



LEOFF I Disability Board

Case #09-17 Medical Reimbursement Request

Agenda Date: 5/8/2017
Agenda Item Number: 4.C
File Number: 17-0512

Type: discussion **Version:** 1 **Status:** Filed

Title

Case #09-17 Medical Reimbursement Request

Report

Issue:

Whether or not to approve reimbursement to member for \$507.62 in medical charges that were not paid by insurance.

Staff Contact:

Carl Watts, Personnel Analyst, General Government/Human Resources, 360.753.8305

Background:

The board must decide whether or not to approve reimbursement for medical request in the amount of \$507.62. The member has an in-home CPAP machine, but he purchased a doctor prescribed portable CPAP machine on April 7, 2016 without prior LEOFF board approval. Group Health insurance denied payment on 7/18/16, because the purchase was not made from a network provider. AWC was contacted to assist in finding a network provider on 7/29/16. After doing research, they replied they could not help on 8/8/16.

- On 8/9/16 the CITY contacted the LEOFF member to get permission to file an appeal with the insurance company on his behalf. There was a 60 day deadline to appeal from time of denial on 7/18/16.
- On 8/16/16 the member was contacted again to get permission to file an appeal.
- On 9/1/16 the member was contacted again to get permission to file an appeal.
- On 9/14/16 the member was contacted again to get permission to file an appeal.
- On 9/18/16 the appeal period expired without any response from the member about filing an appeal.

In March 2017, the member requested we take his claim to the LEOFF board for reimbursement.

Attachments:

Attachments containing protected medical information will be sent via File Transfer Protocol (FTP)

Reference:

LEOFF Disability Board Policies and Procedures (2009) Paragraph J, Medical Services.