6/4/2024

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

4:00 PM

1. **CALL TO ORDER**
2. **ATTENDANCE**
3. **PUBLIC COMMENT**
4. **APPROVAL OF MINUTES**
   a. Approval of May 7, 2024 Meeting Minutes
5. **FIRE CLAIMS**
   Summary of claims for signature.
6. **POLICE CLAIMS**
   Summary of claims for signature.
7. **UNFINISHED BUSINESS**
   a. Board requested a copy of prescription from Fire Member #32 to determine coverage of claim.
8. **NEW BUSINESS**
   a. Until further notice, Christie Brown will fill in as Disability Board Secretary.
9. **BOARD COMMENTS/DISCUSSION**

NEXT MEETING DATE:

a. July 2, 2024 @ 4:00 p.m.

DISABILITY BOARD
REGULAR MEETING
May 7, 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.

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

Staff Present: Christie Brown and Sherise Roderick, Secretary's; Dan Legard, Finance Director

Member Absent: Gary Williams, Fire Representative, Chuck Torelli, Council Member

PUBLIC COMMENT

None presented.

APPROVAL OF MINUTES

Kathryn Armstrong moved, seconded by Gretel Crawford to approve the minutes of the April 2, 2024 meeting. The motion passed unanimously.

FIRE CLAIMS

None presented.

POLICE CLAIMS

Jim Kraft presented the Police claim in the amount of $6.53. Kathryn Armstrong moved, seconded by Gretel Crawford to pay the claim as presented. The motion passed unanimously.

OLD BUSINESS

Christie Brown provides update on denied medication. Cannot get a response from insurance. Sherise Roderick will reach out again.

NEW BUSINESS

Introduction of new Secretary, Sherise Roderick. Fire Claim presented for $420.20, of which $100.00 is covered. Members request copy of prescription to determine medical necessity.

COMMENTS/DISCUSSION

Discussion of the meeting time at 11:45 a.m. Unanimous agreement to move the next meeting June 4th, 2024 to 4:00 p.m.

ADJOURNMENT

The meeting adjourned at 12:01 p.m.

NEXT MEETING
Tuesday
JUNE 4, 2024
@
4:00 PM

APPROVED:

DRAFT – FOR CONSIDERATION 06/04/2024

Prepared by Sherise Roderick, Disability Board Secretary

CITY OF
KENNEWICK
WASHINGTON

DISABILITY BOARD

May 7th, 2024

[redacted]

Dear [redacted]

The Disability Board, at its regular scheduled meeting on May 7, 2024, reviewed your claim from Blink Eyewear for $420.20. Without viewing the prescription itself, no determination could be made.

A copy of the Title 18 Disability Board Rules & Regulations section regarding vision coverage has been included with this letter. $100.00 of this claim would be covered without further review.

Please provide a copy of your prescription so it can be reviewed to determine if the add-on's excluded in the Title 18 Disability Board Rules & Regulations are, in fact, medically necessary.

[redacted]

Sincerely,

[redacted]

Enclosure

Blink Eyecare

[redacted]

Eyeglass Rx

[redacted]

Patient: [redacted]
DOB:
Address:

Date: 03/08/2024
Expires: 03/08/2026

[redacted]

Rx Details

	Sphere	Cyl	Axis	Near Add	Int Add	H Prism	V Prism
OD	0.00	-2.00	073	+2.50			
OS	-0.25	-1.75	148	+2.50			

[redacted]

#32

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 [LT Regence] Other [ ] _____

Date of Service	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
3/8/2024	Eye Glasses	Blink Eyecare	$420.20	~~420.20~~ $100.00 Covered $320.20 Not

TOTAL: ~~$420.20~~ $100.00 Cvd $320.20 Not

[redacted]
Print Name

Signature

4/8/2024
Date

Board Use Only

Blink Eyecare Transaction Receipt

From: [redacted]

To: [redacted]

Date: Friday, March 8, 2024 at 04:08 PM PST

Blink Eyecare

[redacted]

Transaction ID	4361702102
Transaction Result	A01 - Approved (ZIP MATCH)
Transaction Date	03/08/2024
Transaction Time	07:07:52 PM
Transaction Type	Sale
Cardholder Name	[redacted]
Card Brand	Visa
Card Class	Credit
Account Number	[redacted]
Requested Amount	420.20 USD

Amount 420.20 USD

Authorization ID	00405D
Entry Method	Keyed
Entry Mode	Virtual Terminal
Verification Method	No CVM

No Signature Required

Patient Name: [redacted]

Optician: [redacted] Date: 3/6

blink EYECARE [redacted]

Plan Name circle: Choice/Signature

[redacted]	Frame Cost	$ 329	Lenses Total $ 317.00
	Frame Benefit	- 200	Lens Discount
	Total	129	Lenses Total
	Frame discount	x 20%	Frame/Lenses Total
	Frame Total		Material Copay
	Frame eye size 61+		Exam Fees
	Frame Total	$ 103.20	**Grand Total**

Lens Features:

Single Vision
Digital
Bifocal/Trifocal
Progressive: Custom Y/N $ 165.00
NVF Computer

Material:

Plastic
Poly
Trivex $ 47.00
1.67 High Index
1.70/1.74 High Index

Add-ons:

AR Blue/Premium $ 85.00
Photocromatic
Scratch Coating Included
Tints: Solid/Grd
Polarized
Mirror
UV
Roll/Polish
Polish
Other

All sales are final, no refunds will be issued.
Orders are custom & processed immediately.

I approve Blink to place this order: _____

Manufactor Warranty on:

Frames:
Lenses:

*Please don't try to repair your frames if they break, as it could void the warranty.

*We want you to be 100% satisfied with your eyeglasses. Please contact us within 90 days if we have not accomplished that.

*Still thinking about that second pair? You are eligible for a discount up to 50% within 30 days.

Lenses only = $ 317.00

Optician Note:
W/ New Eco frame includes polarized Sun clip = $ 420.20
Eco-Eyewear.com

Send payments to:
Blink Eyecare [redacted]

Invoice

Service Date	Invoice Date	Invoice #
03/08/2024	03/08/2024	[redacted]

Patient	Patient #
[redacted]	[redacted]

Provider	Tax ID
[redacted]	

Bill To
[redacted]

Code	Description	Price	Qty	Disc	Tax	Adjs	Paid	Balance
V2020	Eco [redacted]	$329.00	1	$0.00	$0.00	-$225.8	$0.00	$103.20
	Billed to Insurance - [redacted] ($329.00)							
	Transfer In - Exceeds VSP allowance : $103.20							
V2702	Lab Supplied Custom Measurements	$20.00	1	$0.00	$0.00	-$10.00	$0.00	$10.00
	Billed to Insurance - [redacted] ($20.00)							
	Transfer In - Exceeds VSP allowance : $10.00							
V2750	Lab Supplied Anti-Reflective Premium	$165.00	1	$0.00	$0.00	-$80.00	$0.00	$85.00
	Billed to Insurance - [redacted] ($165.00)							
	Transfer In - Exceeds VSP allowance : $85.00							
V2781	Custom Progressive iD Mystyle 2 Hoya	$297.50	1	$0.00	$0.00	-$122.5	$0.00	$175.00
	Billed to Insurance - [redacted] ($297.50)							
	Transfer In - Exceeds VSP allowance : $175.00							
V2782	Lab Supplied Trivex	$90.00	1	$0.00	$0.00	-$43.00	$0.00	$47.00
	Billed to Insurance - [redacted] ($90.00)							
	Transfer In - Exceeds VSP allowance : $47.00							
PAYMENT	[redacted]							-$420.20

Sub-Total	$901.50
Discounts	$0.00
Tax	$0.00
Total Amount	$901.50
Adjustments	-$481.30
Payments Received	$420.20
Credits Granted	$0.00
Balance Due	**$0.00**

Important: This notice explains your right to appeal our decision. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under "Get help & more information."

Notice of Denial of Payment

Date: 2024-03-28

[redacted]

[redacted]

Date(s) of Service: 2024-03-08

Provider Name: [redacted]

[redacted]

Your request was denied

We've denied the payment of the medical services/items listed below requested by your doctor:

CPT Code	Description of Service	Denial Code
V2782	LENS,INDEX 1.54-1.65PLAST OR1.60-1.79GLS,PER LENS	7K
V2781	PROGRESSIVE LENS, PER LENS	5N
V2750	ANTI-REFLECTIVE COATING PER LENS	7K
V2702	DELUXE LENS FEATURE	7K

Why did we deny your request?

We denied the payment of medical services/items listed above because:

Denial Code	Denial Description
7K	Service is not a covered benefit.
5N	Service code is not a covered service

You should share a copy of this decision with your doctor so you and your doctor can discuss next steps. If your doctor requested coverage on your behalf, we have sent a copy of this decision to your doctor.

You have the right to appeal our decision

You have the right to ask Regence MedAdvantage (PPO) to review our decision by asking for an appeal.

Plan Appeal: Ask Regence MedAdvantage (PPO) for an appeal within **60 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline. See section titled "How to ask for an appeal with Regence MedAdvantage (PPO)" for information on how to ask for a plan level appeal.

If you want someone else to act for you

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at: 1-800-541-8981 to learn how to name your representative. TTY users call 711. Both you and the the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax this statement to us. Keep a copy for your records.

Important Information About Your Appeal Rights

There are 2 kinds of appeals with Regence MedAdvantage (PPO)

MONTHLY REPORT

Medical and Hospital Claims Processed in March 2024

[redacted]

This is not a bill:

- This monthly report of claims we have processed tells what care you have received, what the plan has paid, and how much you have paid out of pocket (or can expect to be billed).
- If you owe anything, your doctors and other health care providers will send you a bill.
- This report covers medical and hospital care only. We send a separate report on Part D prescription drugs.
- If you notice something suspicious that might be dishonest billing, you can report it by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048.)

Regence

Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence is a HMO/PPO/PDP plan with a Medicare contract. Enrollment in Regence depends on contract renewal.
2057 Commerce Dr, PO Box 1827, Medford, OR 97501

www.regence.com

Regence Customer Service

If you have any questions or need help, call us at 1 (888) 319-8904. TTY users should call 711. Our hours are 8 a.m to 8 p.m. Monday through Friday. From Oct. 1 through March 31, we are available from 8 a.m. to 8 p.m. seven days a week.

Live online chat assistance is also available from 8 a.m to 5 p.m. Monday through Friday. To access online chat log in at www.regence.com and click the Contact Us link.

Y0062_PPO EOB_C

Details for claims processed in **March 2024**

Look over the information about your claims - does it seem correct?

- If you have questions or think there might be a mistake, start by calling the doctor's office or other service provider. Ask them to explain the claim.
- If you still have questions, call us at Customer Service (phone numbers are in the a box on page 1).

You have the right to make an appeal or complaint

- Making an appeal is a formal way of asking us to *change our decision* about your coverage. You can make an appeal if we deny a claim. You can also make an appeal if we approve a claim but you disagree with how much you are paying for the item or services. For information about making an appeal, call us at Customer Service (phone numbers are in a box on page 1).

Remember, this report is NOT A BILL:

- If you have not already paid the amount shown for "your share," wait until you get a bill from the provider.
- If you get a bill that is higher than the amount shown for "your share," call us at Customer Service (phone numbers are in a box on page 1).

[redacted]

Claim Number: [redacted] In-network provider	Date of Service	Amount the providers billed the plan	Total cost (amount the plan approved)	**Plan's share**	**Your share**
Assessment for prescriptive eye wear using a range of lens powers(billing code 92015)	3/8/2024	$0.00	$0.00	$0.00	$0.00
Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits(billing code 92014)	3/8/2024	$264.00	$70.00	$70.00	$0.00
	TOTALS:	$264.00	$70.00	$70.00	$0.00

[redacted]

Claim Number [redacted] In-network provider	Date of Service	Amount the providers billed the plan	Total cost (amount the plan approved)	Plan's share	Your share
Progressive Lens Per Lens(billing code V2781)	3/8/2024	$595.00	$51.25	$51.25	$175.00
Lens Sphcyl Bifocal 4.00d/.1(billing code V2203) This service is included in another billed procedure for this date of service.	3/8/2024	$0.00	$0 DENIED (See Below)	$0.00	$0.00 Because the claim was denied, you may be responsible for paying this amount. Look below for information about your appeal rights.
Vision Svcs Frames Purchases(billing code V2020)	3/8/2024	$329.00	$200.00	$94.50	$103.20
Miscellaneous Vision Service(billing code V2702) Service is not a covered benefit.	3/8/2024	$20.00	$0 DENIED (See Below)	$0.00	$10.00 Because the claim was denied, you may be responsible for paying this amount. Look below for information about your appeal rights.
Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens(billing code V2782) Service is not a covered benefit.	3/8/2024	$90.00	$0 DENIED (See Below)	$0.00	$47.00 Because the claim was denied, you may be responsible for paying this amount. Look below for information about your appeal rights.

continue

[redacted]

Claim Number: [redacted] In-network provider	Date of Service	Amount the providers billed the plan	Total cost (amount the plan approved)	**Plan's share**	**Your share**
Anti-Reflective Coating(billing code V2750) Service is not a covered benefit.	3/8/2024	$165.00	$0 DENIED (See Below)	$0.00	$85.00 Because the claim was denied, you may be responsible for paying this amount. Look below for information about your appeal rights.
	TOTALS:	$1,199.00	$251.25	$145.75	$420.20

Things to know about your denied claim

- We have denied all or part of this claim and **you have the right to appeal.** Making an appeal is a formal way of asking us to change the decision we made to deny your claim. If we agree to change our decision, it means we will approve rather than deny it, and we will pay our share.
- The provider can also make an appeal, and if this happens you may not have to pay. You may wish to contact the provider to find out if they will ask for an appeal. If the provider properly asks for an appeal, you will not be responsible for payment, except for the normal cost-sharing amount, and you don't need to make an appeal yourself.
- **When we deny part or all of a claim, we send you a letter** ("Notice of Denial of Payment") explaining why the service or item is not covered. This letter also tells what to do if you want to appeal our decision and have us reconsider.
- IMPORTANT: If you do not have this letter, call us at Customer Service (phone numbers are in a box on Page 1)
- **If you have questions or need help with your appeal, you can contact:**
  - Our Customer Service (phone numbers are in a box on Page 1).
  - 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048.)