

**CITY OF BELLEVUE
LEOFF 1 DISABILITY BOARD
Meeting Minutes**

June 2, 2015
5:30 p.m. – Administration
6:00 p.m. – Business Meeting

Conference Room 1E-118
Bellevue City Hall

MEMBERS PRESENT: Chairperson Susan Neiman
Boardmember Wayne Bergeron
Boardmember Bryan Reil
Councilmember Lynne Robinson
Councilmember John Stokes

OTHERS PRESENT: Paula Dillon, Human Resources
Siona Windsor, City Attorney's Office

MINUTES TAKER: Michelle Cash

I. CALL TO ORDER

The meeting was called to order at 6:04 p.m. by Chair Neiman.

II. ROLL CALL

III. APPROVAL OF MINUTES

Motion by Councilmember Stokes and second by Councilmember Robinson to approve the May 5, 2015 LEOFF 1 Disability Board meeting minutes as presented. Motion carried unanimously (5-0).

IV. CONSIDERATION OF APPLICATIONS FOR DISABILITY ALLOWANCES

A. Applications for Disability Allowances

None.

B. Applications for Disability Allowances Greater than 1 month

None.

V. CONSIDERATION OF MEDICAL CLAIMS

A. Routine Claims

Motion by Boardmember Bergeron and second by Councilmember Robinson to approve the Routine Claims as presented. Motion carried unanimously (5-0).

B. Special Claims

Motion by Councilmember Stokes and second by Councilmember Robinson to approve the Special Claims as presented.

Ms. Dillon explained that the Board paid for hearing aids for Member #134 in January, 2012. The purchase included a blue tooth device for the Member's hearing aids. However, the Member needs a new blue tooth, the old one broke and was not able to be repaired by the factory. The factory sent the Member a new hearing aid and provided an additional one year warranty.

At the question, motion carried unanimously (5-0) to approve the Special Claims as presented.

VI. PRE-APPROVED RECURRING LONG-TERM CARE CLAIMS

The pre-approved recurring long-term care claims were reviewed and included in the Board packet.

VII. STAFF REPORT

None.

VIII. EXECUTIVE SESSION

None.

IX. UNFINISHED BUSINESS

A. Out-of-Network Claims Policy Discussion

Boardmember Bergeron explained that the LEOFF 1 Members generally try to see in-network physicians, when available. The situation that occurred in 2014 where a Member thought that the selected provider was in-network but later found out the contrary was an anomaly.

Boardmember Bergeron suggested that no formal action be taken to change the policy but Members be reminded periodically to be mindful that their service providers are in-network.

Ms. Windsor cautioned that it may be problematic if the Board requires Members to utilize in-network providers. She added that the usual and customary rates (URCs) cannot be easily identified to determine the cost if an out-of-network provider is utilized.

Ms. Dillon clarified that the state mandate is that “medically necessary” claims be covered by the city. The city is currently evaluating insurance alternatives, including the Medicare Advantage Plan. If this option is selected, then the in-network versus out-of-network provider issue would be eliminated.

Councilmember Robinson explained that her intent for originally raising the out-of-network issue was to determine a way to monitor providers so a Member does not receive misinformation from a provider and then ultimately holds the city liable. She would also like to make it easier for a Member to determine if a provider is in-network. Councilmember Robinson’s goal is to protect the city from paying excessive amounts for claims and also protect a Member from getting over billed. She also reiterated her request that stickers with larger numbers be placed on the insurance cards stating the phone number members should call to determine if a provider is in-network.

Councilmember Stokes views the proposed language in Item 7 of the Board packet as too broad and suggested that claims be evaluated on a case-by-case basis.

Boardmember Bergeron explained that a change in policy may make the LEOFF 1 Members feel that benefits and coverage are being reduced.

Ms. Dillon reminded Boardmembers that the annual newsletter included information about encouraging Members to utilize in-network providers.

Boardmembers discussed option for requiring Members to obtain preapproval if they want to visit out-of-network providers. However, the monitoring of this process would be too cumbersome, since staff would need to obtain a report from the provider to determine if a Member confirmed a provider’s network status.

Boardmember Reil stressed that communication is vital to remind Member’s to utilize in-network providers. He suggested that an all-hands meeting be conducted to discuss this issue and address any questions that may arise. Alternatively, Boardmember Reil noted that there are few out-of-network claims received and suggested that the claims continue to be treated on a case-by-case basis.

Ms. Windsor explained that providers have a huge bargaining advantage with insurance companies on their fee schedule. The fees charged (i.e., Usual and Customary Rates) are difficult to obtain for the Board to compare with claims submitted.

Boardmembers discussed the state mandate and the city's obligation to cover reasonably necessary medical charges.

Overall, Boardmembers concurred that an all-hands meeting is desired but should be delayed until a decision has been made regarding the alternate insurance options (i.e., Medicare Advantage Plan). However, Boardmembers requested that the fall newsletter include a reminder for Members to utilize in-network physicians when available.

X. NEW BUSINESS

None.

XI. ANNOUNCE DATE & TIME OF NEXT MEETING

The next Disability Board meeting will be held on July 7, 2015.

XII. ADJOURNMENT

By general consensus, the meeting was adjourned at 7:06 p.m.



City of Bellevue

Disability Board

Agenda Regular Meeting
City Hall, Conference Room 1E-118

Date: Tuesday, June 2, 2015

Time: 5:30 pm Administrative Meeting
6:00 pm Business Meeting

- I. Call to Order**
- II. Roll Call**
- III. Approval of Minutes of Regular Meeting, May 5, 2015**
- IV. Consideration of Applications for Disability Allowances**
 - A. Applications for Disability Allowances**
 - 1) Fire Department**
 - B. Applications for Disability Allowances Greater than 1 month**
 - 1) Fire Department**
- V. Consideration of Medical Claims**
 - A. Routine claims**
 - B. Special claims**
 - C. Pre-Approved Recurring Long-Term Care Claims**
- VI. Staff Reports**
- VII. Executive Session**
- VIII. Unfinished Business – Out of Network claims policy discussion**
- IX. New Business**
- X. Announce Date & Time of next meeting: Tuesday, July 7, 2015**
- XI. Adjournment**

These minutes are in DRAFT form until approved by the LEOFF 1 Disability Board.

**CITY OF BELLEVUE
LEOFF 1 DISABILITY BOARD
Meeting Minutes**

May 5, 2015
5:30 p.m. – Administration
6:00 p.m. – Business Meeting

Conference Room 1E-118
Bellevue City Hall

MEMBERS PRESENT: Chairperson Susan Neiman
Boardmember Wayne Bergeron
Boardmember Bryan Reil
Councilmember John Stokes

MEMBER ABSENT: Councilmember Lynne Robinson

OTHERS PRESENT: Paula Dillon, Human Resources
Siona Windsor, City Attorney's Office

MINUTES TAKER: Michelle Cash

I. CALL TO ORDER

The meeting was called to order at 6:05 p.m. by Chair Neiman.

II. ROLL CALL

III. APPROVAL OF MINUTES

Motion by Boardmember Bergeron and second by Councilmember Stokes to approve the April 7, 2015 LEOFF 1 Disability Board meeting minutes as presented.

Boardmember Bergeron corrected page 2, Item IV.A. of the meeting minutes. The proper count for the motion approval was 5-0, rather than 6-0.

At the question, motion carried unanimously (4-0) to approve the April 7, 2015 LEOFF 1 Disability Board meeting minutes as corrected.

IV. CONSIDERATION OF APPLICATIONS FOR DISABILITY ALLOWANCES

A. Applications for Disability Allowances

None.

B. Applications for Disability Allowances Greater than 1 month

Motion by Boardmember Bergeron and second by Boardmember Reil to approve the Applications for Disability Allowances greater than 1 month as presented. Motion carried unanimously (4-0).

V. CONSIDERATION OF MEDICAL CLAIMS

A. Routine Claims

Motion by Boardmember Reil and second by Boardmember Bergeron to approve the Routine Claims as presented. Motion carried unanimously (4-0).

B. Special Claims

Motion by Councilmember Stokes and second by Boardmember Bergeron to approve the Special Claims as presented.

Ms. Dillon explained that Member #71 has pulmonary fibrosis. The Member's physician says that home care is needed during the six hours per day that the Member's family members are away at work. The Member selected Andelcare as the in-home care provider.

At the question, motion carried unanimously (4-0) to approve the Special Claims as presented.

VI. PRE-APPROVED RECURRING LONG-TERM CARE CLAIMS

The pre-approved recurring long-term care claims were reviewed and included in the Board packet.

VII. STAFF REPORT

Ms. Dillon reported that Boardmember Bergeron announced his retirement from the City. His last day will be May 6, 2015. However, Boardmember Bergeron will continue with his position on the LEOFF 1 Disability Board.

VIII. EXECUTIVE SESSION

The Executive Session was postponed until the entire Board can be present for the discussion.

IX. UNFINISHED BUSINESS

A. Out-of-Network Claims

Further out-of-network claim discussions were postponed until the entire Board can be present for the discussion.

X. NEW BUSINESS

None.

XI. ANNOUNCE DATE & TIME OF NEXT MEETING

The next Disability Board meeting will be held on Tuesday, June 2, 2015.

XII. ADJOURNMENT

By general consensus, the meeting was adjourned at 6:21 p.m.

Disability Board
Agenda Item No. 7
April 7, 2015

- Action
- Discussion
- Information

Subject: Out of Network Claims

Contact: Paula Dillon – Human Resources

Policy Discussion: Shall the Board amend its October 2014 restated Policies and Procedures Section IV 3 “Payment for Medical Services” by adding the following?

Effective January 1, 2016, if the member chooses to use an out of network provider when an in network provider in the same specialty is available in a reasonable geographic area to the member, the maximum amount that will be covered for any service will be equal to the Usual and Customary Rate (UCR) for that service.

Any charges above UCR will be the responsibility of the member.

The Board will consider reimbursing above the UCR for medically necessary charges incurred:

- 1) out of state or out of PPO service area,
- 2) because of an emergency situation,
- 3) when using an in network doctor for a procedure in an in network facility and the facility uses out-of-network health care providers in support of the procedure.
- 4) As a result of a continuing course of on going treatment for an illness or injury that commenced prior to member notification of this policy.
- 5) Due to extraordinary circumstances

Background:

Currently, the Board’s policy manual is silent on the use of out of network providers. However the manual and law both only require the Board to reimburse for “reasonable” necessary medical expenses. Because of some recent changes to the Premera in network physician listings, the Board has expressed an interest in further clarifying what constitutes reasonable necessary medical expenses.

Section IV 3 provides:

- IV. 3. Payment for Medical Services

Most of these necessary medical services are automatically covered under the medical

plan(s) provided by the City of Bellevue to LEOFF I active/retiree members, and therefore do not need to be further approved by the City of Bellevue Disability Board.

The amount of the benefit payment will be reduced by any amounts the member receives or is eligible to receive under Workers' Compensation benefits provided by any employer for the medical condition in question, Medicare, medical insurance provided by another employer, other pension plan, or any other similar source. (RCW41.26.150)

When a medical service is not covered under the medical plan(s), the service may be submitted to the Disability Board for consideration and approval. Determination of the necessity of services is made after considering relevant evidence provided to the Disability Board by the LEOFF I active/retiree member and any other relevant information obtained through the Disability Board Medical Advisor(s).

Suggested Discussion Topics:

1. Should the Board adopt a policy limiting reimbursement for necessary medical services to the usual and customary rates for services?
2. Should the Board adopt the effective date for the policy to be January 1, 2016?
3. How can/should UCR be determined?