4/2/2024

DISABILITY BOARD AGENDA
210 W. 6TH AVE, KENNEWICK CITY HALL
CASCADE CONFERENCE ROOM

11:45 AM

1. **CALL TO ORDER**
2. **ATTENDANCE**
3. **PUBLIC COMMENT**
4. **APPROVAL OF MINUTES**
   a. Approval of March 5, 2024 Meeting Minutes
5. **FIRE CLAIMS**
   Summary of claims for signature.
   a. Fire Claims for Consideration
6. **POLICE CLAIMS**
   Summary of claims for signature.
   a. Police Claims for Consideration
7. **UNFINISHED BUSINESS**
8. **NEW BUSINESS**
   a. Police Member #25 is requesting reimbursement of $483.30 for lodging, and airline tickets.
9. **BOARD COMMENTS/DISCUSSION**

NEXT MEETING DATE:

a. May 7, 2024 @ 11:45 a.m.

DISABILITY BOARD
REGULAR MEETING
March 5, 2024

CALL TO ORDER

Jim Kraft called the regular meeting of the Kennewick Disability Board to order at 11:49 a.m. at the Kennewick City Hall Building, 210 W. 6th Ave, in the Cascade Conference Room & Teleconference.

Members Present: Jim Kraft, Police Representative; Gary Williams, Fire Representative Kathryn Armstrong, Member at Large; Gretel Crawford, Mayor

Staff Present: Christie Brown, Secretary; Michele Hamada, Finance Manager

Member Absent: Chuck Torelli, Council Member

PUBLIC COMMENT

None presented.

APPROVAL OF MINUTES

Kathryn Armstrong moved, seconded by Gary Williams to approve the minutes of the February 6, 2024 meeting. The motion passed unanimously.

FIRE CLAIMS

Gary Williams presented the Fire claims in the amount of $41.99. Kathryn Armstrong moved, seconded by Gary Williams to pay all claims as presented. The motion passed unanimously.

POLICE CLAIMS

Jim Kraft presented the Police claims in the amount of $1956.00. Kathryn Armstrong moved, seconded by Gary Williams to pay all claims as presented. The motion passed unanimously.

OLD BUSINESS

None presented.

NEW BUSINESS

A motion was made by Kathryn Armstrong, seconded by Gary Williams to reimburse Police Member #13 in the amount of $473.00 for mileage, lodging, and parking in Tigard, OR for a procedure at Dermatology Assoc.

COMMENTS/DISCUSSION

ADJOURNMENT

The meeting adjourned at 11:54 a.m.

NEXT MEETING
Tuesday
April 2, 2024
@
11:45 AM

APPROVED:

DRAFT – FOR CONSIDERATION 4/2/2024

Prepared by Christie Brown, Disability Board Secretary

MEETING DATE: APRIL 2, 2024

FIRE PENSION BOARD

FROM: CHRISTIE BROWN, SR. ACCOUNTING SPECIALIST/ DISABILITY BOARD SECRETARY

RE: FIRE PERSONNEL BUDGET NO. J2517210 . 520012

VENDOR#	LAST NAME	FIRST NAME	TOTAL
19			$ 198.99

$ 198.99

JIM KRAFT, POLICE REPRESENTATIVE

GARY WILLIAMS, FIRE REPRESENTATIVE

KATHRYN ARMSTRONG, MEMBER AT LARGE

GRETEL CRAWFORD, MAYOR

CHUCK TORELLI, COUNCIL MEMBER

LEOFF-1 CLAIMS - FIRE APRIL 2, 2024

Meeting Date	ID	Vendor #	Date of Service	Insurance PD	Claim #	Amount	Provider Type
4/2/2024		19	2/14/2024		PRESCRIPTION RX	$ 198.99	BRAND DIRECT HEALTH
					TOTAL	$ 198.99	

#19

LEOFF I – CERTIFICATION CLAIM FORM – FIRE

I hereby certify under penalty of perjury that this is a true and correct claim for necessary medical expenses incurred by me, and that no payment has been received by me on account thereof.
I further certify that I am an active/retired member of the Kennewick Fire Department; that the following claim was required by an allowable provider; **I am enclosing the required explanation of benefits;** and that I am eligible for reimbursement under the following plan(s):

Asuris [ ] Medicare [ ] Other [X] City fire pension

Date of Service	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
1- march-2024	memory concerns	B.H.D	$198.99	0

TOTAL: $198.99

Print Nam[redacted] 1 March 2024 Date

Board Use Only

PREVIOUS APPROVED

[redacted]

[redacted]

Medical Expense Report

[redacted]

DATE RANGE: 1/1/2024 - 2/16/2024 [redacted]

17
T1 P1

Item #1

PRODUCT INFORMATION						
DISPENSED DATE	**RX NUMBER**	**DRUG NAME PRODUCT CODE**	**SIG**	**QTY**	**DAYS SUPPLY**	**PRESCRIBER**
2/14/2024	[redacted]	Cerefolin NAC Levomefolate/Methylcob/N-Acetylcys/Algae-S 6/2/600/90.314 mg Tab 00525055590	TAKE 1 TABLET BY MOUTH DAILY	90	90	[redacted]

PAYMENT INFORMATION						
ORDER	**PRODUCT PRICE**	**DATE(S) PAID**	**AMOUNT(S) PAID FOR PRODUCT+**	**SHIPPING FEE**	**SALES TAX**	**PAYMENT TYPE***
[redacted]	$195.99	2/14/2024	$195.99	$3.00	$0.00	FULL PAY

TOTAL AMOUNT PAID: $198.99

*If PAYMENT TYPE is 3 PAY, the amount charged was only 1/3 of the total Product Price that appears above. The second and third payments were automatically charged on the same date for the next two months. The 3 PAY Program has a convenience fee of $6.00 and is applied to the first payment.

+AMOUNT PAID FOR PRODUCT does not include sales tax or shipping fee. Payments have been scheduled as noted. The Amount Paid total reflects only amounts paid to date or within the date range noted above.

[redacted]

#9

LEOFF I – CERTIFICATION CLAIM FORM – POLICE

I hereby certify under penalty of perjury that this is a true and correct claim for necessary medical expenses incurred by me, and that no payment has been received by me on account thereof.
I further certify that I am an active/retired member of the Kennewick Police Department; that the following claim was required by an allowable provider; **I am enclosing the required explanation of benefits**; and that I am eligible for reimbursement under the following plan(s):

Asuris [Y] Medicare [ ] Other [X] Regency

Date of Service	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
3/16/24	Colonoscopy-prep STUTAB	Walgreen	$176.08	176.08

[redacted]

TOTAL: $176.08

3/16/24
Date

Board Use Only

have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect:Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.Swelling of belly.Throwing up blood or throw up that looks like coffee grounds. Black, tarry, or bloody stools.Bleeding from rectum or rectal pain.This drug may cause you to

Keep out of reach of children: Store in safety container or secure area.

[redacted]

DATE: 03/15/24

SUTAB TABLETS
QTY: 24 NO REFILLS - DR. AUTH REQUIRED
New-E NDC:52268-0201-01
Retail Price: $199.99 Your Insurance Saved You: $23.91

$ 176.08

[redacted]

Walgreens [redacted]

Customer receipt

[redacted]

DATE: 03/15/24

SUTAB TABLETS
QTY: 24 NO REFILLS - DR. AUTH REQUIRED
New-E NDC:52268-0201-01
Retail Price: $199.99 Your Insurance Saved You: $23.91

$ 176.08

[redacted]

Walgreens [redacted]

Duplicate receipt

Pharmacy use only

FRI 2:01PM
New-E

SUTAB TABLETS
52268-**0201**-01
ALPHA

QTY 24
10 DRAM

WHITE
FRONT: S24

KEC/KEC/KEC/KEC/AJF

Med Guide

Walgreens [redacted]

809 5244 0042 03/16/2024 9:06 AM

FSA RX 1595144	0.00
FSA RX 1672634	176.08
TOTAL	176.08
VISA ACCT 9576	176.08
AUTH CODE	64866C
CHANGE	.00
TOTAL FSA ITEMS	0.00
TOTAL RX ITEMS	176.08
TOTAL FSA AND RX ITEMS	176.08
APPROVED FSA/HRA AMOUNT	0.00

THANK YOU FOR SHOPPING AT WALGREENS

YOU COULD HAVE EARNED AN ADDITIONAL WALGREENS CASH REWARDS BY USING YOUR MYWALGREENS MEMBERSHIP TODAY. RESTRICTIONS APPLY, FOR TERMS AND CONDITIONS, VISIT MYWALGREENS.COM.

NOT A MEMBER? JOIN NOW AT ANY REGISTER, OR GO TO MYWALGREENS.COM. ENROLLING IS QUICK, EASY AND FREE! REDEEM WALGREENS CASH REWARDS OFF FUTURE PURCHASES.

[redacted]

myWalgreens

HUNDREDS OF PHARMACY PLANS STILL COVER COVID-19 OTC TEST KITS, ASK THE PHARMACY IF YOUR PLAN COVERS TODAY!

POLICE

25

March 2, 2024

To:
LEOFF1 Disability Board
210 West 6th Ave.
Kennewick, WA 999336

From:
[redacted]

Subject: Request for Reimbursement and Pre-Authorization for Medical Travel Treatment Reimbursement

I have been suffering from severe Vertigo for the last two years, as well as dizziness particularly when I bend over to pick something up. I have been to ENT, Cardiologist, and Allergist specialists for examination here locally without success in resolving the problems. My doctor finally sent me to the University of Washington Medical Center in Seattle to see an ENT, Audiologist and Cardiologist.

I flew to the University of Washington Medical Center in Seattle on February 21st, 2024 for appointments on the 21st and 22nd. I did not think to ask for a travel reimbursement for that trip until a few weeks later when I was made aware by another member that was a possibility. I would ask that you consider that reimbursement at this time. A copy of the receipts are attached.

On the February 21st and 22nd visits in Seattle the doctors were not able to find anything wrong, other than some hearing loss in my right ear. I was then referred by the ENT to a Neuro-Otologist specialist in Seattle who deals specifically with Vertigo and dizziness, Doctor Gavriel D. Kohlberg. I am awaiting a call back for an appointment and anticipate being able to schedule in the next month or two. I am planning on flying over on the day of the appointment and back the same day.

Guest Folio (Individual)

[redacted]

Folio # [redacted]

Arrival Wednesday Feb 21, 2024
Departure Thursday Feb 22, 2024
Nights 1

People 1 0 0 0
Room Type King Bed
Room # [redacted]
Group
SR #
PO #

Charge Summary

Total Charges	$179.00
Taxes	$28.10
Payments	-$207.10
Total Due	$0.00

Date	Description	Price	Qty	Extended Cost	Tax 1	Tax 2	Total Charge	Balance
Wed 2/21/24	Nightly Chrg.	179.00	1	179.00	28.10	0.00	207.10	207.10 I
Thu 2/22/24	Guest Payment VISA [redacted]	-207.10	1	-207.10	0.00	0.00	-207.10	0.00 I

HOTEL $207.10
ALASKA AIRLINES $276.20
TOTAL $ 483.30

We hope you have enjoyed your stay with us.

We look forward to seeing you again!!

Silver Cloud Hotel University [redacted] Seattle,WA 98105 - [redacted]

Folio Printed On: Sat, 3/2/24 2:01PM Page# 1

Base fare and surcharges	$228.84
Taxes and other fees	$47.36
Per-person total	$276.20
Total charges for air travel	**$276.20**

View all taxes, fees and charges.

Summary of additional item charges

Seat upgrade purchases	
[redacted]	$17.65
Tax	$1.33
Per-person total	$18.98
Total charges for additional items	**$18.98**

[redacted]

Trip insurance by Allianz Global Assistance

Thank you for choosing Allianz Global Assistance travel insurance. If you make any changes to your travel plans, please contact Allianz Global Assistance to update your coverage.

Alaska **Traveler(s)** [redacted]
Flight 1023
Boeing 737-900 (Winglets) Seat: 7D★ Class: G (Coach)

Wed, Feb 21 08:00 AM		Wed, Feb 21 09:12 AM
PSC	..... ✈	**SEA**
Pasco/Tri-Cities		Seattle

Alaska **Traveler(s)** [redacted]
Flight 2157
Embraer ERJ 175 Seat: 7C★ Class: S (Coach)

Flight Operated by Horizon Air as AlaskaHorizon.

Wed, Feb 21 04:50 PM		Wed, Feb 21 05:50 PM
SEA	..... ✈	**PSC**
Seattle		Pasco/Tri-Cities

★Premium Class seat has been selected for this flight.

Summary of airfare charges

[redacted]

[redacted]