

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

May 5, 2010  
5:30 p.m. – Administration  
6:00 p.m. – Business Meeting

Conference Room 1E-118  
Bellevue City Hall

**MEMBERS PRESENT:** Chairperson Susan Neiman  
Councilmember Claudia Balducci  
Boardmember Wayne Bergeron  
Councilmember John Chelminiak  
Boardmember Bryan Reil

**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 6:09 p.m. by Chair Neiman.

**II. ROLL CALL**

**III. PUBLIC COMMENTS**

None.

**IV. APPROVAL OF MINUTES**

**Motion by Boardmember Bergeron and second by Boardmember Reil to approve the February 3, 2010 Disability Board Regular Meeting minutes as presented.**

**Motion carried unanimously (5-0).**

**Motion by Councilmember Chelminiak and second by Councilmember Balducci to approve the March 3, 2010 Disability Board Regular Meeting minutes as presented.**

**Motion carried unanimously (5-0).**

**Motion by Boardmember Bergeron and second by Councilmember Balducci to approve the April 7, 2010 Disability Board Regular Meeting minutes as presented. Motion carried unanimously (5-0).**

**V. CONSIDERATION OF APPLICATIONS FOR DISABILITY ALLOWANCES**

A. Applications for Disability Allowances

**Motion by Boardmember Bergeron and second by Boardmember Reil to approve the Applications for Disability Allowances as presented. Motion carried unanimously (5-0).**

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.**

Boardmember Bergeron informed Boardmembers that Member #135 retired as of April 30, 2010.

**At the question, motion carried unanimously (5-0) to approve the Applications for Disability Allowances Greater than 1 month.**

**VI. UNFINISHED BUSINESS**

A. Physician Administrative Fees Discussion

Ms. Dillon explained that recently there has been a trend for some physicians to charge patients administrative fees to cover their increasing administrative burdens. These fees can be charged as a flat fee on an annual basis or as a per item fee for filling out particular forms. Currently, the Board's policy manual is silent on administrative fees. However, Ms. Dillon added that the manual and law both only required the Board to reimburse for "reasonable" necessary medical expenses.

At previous Board meetings, Boardmembers discussed the administrative fee charge for Member #10's claim. Specifically, Member #10 requested reimbursement for a \$49 administrative fee charged by the Member's physician.

Chair Neiman viewed boutique fees as non-medically necessary claims.

Boardmember Bergeron suggested that items requested by the employer be covered as a reimbursable medical expense if fees are incurred (i.e., return to work documentation/forms). Other Boardmembers concurred with this suggestion.

Ms. Windsor reviewed the process involved if a policy amendment was deemed necessary.

Councilmember Balducci felt that it would be easier to approve fees if they were associated with a particular service versus a flat fee regardless of services provided. She suggested that a policy change may be out of date as soon as it is written and suggested treating administrative fee related claims on a case-by-case basis. Boardmembers concurred with this suggestion.

Boardmember Bergeron suggested that more ownership be placed on the members and they should be required to match fees with specific treatments.

There was general consensus to treat administrative fee related claims on a case-by-case basis.

**B. Out-of-Network Provider Discussion**

Ms. Dillon explained that Member #111's out-of-network claim is being reviewed by Premera. Therefore, the claim was not included for approval.

The following are Boardmember comments regarding out-of-Network Claims:

- Difficult to determine reasonable and customary charges for claims—charges are proprietary.
- There is an adequate amount of physicians available through Premera.
- Board policy is to pay usual and customary charges for in or out-of-network claims.
- Only reasonable and customary charges are listed on Premera claims.

Ms. Dillon reviewed the following chart to assist Boardmembers in evaluating out-of-network claims:

<b>Bill</b>	<b>In Network</b>	<b>Write Off</b>	<b>Out-of-Network</b>	<b>Write off</b>
\$2,500	\$1,500	\$1,000		
\$2,500	\$2,000 (reasonable & customary charges)		\$2,000	\$500

To assist with further clarification, Ms. Windsor read RCW 41.26.150, which states, 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 1 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.

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 1 active/retiree member and any other relevant information obtained through the Disability Board Medical Advisor(s).

Ms. Windsor added that the Board has an obligation to pay for reasonable medically necessary services/charges.

Ms. Dillon reminded Boardmembers about Michael Duchemin's comments made at the July 1, 2009 Disability Board meeting. During the meeting, Mr. Duchemin noted that RCW 41.26.150 does not state that the Board or Premera shall define a reasonable charge.

Councilmember Balducci suggested that Premera's EOBs might be the best evidence for reasonable rates. She added that the burden of proving if the rates are reasonable/unreasonable should be on the member.

Boardmembers concurred to keep the policy as it stands and treat all out-of-network claims on a case-by-case basis.

## **VII. CONSIDERATION OF MEDICAL CLAIMS**

### **A. Routine Claims**

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

B. Special Claims

**Motion by Councilmember Chelminiak and second by Boardmember Reil to approve the Special Claims as presented.**

Boardmembers discussed the following Special Claim items:

- Member #10's claim for the administrative fee is not medically necessary.
- Member #72's claim for hearing aids is within the allowable claim period. The hearing aids were approximately five years old.
- If further chiropractic claims are required for Member #139, Boardmembers requested further documentation on the Member's prognosis.

**At the question, motion carried unanimously (5-0) to approve the Special Claims with the exception of Member #10's administrative fee claim.**

**VIII. STAFF REPORTS**

None.

**IX. NEW BUSINESS**

None.

**X. ANNOUNCE DATE & TIME OF NEXT MEETING**

The next Disability Board meeting will be held on Wednesday, June 2, 2010.

**XI. ADJOURNMENT**

By general consensus, the meeting was adjourned at 7:07 p.m.