-management employee, was interviewed in private and was also provided Confidentiality provision.

Interview note with KIM CARLIN:

- 1) Employment history: DOH: 2/12/01 as HR Analyst. Currently she is the Director Total Reward from 2/10.
- 2) Duties: Oversees employees' compensation, benefits, and safety, among others.
- 3) What "benefits" include? Health, dental, STD, etc.
- 4) Health care benefits related duties: Assist with designing plans to be offered to EEs, for example, determines what type of health care plans will be offered, What deductible will be, What network will be included, and What copayment will be. She worked with a team to design the plan and then she makes recommendation of the plan to the leadership team that must approve the plans. She also negotiates with the Union about the plans.
- 5) Who else work with you in this health care benefits team? External consultants to identify which pharmacies to use, the network of providers, and the third party administrator which is Health Partners. She reports to Diane Davidson, Chief HR Officer. She has been reporting to Diane from the time Diane was hired.
- 6) How many Medical Health Plans (MHP) are offered to EEs? Total 5 plans but not all employees have access to all 5. Most of non-union EES would have 3 plans, and Union-EES have two. Other group of EEs would have access to all 5 depending on the contract that was negotiated with the Union. The HAS Plus Plan is available to both Union and non-Union EES .
- 7) Who determine what will be coverage and what not under this Plan? She worked with the third party administrator to determine what is covered and what is not. Health partner is the third party.
- 8) Who made the final decision about what to be covered and what is not? It depends. Health Partners have standard procedures on what is coverage and what is not. It will be ultimately her responsibility to make that decision. On occasions, some issues would be rise to higher level leaderships.
- 9) The issue under investigation involves the HSA Plus Plan that exclude "services for gender-related transition." She states that this true for all plans.
- 10) Who made the decisions about this exclusion? Yearly, Health Partners presents to her the

suggested plan with includes the Inclusion coverage and Exclusion. It is always the total plan, not about individuals areas of exclusion was never discussed or analyzed until late 2015 when R agreed to include gender related services in the 2016 plan. Occasionally, the leadership team reviews some exclusion, as the issue being raised.

- 11) Who prepare the standard exclusion list? Health Partner. However, she has the ultimate authority to approve the exclusion list and the total plan.
- 12) Did you question any of the exclusions, and why? No, unless a specific issue is brought to their attention from HP that something is no longer part of the standard type of exclusion.
- 13) For how long this exclusion has been in effect? As long as she have been there and she assume it was before that.
- 14) Have you ever have concerns about this particular exclusion? Not until this issue was brought to her attention by CP in 03/15. Ever since CP sent a letter and she responded to CP and then she brought the matter to leadership team attention immediately upon receiving the claim from CP. She received the letter from CP in March 2015, and she responded in April 7. She brought this issue to the attention of her manager between this times. She responded to CP and explained that the exclusion will be reviewed periodically and will take her complaint will be taken in consideration when the periodic review takes place.
- 15) Has the periodic review taken placed? Yes, in June just to review this particular exclusion and then in September when the total review of the plan was approved, at this time, it was decided the exclusion will be lifted effective 1/1/16.
- 16) Identify any other individuals who expressed concerns about the same exclusion during your leadership? No one else brought concerns about this particular exclusion to her attention in the past.
- 17) What any other EE raised any other exclusion concerns? She cannot recall and cannot provide details.
- 18) In the matter under investigation, the CP's son was denied a hormone used to suppress menses. The evidence shows that the same insurance plan coverage this hormone for non-transgender related treatment? Why the difference? She does not know about any claim being denied. She is not aware of such claim being denied.
- 19) So what was CP's complaint? She wanted the exclusion removed.
- 20) Why? She does not know. She does not know what services was denied.
- 21) What triggered CP's complaint to you? In the letter CP (she read) said that wanted the exclusion removed and that her son has gender dysphoria and that the psychological impact...and it is a five page letter. Carlin categorically affirmed that she is not aware of the services being denied to CP and or her son based on the exclusion policy.
- 22) Anything else that I did not ask and I should know? No.
- 23) Mr. Pearson? None.

Interview with DIANE T. DAVIDSON:

1. DOH: Feb 2008 as Sr. VP Human Resources. Currently she is the Chief HR Officer for Essentia Health since 12/10.
2. Duties regarding employment benefits/Medical Health Plans (MHP): Benefits Director, Kim Carlin, reports to her. She delegated to Kim Carlin all of the benefits related matter.

3. The issue under investigation involves the HSA Plus Plan that exclude "services for gender-related transition". Explain your knowledge about it: She became aware of the issue since late March of April 2015 when Kim brought her a correspondent she received from CP. Diane told Kim to get the legal consul involved and to keep her informed.
4. What happened next? She had a discussion with Kim about removing the exclusion. It was brought up and discussed during a leadership team meeting called "4C" which means 4 Chiefs (She, legal officer, financial officer, and CEO). In 06/15, Diane took the matter to the 4 Chiefs and it was decided that gender dysphoria is recognized as condition to be coverage and as such the R decided to lift this exclusion effective 1/1/16 with the new plan.
5. Why this exclusion? She cannot answer. She does not know.
6. How this exclusion is part of your health plan? She relied on physicians to help and determine which coverage will be included and her assumption that the coverage and non-coverage services were appropriate.
7. Who are the physicians? the CEO who is a physician and the Health Partners are involved in making the plan coverage recommendations. However, it is Health Partners that identified what is coverage and what is not. During the 4 C meeting, the CEO made the decision to lift the exclusion. He is not typically involved early on the designing of the plans.
8. For how long this exclusion has been in the plan? She does not know.
9. Explain your knowledge of the CP's specific complaint? CP made R aware that her child suffers from gender dysphoria and CP was unhappy that the plan excluded coverage for hormone therapy. She is aware that no claim was submitted from CP or her son that was denied.
10. Identify any other individuals who expressed concerns about the same exclusion? None to her knowledge.
11. In the matter under investigation, the CP's son was denied a hormone LUPRON used to suppress menses. The evidence shows that the same insurance plan coverage this hormone for non-transgender related treatment? Why the difference? To her knowledge, neither CP nor her son was denied services.
12. Is anything else I should know about this matter? No.
13. Mr. Pearson? No.

Interview with DANIELLE SHEPHERD.

- 1) DOH: 4/7/14 as Benefits Analyst, which is her current position title.
- 2) Duties: liaison between insurance vendors and the R. Insurance vendors are Health Partners, Lincoln financial, Unam, and others. She works with annual renewal of the Benefits Plans and with bench marking reporting such as what other companies is doing, compliance, health care reforms, gather data to file reports, assist with questions coming to the service center regarding benefits. She works directly with the vendors whether it is rate or benefits matters. She assists in reviewing benefit designs before annual renewal.

During renewal, Health Partners presents the suggested plan changes such as increases to deductible, copay for example that she is to receive the suggested plan and discuss with supervisor and Mercer, broker, to determine whether the plan will be approved, changed, for the next upcoming year.

- 3) How many individuals in your similar position? Just herself. She reports to Kim Carlin.
- 4) How many benefits/Medical Health Plans (MHP)? 6 Health Plans.
- 5) The issue under investigation involves the HSA Plus Plan that exclude "services for gender-related transition". Explain. It is excluded for gender reassignment under all of the Health Plans.
- 6) Why? She does not know, they are not required to cover it. She is not engaged in designing the coverage services that is already in the plan. R is not required by any type of law to cover gender-transition related services.
- 7) For how long the exclusion has been in effect? Since she was hired in 2014 it has been there.
- 8) Who set the terms and conditions of coverage under the Health Plan? The third party administrator present the plan and in there the services to be coverage and not coverage under its regular standards procedures, and Kim will made the decision to approve the plan.
- 9) Explain your knowledge about CP's complaint regarding this exclusion? CP submitted a letter explaining her dissatisfaction with this exclusion. Danielle received the letter and discussed with Kim Carlin, and then it was presented to Health Partners. This was in March 2015.
- 10) What was done about this particular complaint from CP? Her involvement was to receive the letter and presented to Kim and to Health Partners, and that was the end of her involvement.
- 11) What is the current status of this exclusion? It is excluded for the rest of 2015 plan, for 2016 the exclusion has been lifted.
- 12) What was your discussion with HP about this matter? She forwarded the letter to HP and asked what to be done, if they would treat the letter as an appeal. HP explained that without a denial of services of any pre authorization, it decided to handle as an appeal, anyway.
- 13) Explain the specific reason for CP's complaint? Based on CP's letter, R was discriminating against her based on the exclusion.
- 14) What action triggered her complaint about this exclusion? She does not know.
- 15) Do you know if she was denied services, if so, what services? By the CP's letter, HR determined that there were no adverse decisions filed in their system, which means that there was not denial of services. So, why HP would consider it as an appeal if there were not denials? She does not know.

- 16) Identify other EE who raised any concerns about this exclusion? None that she can recall.
- 17) Who is Gisele Taylor? What is her position? The account Manager Representative. She does not know if she is a manager or no.
- 18) What else can you tell me about this matter? None.
- 19) Address: 2501 Chambersburg Ave. Duluth, MN 55811.