



**RICHLAND FIREFIGHTERS'
PENSION/DISABILITY BOARD
POLICIES, PROCEDURES, AND GUIDELINES**



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ACUPUNCTURE

Acupuncture will be covered if treatment is administered by a medical doctor or a licensed acupuncturist under the guidance of a medical doctor.

ADULT CARE POLICY

The Fire Pension Board will utilize the most recent Cost of Care Survey, in the region the member resides, as a guideline to determine the authorized level of payment for Adult Care. Each case will be reviewed on its own merit. *Adult Care Definition:* Adult day-care facilities; home health care; rehabilitation facilities; assisted living facilities; and nursing home facilities

ALCOHOL, DRUG, AND SMOKING CESSATION TREATMENT

The pensioner should complete the substance use disorder program offered by the City of Richland's health care benefits plan before an out-of-network plan can be submitted to the Board for authorization.

BOARD SECRETARY

The Board will determine who will serve as the Board Secretary. Costs for the Board Secretary will be paid from the Firefighters' pension fund.

The Secretary:

- Shall report to the Board any and all requests received for confidential information.
- Will prepare an agenda and packets of copies of material relevant to the agenda items, and distribute to Board members on the Thursday prior to the meeting so that the members can be better prepared to act on the agenda items.
- Will leave the names off the voucher listing, pension allowances, and doctor's reports when mailing packets, and will then hand them out at the meetings.
- Will distribute minutes to each Board Member.

BUDGET

The fund balance is not to drop below the level it was at year-end of 1994, \$967,362, for Firefighters' Pension Fund.

CLAIMS

Claims for medical services, or related claims, should be presented for payment within ninety (90) days of the date the expense was incurred. The Board Secretary is designated to be the pension designate to initiate the vouchers and sign off on them once they have been approved by the Board. If a member has benefits through another employer, all bills must be submitted to that carrier first. The member may then submit the portion not paid by that carrier to the Board for consideration. Should Medicare or City healthcare benefits administrator delay a claim beyond the ninety (90) day deadline, the claim may be submitted for consideration to the Board. The Board will not pay finance or late charges. Missed appointment charges are subject to review and approval.

CLOSED SESSION

When the Board needs to exercise its quasi-judicial authority for purposes of deliberating a pensioner's request for medical/dental/vision benefits, it will hold a closed session. The Board may hold a closed session at any time and for any duration without public notice. A closed session does not require the presence of the Agency's counsel in order to be valid under state law.

A closed session should be used for all quasi-judicial deliberations where a pensioner's identifying information is coupled with sensitive medical information. Desensitized and/or de-identified medical information can be discussed in open session so long as the identity of the pensioner is not revealed.

CONFIDENTIALITY

The Board Secretary will log all requests for information of a "confidential" nature (but not requests for general information) and will notify the Board immediately of any such requests and Protect as confidential all Protected Health Information (PHI) as required by the Washington Health Care Information Act, Chapter 70.02 RCW and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Disclosures of PHI shall be only as authorized by law, to include release to the Board for purposes of official Board business or release to the pensioner upon request.

CONFLICT OF INTEREST

Voting on any item in which the Board member has an interest, is permissible provided the member declares such interest.

COST-OF-LIVING (COLA) INCREASE

The Pension Board adopted the use of the January CPI-W for computing the July 1st cost-of-living increases, based on the Seattle CPI-W.

DEATH BENEFITS

The Board Secretary is authorized to process payment for a death benefit pursuant to RCW 41.18.140 upon receipt of confirmation of the death of an eligible member. The benefit will be presented to the Board at the next scheduled meeting for formal approval.

DENTAL

If the pensioner is covered for dental under another plan, he/she shall first utilize that coverage. Anything above and beyond that coverage can then be submitted to the Board. Each case will be considered on its own merits. The Pension Board retains the authority to make exceptions to the guidelines. Whenever possible, estimates should be submitted to the Board before dental procedure is started, so the member will know what portion will be paid.

Board payment will be as follows:

1. The Board will allow a maximum benefit of \$6,000 per calendar year for examinations, fillings, extractions, crowns, and repair of dentures (excluding cosmetic dental work, gold fillings, gold teeth and braces unless medically necessary). The total amount paid for dental benefits shall include any amounts paid by the insurance carried on the members by the City of Richland, and the amount paid together shall not exceed \$6,000 per calendar year.
2. Maximum \$1,500 for one set of bridges or full or partial false denture plates. Replacement may be considered after five years, on a case-by-case basis, based upon information provided by the dentist.
3. Orthodontic work will not be approved unless it is shown that there exists a direct relationship to an identifiable physical disorder requiring medical treatment, as distinguished from a cosmetic disorder which may be alleged to cause incidental emotional discomfort.

DURABLE MEDICAL SUPPLIES

Durable medical equipment and supplies include items such as crutches, diabetic supplies,

wheelchairs, walkers, hospital beds, oxygen equipment, CPAP devices, etc. The member, or someone on their behalf, is responsible to provide the Board with a letter from the physician outlining the services needed. The Board will determine continuing expenses to be paid.

ERECTILE DYSFUNCTION MEDICATION

No restrictions on medicine dosage if prescribed by a physician.

HEARING AIDS

As prescribed by a state licensed audiologist, the Board will allow a maximum benefit of \$4,000 per hearing aid, to total \$8,000. The total amount paid for hearing aids shall include any amounts paid by the insurance carried on the members by the City of Richland, and the amount paid together shall not exceed \$8,000. Any replacement batteries will be at the member's expense. Replacement of hearing aids may be considered after three years, on a case-by-case basis, based upon information provided by the audiologist.

INSURANCE PREMIUMS

Monthly medical and dental premiums will be paid for the Pensions Board approved plan.

MASSAGE THERAPY

Massage therapy services that are ordered by a doctor are not to exceed \$85.00 without additional information and prior Board approval. If not ordered by a doctor there will be a limit of \$25.00 per visit with a maximum of 2 visits per month.

MEAL EXPENSE REIMBURSEMENT

The Board adopts the City's current Business Travel and Expense Policy, for individuals conducting official Board business.

MEDICAL ALERT SERVICES

The Board may reimburse up to 50% of the current monthly fee for medical alert services. Payment for the service will only be made after approval by the Board.

MEDICARE PREMIUMS

Members will be reimbursed for the base Medicare Part B premiums upon presentation of verification of enrollment. Increased income-related monthly adjustment based on an elevated income is not covered.

MEETINGS

Regular meetings will be held monthly at a time and location designated by the Board.

NOTIFICATION OF CHANGE TO CITY OF RICHLAND PENSION AMOUNT

The Board Secretary will notify eligible pensioners/surviving spouses of any wage adjustments to their pension payments from the City of Richland as provided by Washington State RCW 41.18 and approved by the Pension Board. Said adjustments may be the result of Washington State Department of Retirement actions, Richland Fire Department Collective Bargaining Agreement changes or COLA increases stipulated by RCW 41.18.

PHYSICAL EXAMS

If not covered by the current health provider, the Board will allow annually, not to exceed \$400. Any charges exceeding \$400 will be brought to the Board for consideration.

PHYSICAL THERAPY

Physical Therapy, past the maximum days provided by the City of Richland's health care benefits

plan, should be pre-approved by the Board.

PREFERRED PROVIDER

All members are encouraged to utilize Preferred Providers and providers who accept Medicare. If a member chooses a provider that does not accept Medicare and is not a Preferred Provider, the bill may not be paid, or may not be paid in full.

PRESCRIPTION PRE-AUTHORIZATION

Any member filling a prescription drug that is requiring pre-authorization based on FDA guidelines, will be required to follow the process set forth by the City of Richland's current benefits provider.

PSYCHOLOGICAL COUNSELING

The Board may authorize payment of the charges of a licensed psychologist or psychiatrist on a case-by-case basis.

REMOTE BOARD MEETING PARTICIPATION

A member of the Pension Board may attend and participate in all or part of the regular, special or emergency Board meeting by speakerphone or other form of telephonic communication by which the member can hear what is said at the meeting and be heard by other persons attending the meeting. Participation includes voting on any matter before the Board. A teleconference member will be counted to constitute a quorum, provided the member is on the line at the beginning of the meeting and remains on the line through discussion and voting on all action items. The teleconference member must be active on-line for the entire discussion on all actions items for his vote to be counted. However, a member who is physically present must preside over that meeting. (A member who plans to attend a meeting by telephonic means is requested to notify the Board Secretary within 72 hours of the meeting.) Procedure: Notify Board Secretary prior to a scheduled meeting. Phone times set up with board member prior to a scheduled meeting.

SERVICE CHARGES

The Board will pay only for charges for medical services and prescriptions. An explanation for the deletion of service/finance charges will accompany the remittance to the service provider.

SURVIVOR BENEFIT

The Board determined that it still has the obligation to calculate benefits under 41.18 and subtract the amount paid by LEOFF, and that the statute does not allow for a reduction of those benefits for any reason. Accordingly, if a retired member selects a survivor option, the Board would have the obligation to pay the difference under the excess of benefits calculation.

TRAVEL

Travel expenses shall be covered when travel is requested by the Board or pensioner, with prior authorization by the Board for medical treatment. Travel shall normally be reimbursed utilizing the City's current Business Travel and Expense Policy.

VACCINATIONS

Vaccinations covered are: annual flu vaccine, H1N1 vaccine, hepatitis B (including screenings and boosters as needed), one-time shingles vaccine and one-time pneumonia vaccine. Other vaccinations will be approved when prescribed by a physician.

VISION

Any member who has other coverage will be required to submit the claim to that carrier prior

to submitting a claim to the Board for payment of balance only.

The Board will pay charges for exams and one pair of eyeglass lenses, (to include anti-scratch and anti-glare coating) tinting and transition lenses as prescribed by a doctor, and a maximum payment of \$200 for frames, in any calendar year. The purchase of sunglasses (once per year) will only be covered if required as a physician prescribed treatment for a specific medical condition.

The Board will pay up to \$200 per calendar year for contact lenses.

WEIGHT LOSS

The pensioner should complete the program offered by the City of Richland's health care benefits plan before an out-of-network plan can be submitted to the Board for authorization. The Board may approve payment for a weight loss program that is prescribed and approved by a doctor on a one-time per individual basis, to be considered case-by-case. The Board will pay 50% of the cost, exclusive of food costs and other parts of the program, as determined prior to commencement of the program. After two years, if the applicant demonstrates goal completion and maintenance, the Board may provide further compensation up to the full amount of the program.