

MEDICAL EXPENSE REIMBURSEMENT POLICY

COPY

Adopted June 18, 2024

1. Overview

This policy outlines the reimbursement process for necessary medical expenses as per RCW 41.26.030. It is recommended that all retired and active LEOFF 1 members enroll in and utilize their respective city/county insurance plans, including using preferred provider networks if available.

2. Preferred and Non-Preferred Providers

While this policy allows the use of non-preferred providers, members may be responsible for any out-of-pocket costs arising from the difference between preferred and non-preferred provider benefits. Such cases will be reviewed by the Disability Board on a case-by-case basis.

3. Access to Preferred Providers

A list of preferred providers can be obtained from your respective city/county.

4. Reimbursement Process

Reimbursement will be processed after all Medicare and/or other medical insurance reimbursements have been received. Payments will be made directly to the member.

5. Claim Submission

Claims must include an Explanation of Benefits when submitted for reimbursement.

6. Unreimbursed Claims

Claims not reimbursed by insurance will be reviewed by the Board at the next available meeting.

7. Nursing Home Care

Reimbursement for nursing home care is limited to the most basic level of "base rent" for a studio-type unit.

Adopted:

Date: 6/18/2024
Chairman: Ron Simer
Secretary: Ellie Bentley

**YAKIMA COUNTY DISABILITY BOARD
REIMBURSEMENT OF
MEDICARE PART B PREMIUMS
POLICY**

Effective January 1, 2010

1. The LEOFF 1 Disability Board requires all LEOFF 1 members to elect Medicare Part B Insurance, if eligible. The Board authorizes the employer to reimburse the LEOFF 1 member when the member submits proof of a paid premium to their employer, or authorized department for reimbursement of payment. The following documents will be considered proof of a paid premium: S-1099 Form, Notice of Premium Deduction for Part B and/or any form from the Social Security Administration reflecting the effective date of the deduction and the Medicare Part B premium amount.
2. The respective employer will not be responsible for any penalties imposed by the Social Security Administration for late enrollment by a LEOFF 1 member who is eligible for Medicare. Current premium COLA's set for the Social Security Administration by Congress will be the basis of premium reimbursement.

Adopted: January 28, 2010

Date: 01-28-2010

Chairman: Bob Amer

Secretary: Debraen Clawing

Ratified: 03/18/2010

LEOFF 1 Medicare Part B Reimbursement Instructions

Effective January 1, 2010, The Yakima County Disability Board will begin to reimburse its members cost for Medicare Part B.

Please adhere to the reimbursement process below:

1. If eligible, you are required to sign up for Medicare A and B.
2. The reimbursement will occur annually in March, beginning March of 2011.
3. You must submit a copy of one of the following to your employer by the last day in February of each year.
 - A. S-1099 Form from Medicare or,
 - B. Quarterly Invoice from Medicare
4. Penalties for late enrollment will not be reimbursed.

Please contact me at 509-574-2219 if you have any questions.

Deborah Clausing, Sr. Program Representative
Secretary to the Disability Board

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**Assisted Living-and
Skilled In-Home Nursing Reimbursement Policy
Effective June 18, 2024**

Policy Overview

This policy outlines the reimbursement guidelines for Assisted Living and Skilled In-Home Nursing Care for medically necessary, legitimate institutionalized care as defined by RCW 41.26.030. The Board will review current rates every three years.

Prior Approval Requirement

- **Mandatory Prior Approval:** Prior approval from the Board is required for any reimbursement. No retroactive reimbursements will be made except for "direct from hospital" admittance cases.

Approval Criteria - To qualify for reimbursement, the claimant must provide:

1. **Medical Necessity Documentation:**
 - A complete "Medical Report" from the claimant's primary care provider (PCP) is required. The "Medical Report" form is available from the Disability Board Secretary.
 - The PCP will furnish any additional associated medical reports to support findings.

Reimbursement Levels

The following are the maximum reimbursement levels approved by the Board:

Type	Maximum Reimbursement	Notes
Assisted Living/Retirement Home	Up to \$4,300.00 per month	Only the most basic level of "base rent" for a studio-type unit will be reimbursed. If the facility's rate is lower than \$4,300.00, the lower rate will be the maximum reimbursable amount.
In-Home Skilled Nursing	Up to \$300.00 per day	

Additional Information Requests

2. The Board reserves the right to request additional information from the member to support the reimbursement request.

Revised Date: June 18, 2024

Approval:

Ron Amer, Chair of the Yakima County Disability Board

Signature



Eyeglasses/Contact Lens Reimbursement Policy

Effective December 11, 1985 with Amendments
Dated September 18, 1993, January 11, 1995,
June 4, 2003 and May 3, 2017

1. Reimbursement of costs for eye examinations, eyeglasses and lenses are covered under RCW41.26.150.
2. The Board will reimburse for one pair of glasses (lenses and basic frames) and eye examination or contact lenses to each member per year.
3. Reimbursement of the frames is not to exceed \$200.00 annually. Reimbursement will take place after all insurance reimbursements through Medicare and/or medical insurance coverage has been received.
4. Reimbursement of contact lenses is not to exceed \$200.00 annually. Members choosing disposable contact lenses also have a maximum allowable of \$200.00 for the year. Reimbursement will take place after all insurance reimbursements through Medicare and/or medical insurance coverage has been received.
5. Jurisdictions with insurance policies covering a maximum greater than the than the Board's maximum allowable may continue to do so.
6. The Board will not order reimbursement for extras such as special lens treatments including tinting or coating of any type, rolled and/or polished edges, oversize lenses, expensive frames or prescription sunglasses.

Adopted:

Date: 05-23-17

Chairman: Don Spree

Secretary: Deborah Dawson

Hearing Aid Reimbursement Policy

Revised 01/01/10

At the July 27, 2009, special meeting, the Yakima County Disability Board revised the policy regarding the reimbursement of hearing aids, effective as of this date. These items are considered to be reimbursable medical expenses, pursuant to RCW 41.26.030.

Prior approval must be obtained from the Board prior to hearing aid purchase. Approval for payment will be based upon the claimant providing the following:

1. Claimant must establish medical necessity. Examination by a medical doctor or audiologist is required. Doctor will furnish a report to the Board to include the results of the audiogram establishing medical necessity, and whether the hearing loss is permanent and/or not likely to improve with other treatment such as medication, surgery, etc.
2. **It will be the Board's policy to provide a maximum reimbursement for one hearing aid in the amount of \$2,000 and \$4,000 for two hearing aids every five years, including any and all reimbursement from the claimant's health insurance or other provider.** Invoices or billing for payment for hearing aid(s) must first be submitted to the claimant's health insurance provider, unless claimant can establish that this item is not covered under the health insurance policy. Claims for payment must be submitted to the Board/within six months of receipt from provider.
Employer
3. Lost, broken or damaged hearing aid(s) will not be repaired or replaced unless the claimant can establish to the Board's satisfaction that the loss, break or damage occurred in the line of duty.
4. A claim for a repair may be submitted to the board for review on a case by case basis.
5. Prescription changes within the five year period will be reviewed by the Board on a case-by-case basis.
6. The following items are not reimbursable; cleaning, servicing and listening systems consisting of radio receivers and transmitters.
7. Reasonable reimbursement for batteries is allowed.
8. The Board reserves the right to request additional information.

Revised Date: 01-28-2010

Chairman: Bob Amer

Secretary: Debraean Clawson

Ratified: _____



Yakima County Disability Board

COURTHOUSE RM. 412 • YAKIMA, WA 98901 • (509) 575-4061

POLICY - Claim for Benefits for Radial Keratotomy Surgery

Effective June 8, 1994

The Yakima County Disability Board wishes to notify each jurisdiction that a policy has been established regarding claims for benefits for Radial Keratotomy surgery.

1. All claims for benefits for Radial Keratotomy will be reviewed for approval on a case-by-case basis.
2. Claimant must present documentation to the Board prior to surgery which establishes medical necessity.
3. A Disability Board meeting will be scheduled to review the claim. The employer and the LEOFF I member will receive notification of the meeting date and time. The Board will hear from all parties and review medical evidence at that time.
4. The Board then has the option of approving the claim for benefits for this procedure, denying the claim, or requesting additional medical documentation and/or medical opinion(s) before proceeding.