



EDMONDS' DISABILITY BOARD
Meeting Minutes
Regularly Called Meeting
04/17/2019

MEMBERS PRESENT:

Ken Jones, Chair
 Gary McComas, Board Member
 Dave Teitzel, Council Member
 Diane Buckshnis, Council Member
 Jim Distelhorst, Citizen-At-Large

STAFF PRESENT:

Mary Ann Hardie, Human Resources Director
 Emily Wagener, Human Resources Analyst
 Sharon Cates, City Attorney

MEMBERS OF THE PUBLIC PRESENT:

Terry [LAST NAME OMITTED]
 Richard Warbrouck

CALL TO ORDER:

Chair Ken Jones called the meeting to order at 10:04 am. Chair Jones then welcomed the two members of the public who were in attendance and highlighted procedures, including the possibility of an executive session.

INFORMATION

Chair Jones discussed that his term on the board was set to expire on 05/01/2019 and he had expressed an interest in another term. Chair Jones indicated that once the votes were in it would be announced if he would be serving another two-year term.

APPROVAL OF MINUTES:

Council Member Dave Teitzel moved to approve the minutes from the regular meeting 01/30/2019. Council Member Diane Buckshnis seconded. The motion passed.

DISCUSS AND APPROVE CLAIMS SUMMARY REPORT

Chair Jones introduced the claims summary report for the first quarter of 2019.

Summary of Current Costs	01/01/2019- 03/31/2019	
SERVICE	Number of Claims	Total Paid for Service
Dental Expenses	5	\$ 988.00
Hearing Aids	3	\$ 2,566.96
Long Term Care	8	\$ 61,825.00
Medical Services	5	\$ 1,105.74
Medicare Premium	16	\$ 23,820.00
Prescription	13	\$ 4,415.67
Prescription Eyeglasses	1	\$ 80.00
Grand Total	51	\$ 94,801.37

HR Analyst Emily Wagener explained that the number of claims was slightly higher than in the past but that the first quarter tends to include more claims since members commonly save their reimbursements for that time. Ms. Wagener indicated that although long term care is high it has been a known, ongoing issue with the board. Ms. Wagener concluded that nothing else on the claims summary report proves to be concerning. Council Member Buckshnis mentioned that a budget amendment for the LEOFF 1 fund was approved by council the night before on 01/29/2019.

Council Member Buckshnis made a motion to approve the claims summary in the amount of \$94,801.37 for the period of 01/01/2019 – 03/31/2019. Council Member Teitzel seconded the motion. The motion carried.

REVIEW OF 2019 BUDGET

Ms. Wagener stated that when viewing the comparison between Q1 2019 and Q1 2018 the number of claims and total dollar amount were slightly lower in the current (2019) quarter. Council Member Buckshnis asked if the summary comparisons covered the same number of LEOFF 1 members and Ms. Wagener confirmed that the 2019 summary includes one less member. Council Member Buckshnis said that due to the decrease in LEOFF 1 members the comparisons were equivalent.

Chair Jones mentioned that the budget is fine at this time although it is understood that it may need to be adjusted at a later date. Chair Jones mentioned that the budget does not need to be approved at this time. Council Member Buckshnis suggested that this item be moved for discussion at the 3rd quarter disability board meeting. The board agreed that no motion was necessary.

E. Review/discussion of a letter provided from a LEOFF 1 member requesting approval for additional medical equipment.

Ms. Wagener explained that this request shows a prior date because it was not originally received by staff and was resubmitted by the member's representative prior to the current meeting. Ms. Wagener added that the member now only requires one of the items listed, the hospital bed, but the specific cost is not known at this time. The member's representative communicated to Ms. Wagener that the estimated cost was expected to be around \$60 per month. Ms. Wagener offered to request any additional information the board was interested in receiving.

Council Member Buckshnis noted that the member was moving to a lower level of care and was interested in knowing what level that is and what the effective cost savings would be. Ms. Wagener explained that this member was recently approved by the board for \$7,000 per month in long term care reimbursement costs and had recently moved from their prior facility to one that was expected to cost less than the approval limit. Council Member Buckshnis asked if a dollar amount was available. Ms. Wagener indicated that the exact cost was not known yet since the move was very recent (last weekend of March) and a bill had not yet been received.

Chair Jones explained that the board would need to review the charges for the updated facility and that any cost savings from the billed amount versus the approved amount could impact the board's decision on whether or not to approve the hospital bed charge. Ms. Wagener asked the board if they wanted any additional documentation regarding the hospital bed. Chair Jones responded that, yes, any additional information would certainly be helpful to the board's decision.

Citizen-At-Large Jim Distelhorst asked to clarify if this was the same member the board had worked with previously (in 2018) who was determined by the board's second opinion doctor to not need the high level of care as they were receiving at the time. Ms. Wagener confirmed that this was the same member and added that the member would be going into one of the facilities that had been recommended by the consultant the City had previously assigned.

No motion was provided. Additional information will be discussed at the next regularly scheduled board meeting.

F. Review/discussion of a letter provided from a LEOFF 1 member requesting reimbursement of Medicare Part B premiums paid from 1996-2017.

Chair Jones introduces the next item explaining that he is confused that this request is just now coming before the board. Chair Jones indicates that SSA Statements going back to 1998 are included in the request but he wonders why these are just now coming forward, because the member was unaware or didn't understand the process. Ms. Wagener responds that the member was not aware of the policy however the policy states that requests need to be submitted within 12 months and it would be up to the board to approve the request outside of policy. Additionally, Ms. Wagener indicates that the Medicare reimbursement policy was enacted after the date of the oldest statement included in the request.

Chair Jones said that additional information/investigation is needed to determine action and he would like to defer this to a future meeting when such information can be reviewed. Council Member Buckshnis said that reimbursements within 12 months should be considered as well as when the policy became effective and the cost after such effective date. There was some discussion regarding the 12 month receipt requirement. Council Member Teitzel asked if there was any precedence of going outside of the policy. Ms. Wagener indicated that she was not aware of any but would be able to research if the board requested.

HR Director Marie Ann Hardie entered the meeting at 10:18 AM

There was further discussion on the policy and related reimbursement history. Ms. Hardie asked Ms. Wagener to exit and bring back the Medicare Board Policy for review. Upon her return, Ms. Wagener indicated that the Medicare policy was effective and approved by the board July 26, 2006. While the board members reviewed the policy Ms. Wagener asked Ms. Hardie if she had been aware of any approvals for Medicare reimbursement outside of the 12 month requirement. Ms. Hardie indicated that she did not recall.

There was some discussion on the interpretation of the language on the policy referencing a "service date". City Attorney Sharon Cates responded that her interpretation of the language is when the member becomes aware of the charge which would likely be when the statement is received by the member. There was further discussion among the board about the policy, its effective date, prior practice and interpretation.

Board Member Gary McComas made a motion that prior to the 2006 policy that required a 12 month period for submissions, the Disability Board approve this member's reimbursements from 1998-2005.

Council Member Buckshnis mentioned that the board does not know what the past practice, prior to the 2006 policy, was for reimbursing Medicare and that further research should be done before approving this amount. Ms. Hardie offered to look into this issue and see what could be found in the archived records storage. Council Member Teitzel agreed with Council Member Buckshnis' statement and indicated he would like to have more information on past practice prior to authorizing the approval.

Chair Jones confirmed that the motion on the floor died for lack of a second.

G. Review/discussion of a letter provided from a LEOFF 1 member using assisted living/long term care services regarding an increase in service costs.

Ms. Hardie mentioned that she was not surprised by the increasing rates and if the Board chooses, they could request the member go out again and receive new quotes for services, as per the Long Term Care policy.

Chair Jones stated that this request was in regards to a current LEOFF 1 member's long term care services were increasing by \$1 per hour. Chair Jones asked if information was available to show an overall comparison of how this would increase the cost versus what was currently approved. Ms. Wagener indicated that HR Assistant Carly Derrick was currently preparing this information and would bring it in when it is complete.

Ms. Derrick brought in the comparison summary that showed the average increase was just over \$100 per month.

Council Member Buckshnis moved to approve the increase in service cost. Council Member Teitzel seconded. The motion Carried.

H. Review/discussion of a request for reimbursement from a LEOFF 1 member for an additional \$1,266.02 in costs for hearing aids (above the policy approved amount).

Chair Jones indicates this member had their hearing tested and was told that their Hearing Aids would need to be replaced as they could not be replaced. The member then purchased new hearing aids from this company. Chair Jones indicated that this purchase should have been pre-approved by the City. Ms. Wagener responded that per the revised hearing aid policy, HR has the authority to approve hearing aid replacements (up to policy limits) when the original hearing aid purchase was approved by the board. Ms. Wagener continued to explain that the member had contacted HR and she had walked him through the reimbursement process which included notifying him that HR was only able to approve up to the Costco limits as stated in the policy and anything over that would need to go before the board for approval.

The board discussed the documentation that was received from Costco regarding similar hearing aids given the member's hearing test and following recommendation. Chair Jones stated that the similar hearing aids at Costco would cost \$2,499.98 for the pair but mentioned that the hearing aid was not exactly the same. There was further discussion regarding how the policy was communicated to the member and the requirements for reimbursement over policy limits. Ms. Wagener said that the member had communicated that they wanted the board to review the request but will understand if it is not approved.

There was further discussion among the board about the hearing aid policy and previous related conversations. Citizen-At-Large Distelhorst mentioned that in his experience as a medical provider, audiology centers typically charge premium rates for hearing aids and further explained that this member knew the reimbursement policy but chose to go outside of that policy without obtaining preapproval.

Citizen-At-Large Distelhorst made a motion to follow the existing policy and not reimburse beyond the Costco price for equivalent hearing aids. Council Member Buckshnis seconded. The motion carried.

I. Review/discussion of the additional medical documentation provided from a LEOFF 1 retiree requesting continued long term care service cost reimbursement.

Chair Jones introduced this matter and give the history that this member had attended a geriatric evaluation in March of 2019 and Citizen-At-Large Distelhorst, former physician, had reviewed the results of the evaluation along with the member's medical history.

Citizen-At-Large Distelhorst explained that this review was requested to (1) see what level of care the member needed and (2) receive a separate opinion due to rapidly failing health issues and (3) because the member's primary care doctor was directly related to the facility where they were placed and this could represent a conflict of interest.

Citizen-At-Large Distelhorst further explained he had reviewed all documents related to the current member's evaluation and medical history and that based on that information and the patient's mobility and mental issues they are in need of skilled care services. Council Member Teitzel asked if this was expected to be a permanent determination. Citizen-At-Large Distelhorst confirmed that yes it would likely be permanent and improvement would not be expected at this point.

Terry [LAST NAME OMITTED], the family member of one of the City's LEOFF 1 members expressed frustration regarding the second opinion process. Terry [LAST NAME OMITTED] explained that the clinic seemed to not know much about the LEOFF 1 Member or what exactly they were there for, including the doctor. Terry [LAST NAME OMITTED] added that the cabulance that he and the member took to the appointment was "outdated" and "uncomfortable" to the point where the member was complaining of back pain. Terry [LAST NAME OMITTED] indicated that he just wanted to provide the board with some feedback about the process.

Chair Jones explained that, understanding the process is difficult, the board had done this process before with another Member in the past and it was rather difficult to find a provider who was willing to assist with the second opinion to the point that Bellevue was the board's only option. Council Member Buckshnis asked Citizen-At-Large Distelhorst if the recommended skilled nursing is a continuation on his current care. Citizen-At-Large Distelhorst confirmed that it is.

Terry [LAST NAME OMITTED] explains that the cost may increase due to additional medical services that are outsourced by the facility (such as physical therapy).

Chair Jones excused Terry from the room to enter Executive Session at 10:49 AM

Chair Jones invited Terry back to the room after Executive Session ended at 11:08 AM

Chair Jones asks Terry [LAST NAME OMITTED] if Board Member McComas had explained the results of the executive session. Board Member McComas confirmed that he explained things and that they were understood. Board Member McComas further explains that going forward all bills must be paid before they are submitted to the City for reimbursement. Ms. Hardie clarifies that checks are processed Wednesdays at 10:00 AM and are sent out the following Thursday after approval. Council Member Buckshnis clarified that there were no issues with the board and that the motion to continue reimbursement for care passed unanimously.

Terry [LAST NAME OMITTED] asked if it was possible to overnight the checks and explained his frustration with the payment process since sometimes it takes 2 or more weeks to receive the check. There was further discussion regarding the reimbursement process and the potential burden it places on LEOFF 1 members and their families.

Member of the Public Richard Warbrouck insisted that once approved, the City should pay the facility directly. Ms. Hardie indicates that if the invoice and proof of payment can be scanned and sent to HR it

could increase the turnaround time for processing. Mr. Warbrouck asked why the City does not just pay the facility directly. Citizen-At-Large Distelhorst explained that the City does not have a relationship with the facility but instead with the member's family and it is the member and family the board is responsible to not only communicate with but to reimburse for expenses. Ms. Wagener adds that the reimbursement requirement also helps to make sure all existing insurance has been billed and has paid or denied the services prior to the board issuing a reimbursement.

Mr. Warbrouck continued to ask about direct reimbursement to the facility and explained that the member's family was required to pre-pay for services. There was continued discussion by the board and Council Member Buckshnis asked Mr. Warbrouck to research this further since this was not something the board was familiar with. Council Member Teitzel also mentioned that this board is a reimbursement board and does not have a policy to pay providers directly. Mr. Warbrouck indicated that he believed the RCW was intended for the board to directly pay approved medical expenses. Chair Jones agreed that the intention was for the board to pay for approved medical expenses but that the RCW did not specify how those expenses should be paid for and the method was up to the board.

Terry [LAST NAME OMITTED] asked about the possible additional charges he mentioned previously due to contracted medical providers. Ms. Wagener explained that these charges, as long as they are properly billed through Medicare and the Supplemental or RX plan will be approved automatically under the appropriate policy.

Mr. Warbrouck passed out copies of the RCW and explained that the intention of the legislation was for medical expenses to be paid up front. Council Member Buckshnis explains that due to liability concerns the city cannot pay for LEOFF 1 member's bills up front.

Mr. Warbrouck and Terry [LAST NAME OMITTED] left the meeting.

OTHER

The next board meeting was tentatively scheduled for Monday, July 29, 2019.

Chair Jones confirmed that he would be attending the WA State LEOFF Education Conference and would provide a summary at the next meeting.

Chair Jones adjourned the meeting at 11:38 AM.