



# City of Longview

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

## LEOFF-1 Disability Board

### Agenda

**Wednesday, June 25, 2025**

**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     CHANGES TO THE AGENDA**

**4     PUBLIC COMMENT**

**5     APPROVAL OF MINUTES**

**25-001200   May 28, 2025 Regular Meeting**

**6     MEDICAL REIMBURSEMENT REQUESTS**

**25-00601   Request approval of Prescription Sunglasses - \$625.00**

**25-00602   Request approval of non-covered medication - \$354.00 per month**

**7     APPROVAL OF BILLS**

**25-00524   June 2025 Medicare B Reimbursement - Total \$8,440.00**

**25-00525   June 2025 Medical Bills (Regular) - Total \$16,484.98**

**8     NEW BUSINESS**

**9     ADJOURNMENT**

**NEXT REGULAR MEETING - July 30, 2025 at 8:30 a.m.**



# City of Longview

## Agenda Summary

### May 28, 2025 Regular Meeting

#### Attachments:

1. May 28, 2025 LEOFF Minutes



# City of Longview

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

## LEOFF-1 Disability Board

### Minutes

Wednesday, May 28, 2025

8:30 AM

2nd Floor, City Hall,  
Small Conference Room

The LEOFF-1 Disability Board meeting of May 28, 2025 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**

*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  
Erik Halvorson, City Council Representative*

*Also Present: Tiffany Ostreim, Board Secretary  
Dana Beck, Human Resources Specialist*

**3      CHANGES TO THE AGENDA**

**4      PUBLIC COMMENT**

**5      APPROVAL OF MINUTES**

**25-001199 April 30, 2025 Regular Meeting**

*A motion was made by Member Morkert, seconded by Member Barnd to approve the April 30, 2025 Regular Meeting Minutes. The motion carried unanimously.*

6 **MEDICAL REIMBURSEMENT REQUESTS**

7 **APPROVAL OF BILLS**

25-00428 May 2025 Medicare B Reimbursement - Total \$8,604.80

25-00429 May 2025 Medical Bills (Regular) - Total \$13,963.73

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

8 **NEW BUSINESS**

*The proposed merger of LEOFF 1 and LEOFF 2 Pension Plans did not go through. Humana had an on-line glitch stating members coverage was declined when in fact it was not.*

9 **ADJOURNMENT**

*With no further business to discuss, Chair Wallis adjourned the meeting at 8:34 a.m.*

**Next Meeting**

*The next regular meeting of the LEOFF-1 Board is scheduled for Wednesday, June 25, 2025 at 8:30 a.m.*

\_\_\_\_\_  
MaryAlice Wallis, Chair

\_\_\_\_\_  
Tiffany Ostreim, Board Secretary



# City of Longview

## Agenda Summary

**Request approval of Prescription Sunglasses - \$625.00**

Attachments:

1. R-46 Sunglass approval memo doc

**TO: LEOFF-1 DISABILITY BOARD**

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

**SUBJECT: R-46 REQUEST FOR APPROVAL OF PRESCRIPTION SUNGLASSES**

R-46 is requesting approval for reimbursement of prescription sunglasses in addition to bifocal prescription glasses.

Action needed on this claim:

1. Make determination as to whether R-46 qualifies for reimbursement for prescription sunglasses

Documents included for review:

1. Medically Necessary Form for Sunglasses & Bifocal glasses
2. Invoices for both sunglasses and Bifocal glasses



**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: ~~XXXXXXXXXX~~

1. Name of physician/dentist and business/clinic address: Stephanie Cromer  
Casey Eye Clinic 600 Triangle Center

2. Condition requiring treatment: Cataract Surgery/Post #400  
OP Glasses

3. Summary of recommended services: Post op Glasses

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:

The pt has pseudophakia in  
both eyes after cataract surgery.  
His eyes have been medically  
altered.

7. Please provide the dates on which services were provided (if already provided):  
4/29/25 Right eye 5/27/25 Left eye

8. If the treatment has not yet been provided, are there alternative treatment options? NO  
6/18/25  
ordered  
Glasses



# City of Longview

## Agenda Summary

**Request approval of non-covered medication - \$354.00 per month**

Attachments:

1. R-61 New Medication approval memo doc

**TO: LEOFF-1 DISABILITY BOARD**

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

**SUBJECT: R-61 REQUEST FOR APPROVAL NON-COVERED MEDICATION**

R-61 is requesting approval for new medication that is not covered by Kaiser Pharmacy insurance. Approve out-of-pocket payment for medication

Action needed on this claim:

1. Make determination as to whether R-61 qualifies for reimbursement of non-covered medication. Estimated cost is \$354.00 per month (I assume).

Documents included for review:

1. 2 months of Lilly Direct Pharmacy invoice
2. New medication request from doctor

R-61

Instructions (continued)

### What's Next

MAY 21 2025	<b>Phone visit with Yan Lin He, DO</b> Wednesday May 21 11:20 AM	Longview-Kelso Internal Medicine 800-813-2000
JUN 2 2025	<b>Office visit with Yan Lin He, DO</b> Monday June 2 2:20 PM (Arrive by 2:05 PM)	Longview-Kelso Internal Medicine 1230 7TH AVENUE LONGVIEW WA 98632 800-813-2000
JUN 30 2025	<b>Cardiology Procedure</b> Monday June 30 8:00 AM	Longview-Kelso Echo 1230 7TH AVENUE LONGVIEW WA 98632 844-364-4809

### These Medications Have Changed

Start Taking	Instead of
<b>tirzepatide (ZEPBOUND) 2.5 mg/0.5 mL SubQ Soln</b> Dosage: Inject 0.5 mL subcutaneously every week - Subcutaneous Reason for Change: Continue Therapy	tirzepatide, weight loss, (ZEPBOUND) 2.5 mg/0.5 mL SubQ Soln Dosage: Inject 0.5 mL subcutaneously every week - Subcutaneous

ZEPBOUND 2.5 MG/0.5 ML SUBQ SOLN is non-formulary.

This medication is not on our approved formulary and we may not regularly stock it in our clinic pharmacies. Please contact our Mail Order Pharmacy at 1-800-548-9809 (press Option 4) to initiate your order. If mail order is not an option for you, please contact the Kaiser Permanente clinic pharmacy of your choice and allow 7 days to special order.





**tirzepatide (ZEPBOUND) 2.5 mg/0.5 mL SubQ Soln [196880] (Order #: 661455095)**

### Outpatient Medication Detail

DAW  
 No

tirzepatide (ZEPBOUND) 2.5 mg/0.5 mL SubQ Soln

Sig: Inject 0.5 mL subcutaneously every week

Sent to pharmacy as: tirzepatide (ZEPBOUND) 2.5 mg/0.5 mL SubQ Soln

Class: ZSurescripts - Restricted Use Only

Notes to Pharmacy: Vials are for patients paying full price only and must be e-prescribed through the LILLYDIRECT CASH PAY FOR ZEPBOUND VIAL pharmacy

Route: Subcutaneous

Non-formulary Exception Code: Patient Request (patient may pay full price)

E-Prescribing Status: Receipt confirmed by pharmacy (5/14/2025 9:35 PM PDT)

### Medication Detail

Quantity	Refills	Start Date	End Date	Prescription #
2 mL	1/1	5/14/2025		

### Order Questions

Question	Answer
pre-approval	WRITTEN ORDER
Is this medication for a workman's compensation condition?	No

### Provider Information

Authorizing Provider	Encounter Provider
Webster, Laura Marie, MD	He, Yan Lin, DO

### Electronically Signed by:

Date and Time	Department	Initiator/Authorizing
5/14/2025 4:27 PM	Longview-Kelso Internal Medicine	Webster, Laura Marie, MD

### Additional Rx Information

Original Order Date  
 5/14/2025

### Most Recent Warning Override Details for ZEPBOUND 2.5 MG/0.5 ML SUBQ SOLN

No Warning History Available

### Assoc. Dx

OBESITY, BMI 30-34.9, ADULT

### Pharmacy

LILLYDIRECT SELF PAY PHARMACY SOLUTIONS - COLUMBUS, OH - 4343 EQUITY DR

### Allergies

Not Specified: Amoxicillin Trihydrate; Bee Venom; Clindamycin/lincomycin Class; Pravastatin Sodium; Simvastatin; Sulfa (Sulfonamide Antibiotics)

### Order Tracking Information





## Thank you for your order!

We've received your payment and your order is being prepared for delivery. While you wait for your prescription, visit [this page](#) for resources on how to store the product once it arrives.

### Order Summary

~~XXXXXXXXXX~~  
Created 05/15/25 09:54:33 AM

ZEPBOUND 2.5 MG/0.5ML SUBCUTANEOUS SOLUTION VIAL	\$349.00
INJECTION SUPPLIES	\$5.00
Tax	\$0.00
<b>Subtotal</b>	<b>\$354.00</b>

**Total Paid** \$354.00  
Card ending in \*4798

### Shipping Information

~~XXXXXXXXXX~~  
Longview, WA 98632-2205

If you have any questions, please [chat with a Gifthealth patient care representative](#) during business hours.



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## Thank you for your order!

We've received your payment and your order is being prepared for delivery. While you wait for your prescription, visit [this page](#) for resources on how to store the product once it arrives.

### Order Summary

~~Order ID: 2519207~~  
~~Created: 06/06/25 01:40:20 PM~~  
Prescribed by LAURA WEBSTER

ZEPBOUND 2.5 MG/0.5ML SUBCUTANEOUS SOLUTION VIAL	\$349.00
INJECTION SUPPLIES	\$5.00
Tax	\$0.00
Subtotal	\$354.00
<b>Total Paid</b>	<b>\$354.00</b>
Card ending in *3608	

### Shipping Information

946 18th Ave  
Longview, WA 98632-2205

If you have any questions, please [chat with a Gifthealth patient care representative](#) during business hours.



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# City of Longview

## Agenda Summary

**June 2025 Medicare B Reimbursement - Total \$8,440.00**

Attachments:

1. Medicare B June 2025 voucher list

# Medicare Premiums Jun-25

Code	Vendor #	Year	
R59	000092	2025	\$185.00
R02	000122	2025	\$405.30
R05	000233	2025	\$382.70
R06	000278	2025	\$185.00
R34	000447	2025	\$172.00
R08	000465	2025	\$185.00
R09	000466	2025	\$174.70
R11	000632	2025	\$185.00
R28	000664	2025	\$185.00
R13	000666	2025	\$272.70
R14	000706	2025	\$185.00
R39	000740	2025	\$185.00
R40	000744	2025	\$185.00
R17	000827	2025	\$185.00
R64	000883	2025	\$185.00
R19	000963	2025	\$185.00
R44	001021	2025	\$185.00
R51	001106	2025	\$170.70
R29	001124	2025	\$272.70
R47	001226	2025	\$185.00
R21	001245	2025	\$174.70
R49	001402	2025	\$185.00
R23	001511	2025	\$185.00
R24	001631	2025	\$185.00
R25	001644	2025	\$174.70
R53	001685	2025	\$0.00
R63	001694	2025	\$185.00
R55	001714	2025	\$185.00
R56	001732	2025	\$184.00
R58	001823	2025	\$185.00
R26	002066	2025	\$185.00
R27	210058	2025	\$174.70
R18	210122	2025	\$185.00
R42	210489	2025	\$0.00
R48	211292	2025	\$0.00
R12	211809	2025	\$405.30
R43	216727	2025	\$184.00
R38	217404	2025	\$185.00
R31	218105	2025	\$153.00
R33	218134	2022	\$164.90
R46	218350	2025	\$184.00
R41	223804	2024	\$164.90
R61	224982	2025	\$185.00
R22	225194	2025	\$185.00
R15	226325	2025	\$185.00

\$8,440.00



# City of Longview

## Agenda Summary

**June 2025 Medical Bills (Regular) - Total \$16,484.98**

Attachments:

1. Reimbursement June 2025 Spreadsheet

<b>June 2025 MEDICAL BILLS (Regular)</b>		
<b>Member</b>	<b>Dental</b>	<b>Regular</b>
R-05		\$1,601.04
R-22		\$3,799.79
R-38		\$8,512.00
R-43	\$59.80	\$100.00
R-46		\$1,090.00
R-61		\$820.90
R-63		\$501.45
<b>TOTAL</b>	\$59.80	\$16,425.18

\$625.00 Pending Approval  
Pending Approval

\$16,484.98