# City of Longview

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

## LEOFF-1
## Disability Board

## Agenda

**Wednesday, October 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:
Click here to join the meeting
Meeting ID: 269 837 824 466
Passcode: 998pKy

Or call in (audio only)
+1 213-631-2692
Phone Conference ID: 315 649 02#

**1 CALL TO ORDER**

**2 ROLL CALL**

**3 AGENDA APPROVAL**

**4 PUBLIC COMMENT**

**5 APPROVAL OF MINUTES**

**23-001618 September 27, 2023 Regular Meeting Minutes**

**6 OLD BUSINESS**

**7 MEDICAL REIMBURSEMENT REQUESTS**

**23-001635 R-01 Dental Procedure Reimbursement Request**

**8 APPROVAL OF BILLS**

**23-001619 October 2023 Medicare B Reimbursement - Total $8,336.30**

**23-001620 October 2023 Medical Bills (Regular) - Total $24,488.66**

**9 CONTINUED BUSINESS**

**10 ADJOURNMENT**

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

# City of Longview

## Agenda Summary

**September 27, 2023 Regular Meeting Minutes**

Attachments:
1. September 27, 2023 Regular Meeting Minutes

# City of Longview

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

## LEOFF-1
## Disability Board

## Minutes

**Wednesday, September 27, 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.**

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Phone Conference ID: 315 649 02#

**1 CALL TO ORDER**

*Chairperson Kendall called the meeting to order at 8:30 a.m.*

**2 ROLL CALL**

*Present: Don Barnd, Police Retiree Representative*
*Jim Morkert, Fire Retiree Representative*
*Ruth Kendall, City Council Representative*
*Mike Wallin, City Council Representative*
*Chet Makinster, Member-at-large*

*Also Present: Tiffany Ostreim, Board Secretary*

**3 AGENDA APPROVAL**

*No changes to the agenda.*

**4 PUBLIC COMMENT**

*No public comment.*

**5 APPROVAL OF MINUTES**

**23-001478 August 30, 2023 Regular Meeting Minutes**

*A motion was made by Member Wallin, seconded by Member MaKinster to approve the minutes of August 30, 2023. The motion carried unanimously.*

**6 MEDICAL REIMBURSEMENT REQUESTS**

**7 APPROVAL OF BILLS**

**23-001540 September 2023 Medicare B Reimbursement - Total $8,761.00**

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

**23-001541 September 2023 Medical Bills (Regular) - Total $10,046.50**

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

## 8 ADJOURNMENT

*With no further business to discuss, Chairperson Kendall adjourned the meeting at 8:32 a.m.*

***Next Meeting***

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

_____ _____

*Ruth Kendall, Chairperson* *Tiffany Ostreim, Board Secretary*

# City of Longview

## Agenda Summary

**R-01 Dental Procedure Reimbursement Request**

Attachments:
1. R-01Dental Refund memo documentation

The City of Longview Washington

# Memorandum

**TO:** **LEOFF-1 DISABILITY BOARD**

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

**SUBJECT:** **APPROVING DENTAL PROCEDURE FOR DECEASED**

R-01 had dental procedure starting in August of 2023; he passed September 4, 2023. Due to his passing, this procedure was incomplete. Per the Dentist Office, they are unable to bill Delta Dental for an incomplete procedure. The deceased's wife is asking for a refund for procedures preformed and paid for out of pocket.

Action needed on this claim:
Make determination to reimburse R-01's estate for the amount of $1,199.00 paid to Geriatric Dental Group for incomplete dental procedure. It is difficult to decipher the copy of invoice received. It appears they could have paid up to $1,481.00

Documents included for review:

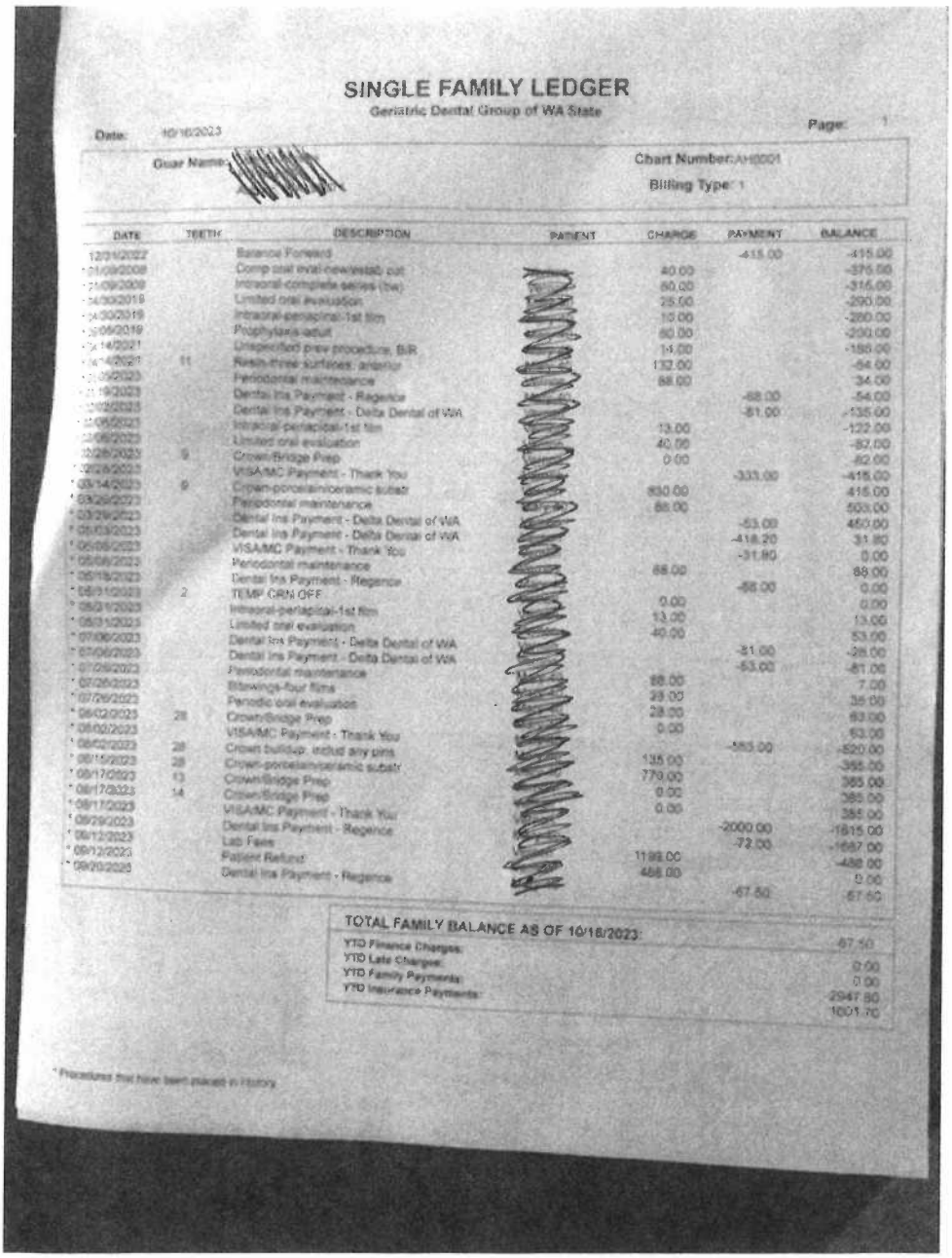
1. Reciept/Invoice from Geriatric Dental Group.
2. Visa receipt for $2000.00.
3. Note from dentist regarding not billing insurance.
4. Medically Necessary form
5. Reimbursement Claim form

## Dana Beck

**From:** [redacted]
**Sent:** Monday, October 16, 2023 12:04 PM
**To:** Dana Beck
**Subject:** Fwd: Ledger

> Kind of confusing, they put both of us on the same billing.

>
>
>



SINGLE FAMILY LEDGER

Geriatric Dental Group of WA State

Date: 10/16/2023 Page: 1

Guar Name: [redacted] Chart Number: AH0001

Billing Type: 1

| DATE | TEETH | DESCRIPTION | PATIENT | CHARGE | PAYMENT | BALANCE |
|---|---|---|---|---|---|---|
| 12/31/2022 | | Balance Forward | [redacted] | | -415.00 | -415.00 |
| 01/09/2008 | | Comp oral eval-new/estab pat | | 40.00 | | -375.00 |
| 01/09/2008 | | Intraoral-complete series (bw) | | 60.00 | | -315.00 |
| 04/30/2019 | | Limited oral evaluation | | 25.50 | | -290.00 |
| 04/30/2019 | | Intraoral-periapical-1st film | | 10.00 | | -280.00 |
| 05/06/2019 | | Prophylaxis-adult | | 80.00 | | -200.00 |
| 04/14/2021 | | Unspecified prev procedure, BR | | 15.00 | | -185.00 |
| 04/14/2021 | 11 | Resin-three surfaces, anterior | | 132.00 | | -54.00 |
| 09/09/2023 | | Periodontal maintenance | | 88.00 | | 34.00 |
| 09/19/2023 | | Dental Ins Payment - Regence | | | -68.00 | -54.00 |
| 09/26/2023 | | Dental Ins Payment - Delta Dental of WA | | | -81.00 | -135.00 |
| 10/05/2023 | | Intraoral-periapical-1st film | | 13.00 | | -122.00 |
| 10/05/2023 | | Limited oral evaluation | | 40.00 | | -82.00 |
| 10/26/2023 | 9 | Crown/Bridge Prep | | 0.00 | | -82.00 |
| 10/26/2023 | | VISA/MC Payment - Thank You | | | -333.00 | -415.00 |
| 03/14/2023 | 9 | Crown-porcelain/ceramic substr | | 830.00 | | 415.00 |
| 03/29/2023 | | Periodontal maintenance | | 88.00 | | 503.00 |
| 03/29/2023 | | Dental Ins Payment - Delta Dental of WA | | | -53.00 | 450.00 |
| 05/03/2023 | | Dental Ins Payment - Delta Dental of WA | | | -418.20 | 31.80 |
| 05/05/2023 | | VISA/MC Payment - Thank You | | | -31.80 | 0.00 |
| 05/05/2023 | | Periodontal maintenance | | 88.00 | | 88.00 |
| 05/15/2023 | | Dental Ins Payment - Regence | | | -68.00 | 0.00 |
| 05/31/2023 | 2 | TEMP CRN OFF | | 0.00 | | 0.00 |
| 05/31/2023 | | Intraoral-periapical-1st film | | 13.00 | | 13.00 |
| 05/31/2023 | | Limited oral evaluation | | 40.00 | | 53.00 |
| 07/06/2023 | | Dental Ins Payment - Delta Dental of WA | | | -81.00 | -28.00 |
| 07/06/2023 | | Dental Ins Payment - Delta Dental of WA | | | -53.00 | -81.00 |
| 07/26/2023 | | Periodontal maintenance | | 88.00 | | 7.00 |
| 07/26/2023 | | Bitewings-four films | | 39.00 | | 39.00 |
| 07/26/2023 | | Periodic oral evaluation | | 28.00 | | 67.00 |
| 08/02/2023 | 28 | Crown/Bridge Prep | | 0.00 | | 53.00 |
| 08/02/2023 | | VISA/MC Payment - Thank You | | | -585.00 | -520.00 |
| 08/02/2023 | 28 | Crown buildup, includ any pins | | 135.00 | | -385.00 |
| 08/15/2023 | 28 | Crown-porcelain/ceramic substr | | 770.00 | | 385.00 |
| 08/17/2023 | 13 | Crown/Bridge Prep | | 0.00 | | 385.00 |
| 08/17/2023 | 14 | Crown/Bridge Prep | | 0.00 | | 385.00 |
| 08/17/2023 | | VISA/MC Payment - Thank You | | | -2000.00 | -1615.00 |
| 09/29/2023 | | Dental Ins Payment - Regence | | | -72.00 | -1687.00 |
| 09/12/2023 | | Lab Fees | | 1199.00 | | -488.00 |
| 09/12/2023 | | Patient Refund | | 488.00 | | 0.00 |
| 09/29/2023 | | Dental Ins Payment - Regence | | | -67.50 | -67.50 |

TOTAL FAMILY BALANCE AS OF 10/16/2023: -67.50

YTD Finance Charges: 0.00
YTD Late Charges: 0.00
YTD Family Payments: -2947.80
YTD Insurance Payments: 1001.70

* Procedures that have been placed in history

# SINGLE PATIENT LEDGER

**Geriatric Dental Group of WA State**

**Date:** 09/19/2023 **Page:** 1

**Patient Name:** [redacted] **Chart Number:** AH0001

**Billing Type:** 1

| DATE | TEETH | DESCRIPTION | PATIENT | CHARGE | PAYMENT | BALANCE |
|---|---|---|---|---|---|---|
| * 08/17/2023 | 13 | Crown/Bridge Prep | [redacted] | 0.00 | | |
| * 08/17/2023 | 14 | Crown/Bridge Prep | | 0.00 | | |
| * 08/17/2023 | | VISA/MC Payment - Thank You | | | -2000.00 | - |
| 09/12/2023 | | Lab Fees | | 1199.00 | | |

**TOTAL PATIENT BALANCE AS OF 09/19/2023:**

8/17 Crown Bridge prep $385.00 twice

8/17 $770.00

9/12 lab fees $1199.00

9/12 refund 488.00

1481.00 paid

* Procedures that have been placed in History.

GERIATRIC DENTAL GROUP
728 S 320TH ST STE A
FEDERAL WAY, WA. 98003-5
253-839-1300

## SALE

REF#: 00000007
Batch #: 177
08/17/23 14:04:46
APPR CODE: 017435
Trace: 7
VISA Chip
**********5538 **/**

**AMOUNT $2,000.00**

## APPROVED

VISA CREDIT
AID: A0000000031010
TVR: 80 80 00 80 00
TSI: 68 00

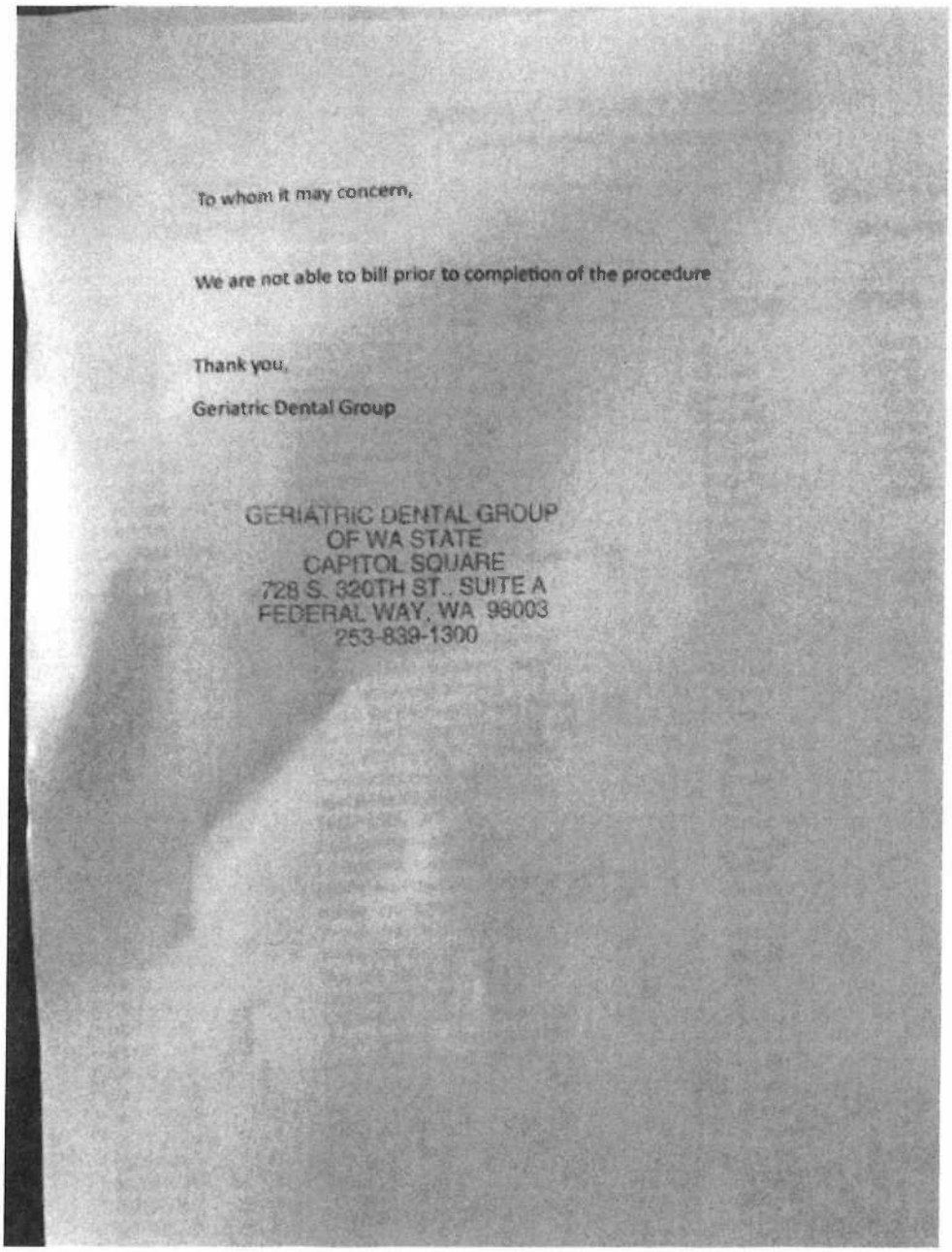
THANK YOU

CUSTOMER COPY

## Dana Beck

**From:** [redacted]
**Sent:** Monday, October 16, 2023 12:05 PM
**To:** Dana Beck
**Subject:** Fwd: Statement

>
>
>
>



To whom it may concern,

We are not able to bill prior to completion of the procedure

Thank you,

Geriatric Dental Group

GERIATRIC DENTAL GROUP
OF WA STATE
CAPITOL SQUARE
728 S. 320TH ST., SUITE A
FEDERAL WAY, WA 98003
253-839-1300

# *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 merely 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: [redacted]

1. Name of physician/dentist and business/clinic address: Albert Kang DMD Geriatric Dental Group

2. Condition requiring treatment: partial edentulism

3. Summary of recommended services: implant abutment and crown on site 13 #14

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:

improve chewing function + eat nutritious food and support jaw function & health

6. Please provide the dates on which services were provided (if already provided):

8/17/17, 10/31/17 - planned

7. If the treatment has not yet been provided, are there alternative treatment options?_____

8. What are the approximate costs of alternative treatment?

$4000

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

less than ideal results, poor function

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

Physician/Dentist Signature

8/17/23
Date

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

R-1

# 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 |
|---|---|---|---|
| 5/12/23 | Walgreens | | 9.99 |
| 5/23/23 | Walgreens | | 5.49 |
| 8/17/23 | Geriatric Dental Dr Kang | | 1,199.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | **Total reimbursement amount requested:** | 1,214.48 |

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] For _____ 09/20/23

Signature Date

Rev. Jan 2021

# City of Longview

## Agenda Summary

**October 2023 Medicare B Reimbursement - Total $8,336.30**

Attachments:
1. Medicare B October 2023 voucher list

| Medicare Premiums | | October 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 |

# City of Longview

## Agenda Summary

**October 2023 Medical Bills (Regular) - Total $24,488.66**

Attachments:
1. Reimbursment October 2023 Spreadsheet

| October 2023 MEDICAL BILLS (Regular) | | | |
|---|---|---|---|
| **Member** | **Dental** | **Regular** | |
| R-14 | | $62.79 | |
| R-36 | | $1,110.49 | |
| R-37 | | $6,800.00 | |
| R-38 | | $14,784.00 | |
| R-42 | $498.80 | | |
| R-47 | $585.20 | | |
| R-61 | | $134.54 | |
| R-63 | | $512.84 | |
| | | | |
| | | | |
| | | | |
| | | | |
| **TOTAL** | $1,084.00 | $23,404.66 | $24,488.66 |