



# City of Longview

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

## LEOFF-1 Disability Board

### Agenda

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**Wednesday, October 30, 2024**

**8:30 AM**

**2nd Floor, City Hall**

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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      CHANGES TO THE AGENDA**

**4      PUBLIC COMMENT**

**5      APPROVAL OF MINUTES**

**24-00943    September 25, 2024**

**6      MEDICAL REIMBURSEMENT REQUESTS**

**7      APPROVAL OF BILLS**

**24-00944    October 2024 Medicare B Reimbursement - Total \$7,983.70**

**24-00945    October 2024 Medical Bills (Regular) - Total \$23,301.89**

**24-00946    Corrected September 2024 Medical Bills (Regular) - Total \$24,959.68**

**8      NEW BUSINESS**

**9      ADJOURNMENT**

**NEXT REGULAR MEETING - Wednesday, November 27, 2024 at 8:30 a.m.**



# City of Longview

## Agenda Summary

**September 25, 2024**

Attachments:

1. September 25, 2024 Regular Meeting Minutes



# City of Longview

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

## LEOFF-1 Disability Board

### Minutes

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Wednesday, September 25, 2024

8:30 AM

2nd Floor, City Hall,  
Small Conference Room

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The LEOFF-1 Disability Board meeting of September 25, 2024 will be held in the Lunch Room located on the 2nd Floor of the 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.

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#### 1 CALL TO ORDER

*Vice-Chair Wallis called the meeting to order at 8:30 a.m.*

#### 2 ROLL CALL

*Present: Don Barnd, Police Retiree Representative*

*Jim Morkert, Fire Retiree Representative*

*Chet Makinster, Member-at-Large*

*MaryAlice Wallis, City Council Representative*

*Absent/Excused: Erik Halvorson, City Council Representative*

*Also Present: Tiffany Ostreim, Board Secretary*

*Dana Beck, Payroll Specialist*

*Jim Duscha, Interim City Manager*

#### 3 CHANGES TO THE AGENDA

#### 4 PUBLIC COMMENT

*None*

#### 5 APPROVAL OF MINUTES

**24-00808 August 28, 2024**

*A motion was made by Member Barnd, seconded by Member Makinster to approve the minutes of August 18, 2024. The motion carried unanimously.*

**6      MEDICAL REIMBURSEMENT REQUESTS**

**7      APPROVAL OF BILLS**

*A motion was made by Member Barnd, seconded by Member Makinster to approve the September 2024 Medicare B Reimbursement bills and September 2024 Medical bills as presented, reasonable, and medically necessary. The motion carried unanimously.*

**24-00809    September 2024 Medicare B Reimbursement - total \$7,983.70**

**24-00810    September 2024 Medical Bills (Regular) - Total \$24,636.60**

**8      NEW BUSINESS**

*The Board discussed the need for death certificates as they pertain to long-term care reimbursements and firefighter funeral expenses per RCW 41.18.140 and LEOFF-1 beneficiaries. Most medical insurance, including Medicaid, do not offer coverage when traveling abroad. Reminder, medical/dental bills must be submitted to the insurance company first for payment before being submitted to the LEOFF Board for reimbursement.*

**9      ADJOURNMENT**

*With no further business to discuss, Vice-Chair Wallis adjourned the meeting at 9:02 a.m.*

**Next Meeting**

*The next regular meeting of the LEOFF-1 Board is scheduled for Wednesday, October 30, 2024 at 8:30 a.m.*

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*Erik Halvorson, Chair*

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*Tiffany Ostreim, Board Secretary*



# City of Longview

## Agenda Summary

**October 2024 Medicare B Reimbursement - Total \$7,983.70**

Attachments:

1. Medicare B 2024 October voucher list

## Medicare Premiums      Oct-24

| Code | Vendor # | Year      |          |
|------|----------|-----------|----------|
| R59  | 000092   | 2024      | \$508.00 |
| R2   | 000122   | 2024      | \$257.50 |
| R5   | 000233   | 2024      | \$382.70 |
| R6   | 000278   | 2024      | \$174.70 |
| R34  | 000447   | 2024      | \$164.70 |
| R8   | 000465   | 2024      | \$174.70 |
| R9   | 000466   | 2024      | \$174.70 |
| R11  | 000632   | 2024      | \$174.70 |
| R28  | 000664   | 2024      | \$174.70 |
| R13  | 000666   | 2024      | \$174.70 |
| R14  | 000706   | 2024      | \$174.70 |
| R39  | 000740   | 2024      | \$174.70 |
| R40  | 000744   | 2024      | \$174.70 |
| R17  | 000827   | 2024      | \$174.70 |
| R64  | 000883   | 2024      | \$174.70 |
| R19  | 000963   | 2024      | \$174.70 |
| R44  | 001021   | 2023      | \$174.70 |
| R51  | 001106   | 2024      | \$170.70 |
| R29  | 001124   | 2024      | \$174.70 |
| R47  | 001226   | 2024      | \$174.70 |
| R21  | 001245   | 2024      | \$174.70 |
| R49  | 001402   | 2024      | \$174.70 |
| R23  | 001511   | 2024      | \$174.70 |
| R24  | 001631   | 2024      | \$174.70 |
| R25  | 001644   | 2022      | \$174.70 |
| R53  | 001685   | Quarterly | \$0.00   |
| R63  | 001694   | 2024      | \$174.70 |
| R55  | 001714   | 2024      | \$174.70 |
| R56  | 001732   | 2024      | \$174.70 |
| R58  | 001823   | 2024      | \$174.70 |
| R26  | 002066   | 2024      | \$174.70 |
| R27  | 210058   | 2024      | \$174.70 |
| R18  | 210122   | 2024      | \$174.70 |
| R42  | 210489   | 2023      | \$0.00   |
| R48  | 211292   | Quarterly | \$0.00   |
| R12  | 211809   | 2024      | \$257.50 |
| R43  | 216727   | 2024      | \$174.70 |
| R38  | 217404   | 2024      | \$174.70 |
| R31  | 218105   | 2024      | \$147.70 |
| R33  | 218134   | 2022      | \$164.90 |
| R46  | 218350   | 2024      | \$174.70 |
| R41  | 223804   | 2024      | \$174.70 |
| R61  | 224982   | 2024      | \$174.70 |
| R22  | 225194   | 2024      | \$174.70 |
| R15  | 226325   | 2024      | \$164.90 |

\$7,983.70



# City of Longview

## Agenda Summary

**October 2024 Medical Bills (Regular) - Total \$23,301.89**

Attachments:

1. Reimbursement October 2024 Spreadsheet

| October2024 MEDICAL BILLS (Regular) |             |             |
|-------------------------------------|-------------|-------------|
| Member                              | Dental      | Regular     |
| R-17                                |             | \$25.00     |
| R-22                                |             | \$3,399.45  |
| R-29                                | \$7,173.60  | \$126.46    |
| R-38                                | \$1,801.20  | \$8,240.00  |
| R-41                                |             | \$540.00    |
| R-42                                | \$1,396.60  |             |
| R-43                                |             | \$270.00    |
| R-63                                |             | \$329.58    |
|                                     |             |             |
|                                     |             |             |
| <b>TOTAL</b>                        | \$10,371.40 | \$12,930.49 |

no pre-approval, has medically necessary form for

\$23,301.89

r partial denture replacement



# City of Longview

## Agenda Summary

**Corrected September 2024 Medical Bills (Regular) - Total \$24,959.68**

Attachments:

1. Reimbursement September 2024 Spreadsheet

| September 2024 MEDICAL BILLS (Regular) |            |             |
|----------------------------------------|------------|-------------|
| Member                                 | Dental     | Regular     |
| R-22                                   |            | \$3,399.45  |
| R-26                                   |            | \$7,500.00  |
| R-34                                   |            | \$257.58    |
| R-38                                   |            | \$7,840.00  |
| R-39                                   |            | \$732.20    |
| R-40                                   | \$596.90   |             |
| R-43                                   |            | \$180.00    |
| R-56                                   |            | \$2,975.00  |
| R-58                                   | \$897.60   |             |
| R-63                                   |            | \$580.95    |
|                                        |            |             |
|                                        |            |             |
| <b>TOTAL</b>                           | \$1,494.50 | \$23,465.18 |

Hearing Aid appv.08/28 meeting

Hearing Aid appv.07/31 meeting  
Dental Appv.8/2023 meeting

\$24,959.68

original amount  
submitted  
3076.45 incorrect June invoice submitted for July

\$ 580.87 additional error