3/4/2025

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

4:30 PM

1. **CALL TO ORDER:**
2. **ATTENDANCE:**
3. **PUBLIC COMMENT:**
4. **APPROVAL OF MINUTES:**
   a. Approval of the minutes dated February 4, 2025
5. **FIRE CLAIMS:**
   a. Summary of Claims
6. **POLICE CLAIMS:**
   a. Summary of Claims
7. **NEW BUSINESS:**
   a. Claim: Police Member #2 is requesting reimbursement for a claim
8. **UNFINISHED BUSINESS: NONE**
9. **BOARD COMMENTS/DISCUSSION:**
10. **ADJOURNMENT:**

NEXT MEETING DATE: APRIL 1, 2025

DISABILITY BOARD
REGULAR MEETING
February 4, 2025- DRAFT

1. **CALL TO ORDER:** Police Representative Jim Kraft called the regular meeting of the Kennewick Disability Board to order at 4:30 p.m.

2. **ATTENDANCE:**

Board Members Present:
Gretl Crawford, *Mayor*
Chuck Torelli, *Mayor Pro Tem*
Jim Kraft, *Police Representative*
Gary Williams, *Fire Representative*
Kathryn Armstrong, *Member-At-Large*

City Staff Present:
Brandi Ralston, *Board Secretary*
Jessica Platt, *Finance Director*
Chad Crouch, *Executive Services Director*

3. **PUBLIC COMMENT:** NONE

4. **APPROVAL OF MINUTES:** The minutes of January 7, 2025, were unanimously approved as presented.

5. **FIRE CLAIMS:** NONE

6. **POLICE CLAIMS:** NONE

7. **NEW BUSINESS:**
   a. **Election Results for Fire and Police Representatives:** Ms. Ralston announced elections Dennis Waters was elected as the Fire Representative and James Kraft was re-elected as the Police Representative. The new terms begin April 1, 2025. **The Board expressed their congratulations to the representatives.**

8. **UNFINISHED BUSINESS: NONE**

9. **BOARD COMMENTS/DISCUSSION:**
   Ms. Ralston highlighted several key points. Firstly, Police Member #20's claim for $16,585.00, which received pre-approval at the November 5, 2024, meeting, has been submitted and will be processed in accordance with the prior approval.

   Secondly, Ms. Ralston has been coordinating with Police Member #25 concerning his efforts to collect the necessary documentation as requested by the Board on January 7, 2025.

   Lastly, Ms. Ralston has been advised the Board's authority is restricted to approving or denying claims submitted to it. The statute establishing the Disability Board does not grant the power to appeal coverage decisions made by external insurance providers, Medicaid, Medicare, and others. Furthermore, the Board is not empowered to coordinate or subrogate claims. This led to an extensive discussion regarding the responsibilities of the Board and the Secretary.

10. **ADJOURNMENT:** Mr. Kraft concluded the meeting at 4:59 p.m.

Draft_____
Brandi Ralston, CPRO
Disability Board Secretary

MEETING DATE: 3-4-2025

DISABILITY BOARD

FROM: BRANDI RALSTON, PUBLIC RECORDS OFFICER DISABILITY BOARD SECRETARY

RE: FIRE PERSONNEL BUDGET NO. J2517210 . 520012

Member #	Date of Service	Claim Type	Provider Type	TOTAL
19	2/3/2025	Perscription	Brand Direct Health	$ 198.99

$ 198.99

JIM KRAFT, POLICE REPRESENTATIVE

GARY WILLIAMS, FIRE REPRESENTATIVE

KATHRYN ARMSTRONG, MEMBER AT LARGE

GRETL CRAWFORD, MAYOR

CHUCK TORELLI, COUNCIL MEMBER

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
2-3-25	memory problems	B.D.H.	$ 198.99	0

TOTAL: $ 198.99

[redacted] [redacted] 2-3-25

Print Name **Date**

Board Use Only

RECEIVED
FEB 18 2025
CITY OF KENNEWICK
CITY CLERK'S OFFICE

Member #19

Brand Direct Health

5455 W Waters Ave, Tampa, FL 33634

Phone: 866-331-6440

Rx # 036838404-03r

Date 02/03/2025

[redacted]

KARLSON, K.

Written: Cerefolin NAC Levomefolate/Methylcob/N-Acetylcys/Algae-S 6/2/600/90.314 mg Tab

RPh: /DV/DH/LD

Cerefolin NAC Levomefolate/Methylcob/N-Acetylcys/Algae-S 6/2/600/90.314 mg Tab Alfasigma

TAKE 1 TABLET BY MOUTH EVERY DAY

Self Pay - CASH

NDC: 00525055590 Exp: 09/30/2027

Qty: 90 TABLET

Fills Rem: 10 @ 90 until 07/28/2025

$ 195.99

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

This space intentionally left blank.

P.O. Box 1017
Bedminster, NJ 07921-1017
Tel: 866.331.6440

NCPDP: 5732323
NPI: 1982936886

Medical Expense Report

[redacted] 7

DATE RANGE: 2/1/2025 - 2/4/2025
DOB: [redacted]

Item #1

PRODUCT INFORMATION						
DISPENSED DATE	**RX NUMBER**	**DRUG NAME PRODUCT CODE**	**SIG**	**QTY**	**DAYS SUPPLY**	**PRESCRIBER**
2/3/2025	036838404r/1	Cerefolin NAC Levomefolate/Methylcob/N-Acetylcys/Algae-S 6/2/600/90.314 mg Tab 00525055590	TAKE 1 TABLET BY MOUTH EVERY DAY	90	90	KARLSON, KATIE

PAYMENT INFORMATION						
ORDER	**PRODUCT PRICE**	**DATE(S) PAID**	**AMOUNT(S) PAID FOR PRODUCT+**	**SHIPPING FEE**	**SALES TAX**	**PAYMENT TYPE***
1914734	$195.99	2/3/2025	$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.

MEETING DATE: 3-4-2025

DISABILITY BOARD

CC: BRANDI RALSTON, PUBLIC RECORDS OFFICER/ DISABILITY BOARD SECRETARY

RE: POLICE PERSONNEL BUDGET NO. J2517210 . 520012

Member #	Date of Service	Claim Type	Provider Type	TOTAL
15	12/23/2024	Perscription	Elk Drug	$ 12.66

$ 12.66

JIM KRAFT, POLICE REPRESENTATIVE

GARY WILLIAMS, FIRE REPRESENTATIVE

KATHRYN ARMSTRONG, MEMBER AT LARGE

GRETL CRAWFORD, MAYOR

CHUCK TORELLI, COUNCIL MEMBER

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 [ ] Medicare [ ] Other [ ] _____

Date of Service	Condition or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
12-23-24	Benzonatate 100 mg	Elk Drug	12.66	12.66

TOTAL: 12.66

[redacted] [redacted] Dec 30-2024

Print Name Date

Board Use Only

RECEIVED
JAN 02 2025
CITY OF KENNEWICK
CITY CLERK'S OFFICE

Member # 15

Sale

Elk Drug
176 E. Main Street
Dayton, WA 99328
Ph : 509-382-2536

Receipt: 114225
Date: 12/26/24 04:04pm
Cashier: ANGELA
Register: POS Lane2
Customer: [redacted]

Item	Flags	Qty	Price	Value
Rx 232996-03	RF			$0.00
Rx 261182-01	RF			$0.00
Rx 264395-00	RF			$12.66
Rx 264393-00	RF			$0.00

Flags: T=Taxable F=FSA R=Rx P=Promo A=Auto Refill

Rx count:4

Subtotal	$12.66
Exempt	$0.00
Total	**$12.66**
Tender Credit (#8282)	$12.66

Mastercard Card - Approved
Amount:$12.66
Mastercard:[redacted]
Transaction:CREDIT
Approval:02918Z
Response Code:0
Entry Method:Contactlcc
MASTERCARD [redacted]
Trace Code: [redacted]
Cryptogram: [redacted]

FSA Total:$12.66

Customer Copy

264395 12/23/24 Rel: 0 CR /JP #30 $12.66 FS – 1640261 42806 – 714 – 01 EPIC PHARM
Dr STODDARD, JOHN ROBERT
BENZONATATE 100 MG CAPS
DS: 5 CASH
[redacted]

ELK DRUG SINCE 1889
176 East Main • Dayton, WA 99328
509-382-2536
Rx 264395 N 12/23/24 RPh: CR – JP
[redacted]

BENZONATATE 100 MG CAPS
EA [EPIC PHARM]
NDC: 42806 – 714 – 01 **Qty: 30**

DR. STODDARD, JOHN ROBERT
1111 SOUTH 2ND AVE
Walla Walla, WA 99362
509 – 897 – 3700 FS – 1640261

CASH
Not covered
Your Cost: $12.66

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 allowabl provider; **I am enclosing the required explanation of benefits**; and that I am eligible for reimbursement under the following plan(s):

Asuris [ ] Medicare [ ] Other [ ] _____

Date of Service	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
12-30-24	Broken Tooth	Hansen Family Dental	$314 50	$314 50

[redacted] [redacted] $ 314 50

Print Name 12-31-24 Date

Board Use Only

RECEIVED
DEC 3 1 2024
CITY OF KENNEWICK
CITY CLERK'S OFFICE

Police member #2

ACCOUNT HISTORY REPORT

FOR

[redacted]

From Dec 30, 2024 To Dec 30, 2024

Account Aging	
Current:	$0.00
30 Days:	$0.00
60 Days:	$0.00
90 Days:	$0.00
Contract:	$0.00
Balance Due:	$0.00
Estimated Insurance:	$0.00
Balance Due Now:	**$0.00**

Date	Name	Provider	Type	Description	Debit	Credit
			>>>>>>>>> Sum of all account activity prior to 12/30/2024			
12/30/2024	[redacted]	60	Service	00140 Lim Oral Eval-Prob Focus	$60.00	
12/30/2024	[redacted]	60	Service	00220 Periapical single, first Tooth 22	$23.50	
12/30/2024	[redacted]	60	Service	02335 Resin, 4+ surf, anterior Tooth 22 Surface MIFL	$231.00	
12/30/2024	[redacted]		Acct Pmt	Visa		$314.50
					$314.50	$314.50

Hansen Family Dental
James R Hansen, DMD
6615 W Argent Rd.
Pasco, WA 99301
(509) 547-9951

[redacted]

Account Aging	
Current:	$0.00
30 Days:	$0.00
60 Days:	$0.00
90 Days:	$0.00
Contract:	$0.00
Balance Due:	$0.00
Estimated Insurance:	$0.00
Balance Due Now:	**$0.00**

Date:
12/30/2024

Payment:
Account Payment - Visa

Amount:
$314.50

Contract Balance	Estimated Insurance	Previous Balance	Payments Today	**Balance Due Now**
$0.00	$0.00	$314.50	$314.50	$0.00

SIGNED

I agree to pay the above payment amount according to my card issuer agreement.

HANSEN
FAMILY DENTAL

12-30-24

[redacted] needed a MIFL on number 22 due to recurrent decay and previous fill missing.

James Hansen DMD

JAMES HANSEN, DMD
6615 W. ARGENT • PASCO, WA 99301 • TEL: (509) 547-9951 • FAX: (509) 547-3008

HANSEN FAMILY DENTAL
6615 W ARGENT RD
PASCO, WA. 99301
509-547-9951

DEBIT SALE

REF#: 00000024
Batch #: 528 RRN: 1230220714
12/30/24 14:07:14
APPR CODE: 514116
ENCRYPTED BY ELAVON
Trace: 24
DEBIT Chip
**********[redacted]

AMOUNT **$314.50**

APPROVED

US DEBIT
[redacted]

THANK YOU

CUSTOMER COPY