

**DATE:** December 1, 2006

**TO:** LEOFF 1 Members

**FROM:** Paula Dillon, LEOFF 1 Disability Board Staff Assistant

**SUBJECT: Updated - Medical claim submittal process for the LEOFF 1 Disability Board**

To ensure that the medical claims you submit to the Disability Board are processed in a timely manner, this is a reminder of the appropriate claims filing procedure.

If you are a **City of Bellevue Health Plan** participant, all health care reimbursement claims must first be submitted to Premera. Usually your provider will do this for you. Premera's address is:

Premera Blue Cross  
PO Box 91059  
Seattle, WA 98111-9159

Premera will review the claim and send to your home address an **Explanation of Benefits (EOB)**.

If you are a **Group Health Plan** participant, all claims must first be processed by Group Health. If a service is denied, or only partially covered, an **Explanation of Benefits** will be sent to your home address providing an explanation.

When a claim for services under either plan is denied, or not paid in full, you may submit the **Explanation of Benefits (EOB)** from your health care provider, **along with an invoice or statement from the provider** that shows **the balance owing and the diagnosis** (or other reason for the health care service), to the Disability Board for the consideration.

The EOB describes whether the claim is paid in full, in part, or denied, and provides an explanation. If any portion of the claim remains unpaid, you may submit the EOB and proper documentation from your health care provider, such as an invoice or statement that shows the balance owing and the diagnosis (or other reason for the health care service). The Board must be provided with the diagnosis or other reason for the health care service to determine whether the services provided are medically necessary. You may submit a request for payment or reimbursement of unpaid claims to:

Disability Board Administrator  
c/o The City of Bellevue  
PO Box 90012  
Bellevue, WA 98009

The Disability Board cannot process a claim for payment or reimbursement that does not include a diagnosis or other information from which the Board can determine that the services are

medically necessary. Failure to include this necessary information with your claim will result in delay or denial of your claim for payment or reimbursement.

Please submit your claims no later than one week prior the monthly meeting, which is scheduled the first Wednesday of each month. Claims received after that deadline will be held for the following monthly meeting.

Thank you for your cooperation.

If you have questions, you can reach me at (425) 452-7198 or email [pdillon@bellevuewa.gov](mailto:pdillon@bellevuewa.gov)

**October 4, 2006 Disability Board Meeting**

At the October 4, 2006 LEOFF 1 Disability Board Meeting there was discussion about dental coverage for LEOFF 1 members. The Board is not covering dental claims at this time. One of the documents that was referenced in the discussion was the LEOFF 1 Actuarial study which was done by AON Consulting using January 2006 data. There was a request by some of the LEOFF 1 members for a copy of the study. If you would like a copy you can receive it via email. Send your request to [pdillon@bellevuewa.gov](mailto:pdillon@bellevuewa.gov) and ask for a copy of the LEOFF 1 Actuarial Study for January 2006. If you would like a copy of the report sent regular mail to you instead send in the tear off section below and mail to:

Disability Board Administrator

c/o The City of Bellevue  
PO Box 90012  
Bellevue, WA 98009

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Mail me a copy of the LEOFF 1 Actuarial Study for 2006.

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