

2010
POLICY & PROCEDURE
LEOFF 1 FIREFIGHTERS

DATE: January 1, 2010

TO: Seattle Fire Fighters

FR: Seattle Fire Fighters Pension Board

**SUBJECT: POLICIES AND PROCEDURES OF THE SEATTLE
FIREFIGHTERS PENSION BOARD**

The primary purpose of adopting the enclosed Policies and Procedures is to provide updated, clear, written rules by which Seattle Fire Fighters can obtain the disability benefits and necessary medical services they are entitled to receive under Washington State Pension Laws. By adopting, distributing, and following written Policies and Procedures, we hope in the future to minimize misunderstandings, which have arisen in the past over the procedures to follow in obtaining these benefits and services.

If you have any comments or questions about the enclosed Policies and Procedures, please do not hesitate to contact the Secretary of the Board at (206) 625-4355 or 1-800-993-3473.

<p>SEATTLE FIRE FIGHTERS PENSION BOARD 2200 6th Avenue, Suite 820 Seattle, Washington 98121-1822 (206) 625-4355 OR 1-800-993-3473 FAX (206) 625-4521 Web Site http://www.cityofseattle.net/firepension/</p>

1.0 PURPOSE:

- 1.1 To establish the policies and procedures of the Seattle Fire Fighters Pension Board to be followed by Seattle Fire Fighters in obtaining disability benefits and/or necessary medical services.

2.0 ORGANIZATION'S AFFECTED:

- 2.1 Seattle Fire Department
- 2.2 Seattle Fire Fighters' Pension Board
- 2.3 Physicians and staff employed by the Seattle Fire Fighters Pension Board

3.0 REFERENCE:

- 3.1 Washington Law Enforcement Officers' and Fire Fighters' Retirement System Act, Chapter 41.26, Revised Code of Washington (RCW), as amended hereinafter as the "*LEOFF ACT.*"
- 3.2 RCW 41.16, Fire Fighter's Pension Law of 1947, as amended, cited hereinafter as the "*1947 Act.*"
- 3.3 RCW 41.18, Fire Fighter's Pension Law of 1955, as amended, cited hereinafter as the "*1955 Act.*"
- 3.4 WAC Chapter 415-105 "Local Disability Board Procedures."
- 3.5 S.S.B. 6212 Retired members under Boards jurisdiction can elect and be elected to Board.
- 3.6 Seattle City Ordinance 98956 "Claims Payments."
- 3.7 By-laws of the Seattle Fire Fighters Pension Board.
- 3.8 Policies, Procedures and Operating Instructions issued by the Seattle Fire Department.

4.0 POLICY:

- 4.1 All members shall be subject to all by-laws, policies and procedures of the Board, as well as the provisions of the Pension Laws.
- 4.2 In case of illness or injury of a member, all payments for disability benefits (salaries) and necessary medical services shall be made in accordance with the provisions of the Pension Laws and the by-laws, policies, and procedures of the Board.

State Law RCW 41.26.150(2) requires members that have other insurance, or are eligible for other insurance through another employer, their spouse or any other source submit all medical bills to the appropriate insurance as primary. Notify the medical provider that Blue Cross should be billed as secondary coverage.

- 4.3 The Board shall be responsible for the administration and enforcement of these Policies and Procedures.
- 4.4 To receive disability benefits and/or necessary medical services paid for from the Fund, all members shall follow the procedures set forth in these Policies and Procedures. A member's failure to follow these procedures, may subject the member to the loss of payment for benefits and/or services otherwise due under the Pension Laws.
- 4.8 Illegal acts, directly attributable to the member, resulting in court ordered treatment as part of a sentence may subject the member to the loss of payment for benefits and/or services otherwise due under the Pension Laws.
- 4.9 Members must provide all information related to the member's illness or injury required by a Pension Fund Physician, the Board, and/or the Secretary. Members are not required to give confidential information about their illness or injury to parties other than the Board, Staff and Pension Physicians.
- 4.10 A Pension Fund Physician shall communicate confidential information about a member's illness or injury only to the Board and/or Secretary. Confidential information may be released to other parties only with the member's written permission.
- 4.11 **MEDICAL EVALUATION** - It shall be incumbent upon each member obtaining medical evaluations to advise each and every examining physician: That such evaluation is being conducted at the direction of the Board; that any reports relating thereto are for the benefit of the Board; that the doctor-patient privilege may not be invoked with respect thereto; and that the physician may be called upon by the Board to testify as to his findings. [WAC 415-105-040 (6)].
- 4.12 **HEARING** - In sections where the Board has determined statutes do not permit payment, the member has the right to request a Board hearing, should they believe circumstances warrant individual consideration. In such cases, the burden of proof lies with the member. The Board will make a final decision based on relevant evidence submitted by the member.

5.0 DEFINITIONS

- 5.1 **BOARD** - The Seattle Fire Fighters Pension Board, established by the 1947 Act to administer the Seattle Fire Fighter's Pension Fund. The Board consists of the Mayor of Seattle or his designee (who must be an elected City of Seattle official), the Director of Finance, the Chairman of the Seattle City Council's Finance Committee, and two elected Fire Fighters regularly employed by the Seattle Fire Department, or retired members subject to the jurisdiction of the Board. The Mayor or his designee is Chairman of the Board. An alternate Fire Fighter/Retired member is appointed by the two elected Fire Fighters to serve in either's absence. [RCW 41.26.110] [RCW 41.16.020].
- 5.2 **DISABILITY** - An illness or injury which causes a member to become incapable of performing his/her regularly assigned Seattle Fire Department duties. Whether or not a member is disabled shall be determined by a Pension Fund Physician, subject to review and approval by the Board.

- 5.3 **DUTY PHYSICIAN** - A Pension Fund Physician assigned the duty, on a 24-hour basis, to be available to members for consultation and treatment of medical emergencies.
- 5.4 **FUND** - The Seattle Fire Fighters Pension Fund established by the 1947 Act.
- 5.5 **MEDICAL EMERGENCY** - An illness or injury requiring medical treatment beyond basic first aid and normally requiring the services of the Medic I system.
- 5.6 **MEMBER** – A retired or active uniformed employee of the Seattle Fire Department who is a member of the LEOFF I System, as provided by the LEOFF Act.
- 5.7 **NECESSARY MEDICAL SERVICES** - The medical services which members are entitled to receive under the LEOFF I Act. This policy excludes payment for medical or dental treatment performed outside the United States. Emergency medical treatment performed outside the United States will be reviewed by the Board on a case by case basis.
- 5.8 **PENSION FUND OFFICE** - Office of the Secretary of the Board is located at 2200 6th Avenue, Suite 820, Seattle, Washington 98121-1822, (206) 625-4355 or 1-800-993-3473, **FAX (206) 625-4521.**
- 5.9 **PENSION FUND PHYSICIAN** - A physician employed by the Board to advise the Board on medical matters and to provide necessary medical services.
- 5.10 **PENSION LAWS** - The Washington State laws cited above in Sections 3.1, 3.2 and 3.3
- 5.11 **REGULAR BUSINESS HOURS**

The Polyclinic - 1145 Broadway - 8:30 AM to 5:00 PM, Monday thru Friday. Doctors appointment hours may vary. Call (206) 329-1760 or 1-800-648-8837 (24 hour number) for physician consultation or appointment or utilize the duty doctor (via Fire Alarm Center) in an emergency.

DR. THOMAS KING
 8:30 AM to 4:30 PM
 Monday through Friday
 Polyclinic at Northgate
 11011 Meridian Ave. No. #200
 206-860-2348

DR. JEFFREY MEEHAN
 9:00 AM to 5:00 PM
 Monday through Friday

DR. JOHN STIMSON
 9:00 AM to 4:30 PM
 Monday through Friday

- 5.12 **SECRETARY** - The Secretary and/or the Benefits Administrators appointed by the Board to provide staff support to the Board.
- 5.13 **SUBROGATION** - Subrogation is the substitution of one person in the place of another with reference to a lawful claim. When the Pension Fund pays medical bills for a member injured by a third-party, the Fund is by statute entitled to recover the amount paid. See Section 5.14.

5.14 **THIRD-PARTY CLAIMS**

- A. When a member is injured by the act of another person who is legally responsible for the damage incurred, the member has a right of action which is usually pursued by the member who retains a private attorney to either negotiate a settlement or litigate a recovery. In either case, to the extent that the Pension Fund pays medical expenses on behalf of its member for such an injury accident, it is the Pension Fund which is entitled to recovery of that amount.
- B. RCW 41.26.150(3) creates the subrogation interest referred to above which is for recovery of the costs for medical services in connection with the member's sickness or disability, to the extent those funds have been paid by the fund. The claim for damage to your person is your responsibility to pursue. The fund will obtain the information from you as a result of your "Claim/Referral" form and will contact your attorney to keep him/her informed of the amount of the lien claimed against your recovery.
- C. To the extent that the member enters into a "contingency" agreement with an attorney, the Fund will honor that agreement and pay a percentage of the subrogated interest recovery (the lien) up to a maximum of 33-1/2%.

6.0 **REQUIRED FORMS**

In addition to presenting your **Blue Cross Card** for **all** medical services, the required forms listed below shall be completed accurately and neatly and must include all information requested by the form. All required forms shall be completed and mailed or delivered to the Pension Fund Office as soon as practicable for claim payment.

- A. "CLAIM FORM " - Must be completed for each incident of injury or illness. The form must be filled out before a member can be paid for disability time loss and/or any medical services or expenses paid. Statements for medical expenses, received by the Pension Office in excess of one year from the date of service will not be allowed. Submittal of the "Claim " Form is the member's responsibility.
- B. "REFERRAL FORM"- Must be completed for each referral to a specialist or to a primary care physician other than the Pension Fund Physicians. Referral Forms are good for one year except for a primary care physician which doesn't require an annual renewal unless you change physicians. The form must be filled out before a member can be paid for disability time loss and/or any medical services or expenses paid. Statements for medical expenses, received by the Pension Office in excess of one year from the date of service will not be allowed. Submittal of the " Referral" Form is the member's responsibility.
- C. Reimbursement: When a member is requesting a reimbursement for an authorized prescription or for any other medically necessary item that has been authorized by a physician and is not covered by Blue Cross/Paid prescriptions.

- 1) Reimbursement for prescriptions will require three items being submitted together:

- a) The receipt for the prescribed item
 - b) The prescription from the physician.
 - c) A completed "Claim Form"
- 2) Reimbursement for medical services other than prescriptions will require the following three items being submitted together:
- a) The receipt of payment for service(s)
 - b) An itemized bill for service(s) provided
 - c) A completed "Claim Form"
- D. "OTHER HEALTH/BENEFITS FORM" - Annually, members are required to submit an updated "Other Health/Benefits Form" to the Pension Office. The Pension Office will mail the form to members.
- E. It is the member's responsibility to insure that necessary medical reports and bills are forwarded to the Pension office prior to payment authorization.
- F. Claims for medical expenses received by the Pension Board Office in excess of one year from the date of service, will not be allowed.

7.0 BOARD AUTHORITY/RESPONSIBILITY

- A. The granting of disability leave, retirement and other benefits; and the cancellation of disability leave/retirement and subsequent return of members to duty, is the statutory duty of the Board.
- B. All actions by Pension Physicians are subject to review and approval of the Board.
- C. Previously granted disability benefits may be denied by the Board with just cause, by a motion to rescind.

8.0 RETIREMENT FOR DISABILITY

- 8.1 Member's applications for disability retirement shall be granted under provisions of applicable pension laws.
- 8.2 Applications for disability retirement are subject to review and approval as provided by applicable pension laws.

9.0 RETIRED MEMBERS AFFECTED

9.1 FIRE FIGHTERS UNDER LEOFF ACT - PLAN I - RCW 41.26, AS AMENDED

- A. Are covered for all necessary medical expenses.
- B. Must use the designated medical services or referral system. (for referral procedure, contact Pension Office at 625-4355).

9.2 **FIRE FIGHTERS UNDER PRIOR ACT, RCW 41.18, AS AMENDED**

- A. Members are covered for medical expenses attributable to service connected medical conditions, or service connected medical conditions that surface after retirement. The proof of service connection needs to be conclusive and requires the written concurrence of a Pension Fund Physician that job causation was probable.
- B. Prior Act Members must use the designated medical services or referral system.

9.3 **FIRE FIGHTERS UNDER PRIOR ACT, RCW 41.16, AS AMENDED**

- A. Medical coverage for service connected illness or injury is at the discretion of Pension Board. The proof of service connection needs to be conclusive and requires the written concurrence of a Pension Fund Physician that job causation was probable.

10.0 PROCEDURES: FIREFIGHTERS

- 10.1 The following procedures must be followed by all fire fighters entitled to medical coverage in order to obtain proper medical treatment and/or payment of medical bills.
- 10.2 A fire fighter entitled to receive pension, disability and/or medical benefits from the fund, must maintain a current address on file in the Seattle Fire Fighter's Pension Office, Pursuant to RCW 41.16.040(9).
- 10.3 A retired fire fighter who becomes sick or injured may contact a Pension Board Physician of his choice, during business hours by calling (206) 329-1760 or 1-800-648-8837. It is very important when calling the Polyclinic Centralized Appointment Number to identify yourself as a retired fire fighter.
 - A. This system is not intended to limit, in any way, your telephone access to your physician's nurse. If you want to describe your condition to the nurse to determine whether you should come in or how quickly you should come in, you should do so just as you have in the past.
 - B. During non-business hours, contact the duty doctor through the Seattle Fire Department Dispatcher (206) 386-1494.
 - C. A retired fire fighter shall be referred by a Pension Fund Physician or Primary Physician to a medical specialist after the member is examined by the Physician. **Referrals require that a " Referral" form be submitted to the Pension Office prior to payment of claim.**

- D. Claims for payment for referred services will not be paid until approved by the Board. The necessary medical expenses of a medical specialist will be paid only if a referral is obtained from a Pension Fund Physician prior to seeing the specialist and a "**Referral**" form is properly filled out.

Referral **authorizations** are limited to periods not to exceed one year from date of referral. If treatment will continue beyond a year, the referral must be renewed annually.

If the retired fire fighter is dissatisfied with the specialist, the Pension Fund Physician may refer member to another specialist approved by the Pension Fund Physician. CONTACT THE PENSION FUND PHYSICIAN FIRST.

- F. Retired members may choose a physician of their choice as their Primary Physician. The following procedures must be followed in order to obtain proper medical treatment and/or payment of medical bills.

- (1). Members must request a **Referral** form to be completed by a Pension Fund Physician . After the Pension Fund Physician completes their portion of the form the member must complete the member's portion of the form. Upon completion of the form by the Pension fund Physician and the member, the form shall be sent to the Pension Board Office for placement in the member's medical file. These referrals are valid unless the primary physician is changed.
- (2). The physician of the member's choice becomes your Primary Physician. This physician now has the authority to refer a member for testing or to see a specialist. A referral form must be filled out by your Primary Physician anytime you are referred to another physician or for any type of testing. It is the member's responsibility to provide their Primary Physician with the proper Referral Forms. It is also the member's responsibility to ensure that the completed form is sent to the pension office.
- (3). Members must use their **Blue Cross Card** for all medical services. If you have other coverage your Blue Cross coverage becomes your secondary insurance.

10.4 Retired fire fighters in need of emergency medical treatment at any time should do the following:

- A. If the need for life-threatening emergency medical treatment occurs within the Seattle metropolitan fire response area, as designated by the Fire Chief, the member may utilize Medic I or the most appropriate medical assistance.
- B. If the life-threatening illness or injury occurs outside the Seattle metropolitan fire response area, members shall utilize the most appropriate readily available medical assistance.

- C. Members requiring assistance may contact a Pension Board Physician utilizing the Seattle Fire Department Dispatcher at (206) 386-1494.
- D. The cost for transportation from a medical facility to a residence is not covered unless determined to be medically necessary.

10.5 **PROCEDURE UPON THE DEATH OF A RETIRED FIRE FIGHTER**

- A. Notify the Pension Office as soon as possible.
- B. Send a copy of the Death Certificate.
- C. If married, send a copy of the Marriage Certificate.
- D. Address: 2200 6th Avenue, Suite 820
Seattle, Washington 98121-1822
Phone: (206) 625-4355 OR 1-800-993-3473

10.6 **MEDICARE - COVERAGE FROM OTHER SOURCE - STATUTORY PROVISION - REIMBURSEMENT - BOARD POLICY**

A. **LEOFF - PLAN I**

- (1) RCW 41.26.150 provides payment for medical services not payable from some other source.
- (2) RCW 41.26.150(2) provides that amounts payable will be reduced by any amount received or eligible to be received from other sources such as Medicare or coverage provided by another employer. This means the Board will only pay the amount over and above what the member is eligible to receive from these other sources.
- (3) Recognizing the savings to the Pension Fund, it is the policy of the Board to reimburse (on an annual basis) for Medicare premiums, paid by the member.

B. **PRIOR ACT RETIREES - RCW 41.18**

- (1) Medical coverage under the prior act is limited to treatment of service connected disabilities only. Prior Act retirees are not required by law to apply for Medicare. Savings to the fund only occurs when members do have Medicare coverage. Reimbursement will be limited to Medicare premiums only, paid by the member.

10.7 No member shall be laid off from duty due to illness or injury or returned to duty from layoff for an illness or injury, except when authorized by these Policies and Procedures.

10.8 The primary responsibility of a member on disability leave is to get well for return to duty as soon as possible, pursuant to the instructions of a Pension Fund Physician.

- 10.9 Members shall be returned to duty from disability leave as soon as they are able to perform their regularly assigned Fire Department duties with average efficiency. This determination shall be made by a Pension Fund Physician, subject to review and approval by the Board.
- 10.10 **FAILURE-TO-COMPLY-PRESUMPTION OF RECOVERY** - A member's failure to comply with Board authorized reporting requirements per Section 6, will constitute a discontinuance of required physician care. The member may have disability leave canceled.
- 10.11 **TRIAL SERVICE PERIOD** - A member on disability leave, in the event medical and/or other relevant evidence is inconclusive concerning the members fitness for regularly assigned duty may be returned to regular assigned duty in the same position held at the time of discontinuance of service for a Trial Service Period to determine the members fitness for duty. Such a Trial Service Period does not entitle the member to a second six-month period of disability leave for the same disability, if, based on the Trial Service Period, the member is found to be disabled. [WAC 415-105-050 RCW 41.26.150(1)].
- 10.12 **LIMITED DUTY** - A member on disability leave or retirement, who is unable to perform the duties of his/her rank may, at his/her request, be returned to duty in such other like or lesser rank as may become open and available, the duties of which he/she is then able to perform. A member of LEOFF I on disability leave may be assigned to a Limited Duty position only by mutual agreement of the member, the Pension Board Physician, the Pension Board and the Chief of the Department. [RCW 41.26.140(2) SFD I 120].
- 10.13 **GRANTING DISABILITY RETIREMENT - LIMITED DUTY** - No member shall be entitled to a disability retirement allowance if the appropriate authority advised that there is an available position for which the member is qualified and to which one of such grade or rank is normally assigned and the Board determines that the member is capable of discharging, with average efficiency, the duties of the position. [WAC 415-105-060)].

11.0 PROCEDURE

THE FOLLOWING PROCEDURES MUST BE FOLLOWED BY ALL ACTIVE MEMBERS TO OBTAIN PROPER MEDICAL TREATMENT AND TO RECEIVE PAYMENTS FOR DISABILITY BENEFITS AND/OR NECESSARY MEDICAL SERVICES.

11.1 DISABILITY AT WORK

A member who becomes ill or injured while on shift with the Seattle Fire Department shall immediately notify his/her supervisor of the illness or injury. When the illness or injury is not a medical emergency, but requires the services of a physician, the supervisor or the member (after notifying his/her immediate supervisor), shall contact a Pension Fund Physician directly during regular business hours, otherwise through the Dispatcher.

11.2 **DISABILITY AT WORK - MEDICAL EMERGENCY**

In the event a member needs treatment for medical emergency assistance from the Medic I system it shall be requested through the Dispatcher. After dispatching a Medic I unit, the Dispatcher will immediately contact a Pension Fund Physician. (If the illness or injury occurs during regular business hours, the member may request a Pension Fund Physician of his/her choice. If the illness or injury occurs after regular business hours, on weekends, or during holidays, the Dispatcher shall notify the Duty Physician immediately). The Medic I unit shall contact the Medic I Physician or the most readily available medical assistance. In treating the member, the normal Medic I guidelines shall be followed. When the member's condition has been stabilized and the member is no longer in immediate danger, the member shall be released by the Medic I Physician to the Pension Fund Physician who will take charge of the member's medical treatment. If the Pension Fund Physician concludes the member's medical treatment should be handled by the attending physician, the Pension Fund Physician may make such arrangements.

11.3 **DISABILITY NOT AT WORK**

- A. As soon as practicable, a member who becomes ill or injured off shift shall contact a Pension Fund Physician directly during regular business hours, otherwise through the Seattle Fire Department Dispatcher at (206) 386-1494.
- B. In the event a member needs treatment for a life-threatening medical emergency, the Medic I system or the most readily available medical assistance shall be required. As soon as practicable, the member or his/her representative shall contact a Pension Fund Physician to be laid off duty. When the member's condition has been stabilized and the member is no longer in immediate danger, the member shall be released to the Pension Fund Physician who will take charge of the member's medical treatment. If the member is being treated outside of the Puget Sound area or for some other reason the Pension Fund Physician concludes the member's medical treatment should be handled by the attending physician, the Pension Fund Physician may make such arrangements.

11.4 **LAYOFF**

- A. Only Pension Fund Physicians and Pension Staff are authorized to layoff members for an illness or injury and only Pension Fund Physicians can return members to duty when in the Physician's judgment they are mentally and physically fit for duty - by immediately notifying the Dispatcher and the member of the time of such layoff or return to duty.

- B. The Pension Fund Physician shall not layoff a member without personally examining him/her, unless in the Physician's judgment, extenuating circumstances exist.

If a member is laid off without being examined by a Pension Fund Physician, the Physician must set a definite time to examine the member, as soon as practicable, not to exceed eight (8) business hours from time of layoff. Business hours are defined as: 8:30 AM to 5:00 PM seven (7) days per week, including holidays. Weekend and holiday examinations may be conducted by the on-call Pension Fund Physician.

- C. The member shall comply with all reporting requirements of the Board.
- D. A Pension Fund Physician shall confine a member on disability to a medical facility or to a residence approved by the Physician unless, in the Physician's judgment, such confinement is not necessary treatment for the member's recovery from his/her illness or injury.
- E. If a member's recovery will be at a location other than his/her primary residence or an approved medical facility, the member shall inform the Pension Fund Physician and the Pension Office of the location and a means to contact the member.
- F. A member on disability leave shall not engage in any activity, which in the Pension Physician's judgment, would hinder and/or delay the member's recovery.
- G. If a member cannot be contacted at his/her place of recovery, after reasonable attempts by a Pension Board representative, the member may be subject to a personal visit by a representative of the Board.
- H. If the Pension Fund Physician exempts a member from such confinement during his/her period of recovery, he will so inform the member and the Pension Office, as soon as practicable. In turn, the member shall verify such exemption from confinement, in person or by telephone with the Pension Office, as soon as practicable.
- I. A member on disability leave must obtain permission from a Pension Fund Physician to travel for personal reasons or to engage in any activity which would hinder or delay his/her recovery. Personal travel shall not be permitted during the first two (2) weeks of any disability, to ensure adequate physician monitoring of the members medical condition. As soon as practicable, the Pension Fund Physician shall notify the Pension Office of permission to travel for personal reasons (this is after the initial two week restriction) or engage in any permitted activity. In turn, the member shall verify such permission, in person or by telephone, with the Pension Office, as soon as practical.

- J. The member shall verify his/her layoff by the Pension Board Physician with his/her assigned company. When practicable, verification shall be made at least one and one-half (1½) hours prior to the time the member is required to report for duty.

11.5 **RETURN TO DUTY**

- A. A member laid off by a Pension Fund Physician shall normally be returned to duty by the same Physician (unless the member is transferred to another Pension Fund Physician pursuant to Section 11.10). If the same Physician is unavailable, another Pension Fund Physician may return the member to duty.
- B. A member shall verify his/her return to duty by the Pension Fund Physician with his/her assigned company as soon as possible and at least one and one-half (1½) hours prior to his/her next scheduled duty shift.
- C. A member returned to duty who is regularly scheduled to work that day shall immediately verify his/her return to duty and report to his/her assigned company, or to a company designated by the supervising Chief.

11.6 **EMERGENCY MEDICAL TREATMENT**

Members in need of treatment for a life-threatening medical emergency shall comply with the following procedures:

- A. If the need for life-threatening emergency medical treatment occurs within the Seattle metropolitan fire response area, as designated by the Fire Chief, the member may utilize Medic I or the most appropriate medical assistance. Then follow procedures set forth in Sections 10.0.A. and 10.0.B.
- B. If the need for life-threatening emergency medical treatment occurs outside of the Seattle metropolitan fire response area, as designated by the Fire Chief, members shall utilize the most appropriate medical assistance. Then follow procedures set forth in Sections 10.0.A. and 10.0.B.

11.7 **PHYSICIAN REVIEW OF DISABILITIES**

- A. At least once every calendar week, it shall be the responsibility of any member on disability to be examined by the Pension Fund Physician who laid off the member, unless the Physician has exempted the member from this procedure. The Physician shall notify the Pension Office of all such exemptions. In turn, the member shall verify such exemption, in person or by telephone, with the Pension Office, as soon as practicable.

- B. In the case where a member has been referred to a specialist, it shall be the responsibility of the member on disability to be examined by the specialist at least once every calendar week. Exemption from this procedure, shall be authorized only by the Pension Fund Physician who laid off the member, after consultation with the specialist. The Pension Fund Physician shall notify the Pension Office of any such exemption. In turn, the member shall verify such exemption, in person or by telephone, with the Pension Office, as soon as practicable.
- C. Any member, on disability leave, shall contact the Pension Office in person or by telephone, weekly, to advise the Board of his/her status. Exemption from this procedure shall be authorized only by the Pension Fund Physician.

11.8 **PHYSICIAN CONSULTATION**

Members who are not ill or injured, but who want to consult a Pension Fund Physician, may contact the Physician directly during regular business hours, for an appointment.

11.9 **REFERRALS FOR MEDICAL SERVICES**

- A. A member may be referred by a Pension Fund Physician to a medical specialist after the member is examined by the Physician. The medical specialist is not authorized to lay off a member or return a member to duty.
- B. The necessary medical services of a medical specialist will be paid only if first a referral is obtained. Claims for payment for such services will not be paid until approved by the Board.
- C. Referrals are limited to periods not to exceed one year except for primary care physicians. If treatment will continue beyond a year, the referral must be renewed annually.
- D. If a member is dissatisfied with a particular specialist, the Pension Fund Physician or Primary Physician may refer the member to another specialist approved by the Physician and Board.

11.10 **MEDICAL SERVICES OUTSIDE OF REGULAR BUSINESS HOURS**

- A. At least one Pension Fund Physician (the Duty Doctor) or the pension staff is available 24 hours a day. The Duty Doctor shall carry a Page or similar alerting device.
- B. As soon as practicable, a member who becomes ill or injured outside of regular business hours shall contact the Duty Physician through the Seattle Fire Department Dispatcher at (206) 386-1494.
- C. If the Duty Physician is not the member's regular Pension Fund Physician, the member may be transferred to his/her regular Physician during regular business hours. It is the responsibility both of the Duty Physician and the member to notify the member's regular Physician of the transfer.

12.0 GENERAL BENEFITS

12.1 ACUPUNCTURE

A. POLICIES

- (1) The policy is to provide acupuncture treatment if the acupuncturist has a State License. The limit on each visit is \$125.00 and will require a referral from your primary care physician.

B. PROCEDURES

- (1) The member is to first obtain a " Referral" from a Pension Fund Physician.
- (2) A "Claim " form is to be submitted by the member as outlined in Section 6.0.
- (3) For members with other insurance, bills must first be submitted to the other insurance for payment [RCW 41.26.150(2)].

12.2 SUBSTANCE ABUSE TREATMENT

A. POLICIES

- (1) The Board's policy is to provide for the treatment of Substance Abuse at a facility licensed by the State to provide that service. The Pension Physician is to determine the suitability of the treatment process and give his approval.
- (2) Treatment may consist of inpatient or outpatient treatment with the approval of a Pension Physician.
- (3) Payment for Substance Abuse treatment will be subject to a maximum lifetime limit of **\$18,000.00**.

B. PROCEDURES

- (1) The member is to first obtain a referral from the Pension Physician for the selected facility or organization.
- (2) A "Claim " form is to be submitted by the member as outlined in Section 6.0.
- (3) For members with other insurance, bills must first be submitted to the other insurance for payment [RCW 41.26.150(2)].

12.3 CHIROPRACTORS

A. POLICIES

- (1) A member may go to a licensed Chiropractor of the member's choice only by first obtaining permission from the Pension Physician, the Secretary, or Assistant Secretary.
- (2) The Board will pay an amount toward each treatment from a fee schedule adopted by the Board (\$75.00 per adjustment).
- (3) X-rays will continue to be a covered expense with a maximum of two sets of x-rays per year. The Board's intent is to pay for adjustments only and any additional cost from seeing a chiropractor will be the member's responsibility.
- (4) If available, x-rays may be loaned temporarily from the Pension Fund Physician's Office to the Chiropractor.
- (5) A member is entitled to a maximum of 25 (twenty-five) adjustments per calendar year and one per day without Pension Board review.

B. PROCEDURE

- (1) A "Claim/Referral Form" is to be submitted by the member as outlined in Section 6.0.
- (2) For members with other insurance, bills must first be submitted to the other insurance for payment [RCW 41.26.150(2)].

12.4 COSMETIC SURGERY

A. POLICIES

- (1) Surgery intended primarily to improve the appearance, looks or image of a person, or to correct pre-existing or congenital conditions, usually and normally referred to as cosmetic surgery will not be considered a necessary medical expense with the following exception:
 - (a) Reconstructive surgery required as the result of accidental injury suffered by a member to correct a disfiguring condition will be provided.
- (2) Any condition not clearly within the above will require consideration and prior approval of the Board.

B. PROCEDURES

- (1) The member is to follow the usual procedures and first obtain a "Claim/Referral" from a Pension Physician for the selected specialist.
- (2) A "Claim/Referral Form" is to be submitted by the member as outlined in Section 6.0.
- (3) For members with other insurance, bills must first be submitted to the other insurance for payment [RCW 41.26.150(2)].

12.5 COUNSELING

A. PURPOSE

- (1) To establish uniform methods of procedure, responsibility and review of counseling.

B. POLICIES

- (1) The policy will be to provide counseling to assist members in addressing acute situations.
- (2) Counseling will be limited to and under direction of State licensed psychologist, psychiatrists and counselors upon referral by a Pension Physician.
- (3) A diagnosis and prognosis is required to be submitted to the Pension Physician at original examination.
- (4) The Specialist will submit a monthly progress report to the Pension Physician and Pension Office.
- (5) Outpatient treatment for counseling will be subject to a maximum calendar year limit of 26 visits. After 26 visits the member's progress will be reviewed by a pension board physician to determine if continuing care is merited.
- (6) Inpatient treatment in state licensed and approved facilities, for diagnoses psychiatric condition is a covered medical expense.
- (7) Marriage counseling is not considered a necessary medical expense and is the responsibility of the member.
- (8) If disability leave is incurred, it will be considered non-duty until medical and/or other relevant evidence substantiates a duty-caused disability.

C. PROCEDURES

- (1) A Pension Physician, after making a preliminary determination that counseling is indicated, will provide a "Claim/Referral" to a person licensed by the State to provide counseling.
- (2) The Pension Physician will review the reports monthly and provide written recommendations to the Board regarding continued treatment.
- (3) If payment for treatment is to be made by the Board, the member must first submit a "Claim/Referral" form as outlined in Section 6.0.
- (3) For members with other insurance, bills must first be submitted to the other insurance for payment [RCW 41.26.150(2)].

12.6 EYEGLASSES AND EYE CARE

A. POLICIES

The policy of the Seattle Fire Fighter's Pension Board is to provide as necessary, medical expenses for the following:

- (1) Examinations and treatment by State licensed physicians and/or optometrists.
- (2) Eyeglass lenses and frames every 24 consecutive months.
- (3) Payment amount of eyeglasses (frames and lenses) will be subject to a maximum limit determined by the Board. There has been some confusion with the policy for glasses when it comes to things such as tinting, anti glare etc. To simplify the process the Board has placed a maximum dollar amount of coverage which includes any cost for items such as tinting etc. The dollar amounts listed below are the maximum amounts covered regardless of what you might choose for your glasses.

Single Vision	\$400.00
Bifocals	\$425.00
Trifocals	\$485.00
Contacts (annual)	\$200.00

- (4) Eyeglass lenses and Contacts, every 12 consecutive months, if a change in prescription is indicated. Amounts:

Single Vision	\$235.00
Bifocals	\$265.00
Trifocals	\$335.00
Contacts (annual)	\$200.00

- (5) Replacement of eyeglass lenses and/or frame is only covered when damaged or lost as a result of performance of duty.

- (6) Corrective eye surgery:
 - a. The procedure must be performed by a licensed physician (Ophthalmologist).
 - b. Appliances and equipment utilized for the procedure must be FDA approved.
 - c. The procedure must be performed in the United States.
 - d. This is a one-time benefit.
 - e. Coverage is limited to \$1200.00 per eye.

B. PROCEDURES

- (1) Members are to first obtain a referral from:
 - (a) A Pension Physician for the selected specialist.
 - (b) The Pension Secretary can provide "Claim/Referral" to Optometrists.
- (2) Members may obtain prescribed eyeglasses from any source of their choice, licensed to do business by the State.
- (3) Regular "Claim/Referral" form is to be submitted by the member as outlined in Section 6.0.
- (4) For members with other insurance, bills must first be submitted to the other insurance for payment [RCW 41.26.150(2)].

12.7 HEARING AIDS

A. POLICIES

The policy of the Seattle Fire Fighters Pension Board is to allow, as a necessary medical expense, \$3,000.00 per ear for 36 consecutive months for hearing aids. In addition, payment will be made for batteries, maintenance and training as needed.

B. PROCEDURES

- (1) Members are to first obtain a "Claim/Referral" from a Pension Board Physician for audiology tests.
- (2) Pension Board Physicians will review audiology tests and determine if hearing aids are medically necessary prior to purchasing.
- (3) Regular "Claim/Referral" form is to be submitted by the member as outlined in Section 6.0.

- (4) For members with other insurance, bills must first be submitted to the other insurance for payment [RCW 41.26.150(2)].

12.8 LONG TERM MEDICAL CARE:

A. POLICIES

- (1) The policy of the Seattle Firefighters Pension Board will be to provide Nursing/Assisted Living/Boarding Home/In Home and Hospice Care, when this care is deemed “Medically Necessary” by a Pension Board Physician and reviewed by the Board.
- (2) Assisted Living Facilities: maximum coverage is \$100.00 per day for medically necessary items.
- (3) Boarding Homes: maximum coverage is \$225.00 per day
- (4) In-Home Care: maximum coverage is \$300.00 per day.
- (5) Skilled Nursing Facility: maximum coverage is \$300.00 per day
- (6) Hospice Care: maximum coverage is \$300.00 per day.
- (7) For members who are confined to a Long Term Care Facility as defined above the following non-emergency medical transportation coverage will apply. (For emergency transports refer to Section 10.4)

The Pension Board has authorized two transports per month at a maximum cost of \$150.00 per transport. These will be for medically necessary situations such as doctor’s appointments, transportation to hospitals for test and other situations deemed medically necessary. Prior approval must be obtained from the pension office.

- (8) The Board has authorized payment to long term care facilities to hold a bed for members that have been temporarily transferred to another facility for a period of not more than 30 days.

B. PROCEDURES

- (1) Member or members legal representative are to first obtain a "Claim/Referral" from a Pension Board Physician.
- (2) Care will be performed only by a State licensed nurse, hospice or assisted living provider under applicable State guidelines.

- (3) A "Claim/Referral Form" will be submitted to the Pension Office as outlined in Section 6.0.
- (4) For members with other insurance, bills must first be submitted to the other insurance for payment [RCW 41.26.150(2)].

12.9 ORGAN TRANSPLANTS

A. POLICIES

- (1) The policy of the Seattle Fire Fighters Pension Board is to provide payment for reasonable medical expenses associated with member organ/tissue transplants.
- (2) The transplant must be deemed medically necessary by a Pension Physician and approved by the Board.
- (3) Reasonable donor medical expenses, as a result of the procedure, are considered necessary medical expenses of the member.
- (4) Procedures are limited to federally licensed facilities.

B. PROCEDURES

- (1) Member must first obtain a "Claim/Referral" from a Pension Fund Physician.
- (2) A "Claim/Referral Form" will be submitted to the Pension Office as outlined in Section 6.0.
- (3) For members with other insurance or benefits, bills must first be submitted to the other insurance or benefit program for payment. [RCW 41.26.150(2)]

12.10 PHYSICIAN EXAMINATIONS

A. POLICIES

- (1) The Board has approved physical examinations for all LEOFF I and Prior Act Fire Fighters every year after age 50. The examination will follow an established protocol (see Appendix 13.3)
- (2) The purpose of these examinations is to detect latent medical problems before they become serious and treatment more difficult.
- (3) The Seattle Fire Department is conducting annual health screening exams. These results may be utilized by a Pension Fund Physician, after the member completes the appropriate release forms available through the personnel office, to augment the Board approved physical exams.

B. PROCEDURES

- (1) Members will schedule physical examinations with the Pension Fund Physician.
- (2) A "Claim/Referral" form will be submitted to the Pension Office as outlined in Section 6.0.

12.11 **PHYSICAL FITNESS**

- A. The Board encourages and supports physical fitness for Fire Fighters and is aware of it's importance in the prevention of injuries and disease.
- B. Physical fitness is the individual member's responsibility.
- C. The Pension Board cannot provide payment for weight reduction or fitness programs as a necessary medical expense. This includes, but is not limited to, club memberships, fitness equipment, home spas, and dietary aids.
- D. Physical therapy and rehabilitation following illness, injury, and/or surgery continue to be approved medical treatment, including approved orthopedic appliances.
- E. This policy should not be considered a denial of benefits to any member who, for medical reasons, is unable to meet the minimum fitness standards of the Seattle Fire Department.

12.12 **PRESCRIPTIONS**

A. **POLICIES**

- (1) The Board has contracted with Blue Cross/Paid Prescriptions to provide prescriptions to our members. These prescriptions are available through participating pharmacies or a mail order program. (Mail order forms are available through the Pension Office).
- (2) Prescriptions purchased under emergency conditions or exigent circumstances are covered on a reimbursement basis.
- (3) Over the counter drugs, when authorized by prescription prior to purchase and deemed medically necessary, will be covered on a reimbursement basis.

B. **PROCEDURES FOR OBTAINING PRESCRIPTION MEDICATIONS**

- (1) Present the authorized prescription and your Blue Cross Group Card to the participating pharmacy (OR) utilize the mail order program, Mail order forms are available through the Pension Office.

C. **PROCEDURES FOR REIMBURSEMENT OF PRESCRIBED MEDICATIONS PURCHASED UNDER EMERGENCY CONDITIONS OR EXIGENT CIRCUMSTANCES**

- (1) Submit together to the Pension Office: the receipt for the prescription, the prescription and a "Claim form".

D. PROCEDURES FOR REIMBURSEMENT OF PRESCRIBED OVER-THE-COUNTER MEDICATIONS

- (1) Submit together to the Pension Office: the receipt for the prescription, the prescription and a "Claim" form.

E. PROCEDURES FOR APPLIANCES, AND NON-DURABLE MEDICAL GOODS

- (1) For all appliances or non-durable medical goods which cost less than \$250.00, present the authorized prescription to the appropriate vendor for billing to Premera Blue Cross.
- (2) If purchased, submit together the receipt for the item, the authorized prescription and a "Claim" form to the Pension Office for a reimbursement.
- (3) Appliances and non-durable goods which exceed \$250.00 will require prior authorization from the pension office. The Secretary may authorize appliances up to \$2500.00. A letter from the prescribing Physician stating the medical necessity will need to accompany the request for approval. The Board has entered into an agreement with a medical equipment vendor who will be used when possible. The vendor will also be used for out of area needs.

12.13 SMOKING CESSATION TREATMENT

A. POLICIES

- (1) The Board's policy is to provide treatment for smoking cessation through structured, medically supervised program.
- (2) This program is subject to a \$350.00 annual limit (12 consecutive months).

B. PROCEDURES

- (1) The member must first obtain a "Claim/Referral" from a Pension Board Physician.
- (2) A "Claim/Referral" form must be submitted by the member as outlined in Section 6.0.
- (3) For members with other insurance, bills must first be submitted to the other insurance for payment. [RCW 41.26.150(2)].

12.14 STERILIZATION AND SEXUAL DYSFUNCTION

A. POLICIES

The Board's policy is that sterilization (which is not the result of injury or organic disorder) is not considered a necessary medical expense.

B. PROCEDURES

- (1) The treatment of sexual dysfunction is covered when considered medically necessary by the member's attending physician.
- (2) For members with other insurance, bills must first be submitted to the other insurance for payment [RCW 41.26.150(2)].

12.15 TEETH - DENTAL TREATMENT

A. POLICIES

- (1) Dental services are to be provided in accordance with RCW 41.26.030(22) Medical Services - (H) "Dental charges incurred by a member who sustains an accidental injury to his teeth and who commences treatment by a legally licensed dentist within 90 days after the accident."
- (2) Accidental injury does not include injury to a tooth or teeth by an object knowingly taken into the mouth.
- (3) No benefit is provided for Bruxism or similar conditions, unless the result of certain medical procedures such as defibrillation.
- (4) Continued treatment for prior line of duty injury to teeth, including but not limited to bridgework repair/replacement.
- (5) Dental reimbursements will be paid a minimum of twice a year. Time Permitting we will process dental claims as soon as we can. You will always Receive a reimbursement no later than six months after we receive the Itemized statement. The best way for reimbursement is to have the dentist Fax us a copy of the itemized statement that shows what payments were made. If you have other insurance have the dentist also fax us a copy of the E.O.B "explanation of benefits" along with the itemized statement. We have been able to reimburse most payments within a couple of months. We will reimburse you directly, we don't make payments to the dentist. No Other paperwork is required. Our fax number is 206-625-4521.
- (6) Dental coverage for the year 2010 will be \$2,000.00. Do not use your Premera Blue Cross card for dental

- (7) **Members will only be reimbursed after their annual maximum benefit amount has been paid by their dental insurance provider.**

B. PROCEDURES

- (1) For **injury** the member must first obtain a "Claim/Referral" from a Pension Physician for original treatment.
- (2) A "Claim/Referral Form" is to be submitted by the member as outlined in Section 6.0.
- (3) The Dentist is to provide the Pension Board Office an itemized statement and letter detailing services provided and stating they are the result of the injury.
- (4) Members having prepaid dental service must first submit the bill to the dental plan for payment [RCW 41.26.150(2)].

12.16 USE OF A LICENSED MASSAGE THERAPIST

A. POLICIES

- (1) Therapist must meet all State licensing requirements.
- (2) Member must be referred by a Pension Board Physician.
- (3) Massage Therapy is provided when a letter from a Pension Board Physician is received by the pension office that states massage therapy it is part of an overall "medically necessary" treatment plan for a specific injury. The Pension Board Physician will re-evaluate the progress of the patient to determine the effectiveness of the treatment.
- (4) The maximum number of massage therapy treatments allowed per year is twenty. The maximum dollar amount is \$60.00 per treatment. A member is allowed five treatments when prescribed by their attending physician as part of an overall treatment plan. After the initial five treatments the member must be examined by their attending physician who shall determine if the treatments are beneficial and if the physician so determines, they may prescribe an additional five treatments between examinations. This requires a letter from the attending physician.

12.17 USE OF A LICENSED NATUROPATHIC PHYSICIAN

A. POLICIES

- (1) Must meet all State licensing requirements.
- (2) Member must be referred by a Pension Board Physician.
- (3) Naturopathic Physician care is provided when a letter from a Pension Board Physician is received by the pension office that states that medical care from a Naturopathic Physician is part of an overall “medically necessary” treatment plan for a specific illness. The Pension Board Physician will re-evaluate the progress of the patient to determine the effectiveness of the treatment.
- (4) Payments for lab work will be reimbursed only for labs that have a business license , a license from the Department of Health and have been assigned a Medicare #. We have had some problems with members using labs that don’t meet these criteria. These labs are the ones that are typically utilized by naturopaths. Medically necessary lab work that is requested by naturopaths is covered and will be paid by the pension fund but, must be performed by labs that meet the standards listed above.
- (5) The maximum allowable payment for a visit to a Naturopath is \$150.00

12.18 PAYMENTS FOR ORTHODICS

A. Policy

- (1) The maximum allowed per year for orthotics is \$350.00. This is for a maximum of one pair per year.

12.19 OTHER INSURANCE

A. POLICY

- (1) RCW 41.26.150 provides payment for medical services not payable from other sources.
- (2) RCW 41.26.159(2) provides that amounts payable will be reduced by any amount received or eligible to be received from other sources such as Medicare or coverage provided by another employer or spouse’s employer. The board will only pay the amount over and above what the member is eligible to receive from other sources.

- (3) When other insurance is available (Medicare, coverage from spouse or other employment) and the cost does not exceed \$250.00 per month, the member is required to sign up for coverage and will be reimbursed (quarterly) by the Pension Fund.

B. PROCEDURE

- (1) Members must submit a statement of other insurance premiums for the previous year to the Pension Office for reimbursement.

13.0 APPENDIX

13.1 "Claim/Referral" form instructions for Members.

13.2 Recommended Protocol for Basic Physical Examinations.

13.1 "CLAIM/REFERRAL" FORM INSTRUCTIONS FOR MEMBERS

Note: A claim referral form can be downloaded and copied from our web site.

<http://www.cityofSeattle.net/firepension/>

A. POLICIES

- (1) The "Claim/Referral" form shall be completed by the member when:
 - (a) The members initial visit for any illness or injury.
 - (b) Referred to a specialist.
 - (c) Incurring charges for medical services such as x-rays, blood tests, eyeglasses, chiropractic visits, etc. (any medical service where a bill will be forthcoming).
 - (d) The member suffers any disability leave time.
 - (e) The member wishes to document any illness or injury without time loss or treatment (precautionary).
 - (f) The member is seeking reimbursement.

B. PROCEDURES

- (1) The members section must be filled out completely. Place (N/A) in any spaces not applicable.
- (2) The "Physician Section" must be filled out and signed.
- (3) Forward the white copy to the Pension Office, retain the yellow copy, the

pink copy is for physician.

13.2 RECOMMENDED PROTOCOL FOR BASIC PHYSICAL EXAMINATIONS

EVERY YEAR AFTER AGE 50

- 1 Medical History and exam
- 2 Complete blood count
- 3 Urinalysis
- 4 Chemistry Profile (Chem 19)
- 5 PSA (males)
- 6 Hem occult
- 7 Complete Cholesterol profile
- 8 Chest X-ray

UPDATE IMMUNIZATIONS

- 9 TB
- 10 Hepatitis
- 11 Others, as needed

EVERY 5 YEARS BEGINNING AT AGE 50

- 12 Colonoscopy
- 13 Exercise treadmill test
- 14 Spirometry
- 15 Audiogram

FEMALE FIRE FIGHTERS

- 16 Pap Smear - yearly
- 17 Mammography - yearly

TELEPHONE NUMBERS

PENSION BOARD OFFICE	(206) 625-4355 or
FAX (206) 625-4521	1-800-993-3473
Dr. Thomas King	(206) 860-2348
Dr. Jeffery Meehan	(206) 329-1760
Dr. John Stimson.....	(206) 329-1760
SFD Business Office	(206) 386-1400
City Credit Union.....	(206) 398-5500
POISON CONTROL	(206) 526-2121 or
	1-800-222-1222
IAFF Local 27	(206) 285-1271
Relief Association.....	(206) 285-7651
B.S.I. Trust	(206) 859-2600 or
	1-800-203-0544
FIRE ALARM CENTER	(206) 386-1494
Medicare Hotline	1-800-633-4227
Blue Cross	1-800-722-1471