City of Longview

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

LEOFF-1
Disability Board

Agenda

Wednesday, January 25, 2023 **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

22-000777 November 30, 2022 Regular Meeting

7 MEDICAL REIMBURSEMENT REQUESTS

23-000828 R-08 Approval Replacement of Hearing Aids

23-000829 R-61 Medically Necessary Form Requirement

23-000830 R-61 Over 6 Month Reimbursements Approval

8 APPROVAL OF BILLS

23-000825 December 2022 Medical Bills (Regular)

23-000826 Decemer 2022 Medicare B Reimbursement

23-000824 January 2023 Medical Bills (Regular)

23-000827 January 2023 Medicare B Reimbursement

9 CITIZEN AT LARGE POSITION

23-000805 Review Volunteer Application - Member At Large Position
Amity Farmer

10 NEW BUSINESS

23-000831 Discussion Regarding Reimbursements

11 CONTINUED BUSINESS

22-000778 Update Long-Term Care Form
Update regarding presentation of resources/policies from other jurisdictions for review regarding the reimbursement of hearing aids and eyeglasses.

12 ADJOURNMENT

Next Regular Meeting
February 22, 2023 at 8:30 a.m.

City of Longview

Agenda Summary

November 30, 2022 Regular Meeting

Attachments:
1. 11-30-22 Minutes

City of Longview

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

LEOFF-1
Disability Board

Minutes

Wednesday, November 30, 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 8:31 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
Steve McNamara, City Attorney

Chairman will follow-up with member-at-large. Rules state one member from the public at large who resides within the city of Longview to be appointed by the other four (4) duly appointed and elected members...
Member Kendall noted possible interest from someone in the medical field.

4 AGENDA APPROVAL

A motion was made by Member Morkert, seconded by Member Kendall to approve the agenda as presented. The motion carried unanimously.

5 PUBLIC COMMENT

None.

6 APPROVAL OF MINUTES

22-000754 September 28, 2022 Regular Meeting

A motion was made by Member Morkert, seconded by Member Kendall to approve the minutes of September 28, 2022. The motion carried unanimously.

7 MEDICAL REIMBURSEMENT REQUESTS

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

A motion was made by Member Morkert, seconded by Member Wallin to approve R-28 hearing aid pre-approval request. The motion carried unanimously.

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

A motion was made by Member Wallin, seconded by Member Morkert to approve R-38 request to increase in-home care from 40 hours to 56 hours a week; an increase of $1,848 per month. The service is recommended by the doctor. Reimbursement is based on the employee providing the hours. The motion carried unanimously.

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

A motion was made by Member Morkert, seconded by Member Kendall to approve R-05 request for reimbursement for custom shoes pending written denial from Humana. The motion carried unanimously.

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

A motion was made by Member Morkert, seconded by Member Kendall to deny R-01 request for reimbursement over 6 months per policy. The motion carried unanimously.

8 APPROVAL OF BILLS

22-000757 October 2022 Medical Bills (Regular)

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

22-000758 October 2022 Medicare B Reimbursement

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.

22-000762 November 2022 Medical Bills (Regular

A motion was made by Member Wallin, seconded by Member Morkert to approve the bills as presented, reasonable, and medically necessary, with the exception of the denial of R-01 request. The motion carried unanimously.

22-000763 November 2022 Medicare B Reimbursement

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

9 NEW BUSINESS

Member Kendall expressed interest in attending State LEOFF-1 Board training.

Member Kendall requested the Continued Business be listed on the Agenda.
1. Update Long-Term Care Form
2. Update regarding presentation of resources/policies from other jurisdictions for review regarding the reimbursement of hearing aids and eyeglasses.

10 ADJOURNMENT

Unanimous consensus to cancel the December 28, 2022 meeting.

With no further business to discuss, Chairman Barnd adjourned the meeting at 9:22 a.m.

Next Meeting

The next regular meeting of the LEOFF-1 Board is scheduled for January 25, 2023 at 8:30 a.m.

_____ _____

Don Barnd, Chairman *Tiffany Ostreim, Board Secretary*

City of Longview

Agenda Summary

R-08 Approval Replacement of Hearing Aids

Attachments:
1. R-08 Approval Replacement of hearing aids

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

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

SUBJECT: R08 REQUEST APPROVAL FOR REPLACING HEARING AIDS

R08 is requesting approval of replacement cost of hearing aids $1599.98. An audiogram and the retiree's medical records from the audiology appointment have been submitted, as well as payment receipt. Original hearing aids were purchased 08/07/2017.

Action needed on this claim:

1. Make determination as to whether R08 qualifies for reimbursement of hearing aids in the amount of $1599.98.

Documents included for review:

1. Audiogram
2. Medical conclusion
3. Receipt for $1599.98

[redacted]

R:08

Age: 70

Date of birth: [redacted]

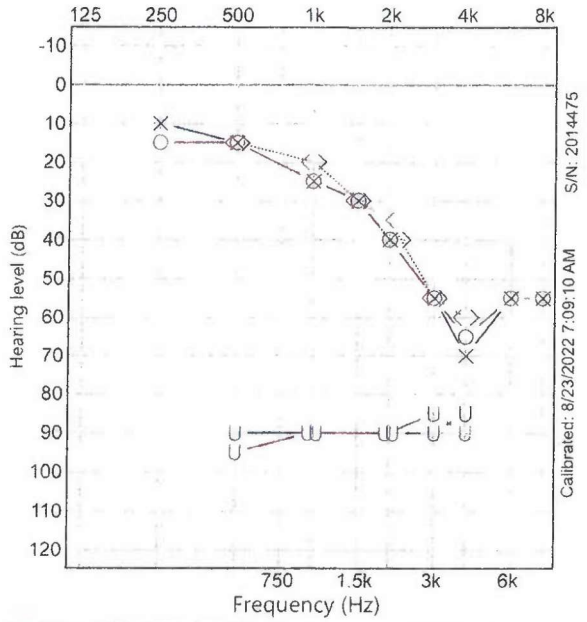
Report Date: 12/23/2022

Tester: scl

Report Comments:

AUDIOMETRY 12/9/2022

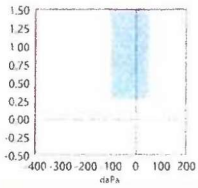
AC: Unknown, BC: B71



AC	R	
	L	
BC	R	
	L	

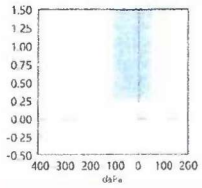
IMMITTANCE 12/23/2022

Right



Tymp	Right
Tone	Hz
SC	ml
TPP	daPa
ECV	ml
TW	daPa
Type	

Left



Tymp	Left
Tone	Hz
SC	ml
TPP	daPa
ECV	ml
TW	daPa
Type	

Reflex	Screening (dB HL)					Decay (s)	
	500	1k	2k	4k	BBN	500	1k
R Ipsi							
L Ipsi							
R Contra							
L Contra							

Stimulus Ear

Probe tone: 226 Hz

PTA (dB HL) / AI (%)			
	AC	BC	AI
Right	27	23	53
Left	27	25	53

Reliability

Legend

L	R		Masked
X	O	AC	□ △
>	<	BC	⌋ ⌊
S	S	SF	⊗ ∅
M	M	MCL	
U	U	UCL	
↘	↙	NR	

PTA AC: 500, 1k, 2k

BC: 500, 1k, 2k

Aud Method:

Speech	SDT		SRT			WRS / SRS 1			WRS / SRS 2				MCL	UCL
	dB HL	[m]	dB HL	[m]	%	dB HL	[m]	S/N	%	dB HL	[m]	S/N	dB HL	dB HL
Right			30		88.0	70							65	90
Left			35		100.0	70							65	90
Bin														
Note	[1] NU-6 1A - Ordered by Difficulty					[2] NU-6 2A - Ordered by Difficulty								
Aided														
Note	[1]					[2]								

Signed by:

COSTCO
HEARING AID CENTER
5601 E Sprague Ave
Spokane, WA, 99212, USA
(509) 842-0033

9701067000000674176

6674176

[redacted] 111765434166
PRINT NAME OF USER MEMBERSHIP NO.

[redacted]
ADDRESS

[redacted]
TELEPHONE NO.

PRINT NAME OF BUYER (INDICATE IF BUYER IS THE SAME AS USER) MEMBERSHIP NO.

ADDRESS

TELEPHONE NO.

Item Description	Item #	Model/Description	Manufacturer Warranty	Unit Price	Total Amount
Right Hearing Aid B18V8P	1601016	HearLink 9030 T miniRITE Right Loss & Damage Warranty Battery Size 312	36 mths 24 mths	799.99	799.99
Left Hearing Aid F09K1O	1601016	HearLink 9030 T miniRITE Left Loss & Damage Warranty Battery Size 312	36 mths 24 mths	799.99	799.99
Right Receiver		SBO-Philips / 85 - Speaker 2	36 mths	0.00	0.00
Left Receiver		SBO-Philips / 85 - Speaker 2	36 mths	0.00	0.00

TAX ID: **91-1223280**
NPI: **1972613511**
Procedure Code:
Binaural BTE - **V5261**

☐ Check ☐ Cash ☒ Credit Card ☐ Debit Grey / Dark Grey

Tax (if applicable) 25
Total 1599

Manufacturer warranty periods are noted above.

180-DAY TRIAL PERIOD: During the 180-day trial period following the Dispensing Date, you may return the hearing aid, component, ear mold, and accessories for any reason to receive a full refund provided you return the item to the Costco Hearing Aid Center in the same condition as when purchased, ordinary wear and tear excluded. The 180-day trial period shall commence from the date the hearing aid is originally delivered to you or the date this purchase agreement is delivered to you, whichever is later. No cancellation fee will be assessed by the Costco Hearing Aid Center.
LAST DAY TO RETURN ITEMS FOR FULL REFUND: _____

MANUFACTURER WARRANTY POLICY: Beginning on the Dispensing Date, as identified below, the hearing aid, components, ear mold and accessories you purchased are warranted by the manufacturer to be free from all defects in materials and workmanship, and the manufacturer agrees to make all necessary repairs or, at the manufacturer's option, provide a replacement without charge to the buyer during the warranty periods noted above.

Buyer's Initials: [redacted]

[Rev. 2/22/21]

COSTCO WHOLESALE

Spokane #670
5601 East Sprague Ave
Spokane, WA 99212
NPI: 1962896753

HEARING AID

6V [redacted]
2 @ 799.99
F 1601016 HL9030 MONO [redacted]
KIOSK ORDER# 6674176

SUBTOTAL	1,599.98
TAX	0.00
**** TOTAL	[redacted]

XXXXXXXXXXX4862 CHIP Read
AID: A0000000031010
Seq# 79613 App#: 02938D
Visa Resp: APPROVED
Tran ID#: 234300079613....

APPROVED - Purchase
AMOUNT: $1,599.98
12/09/2022 10:30 670 79 2 103

Visa	1,599.98
CHANGE	0.00

TOTAL NUMBER OF ITEMS SOLD = 2
12/09/2022 10:30 670 79 2 103

FSA N/TAX AMT(F) = 1,599.98
FSA TOTAL = 1,599.98
SEASONS GREETINGS & HAPPY HOLIDAYS

OP#: 103 Name: Dane G.
Thank You!
Please Come Again
Whse:670 Trm:79 Trn:2 OP:103

Items Sold: 2
6V 12/09/2022 10:30

City of Longview

Agenda Summary

R-61 Medically Necessary Form Requirement

Attachments:
1. R-61 Medically Necessary Form Requirement

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

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

SUBJECT: R61 MEDICALLY NECESSAY FORM REQUIRED

R61 is requesting approval for reimbursement of hearing aid batteries, multiple prescription and doctor co-pays dated 01/14/2022 thru 03/28/2022 in the amount of $110.24. Total 110.24.

Action needed on this claim:

1. Make decision to reimburse R-61 for prescriptions dated 01/14/2022 thru 03/28/2022 in the amount of $110.24.

Documents included for review:

1. Prescription co-pays, doctor co-pays & hearing aid batteries receipts.

R-61

POND AND YOUNG, PLLC

510 ALLEN STREET
KELSO, WA 98626-4139
(360)636-5170

November 30, 2022

[redacted]
Longview, WA 98632

ID: 21524

Account Aging	
Current:	$0.00
30 Days:	$0.00
60 Days:	$0.00
90 Days:	$0.00
Contract:	$0.00
Balance Due:	$0.00
Estimated Insurance:	$0.00
Balance Due Now:	**$0.00**

Date	Patient	Provider	Transaction	Tth	Surface	Fee
11/30/2022	[redacted]		Acct Pmt - CREDIT CARD OVER CNT AUTH. NUMBER 030204 for ($265.00)			
	[redacted]	Jordan Young, DMD	00005 - 3 MO F/U (Standard Fee $0.00) (Adjust $0.00) (Fee $0.00)			$0.00
	[redacted]	Jordan Young, DMD	76376 - CONE BEAM CT - MEDICAL (Standard Fee $265.00) (Adjust $0.00) (Fee $265.00)			$265.00

SubTotal:	$265.00
Tax:	$0.00
Today's Charges:	$265.00
Today's Payment:	$265.00
Balance Due:	$0.00

patient was seen today for a CT scan which is medically necessary to go forward with his implant process.

JJ

Contract Balance	Estimated Insurance	Previous Balance	Charges Today	Payments Today	Adjustments Today	Balance Due Now
$0.00	$0.00	$0.00	$265.00	$265.00	$0.00	**$0.00**

Future Family Appointments:

Patient:	Next Appointment:	Patient:	Next Appointment:	Patient:	Next Appointment:
21524 [redacted]	12/20/2022@ 11:10am	21931 [redacted]	1/24/2023@ 10:00am		

Thank You for Visiting our Office. Have a Nice Day!

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R-61

POND AND YOUNG, PLLC

510 ALLEN STREET
KELSO, WA 98626-4139
(360)636-5170

January 05, 2023

[redacted]
Longview, WA 98632

ID: 21524

Account Aging	
Current:	$2,262.00
30 Days:	$0.00
60 Days:	$0.00
90 Days:	$0.00
Contract:	$0.00
Balance Due:	$2,262.00
Estimated Insurance:	$2,262.00
Balance Due Now:	**$0.00**

Date	Patient	Provider	Transaction	Tth	Surface	Fee
1/4/2023	[redacted]		Acct Pmt - CREDIT CARD OVER CNT AUTH NUMBER 053515 for ($1,293.00)			
	[redacted]	Jordan Young, DMD	06010 - IMPLANT BODY PLACEMENT/SURGERY (Standard Fee $2,659.00) (Adjust $749.00) (Fee $1,910.00) (Est Insurance $1,116.00)	19		$1,910.00
	[redacted]	Jordan Young, DMD	06010 - IMPLANT BODY PLACEMENT/SURGERY (Standard Fee $2,659.00) (Adjust $749.00) (Fee $1,910.00) (Est Insurance $1,146.00)	20		$1,910.00

Dental
Implant placements are medically necessary to restore chewing function in the area and to retain integrity of the bone and facial structure

SubTotal:	$3,820.00
Tax:	$0.00
Today's Charges:	$3,820.00
- Today's Payment:	$1,293.00
Balance Due:	$2,262.00
- Estimated Insurance:	$2,262.00

Dr. Jordan Young, DMD

Contract Balance	Estimated Insurance	Previous Balance	Charges Today	Payments Today	Adjustments Today	Balance Due Now
$0.00	$2,262.00	($265.00)	$3,820.00	$1,293.00	$0.00	**$0.00**

Future Family Appointments:

Patient:	Next Appointment:	Patient:	Next Appointment:	Patient:	Next Appointment:
21524 [redacted]	1/13/2023@ 12:20pm	21931 [redacted]	1/24/2023@ 10:00am		

Thank You for Visiting our Office. Have a Nice Day!

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R-61

POND AND YOUNG, PLLC

510 ALLEN STREET
KELSO, WA 98626-4139
(360)636-5170

January 06, 2023

[redacted]
Longview, WA 98632

ID: 21524

Account Aging	
Current:	$0.00
30 Days:	$0.00
60 Days:	$0.00
90 Days:	$0.00
Contract:	$0.00
Balance Due:	$0.00
Estimated Insurance:	$2,262.00
Balance Due Now:	**($2,262.00)**

Date	Patient	Provider	Transaction	Tth	Surface	Fee
1/6/2023	[redacted]		Acct Pmt - CREDIT CARD AUTH# 030036 for ($2,262.00)			

SubTotal:	$0.00
Tax:	$0.00
Today's Charges:	$0.00
- Today's Payment:	$2,262.00
Balance Due:	$0.00
- Estimated Insurance:	$2,262.00

Contract Balance	Estimated Insurance	Previous Balance	Charges Today	Payments Today	Adjustments Today	Balance Due Now
$0.00	$2,262.00	$2,262.00	$0.00	$2,262.00	$0.00	**($2,262.00)**

SIGNED

I agree to pay the above payment amount according to my card issuer agreement.

Future Family Appointments:

Patient:	Next Appointment:	Patient:	Next Appointment:	Patient:	Next Appointment:
21524 [redacted]	1/13/2023@ 12:20pm	21931 [redacted]	1/24/2023@ 10:00am		

Thank You for Visiting our Office. Have a Nice Day!

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R-61

HILANDER DENTAL
510 ALLEN STREET
KELSO WA 98626
360-636-5170

Terminal ID: *****826 ***3

1/4/23 3:35 PM

US DEBIT - INSERT
AID: A0000000980840
ACCT #: **********2357

CREDIT SALE
UID: 300414006944 REF #: 0610
BATCH #: 056 AUTH #: 053515

DESCRIPTION : _____

AMOUNT $1293.00

APPROVED

ARQC - 11DE9BB07DBFBBFB

CUSTOMER COPY

HILANDER DENTAL
510 ALLEN STREET
KELSO WA 98626
360-636-5170

Terminal ID: *****825 ***9

1/6/23 1:00 PM

US DEBIT - INSERT
AID: A0000000980840
ACCT #: **********2357

CREDIT SALE
UID: 300648459106 REF #: 0499
BATCH #: 057 AUTH #: 030036

DESCRIPTION : _____

AMOUNT $2262.00

APPROVED

ARQC - E44D6C4ECBA56B76

CUSTOMER COPY

City of Longview

Agenda Summary

R-61 Over 6 Month Reimbursements Approval

Attachments:
1. R-61 Over 6 month Reimbursements approval

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

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

SUBJECT: R61 REQUEST REMIMBURSMENT OVER 6 MONTHS

R01 is requesting approval for reimbursement of hearing aid batteries, multiple prescription and doctor co-pays dated 01/14/2022 thru 03/28/2022 in the amount of $110.24. Total 110.24.

Action needed on this claim:

1. Make decision to reimburse R-61 for prescriptions dated 01/14/2022 thru 03/28/2022 in the amount of $110.24.

Documents included for review:

1. Prescription co-pays, doctor co-pays & hearing aid batteries receipts.

R-61

COSTCO WHOLESALE

Warrenton #1059
1804 SE Ensign Lane
Warrenton, OR 97146

F1 Member 800104167001

	1558901	ELLO TUMBLER	17.99
E	41114	KS BUTER QTR	9.69
	1426563	MICHBLADE21	9.99
	1426563	MICHBLADE21	9.99
E	24311	VAR. MUFFIN	7.99
E	1165240	KS HB EGGS	9.99
F	1296038	KS BATT 312	8.29
E	21323	SMMR SAUSAGE	11.49
	573854	QUNOL MEGA	34.99
	1282245	FOCSFCTR 180	21.49
	0000269789	/1282245	5.00-
	1282245	FOCSFCTR 180	21.49
	0000269789	/1282245	5.00-
	1221450	TURMERIC 180	36.99
	0000269803	/1221450	8.00-
F	536099	KS ALLGY 600	4.49
**********	Bottom of Basket	**********	
	1544480	FAUX THROW	16.99
	1552486	EB FLEECE	14.99
	662821	DURACELL 9V	19.99
E	38511	BBQ PORK	13.12
F	536099	KS ALLGY 600	4.49
F	249375	KSGLUCMSM375	14.99
	0000269743	/ 249375	3.50-

E	31865	BAGELS	5.99
E	1006435	TROPOJ 3/52Z	8.99

********** BOB Count 8 **********

SUBTOTAL	282.92
TAX	0.00
**** TOTAL	282.92

XXXXXXXXXXXX0185 CHIP Read
AID: A0000000980840 VERIFIED BY PIN
Seq# 6068 App#: 025242
EFT/Debit Resp: APPROVED
Tran ID#: 201400006068....
Merchant ID: 991059

APPROVED - Purchase
AMOUNT: $282.92
01/14/2022 14:29 1059 6 127 21

EFT/Debit	282.92
CHANGE	0.00

TOTAL NUMBER OF ITEMS SOLD = 21
INSTANT SAVINGS $ 21.50
01/14/2022 14:29 1059 6 127 21

FSA N/TAX AMT(F) = 32.26
FSA TOTAL = 28.76

211059006012722011414 29

OP#: 21 Name: David Ba

Thank You!
Please Come Again

Whse:1059 Trm:6 Trn:127 OP:21

Total BOB Item Count = 8

Items Sold: 21

F1 01/14/2022 14:29

R-61

KAISER PERMANENTE®

Longview Kelso Pharmacy
1230 7th Ave.,
Longview, WA 98632
866-279-8943

1/17/22	3:53 PM
Trans.: 1426	Store: 04003
Reg.: 007	Till: 5008
Cashier: S043424	Sales: S043424

SALE

RX 400301611494	5.00 NY
Subtotal	5.00
Total Sales Tax	0.00
Total	5.00
Credit	5.00

Card: Visa
Account: 0185
Auth: 055339 (A)
Entry: Chip Read

APPROVED

Mode:	ISSUER
AID:	A0000000031010
TVR:	8080008000
IAD:	06010A03A00000
TSI:	6800
ARC:	00
APP:	VISA DEBIT
Total Tender	5.00
Change Due	0.00

04003007142620220117

Y=Health Care Eligible
Healthcare Eligible Amount 5.00

Healthcare summary above includes items (and tax) that may be eligible for plan reimbursement. Restrictions may apply.

R-W1

1052 Washington Way
Longview, WA 98632

contact@cvnutrition.com
360-425-8100

2/1/22 11:23 AM Receipt #: 602123
Clerk: MCC Store: 4
Terminal: 01

047469052294	NTRL ALPHA LIPOIC ACID 600MG	18.99	T
	Customer Discount B	-1.90	
047469052294	NTRL ALPHA LIPOIC ACID 600MG	18.99	T
	Customer Discount B	-1.90	
	SUBTOTAL	34.18	
	State Tax	2.77	
	TOTAL	**36.95**	
	Debit	36.95	
	TOTAL TENDERED	**36.95**	
	Change	**0.00**	

Customer: [redacted]
Account: 4069258

CARD INFORMATION:

Name: JENSEN /CAROL P
Card Type: DEBIT
Account: 0185
Amount: USD $36.95
Approval #: 458288
Date: 2/1/22
Reference #: 000602123001
MID: **0866
Mode: Issuer
Card Name: US DEBIT
PIN verified
AID: A0000000980840

Today you saved $3.80
Thank you for shopping with us!
A receipt dated within 30 days of purchase is required for all returns or exchanges.

Go to cvnutrition.com to download valuable coupons.

R-61

Longview Orthopedic Associates PLLC
625 9th Ave Ste 210
Longview, WA 98632
360-501-3400

Receipt
Patient Copy

BILLED TO
[redacted]
Visa - XXXX 0185
Reference # 67537173
Location ID: 04168015 / Auth Code: 012139
Type: Sale (Approved)

2/5/2022 9:21 PM

PATIENT
Donald Jensen

ITEM	TOTAL
Transaction Amount	$15.00

R-161

Kaiser Permanente Mail Order Pharmacy

5725 NE 138th Ave
Portland, OR 97230

(800) 548-9809
8am - 5:30pm Monday - Friday

[redacted]
LONGVIEW, WA 98632

ORDER:9196261317 2/16/22 09:29 AM

Name: [redacted] **Medical Record Number:** *******1298

RX Number	Med Qty	Medication Name	NDC Number	KP Retail		Your Price
4066 0622 8927	225	METFORMIN 1,000 MG TABLET	70010006510	$12.49	F	$5.00
4066 0718 9560	45	ATORVASTATIN 40 MG TABLET	70377002913	$8.00	F	$5.00

Payment Type	CardType	Card#	ExpDate	TransactionID	Auth#	TransType	Amount
PAYMENT CARD	VISA	0185	****	220216112455	012454	Purchase	$10.00

Check out online features available by signing on to kp.org

- **Check order status and track delivery:** 24 hrs/day: kp.org/refills or via our mobile app
- **Go paperless:** Get health documents on-line: Set your preferences at kp.org/paperless
- **Get notifications:** Sign up for text or email messages: Update notification preferences at checkout at kp.org/refills

Get your COVID-19 vaccine to help protect yourself and your loved ones. Visit kp.org or call our appointment center today.

Total Prescription Price:	$10.00
Sales Tax:	$0.00
Shipping Cost:	$0.00
Your Order Total:	$10.00
Payment Balance Due:	$0.00

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A less expensive alternative may be available to you. Please ask your pharmacist.

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F= Health Flexible Spending Card Eligible. Item may be eligible to be applied to Healthcare Spending Card Account. Save this receipt and check your plan for details.

Intended to improve health care Oregon state law requires pharmacies to report on certain prescriptions. Contact www.orpdmp.com or 971-673-0741 for Prescription Monitoring Program info.

For visually-impaired or blind patients, large font labels and prescription reading devices are available upon request.

Thank you for using the Kaiser Permanente Mail Order Pharmacy.

R-61

Kaiser Permanente Mail Order Pharmacy

5725 NE 138th Ave
Portland, OR 97230

(800) 548-9809
8am - 5:30pm Monday - Friday

[redacted]
LONGVIEW, WA 98632

ORDER: 9206649916 2/18/22 09:34 AM

Name: [redacted] **Medical Record Number:** *******1298

RX Number	Med Qty	Medication Name	NDC Number	KP Retail		Your Price
4066 0671 3163	100	BD VEO INSULIN SYRINGE UF/U-	08290324911	$13.99	F	$5.00

Payment Type	CardType	Card#	ExpDate	TransactionID	Auth#	TransType	Amount
PAYMENT CARD	VISA	0185	****	220218151405	051404	Purchase	$5.00

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R-01

Kaiser Permanente Mail Order Pharmacy

5725 NE 138th Ave
Portland, OR 97230

(800) 548-9809
8am - 5:30pm Monday - Friday

[redacted]
LONGVIEW, WA 98632

ORDER: 9077904561 1/17/22 11:55 AM

Name: [redacted] **Medical Record Number:** *******1298

RX Number	Med Qty	Medication Name	NDC Number	KP Retail		Your Price
4066 0709 4530	180	LOSARTAN 50 MG TABLET	65862020299	$17.01	F	$5.00

********** **Remaining Items will be shipped separately** **********

Payment Type	CardType	Card#	ExpDate	TransactionID	Auth#	TransType	Amount
PAYMENT CARD	VISA	0185	****	220117133633	033632	Purchase	$10.00

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Sales Tax:	$0.00
Shipping Cost:	$0.00
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Payment Balance Due:	$0.00

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Thank you for using the Kaiser Permanente Mail Order Pharmacy.

224442194

Rwl

Kaiser Permanente Mail Order Pharmacy

5725 NE 138th Ave
Portland, OR 97230

(800) 548-9809
8am - 5:30pm Monday - Friday

[redacted]
LONGVIEW, WA 98632

ORDER: 9077905292 1/17/22 11:55 AM

Name: [redacted] **Medical Record Number:** *******1298

RX Number	Med Qty	Medication Name	NDC Number	KP Retail		Your Price
4066 0671 3162	30	HUMULIN N 100 UNITS/ML VIAL 10	00002831501	$103.88	F	$5.00

********** **Remaining Items will be shipped separately** **********

Payment Type	CardType	Card#	ExpDate	TransactionID	Auth#	TransType	Amount
PAYMENT CARD	VISA	0185	****	220117133633	033632	Purchase	$10.00

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Shipping Cost:	$0.00
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Kaiser Permanente Mail Order Pharmacy

5725 NE 138th Ave
Portland, OR 97230

(800) 548-9809
8am - 5:30pm Monday - Friday

[redacted]
LONGVIEW, WA 98632

ORDER:9124762771 1/28/22 04:09 PM

Name: [redacted] **Medical Record Number:** *******1298

RX Number	Med Qty	Medication Name	NDC Number	KP Retail		Your Price
4066 0745 0357	90	OMEPRAZOLE 20 MG CAPSULE,	70700015010	$8.22	F	$5.00
4066 0709 2093	200	ONETOUCH VERIO TEST STRIPS	53885027150	$32.72	F	$0.00

Payment Type	CardType	Card#	ExpDate	TransactionID	Auth#	TransType	Amount
PAYMENT CARD	VISA	0185	****	220129091603	091603	Purchase	$5.00

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R-101

Kaiser-NW MED 023 LVK
1230 7Th Ave Longview, WA
98632
503-813-2000

Ticket Number: 68294789
Guarantor ID: XXXXXX4732

Tran Serial: 12876169
03/18/22 04:20:29 PM
Transaction Type: SALE
Tender Type: Cash
Amount: $10.00

Copay $10.00

Original Amount Tendered:
$10.00

Total: $10.00

Original Change Due:
$0.00

Thank you for your payment. If it does not cover everything you owe for your visit, you will get a bill for the difference later, based on your plan details. If you have questions or wish to dispute your charges, please call the Member Services number on your Kaiser Permanente ID card. To protect your confidential information, please do not put this receipt in the trash at this facility.

R-61

Kaiser Permanente Mail Order Pharmacy

5725 NE 138th Ave
Portland, OR 97230

(800) 548-9809
8am - 5:30pm Monday - Friday

[redacted]
LONGVIEW, WA 98632

ORDER:9349219289 3/28/22 01:15 AM

Name: [redacted] **Medical Record Number:** *******1298

RX Number	Med Qty	Medication Name	NDC Number	KP Retail		Your Price
4066 0671 3162	30	HUMULIN N 100 UNITS/ML VIAL 10	00002831501	$103.88	F	$5.00

********** **Remaining Items will be shipped separately** **********

Payment Type	CardType	Card#	ExpDate	TransactionID	Auth#	TransType	Amount
PAYMENT CARD	VISA	0185	****	220328074941	074940	Purchase	$20.00

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City of Longview

Agenda Summary

December 2022 Medical Bills (Regular)

Attachments:
1. Reimbursment December 2022 Spreadsheet

December 2022 MEDICAL BILLS (Regular)			
Member	**Dental**	**Regular**	
R-03		$1,139.80	
R-05		$1,620.00	
R-13		$40.00	
R-28		$8,998.00	
R-36		$889.11	
R-38		$5,280.00	
R-39	$1,178.00		
R-40		$646.95	
R-59		$347.00	
R-63		$386.85	
TOTAL	$1,178.00	$19,347.71	$20,525.71

City of Longview

Agenda Summary

Decemer 2022 Medicare B Reimbursement

Attachments:
1. Medicare B voucher list December 2022

Medicare Premiums December 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	$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	$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
			$9,252.90

City of Longview

Agenda Summary

January 2023 Medical Bills (Regular)

Attachments:
1. Reimbursment January 2023 Spreadsheet

JANUARY 2023 MEDICAL BILLS (Regular)			
Member	**Dental**	**Regular**	
R-01	$10,321.00		
R-08 PENDING APPROVAL		$1,599.98	
R-36		$918.75	
R-38		$7,392.00	
R-42	$59.00		
R-49	$96.40		
R-51	$4,884.00		
TOTAL	$15,360.40	$9,910.73	$25,271.13

City of Longview

Agenda Summary

January 2023 Medicare B Reimbursement

Attachments:
1. Medicare premiums for January 2023

MEDICARE PART "B" PREMIUMS FOR JANUARY

Medicare	Amount
R1	2021 RATE $148.50
R2	2022 RATE $250.50
R3	2021 RATE $144.60
R5	2022 RATE $615.60
R6	2022 RATE $170.10
R7	2021 RATE $220.20
R8	2021 RATE $148.50
R9	2021 RATE $148.50
R11	2021 RATE $144.60
R12	2022 RATE $494.00
R13	2021 RATE $148.50
R14	2021 RATE $144.60
R15	2021 RATE $148.50
R16	2021 RATE $148.50
R17	2021 RATE $148.50
R18	2021 RATE $144.60
R19	2021 RATE $144.60
R21	OUTDATED RATE $134.00
R22	2021 RATE $148.50
R23	2022 RATE $170.10
R24	2021 RATE $148.50
R25	OUTDATED RATE $134.00
R26	2022 RATE $170.10
R27	2021 RATE $148.50
R28	2021 RATE $144.60
R29	2021 RATE $148.50
R31	2021 RATE $117.50
R33	2021 RATE $142.50
R34	OUTDATED RATE $105.00
R36	2022 RATE $170.10
R38	OUTDATED RATE $121.50
R39	2022 RATE $170.10
R40	2021 RATE $142.50
R41	2021 RATE $144.60
R42	2021 RATE $113.50
R43	2021 RATE $138.00
R44	OUTDATED RATE $117.50
R46	2021 RATE $148.50
R47	2021 RATE $148.50
R48	PAYS QUARTERLY $0

R49	2021 RATE $148.50
R50	OUTDATED RATE $109.00
R51	2021 RATE $220.20
R53	PAYS QUARTERLY – $0.00
R54	2021 RATE $137.60
R55	2021 RATE $146.50
R56	2021 RATE $128.50
R57	2021 RATE $120.50
R58	2022 RATE $170.10
R59	2021 RATE $120.60
R61	2021 RATE $130.60
R63	2021 RATE $133.50
R64	2021 RATE $148.50
Total	**$8,616.30**

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

FROM: **TIFFANY OSTREIM, CITY CLERK**

SUBJECT: REVIEW VOLUNTEER APPLICATION – MEMBER AT LARGE POSITION

One application was received from Amity Farmer to serve on the LEOFF Disability Board representing the open Member-at-Large position.

Farmer is an RN case manager who specializes in managing the care of patients in large facilities throughout Cowlitz County.

City of Longview

Agenda Summary

Update Long-Term Care Form
Update regarding presentation of resources/policies from other jurisdictions for review regarding the reimbursement of hearing aids and eyeglasses.

Attachments: None