City of Longview

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

LEOFF-1
Disability Board

Agenda

Wednesday, February 22, 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

23-000843 January 25, 2023 Regular Meeting

7 MEDICAL REIMBURSEMENT REQUESTS

23-000899 R - 24 Invoices over 6 months

23-000910 Over the Counter Drug Purchase Memo

8 APPROVAL OF BILLS

23-000847 February 2023 Medical Bills (Regular)

23-000848 February 2023 Medicare B Reimbursement

9 CITIZEN AT LARGE POSITION

23-000844 Review Volunteer Applications - Member At Large Position

10 CONTINUED BUSINESS

23-000845 Update Long-Term Care Form
Update regarding presentation of resources/policies from other jurisdictions for review regarding the reimbursement of hearing aids and eyeglasses.

11 ADJOURNMENT

NEXT REGULAR MEETING
Wednesday, March 29, 2023 at 8:30 a.m.

City of Longview

Agenda Summary

January 25, 2023 Regular Meeting

Attachments:
1. 1.25.23 LEOFF-1 Minutes

City of Longview

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

LEOFF-1
Disability Board

Minutes

Wednesday, January 25, 2023 | **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
Mike Wallin, City Council Representative
MaryAlice Wallis, City Council Representative Alternate

Absent: Ruth Kendall, City Council Representative

Also Present: Tiffany Ostreim, Board Secretary
Dana Beck, Payroll Specialist
Jim McNamara, City Attorney
Amity "Spring" Farmer, applicant for open Member-at-large position

4 AGENDA APPROVAL

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

5 PUBLIC COMMENT

None.

6 APPROVAL OF MINUTES

22-000777 November 30, 2022 Regular Meeting

A motion was made by Member Morkert, seconded by Member Wallin to approve the minutes of November 30, 2022. The motion carried unanimously.

7 MEDICAL REIMBURSEMENT REQUESTS

23-000828 R-08 Approval Replacement of Hearing Aids

A motion was made by Member Wallin, seconded by Member Morkert to approve R-08 reimbursement of replacement hearing aids. The motion carried unanimously.

23-000829 R-61 Medically Necessary Form Requirement

A motion was made by Member Wallin, seconded by Member Morkert to approve R-61 dental reimbursement pending receiving the proper medically necessary form. The motion carried unanimously.

23-000830 R-61 Over 6 Month Reimbursements

Board rules and regulations state medical claims shall be submitted to the Board within six months (180 days) following the original billing for services. Claims submitted after that period of time may be denied.

A motion was made by Member Wallin, seconded by Member Morkert to deny R-61 reimbursement requests over 6 months. The motion carried unanimously.

8 APPROVAL OF BILLS

23-000825 December 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. The motion carried unanimously.

23-000826 Decemer 2022 Medicare B Reimbursement

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.

23-000824 January 2023 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.

23-000827 January 2023 Medicare B Reimbursement

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.

9 CITIZEN AT LARGE POSITION

23-000805 Review Volunteer Application - Member At Large Position

The Member-at-Large position is open.
Member Morkert presented an application from Chet Makinster. Makinster served on the City Council for 12 years and served on the LEOFF-1 Board during that time.
Amity "Spring" Farmer applied and introduced herself and explained her credentials. Explained the different levels of care and the amount payable based on that need.
The Board expressed assisted living is a constant struggle.

A motion was made by Member Wallin, seconded by Member Morkert to hold over the appointment of the Member at Large open position until the next regular meeting. The motion carried with Alternate Member Wallis opposed.

10 NEW BUSINESS

23-000831 Discussion Regarding Reimbursements

Board rules and regulations state medical claims shall be submitted to the Board within six months (180 days) following the original billing for services. Claims submitted after that period of time may be denied. Any objections will be brought to the Board.

Must have documentation from physician that non-prescription medication is required and medically necessary; supplements are not prescriptions.

A reminder of the policy will be distributed to members.

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.
The updates will continue to be studied and brought forward at a later date.
The Chairman encouraged members and staff to attend LEOFF-1 training as available.

12 ADJOURNMENT

With no further business to discuss, a motion was made by Member Wallin seconded by Member Morkert to adjourn the meeting. Upon a vote duly held, and unanimously passed, Chairman Barnd adjourned the meeting at 9:10 a.m.

Next Meeting
The next regular meeting of the LEOFF-1 Board is scheduled for February 22, 2023 at 8:30 a.m.

_____ _____
Don Barnd, Chairman *Tiffany Ostreim, Board Secretary*

City of Longview

Agenda Summary

R - 24 Invoices over 6 months

Attachments:
1. R-24 Reimburment over 6 months MEMO

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

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

SUBJECT: R-24 REQUEST REIMBURSMENT OVER 6 MONTHS

R-24 is requesting approval for reimbursements of invoices over 6 months old. Invoice dated 2/14/2022 in the amount of $328.00 and invoice dated 06/28/2022 in the amount of $8.54. Total reimbursement request $336.54.

Action needed on this claim:

1) Review documentation, including email from R-24 explaining why he submitted invoices and make decision to reimburse or not.

Documents included for review:

1) Southridge Dental invoice
2) West Dermatology invoice
3) Email requesting reimbursement

R-24

Dana Beck

From: [redacted]
Sent: Wednesday, February 15, 2023 7:00 PM
To: Dana Beck
Subject: Medical Reimbursement for 2022

February 16, 2023

Dear Ms. Beck:

Per our conversation this morning, I am requesting that you submit my request for reimbursement of my 2022 medical expenses to the LEOFF1 Board for reimbursement consideration. I was understanding from past conversations with Ms. Cody that I only needed to submit those expenses once a year.

Thank you for your attention in this matter.

Sincerely,

[redacted]

R-24

January 27, 2023

Ms. Dana Beck

LEOFF-1 Administrator

City of Longview

P. O. Box 128

Longview, WA 98632

RE: MEDICAL REIMBURSEMENT For 2022

Dear Ms. Beck:

Enclosed please find paperwork to substantiate services received from Dr. Blanchard & Dr. Hahn plus a completed Claim Form.

If you have any questions, feel free to call me at: [redacted]

Sincerely,

[redacted]

lft message 2/9/2023 asking for a call back to take to board for reimbursement.

Encl. 3

CITY OF LONGVIEW
LEOFF-1 MEDICAL EXPENSE REIMBURSEMENT CLAIM FORM

I, [redacted], do hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof; that I am retired LEOFF-1 member of the City of Longview and that the following attached prescription(s), doctor bill(s) and or hospital bill(s) were medically necessary; and that this sickness or disability was not caused by dissipation or abuse.

Date(s) of Service(s)/Expense(s)	Name of Pharmacy, Doctor, Clinic, Medical Vendor, Service Provider, etc.	Total Amount Submitted to Insurance	Member's Responsibility
2-14-2022	SOUTHRIDGE DENTAL DR. BYRONN HAHN		$328.00
6-28-2022	WEST DERMATOLOGY DR. L. BLANCHARD	$1,290.05	$8.54
		Total reimbursement amount requested:	$336.54

Attach (1) prescription receipts, (2) all bills and (3) all applicable Explanation(s) of Benefits (EOB's) from your insurer(s). Note: All LEOFF-1 Plan Members are ultimately responsible for hospital and medical accounts, and any late charges added as a result of overdue payments.

[redacted]
Signature

1-27-2023
Date

Rev. Jan 2021

Southridge Dental

Byronn G. Hahn, DMD
1000 Wigwam Pkwy Suite 120
Henderson, NV 89074
(702)777-4700

January 09, 2023

[redacted]

ID: 2729

Account Aging	
Current:	$57.00
30 Days:	$0.00
60 Days:	$0.00
90 Days:	$0.00
Contract:	$0.00
Balance Due:	$57.00
Estimated Insurance:	$57.00
Balance Due Now:	**$0.00**

Date	Patient	Provider	Transaction	Tth	Surface	Fee
11/15/2022	[redacted]		Acct Pmt - Check Number 3336 for ($140.00)			
9/26/2022	[redacted]		Acct Pmt - Visa for ($1,618.00)			
8/2/2022	[redacted]		Acct Pmt - Visa for ($714.00)			
7/14/2022	[redacted]		Acct Pmt - Visa for ($827.60)			
5/2/2022	[redacted]		Acct Pmt - Check Number 3163 for ($5.17)			
3/31/2022	Entire Account		Acct Pmt - Check Number 3148 for ($51.23)			
2/14/2022	[redacted]		Acct Pmt - Visa for ($328.00)			

SubTotal:	$0.00
Tax:	$0.00
Charge(s):	$0.00
- Payment(s):	$3,684.00
Balance Due:	$57.00
- Estimated Insurance:	$57.00

Contract Balance	Estimated Insurance	Previous Balance	Charge(s)	Payment(s)	Adjustment(s)	Balance Due Now
$0.00	$57.00	$3,741.00	$0.00	$3,684.00	$0.00	**$0.00**

Future Family Appointments:

Patient:	Next Appointment:	Patient:	Next Appointment:	Patient:	Next Appointment:
3222 [redacted]		2729 [redacted]			

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

Thank You For Trusting Us.

Statement Date	07/29/22
Account Number	278053
Guarantor Name	[redacted]

WEST DERMATOLOGY
HEALTHY SKIN IS OUR PASSION

A FAMILY OF DERMATOLOGY PRACTICES

PAYMENT OPTIONS

Contact us to find out how we can help you.
Call Patient Financial Services.
844-397-4234

AMOUNT DUE
$8.54

PATIENT PAYMENTS SINCE LAST STATEMENT
$0.00

Make a Payment:
https://www.westdermatology.com

DATE	PATIENT	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	CHARGE	INSUR PAID	PATIENT PAID	ADJUST	INSUR BALANCE	PATIENT BALANCE
06/28/22	[redacted]	Blanchard MD	99213	OFFICE/OUTPATIENT VISIT EST	$129.05	$84.10		$36.41	$0.00	$8.54

CURRENT	30-60 DAYS	60-90 DAYS	90-120 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	DUE FROM PATIENT
$8.54	$0.00	$0.00	$0.00	$0.00	$8.54	$8.54

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

STATEMENT

MAKE CHECKS PAYABLE TO

DERMATOLOGY MANAGEMENT, LLC
PO BOX 840565
LOS ANGELES, CA 90084-0565

Client Code : 0006
Questions/To Make Payment 844-397-4234

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMEX, FILL OUT BELOW.
CHECK CARD USING FOR PAYMENT
☐ MASTER ☐ DISCOVER ☐ VISA ☐ AMEX

CARD NUMBER | EXP. DATE
NAME ON CARD | SIGNATURE

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
07/29/22	$8.54	278053

SHOW AMOUNT PAID HERE $ 8.54

ADDRESSEE

QFM0729A 8825 1 AB 0.491
7000009320 00.0034.0123 8825/1

[redacted]

PLEASE REMIT TO

DERMATOLOGY MANAGEMENT, LLC
PO BOX 840565
LOS ANGELES, CA 90084-0565

0006000000000027805360729220000008543

City of Longview

Agenda Summary

Over the Counter Drug Purchase Memo

Attachments:
1. Over the Counter Drug Purchase MEMO

The City of Longview Washington

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

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

SUBJECT: Verification of Over the Counter Drug purchases

Please verify Over the Counter Drug (OTC) purchases are not covered by LEOFF1 Board. These may have been reimbursed in the past, but clarifying for future reimbursements.

Action needed on this claim: discussion on OTC drug purchases

Documents included for review: Kaiser receipt for OTC drugs.

R-63

KAISER PERMANENTE®

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

2/6/23 10:37 AM
Trans.: 3167 Store: 04003
Reg.: 001 Till: 162ew
Cashier: B997410 Sales: B997410

SALE

SINUS RINSE #100 PKT	REFIL P	15.59	TY
705928002005	1 @	15.59	
NVC MELATONIN 3MG #60		13.78	T
079854016093	2 @	6.89	

Subtotal	29.37
Total Sales Tax	2.38
Total	31.75
Credit	31.75

Card: Visa
Account: 5547
Auth: 006510 (A)
Entry: Chip Read

APPROVED

Mode:	ISSUER
AID:	A0000000031010
TVR:	8080008000
IAD:	06011203A02000
TSI:	6800
ARC:	00
APP:	VISA CREDIT

Total Tender	31.75
Change Due	0.00

04003001316720230206

City of Longview

Agenda Summary

February 2023 Medical Bills (Regular)

Attachments:
1. February 2023 Reimbursement Spreadsheet AMENDED

February 2023 MEDICAL BILLS (Regular)			
Member	**Dental**	**Regular**	
R-05		$30.05	
R-26		$525.60	
R-36		$918.75	
R-38		$7,392.00	Old Rate was submitted
R-42		$65.00	
R-55		$145.00	Cover sheet was different that actua
R-61	$1,558.00	$498.11	Added Dental paid and over 6 montl
R-63	$690.40	$410.00	$441.75 OTC of $31.75
TOTAL	$2,248.40	$9,984.51	$12,232.91

al invoice
h invoice approved

City of Longview

Agenda Summary

February 2023 Medicare B Reimbursement

Attachments:
1. February Medicare B voucher list

Medicare Premiums February 2023

Code	Vendor #	Year	RATE
R59	000092	2023	$31.50
R2	000122	2023	$243.00
R5	000233	2023	$361.20
R6	000278	2023	$164.90
R34	000447	2023	$156.90
R8	000465	2023	$164.90
R9	000466	2023	$164.90
R11	000632	2023	$164.90
R36	000634	2023	$164.90
R28	000664	2023	$164.90
R13	000666	2023	$164.90
R37	000701	2023	$164.90
R14	000706	2023	$164.90
R39	000740	2023	$164.90
R40	000744	2023	$164.90
R16	000789	2023	$164.90
R17	000827	2023	$164.90
R64	000883	2023	$164.90
R19	000963	2023	$164.90
R44	001021	2023	$164.90
R51	001106	2023	$164.90
R29	001124	2023	$164.90
R47	001226	2023	$164.90
R21	001245	2023	$164.90
R49	001402	2023	$164.90
R50	001481	2023	$151.90
R23	001511	2023	$164.90
R57	001599	2023	$151.90
R24	001631	2023	$164.90
R25	001644	2022	$134.00
R53	001685	Quarterly	$0.00
R63	001694	2023	$164.90
R55	001714	2023	$164.90
R56	001732	2023	$164.90
R58	001823	2023	$164.90
R26	002066	2023	$164.90
R27	210058	2023	$164.90
R18	210122	2023	$164.90
R42	210489	2023	$70.00
R48	211292	Quarterly	$0.00
R12	211809	2023	$479.30
R43	216727	2023	$164.90
R1	217402	2023	$164.90

R38	217404	2023	$164.90
R31	218105	2023	$141.90
R33	218134	2022	$164.90
R46	218350	2023	$164.90
R41	223804	2023	$164.90
R61	224982	2023	$164.90
R22	225194	2022	$148.50
R15	226325	2023	$164.90
			$8,336.30

Memorandum

TO: **LEOFF-1 DISABILITY BOARD**

FROM: **TIFFANY OSTREIM, CITY CLERK**

SUBJECT: **REVIEW VOLUNTEER APPLICATIONS – MEMBER AT LARGE POSITION**

Two applications were received for the open position of Member-at-Large position.

1. Amity Farmer, RN case manager who specializes in managing the care of patients in large facilities throughout Cowlitz County.
2. Chet Makinster, former City of Longview Councilmember and former member of LEOFF-1 Board.

Profile

Amity (First Name) | S (Middle Initial) | Farmer (Last Name)

[redacted] (Email Address)

[redacted] (Street Address)

(Suite or Apt)

Longview (City) | WA (State) | 98632 (Postal Code)

Mobile: [redacted] (Primary Phone)

(Alternate Phone)

Are you over the age of 18?

[redacted]

◉ Yes ○ No

CHHH (Employer) | RN Case Manager (Job Title)

Which Boards would you like to apply for?

LEOFF Disability Board: Submitted

Availability (please check all that apply)

☑ Wednesday

Interests & Experiences

Why are you interested in serving on a board or commission?

I would be interested in making sure that those who serve the people get the services that they need when they're injured or disabled.

Describe your skill/experience/education that would be beneficial for the volunteer opportunity(ies) you've checked above.

RN case manager who specializes in managing the care of patients in large facilities throughout Cowlitz county.

RESUME OPTIONAL

(Upload a Resume)

I understand that all members of City Boards and Commissions are expected to abide by the City of Longview Municipal Code, Washington State Open Public Meetings Act, and the Appearance of Fairness Doctrine. Additionally, I have read and agree to abide to the guidelines in the Guidelines for Individual, Organizational Volunteer Workers, and Commissions, Boards, and Committees policy.

I understand and agree to the expectations as explained above.

[redacted]

☑ I Agree

[redacted]

I hereby certify that I am capable of performing the volunteer work, or commission, board, or committee services as identified in this application (check which applies):

Without accommodations

[redacted]

Please list three (non-relative) references. Please include phone numbers.

Katy Olson [redacted] Kathy Mauser [redacted] Samantha Eisele [redacted] The last two are from work, and will not be notified that I used them until tomorrow.

Profile

Chet — First Name
W — Middle Initial
MAKINSTER — Last Name

[redacted] — Email Address

[redacted] — Street Address

Suite or Apt

LV — City

WN — State
98632 — Postal Code

[redacted] — Primary Phone

Alternate Phone

Are you over the age of 18?

Yes ○ No

Retired — Employer

Job Title

Which Boards would you like to apply for?

None Selected

Loof Board

Availability (please check all that apply)

None Selected

Interests & Experiences

Why are you interested in serving on a board or commission?

Served on this BD & Council Rep.

Describe your skill/experience/education that would be beneficial for the volunteer opportunity(ies) you've checked above.

RESUME OPTIONAL

Upload a Resume

I understand that all members of City Boards and Commissions are expected to abide by the City of Longview Municipal Code, Washington State Open Public Meetings Act, and the Appearance of Fairness Doctrine. Additionally, I have read and agree to abide to the guidelines in the Guidelines for Individual, Organizational Volunteer Workers, and Commissions, Boards, and Committees policy.

I understand and agree to the expectations as explained above.

Chris Markert [redacted]

☒ I Agree [redacted]

I hereby certify that I am capable of performing the volunteer work, or commission, board, or committee services as identified in this application (check which applies):

Please list three (non-relative) references. Please include phone numbers. [redacted]

Mary Alice Wallace
Don Semmons
Jim Morkert

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