City of Longview

1525 Broadway
Longview, WA 98632
www.ci.longview.wa.us

LEOFF-1
Disability Board

Agenda

Wednesday, November 30, 2022 | **8:30 AM** | **2nd Floor, City Hall**

The City Hall is accessible for persons with disabilities. Special equipment to assist the hearing impaired is also available. Please contact the City Executive Office at 360.442.5004 48 hours in advance if you require special accommodations to attend the meeting.

To attend the meeting virtually use the link or information below:
https://us02web.zoom.us/j/82919320810
Telephone: 1 253 215 8782 or 1 346 248 7799
Webinar ID: 829 1932 0810

1 CALL TO ORDER

2 FLAG SALUTE

3 ROLL CALL

4 AGENDA APPROVAL

5 PUBLIC COMMENT

6 APPROVAL OF MINUTES

22-000754 September 28, 2022 Regular Meeting

7 MEDICAL REIMBURSEMENT REQUESTS

22-000755 R-28 Hearing Aid pre-approval request.

22-000756 R-38 Request to increase in-home care from 40 hours to 56 hours a week.

22-000760 R-05 Request for reimbursement for Custom Shoes

22-000761 R-01 Request for Reimbursement over 6 months

8 APPROVAL OF BILLS

22-000757 October 2022 Medical Bills (Regular)

22-000758 October 2022 Medicare B Reimbursement

22-000762 November 2022 Medical Bills (Regular

22-000763 November 2022 Medicare B Reimbursement

9 NEW BUSINESS

10 ADJOURNMENT

NEXT REGULAR MEETING:
December 28, 2022 AT 8:30 a.m.

City of Longview

Agenda Summary

September 28, 2022 Regular Meeting

Attachments:
1. 9-28-22 LEOFF-1 Minutes

City of Longview

1525 Broadway
Longview, WA 98632
www.ci.longview.wa.us

LEOFF-1
Disability Board

Minutes

Wednesday, September 28, 2022 | **8:30 AM** | **2nd Floor, City Hall, Small Conference Room**

The City Hall is accessible for persons with disabilities. Special equipment to assist the hearing impaired is also available. Please contact the City Executive Office at 360.442.5004 48 hours in advance if you require special accommodations to attend the meeting.

1 CALL TO ORDER

Chairman Don Barnd called the meeting to order at 8:30 a.m.

2 FLAG SALUTE

The flag salute was recited.

3 ROLL CALL

Present: Don Barnd, Police Department Representative
Jim Morkert, Fire Department Representative
Ruth Kendall, City Council Representative
Mike Wallin, City Council Representative

Absent: Ken Botero, Member-at-large

Also Present: Tiffany Ostreim, Board Secretary
Dana Beck, Payroll Specialist
Jim McNamara, City Attorney

4 AGENDA APPROVAL

Agenda was accepted as presented.

5 PUBLIC COMMENTS

None.

6 APPROVAL OF MINUTES

22-000607 AUGUST 31, 2022 REGULAR MEETING MINUTES

A motion was made by Member Wallin, seconded by Member Kendall to approve the minutes of August 31, 2022. The motion carried unanimously.

7 MEDICAL REIMBURSEMENT REQUESTS

22-000608 REIMBURSEMENT SPREADSHEET

Dana Beck requested clarification of a request for additional in-home care hours.
The Board discussed care must be from a licensed caregiver and concurred a letter of necessity from the doctor be submitted for their approval.
Member Morkert requested the entity who is providing the in-home care.

A motion was made by Member Wallin, seconded by Member Morkert to approve the reimbursement spreadsheet. The motion carried unanimously.

September Medical Bills (Regular)

Member	*Dental*	*Regular*
R-3		*$1,189.80*
R-10		*$36.00*
R-18		*$250.80*
R-36		*$918.75*
R-38		*$5,280.00*
R-49		*$28.00*
R-58		*$65.00*
R-63		*$364.53*
TOTAL		*$6,907.08*

8 APPROVAL OF BILLS

22-000609 SEPTEMBER MEDICARE B VOUCHER LIST

A motion was made by Member Kendall, seconded by Member Morkert to approve the bills as presented, reasonable, and medically necessary. The motion carried unanimously.

Medical Premiums September 2022

Code	*Vendor #*	*Year*	*RATE*
R1	*217402*	*2022*	*$170.10*
R2	*000122*	*2022*	*$250.50*
R3	*000127*	*2021*	*$144.60*
R5	*000233*	*2022*	*$615.60*
R6	*000278*	*2022*	*$170.10*
R7	*000406*	*2022*	*$170.10*
R8	*000465*	*2021*	*$148.50*
R9	*000466*	*2022*	*$170.10*
R11	*000632*	*2022*	*$170.10*
R12	*211809*	*2022*	*$494.00*
R13	*000666*	*2022*	*$170.10*
R14	*000706*	*2022*	*$170.10*
R15	*226325*	*2022*	*$170.10*
R16	*000789*	*2022*	*$170.10*
R17	*000827*	*2022*	*$170.10*
R18	*210122*	*2022*	*$170.10*
R19	*000963*	*2022*	*$170.10*
R21	*001245*	*outdated*	*$134.00*
R22	*225194*	*2021*	*$148.50*

R23	*001511*	*2022*	*$170.10*
R24	*001631*	*2022*	*$170.10*
R25	*001644*	*outdated*	*$134.00*
R26	*002066*	*2022*	*$170.10*
R27	*210058*	*2022*	*$170.10*
R28	*000664*	*2021*	*$144.60*
R29	*001124*	*2022*	*$170.10*
R31	*218105*	*2022*	*$127.10*
R33	*218134*	*2022*	*$170.10*
R34	*000447*	*2022*	*$135.10*
R36	*000634*	*2022*	*$170.10*
R37	*000701*	*2021*	*$148.50*
R38	*217404*	*2022*	*$152.10*
R39	*000740*	*2022*	*$170.10*
R40	*000744*	*2022*	*$170.10*
R41	*223804*	*2021*	*$144.60*
R42	*210489*	*2022*	*$120.10*
R43	*216727*	*2022*	*$147.10*
R44	*001021*	*2022*	*$141.10*
R46	*218350*	*2022*	*$165.10*
R47	*001226*	*2022*	*$170.10*
R48	*211292*	*Quarterly*	*$510.30*
R49	*001402*	*2022*	*$170.10*
R50	*001481*	*outdated*	*$109.00*
R51	*001106*	*2022*	*$170.10*
R53	*001685*	*Quarterly*	*$0.00*
R55	*001714*	*2022*	*$169.10*
R56	*001732*	*2022*	*$146.10*
R57	*001599*	*2022*	*$133.10*
R58	*001823*	*2022*	*$170.10*
R59	*000092*	*2022*	*$140.10*
R61	*224982*	*2022*	*$163.10*
R63	*001694*	*2022*	*$156.10*
R64	*000883*	*2021*	*$148.50*
			$9,423.00

9 CONTINUED BUSINESS

22-000610 UPDATE LONG-TERM CARE FORM

Continuation of research

22-000611 UPDATE REGARDING PRESENTATION OF RESOURCES/POLICIES FROM OTHER JURISDICTIONS FOR REVIEW REGARDING THE REIMBURSEMENT OF HEARING AIDS AND EYEGLASSES

Continuation of research

10 ADJOURNMENT

With no further business to discuss, a motion was made by Member Wallin, seconded by Member Kendall to adjourn the meeting. Upon a vote duly held, and unanimously passed, Chairman Barnd adjourned the meeting at 8:46 a.m.

Next Meeting

The next regular meeting of the LEOFF-1 Board is scheduled for October 26, 2022 at 8:30 a.m.

_____ _____

Don Barnd, Chairman *Tiffany Ostreim, Board Secretary*

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

FROM: **DANA BECK, INTERIM LEOFF-1 ADMINISTRATOR**

SUBJECT: R28 REQUEST FOR PRE-APPROVAL OF HEARING AIDS EXPENSES

R28 is requesting pre-approval for hearing aids at a cost of $8998.00. An audiogram and the retiree's medical records from the audiology appointment have been submitted for consideration, as well as a quote.

Action needed on this claim:

1. Make determination as to whether R28 qualifies for reimbursement for hearing aids in the amount of $8998.00.

Documents included for review:

1. Audiogram
2. Medical conculsion
3. Quote

R-28

Willoughby Hearing

We Listen. You Hear.

October 13, 2022
City of Longview
LEOFF Disability Board
PO Box 128
Longview, WA 98632

To Whom it May Concern:

R-28 was seen in my office today for a full hearing evaluation. He complained of difficulties understanding people in general unless they speak very loudly and directly at him. has constant tinnitus in both ears.

Otoscopic examination revealed clean canals, intact, and healthy tympanic membranes. An unaided sound field was performed prior to testing which indicated that only understands 12% of unaided speech.

Audiometric results of his test today show a binaural Normal to Severe Sensory-Neural Hearing loss. Given proper amplification, has the potential to understand 60% with his right ear, 68% with his left ear and binaurally he would understand 74%.

It is my recommendation that be fit with a binaural set of Audibel Arc AI 2400 receiver in canal hearing aids with absolute power receivers. The hearing aids will come with a three-year warranty and services and cost $8,998. A quote is enclosed.

If you have any questions or need any additional information, please do not hesitate to contact my office.

Respectfully,

BC-HIS

Anne Pacheco, B.A., BC-HIS
Board Certified in Hearing Instrument Sciences
Gresham Office
350 NW Eastman Parkway
Gresham, OR 97030
503-667-3832
503-465-4768 fax

Willoughby Hearing

We listen. You hear.

HEARING QUOTE | NORTHLAND HEARING CENTERS INC | Willoughby Hearing | 1866 | 350 NW Eastman Pkwy. | Gresham, OR 97030-7203 | 5036673832 | Anne Pacheco

PATIENT INFORMATION | Name: R-28 | Date: 10/13/2022

SYSTEM DESCRIPTION & COST

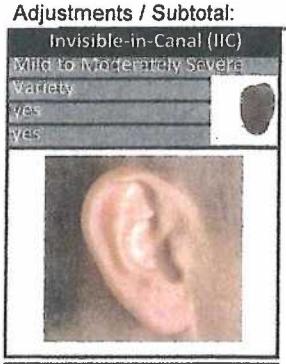
	Brand- Model- Tier- Style - Digital Hearing Aid(s):	Batt:	Cndtn:	List Price:	Prompt Pay Adjustments:	Prompt Pay Price:
Product	R: Audibel Wireless Arc AI 2400 RIC Li-Ion - V5257 Dgtl., Mono., BTE	Li-ion	New	$ 5,500.00	$ 3,703.00	$ 1,797.00
	L: Audibel Wireless Arc AI 2400 RIC Li-Ion - V5257 Dgtl., Mono., BTE	Li-ion	New	$ 5,500.00	$ 3,703.00	$ 1,797.00
	Features: __ Custom X Wireless X Advanced Mic. X Rechargeable X I-Phone Compatible					
	System: Audibel Arc AI 2400 - V5261 Dgtl., Bin., BTE		Sub Total:	$ 11,000.00	$ 7,406.00	$ 3,594.00
Warranty	Covers all manufacture repairs to the hearing aid & receiver, in-office repairs, setting reloads and calibrations. The Loss & Damage policy covers a one-time replacement with a $500 deductible per aid in case of irreparable shell damage or loss (if later located the original becomes the property of the manufacturer). Custom molds and AP receivers are not covered under this loss and damage policy and must be separately replaced at full cost.					
	Value Package- Full Coverage Warranty Plan Expires In 3 Year(s)		Sub-Total:	$ 1,494.00	$ 192.00	$ 1,302.00
Molds	V5265: Disposable Earmold/ Insert 0 quantity			$ -	$ -	$ -
	V5264: Custom Earmold 0 quantity			$ -	$ -	$ -
	V5267: Absolute Power Receiver 2 quantity			$ 700.00	$ -	$ 700.00

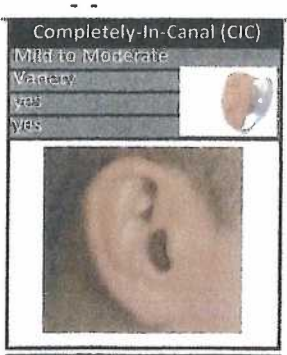
Dispensing						
X	S0618: Audiometric Testing For Hearing Aid(s)	0.00				
X	V5020: Conformity Evaluation	400.00				
X	V5011: Fitting/Orientation	450.00				
X	V5275: Monaural Ear Impression(s)	200.00				
X	V5160: Binaural Dispensing Fee	1,650.00	Sub-Total:	$ 2,700.00	$ 346.00	$ 2,354.00

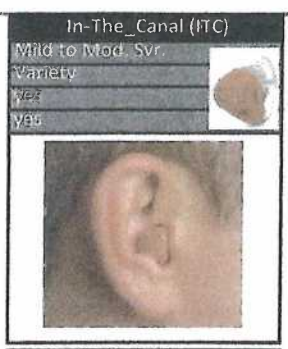
Services	Includes: Unlimited office Visits & remote care visits, free in-office repairs, 25% off post warranty factory repairs, 1 free receiver replacement per aid, unlimited reprogramming & firmware updates, & annual testing. Loaner & trade in programs. Tinnitus treatment & aural rehabilitation. As needed cerumen removal where permitted by state law, zinc oxide batteries, wax guards, mic covers, ear-domes, BTE re-tubing.					
	Value Package- VIP Service Plan Expires In 3 Year(s)		Sub-Total:	$ 1,197.00	$ 149.00	$ 1,048.00
Accessor	Item 1: Unselected	3 year(s) warranty		$ -	$ -	$ -
	Item 2: Unselected	0 year(s) warranty		$ -	$ -	$ -
	Item 3: Unselected	0 year(s) warranty		$ -	$ -	$ -

Maintenance					
3	yr(s) Video Otoscopy (ns- $60 per event)				
3	yr(s) Cerumen Management (ns- $89 per event)				
3	yr(s) Batteries Standard or Rech. (ns- $10 - $50)				
3	yr(s) Wax Guard (ns- $10 per pkg.)				
3	yr(s) Mic cover replacements (ns- $14 each)				
3		Sub-Total:	$ -	$ -	$ -

Treatment Plan Subtotal:	$ 17,091.00	$ 8,093.00	
Adjustments / Subtotal: - -		$ -	$ 8,998.00





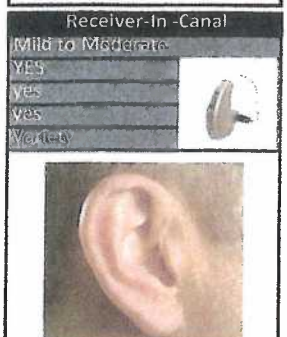


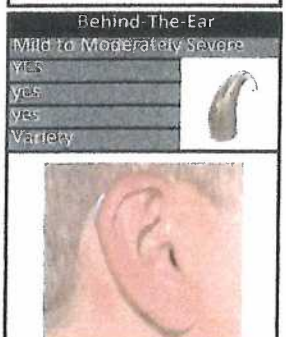
My name is Anne Pacheco I am your better hearing provider. Please feel free to call me anytime to discuss the future of your hearing life. My telephone number is 5036673832

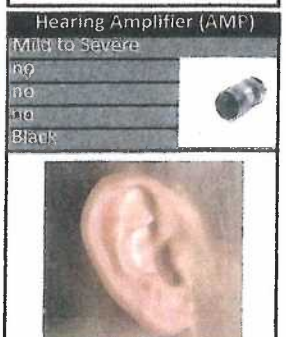
Unless otherwise noted herein this quote will remain valid for 7 days from the date of production and will only apply at the office of it's origination.

(Alternative expiration date: ___/___/_____.)

Signature of authorizing provider: _____







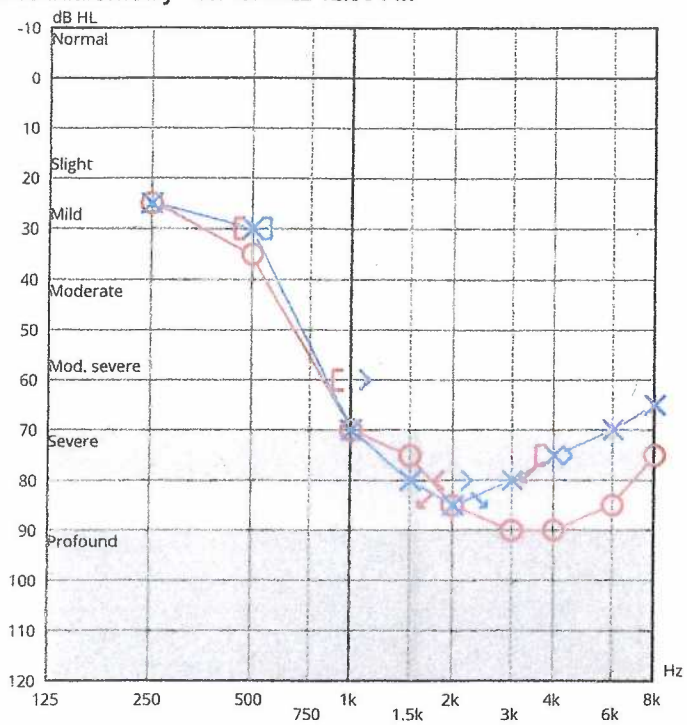
Lowest price guarantee: Our policy is to not be undersold, if you find a lower price we will match it product for product & service for service.

Willoughby Hearing Center

350 NW Eastman Parkway : Gresham, OR 97030
Tel. (503) 667-3832 - Fax (503) 465-4768

PATIENT: R-28

1: Pure tone audiometry - 10/13/2022 12:06 PM



		R	L	BIL
AC		O	X	⊗
AC	Mask.	△	□	△
UCL		U	U	
BC		<	>	
BC	Mask.	[	]	
FF		◁	▷	⋈
FF	Mask.	S	S	S
FF	Aided	A	A	A

Pure tones average

	R	L
AC	63.3	61.7
BC	56.7	56.7

Freq. [Hz]: 500, 1k, 2k

		125	250	500	750	1k	1.5k	2k	3k	4k	6k	8k
AC R	Thr.		25	35		70	75	85	90	90	85	75
AC R	Mask.											
AC L	Thr.		25	30		70	80	85	80	75	70	65
AC L	Mask.											
BC R	Thr.			30		60		N.R.		N.R.		
BC R	Mask.			70		100				90		
BC L	Thr.			30		60		N.R.		75		
BC L	Mask.			70								

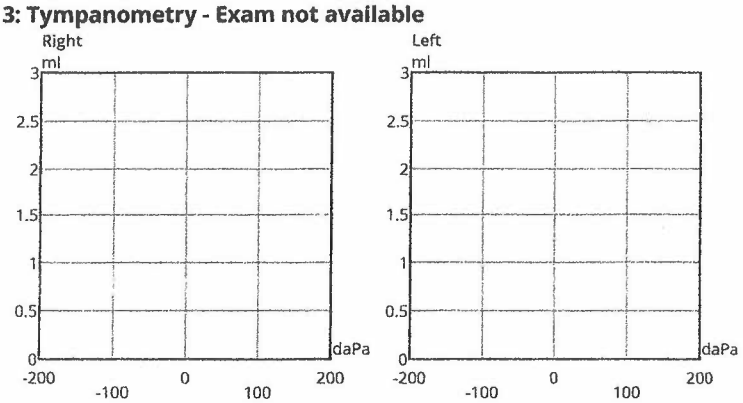
2: Speech audiometry - 10/13/2022 12:14 PM

	WRS1			WRS2			SRT		MCL	UCL
	dB HL	Mask.	%	dB HL	Mask.	%	dB HL	Mask.	dB HL	dB HL
AC R	85		60				60		75	100
AC L	80		48	85		68	55		80	100
AC BIL	80		74							

Speech material: W 22

unaided SF @ 55 dB 12%

3: Tympanometry - Exam not available



Exams	Device	SN.	Extra info
1	INVENTIS HARP PLUS	AU1DC20224934	Device calibration date: 9/6/2022; AC transducer: ER-3; BC transducer: B71
2	INVENTIS HARP PLUS	AU1DC20224934	Device calibration date: 9/6/2022; AC transducer: ER-3

BC-HIS
Anne Pacheco
1012954S

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

FROM: **DANA BECK, INTERIM LEOFF-1 ADMINISTRATOR**

SUBJECT: R38 REQUEST FOR REIMBURSEMENT OF ADDITIONAL HOUR FOR IN-HOME CARE

R38 is requesting pre-approval of in-home care to increase from 40 hours a week to 56 hours a week (8 hours a day/7days a week). Currently R38 is approved for 40 hours a week at $33.00 an hour, approximately $1,320.00 a week or $5280.00 a month. This would increase to $1,848.00 a week or $7392.00 a month, an additional cost of $528.00 a week or $2,112.00 per month

Action needed on this claim:

1. Make determination as to whether R38 qualifies for 56 hours of in-home care a week. Reimbursement of approximately $1848.00 a week.

Documents included for review:

1. Original Request fom 4.27.22 meeting
2. Medical conculsion

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

FROM: **KAYLEE CODY, LEOFF-1 ADMINISTRATOR**

SUBJECT: R38 REQUEST FOR REIMBURSEMENT OF IN-HOME ASSISTANCE

R38 is requesting reimbursement for in-home care through Care Direct (formerly Elder Options). I spoke with the in-take coordinator – they could not prepare me an estimate in advance but advised that they estimated R38 will require 40 hours of care per week, 7 days of care per week, at a total of $33 an hour ($20 paid to the caretakers, $13 for overhead and administrative costs) which totals $1,320.00 per week of care, or approximately $5,845.98 per month (based on 31 days). The family has agreed with this estimate, and I advised that if R38 were to need additional care hours, it would need to be presented to the LEOFF Board for pre-approval. The Genworth median monthly cost of in-home care is $5,504 based on 40 hours of care per week in Longview (the closest cost comparable available).

Action needed on this claim:

1. Make determination as to whether R38 qualfiies for the reimbursement of in-home care expenses (approximately $5,845.98 monthly).

Documents included for review:

1. City of Longview LEOFF-1 Medical Report and Request for Long-Term In-Home Nursing Assistance – form completed by ARNP Amber Bruce of Peacehealth
2. Genworth cost estimate for in-home care

City of Longview

LEOFF-1

Medical Report and Request for Long-Term In-Home Nursing Assistance, Confinement in a Nursing Home or Similar Facility, or in a Hospital Extended Care Facility

Name of Member: LEOFF1 R-38

1. Name and address of attending physician: Amber Bruce, ARNP
Peacehealth Medical Group Lakefront
1718 E. Kessler BLVD, Box 3002 Longview WA 98632

2. The following are the dates on which the member was examined relative to his/her present condition, including the most recent examination: _____

3. The following is a summary of the relevant medical, mental, functional, neurological history of this member as known to me: Chronic vertigo, type 2 Diabetes

4. The following are my findings as to the medical condition of this member, including diagnosis and prognosis. Chronic vertigo affecting activities of daily living.

		Yes	No
5.	Home health care is necessary due to the foregoing diagnosis:	☒	☐
6.	Nursing home confinement is necessary due to the foregoing diagnosis:	☐	☒
7.	Hospital extended facility confinement is necessary due to the foregoing diagnosis:	☐	☒

8. Is the member able to perform the following Activities of Daily Living (ADLs)?

	Yes	No
Bathing	☐	☒
Dressing	☐	☒
Feeding	☐	☐
Toileting	☐	☐
Transferring	☐	☐
Continence	☐	☒
Cognitive Impairment	☐	☐
Other*	☐	☒

*Describe "other" (i.e., self medicate, etc.) medication management, stand-by-assist showering, dressing, etc. see #9

9. The following are my opinions on the specific medical and other assistance this member needs: assistance with bathing, dressing, meal preparation, medication management, housekeeping, laundry, transportation MD appts, shopping (groceries), errands.

10. The following is my opinion regarding the estimated length of time this member will require the care identified in 5, 6, or 7, above: indefinately and currently it is my recommendation for 8 hrs of caregiving services a day 7 days a week.

11. I have also met, spoken with or consulted the following persons regarding this member:

N/A

Dated this 6th day of October 2022.

(C. Amber Bruce) ARNP
Physician's Signature

(360) 747-5800
Phone Number

Christine Amber Bruce ARNP
Physician's Name (Please type or print clearly)

City of Longview

Agenda Summary

R-05 Request for reimbursement for Custom Shoes

Attachments:
1. R-05 Request for reimbursment for Custom shoes

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

FROM: **DANA BECK, INTERIM LEOFF-1 ADMINISTRATOR**

SUBJECT: R05 REQUEST APPROVAL OF CUSTOM SHOES

R05 is requesting approval for custom shoes at a cost of $1620.00. LEOFF1member spoke to Humana claims department and was told shoes were not covered unless for Diabetics. Without written denial from Humana, will LEOFF Board approve reimbursement.

Action needed on this claim:

1. Make determination as to whether R05 qualifies for reimbursement for custom shoes in the amount of $1620.00 without proof from Humana claim was denied.

Documents included for review:

1. Letter from LEOFF1 retiree.
2. Medical conculsion
3. Quote
4. Medically Necessary Form

R-5

August 18, 2022

Kaylee Cody
City of Longview

Dear Ms. Cody,

I spoke with Humana claims department and they informed me they do not cover DME for shoes, except for diabetics. She referred me to Medicare.gov for support of that restriction.

Thank you for your consideration.

Sincerely,

You have placed an order with **Crary Shoes** - Portland's Premier Pedorthic Facility

☑ 12035 NE Glenn Widing Dr., Portland, OR 97220 ☐ 12400 NW Cornell Rd., Suite 201; Portland, OR 97229

If you have any questions, please call us at **503.253.8984** or email **admin@craryshoes.com**

Patient Name: _____ Date: [illegible] PO#: [illegible]

Insurance: Private Pay Benefit/Coverage: —

NOTICE

Many insurance plans have changed deductible amounts and coinsurance %. We do our best to quote you based on the information we are given. Amounts are always subject to change.

Brand: Crary

Style: Urban Ath top

Color: Black

Orthotics: ☐ Yes ☐ No

* Patient/client portion: $ 1620—

Deposit: $ 810—

Balance Due at delivery: $ 810—

** ESTIMATED delivery time: 8 wks

The delivery of your items could be significantly delayed if your insurance requires documentation that you did not bring to your appointment and/or your insurance requires pre-authorization.

I understand that if I have ordered a custom product of any kind (orthotics, braces or custom shoes) and if I cancel my order after the items have been made or "abandon" my order by not picking up in a timely manner, that Crary Shoes will bill the items to my insurance and I am still responsible for any coinsurance and deductible. Custom products of any kind are non-refundable/non-returnable.

Signature: X _____

You were seen today by: Meredith Crary-Johanson, C. Ped Tom Craig, C.O. Bill Crary, M. Shoemaker

** Delivery is subject to change; however, we will notify you if there is a significant delay due to manufacturing or a back ordered shoe.

CRARY SHOES
MEREDITH JOHANSON
12035 NE GLENN WIDING DR
PORTLAND OR 97220-9050
503-2538984

Fri 05/13/2022 11:45 AM

Txn ID: #bebd91a4

Type: CREDIT

PURCHASE
VISA CREDIT

Number: **********6257
Card Type: VISA
Entry Mode: Chip
CVM: SIGNATURE
Mode: Issuer
VISA CREDIT
AID: A0000000031010
TVR: 8080008000
IAD: 06010A03602000
TSI: 6800
ATC: 00AC
TC: C21310949B87BD08
UN: C6012E64
Response: APPROVED
Approval Code: 313154

Sub Total: $810.00
- - - - - - - - - - - - - - -
Total: $810.00

Thank you for supporting
American workers!
THANK YOU

R-5

Miscellaneous DME Supply or Accessory NOS [SUP3018] (Order 335433885)

General Supply

Date: 2/11/2022 Department: INTERNAL MEDICINE - LONGVIEW, WA - ST JOHN MED CTR
Ordering/Authorizing: Chao-Wei Tsai, MD

Referral

Created on: 2/11/2022

Referred by	Referred to
Chao-Wei Tsai, MD	

Reference Links

Order History

Outpatient

Date/Time	Action Taken	User	Additional Information
02/11/22 0946	Sign	Chao-Wei Tsai, MD	

Start Date/Time

Start Date
02/11/22

Order Details

Frequency	Duration	Priority	Order Class
None	None	Routine	External

Start Date/Time

Start Date
02/11/22

Comments

Patient have high arch in left foot and artificially lowered arch in the right foot. He request for custom shoes for specialized arch support.

Order Questions

Question	Answer	Comment
Send to this vendor:		crary shoes
Supply	Boot/Shoe	
Right or Left?		both
How many pair?	1 Pair	
Does the patient have diabetes mellitis?	No	
This patient needs special shoes and/or it's inserts because of his/her diabetes:	No	

Printed 4/25/2022 2:44 PM

Dr. Cruz
Could you fill this out please.

R-5

City of Longview
LEOFF-1
Reasonable and Medically Necessary Services

Completion of this form by the physician (or dentist) recommending treatment is required for the LEOFF-1 Disability Board to consider reimbursement requests for services not covered by insurance (dental, massage, acupuncture, etc). The retiree is responsible for submitting the form to the LEOFF-1 Disability Board with a completed claim form, invoice or estimate, explanation of benefits from insurance (denial of claim), & proof of payment. ***Procedures that are purely cosmetic and not medically necessary are not eligible for reimbursement. The City of Longview cannot pay providers directly – the retiree is responsible for making payment. Only procedures/services that are determined to be reasonable and medically necessary by the LEOFF-1 Board will be considered for reimbursement.***

PATIENT/RETIREE NAME: R-5

1. Name of physician/dentist and business/clinic address: Elizabeth Cruz MD 1615 Delaware, Longview, WA 98632

2. Condition requiring treatment: congenital deformity of feet; high arch L foot & low arch R foot

3. Summary of recommended services: custom shoes for specialized arch support

4. Are the recommended services purely cosmetic (yes/no): no

5. Are the recommended services reasonable and medically necessary (yes/no): yes

6. Explain why you determined that the recommended services are reasonable and medically necessary:
custom shoes / inserts / orthotics are necessary to reduce foot pain and allow normal gait.

7. Please provide the dates on which services were provided (if already provided):
5/13/22

8. If the treatment has not yet been provided, are there alternative treatment options? —

9. What are the approximate costs of alternative treatment, if applicable?

—

10. Explain why these alternative treatment options were not chosen:

—

I swear under penalty of perjury that the above statements are true.

Physician/Dentist Signature — Date: 10/24/22

Patient/retiree authorization for the release of this form to the City of Longview LEOFF-1 Disability Board (Board Secretary Kaylee Cody):

Patient/Retiree Signature — Date: 10-3-22

City of Longview

Agenda Summary

R-01 Request for Reimbursement over 6 months

Attachments:
1. R-01 Reimbursement over 6 months

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

FROM: **DANA BECK, INTERIM LEOFF-1 ADMINISTRATOR**

SUBJECT: R01 REQUEST REMIMBURSMENT OVER 6 MONTHS

R01 is requesting approval for reimbursement of 2 prescriptions dated 08/02/2021 in the amount of $43.52 and 11/15/2021 in the amount of $43.52. Total $87.04.

Action needed on this claim:

1. Make decision to reimburse R-01 for prescriptions dated 08/02/2021 & 11/15/2021 in the amount of $87.04.

Documents included for review:

1. Prescriptions reciepts

SAFEWAY

#3545
900 E. MERIDIAN
MILTON, WA 98354
(253) 952-0390

Rx #: 7392978

REFILL

Pickup: Today

DOB: 06/14

Auburn, WA 98001

Phone: (253) 927-8749

PHAM, THANH MD

Fill Date: 08/02/2021

K CITRATE 1,100-334 MG/5ML SOL MTHD

NDC: 58657-0312-16 Disp. Qty:473

Refills 2 By 04/20/2022

Safety Caps:Yes

This medicine is a(n) red, cherry-flavored solution.

CASH: $65.99

COPAY: $43.52

SAFEWAY

#3545
900 E. MERIDIAN
MILTON, WA 98354
(253) 952-0390

Rx #: 7392978

REFILL

Pickup: Today

DOB: 06/14

Auburn, WA 98001

Phone: (253) 927-8749

PHAM, THANH MD

Fill Date: 11/16/2021

K CITRATE 1,100-334 MG/5ML SOL MTHD

NDC: 58657-0312-16 Disp. Qty:473

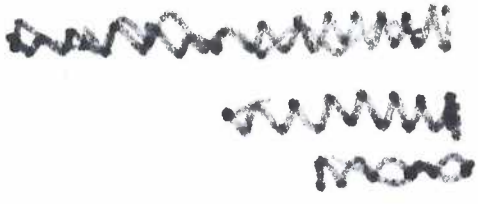
Refills 1 By 04/20/2022

Safety Caps:Yes

This medicine is a(n) red, cherry-flavored solution.

CASH: $65.99

COPAY: $43.52



October 2022 MEDICAL BILLS (Regular)		
Member	**Dental**	**Regular**
R-3		$1,374.00
R-6	$116.80	
R-17		$34.73
R-34	$1,066.40	
R-36		889.11
R-38		$5,280.00
R-56		$38.00
R-61	$422.50	$303.41
R-63		$266.64
TOTAL	$1,605.70	$8,185.89

Medicare Premiums		October 2022	
Code	Vendor #	Year	RATE
R59	000092	2022	$140.10
R2	000122	2022	$250.50
R3	000127	2021	$144.60
R5	000233	2022	$615.60
R6	000278	2022	$170.10
R7	000406	2022	$0.00
R34	000447	2022	$135.10
R8	000465	2021	$148.50
R9	000466	2022	$170.10
R11	000632	2022	$170.10
R36	000634	2022	$170.10
R28	000664	2021	$144.60
R13	000666	2022	$170.10
R37	000701	2021	$148.50
R14	000706	2022	$170.10
R39	000740	2022	$170.10
R40	000744	2022	$170.10
R16	000789	2022	$170.10
R17	000827	2022	$170.10
R64	000883	2021	$148.50
R19	000963	2022	$170.10
R44	001021	2022	$141.10
R51	001106	2022	$170.10
R29	001124	2022	$170.10
R47	001226	2022	$170.10
R21	001245	outdated	$134.00
R49	001402	2022	$170.10
R50	001481	outdated	$109.00
R23	001511	2022	$170.10
R57	001599	2022	$133.10
R24	001631	2022	$170.10
R25	001644	outdated	$134.00
R53	001685	Quarterly	$0.00
R63	001694	2022	$156.10
R55	001714	2022	$169.10
R56	001732	2022	$146.10
R58	001823	2022	$170.10
R26	002066	2022	$170.10
R27	210058	2022	$170.10
R18	210122	2022	$170.10
R42	210489	2022	$120.10
R48	211292	Quarterly	$0.00
R12	211809	2022	$494.00
R43	216727	2022	$147.10
R1	217402	2022	$170.10
R38	217404	2022	$152.10
R31	218105	2022	$127.10
R33	218134	2022	$170.10
R46	218350	2022	$165.10
R41	223804	2021	$144.60
R61	224982	2022	$163.10
R22	225194	2021	$148.50
R15	226325	2022	$170.10
			$8,742.60

City of Longview

Agenda Summary

November 2022 Medical Bills (Regular

Attachments:
1. 11.30.22 Reimbursment Spreadsheet

November 2022 MEDICAL BILLS (Regular)		
Member	**Dental**	**Regular**
R-01 (Pending Approval)		$87.04
R-03		$1,189.80
R-05		$1,001.00
R-05 (Pending Approval)		$1,620.00
R-16		$151.77
R-29	$560.80	$209.16
R-36		$701.25
R-38		$5,280.00
R-63		$560.35
TOTAL	$560.80	$10,800.37

City of Longview

Agenda Summary

November 2022 Medicare B Reimbursement

Attachments:
1. Medicare B November 2022 voucher list

Medicare Premiums November 2022

Code	Vendor #	Year	RATE
R59	000092	2022	$140.10
R2	000122	2022	$250.50
R3	000127	2021	$144.60
R5	000233	2022	$615.60
R6	000278	2022	$170.10
R34	000447	2022	$135.10
R8	000465	2021	$148.50
R9	000466	2022	$170.10
R11	000632	2022	$170.10
R36	000634	2022	$170.10
R28	000664	2021	$144.60
R13	000666	2022	$170.10
R37	000701	2021	$148.50
R14	000706	2022	$170.10
R39	000740	2022	$170.10
R40	000744	2022	$170.10
R16	000789	2022	$170.10
R17	000827	2022	$170.10
R64	000883	2021	$148.50
R19	000963	2022	$170.10
R44	001021	2022	$141.10
R51	001106	2022	$170.10
R29	001124	2022	$170.10
R47	001226	2022	$170.10
R21	001245	outdated	$134.00
R49	001402	2022	$170.10
R50	001481	outdated	$109.00
R23	001511	2022	$170.10
R57	001599	2022	$133.10
R24	001631	2022	$170.10
R25	001644	outdated	$134.00
R53	001685	Quarterly	$510.30
R63	001694	2022	$156.10
R55	001714	2022	$169.10
R56	001732	2022	$146.10
R58	001823	2022	$170.10
R26	002066	2022	$170.10
R27	210058	2022	$170.10
R18	210122	2022	$170.10
R42	210489	2022	$120.10
R48	211292	Quarterly	$510.30
R12	211809	2022	$494.00
R43	216727	2022	$147.10

R1	217402	2022	$170.10
R38	217404	2022	$152.10
R31	218105	2022	$127.10
R33	218134	2022	$170.10
R46	218350	2022	$165.10
R41	223804	2021	$144.60
R61	224982	2022	$163.10
R22	225194	2021	$148.50
R15	226325	2022	$170.10
			$9,763.20