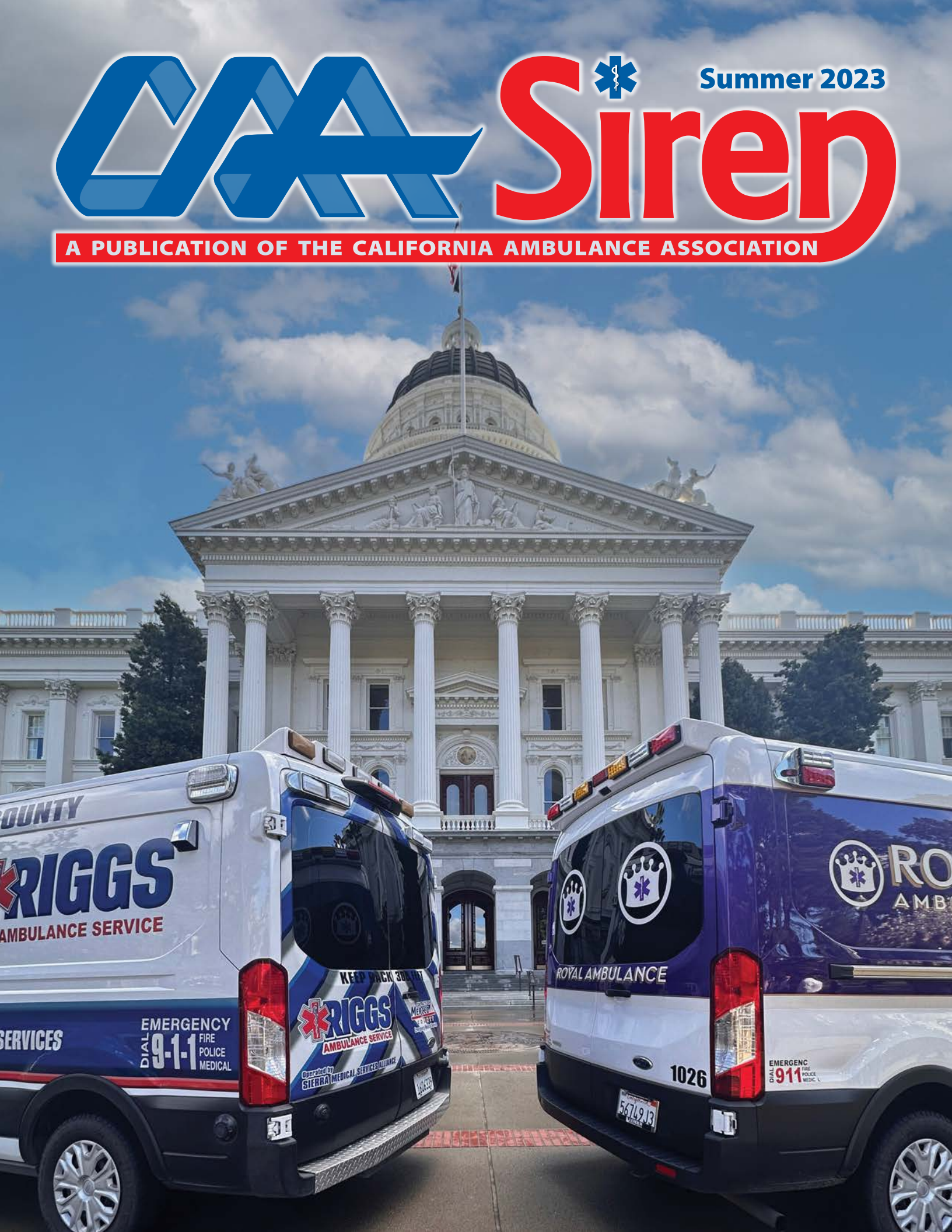
CAA Siren

Summer 2023

A PUBLICATION OF THE CALIFORNIA AMBULANCE ASSOCIATION



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CAA Vision

To champion the leadership, advocacy, education, and tools that empower California's private ambulance and mobile healthcare services to provide people-centered EMS systems and standards. The CAAs overarching role is to provide support for those who care for their communities.

CAA Mission

Be a recognized voice, advocate, and authority of best practices for ambulance providers throughout California.

CAA Leadership

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Editorial Information

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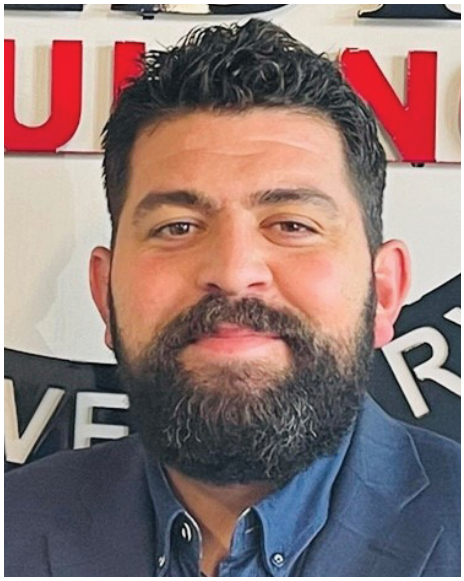
Circulation among California's private ambulance providers, elected officials and EMSA administrators.



President's Message

James Pierson
President
California Ambulance Association

I hope this message finds you in good health and high spirits. As the president of our esteemed association, I wanted to take a moment to reflect on our goals, celebrate our successes, and emphasize the importance of working together for the common good. Together, we have the power to strengthen our membership and make a positive impact on our local communities. First, let me express our gratitude for your dedication and commitment to the field of emergency medical services. Each one of you plays a vital role in saving lives, providing critical care, and offering comfort to those in need. Your unwavering service is the backbone of our association and the driving force behind our collective success.

One of our goals as an association is to foster an environment that promotes excellence in emergency medical services. I take immense pride in our accomplishments thus far in 2023. The 2023 Stars of Life event, which took place this past March, was record-breaking. This year had the most CAA Star of Life honorees and the most active amount of participant companies in our Stars history. It was such an honor to stand before our State's best and brightest EMS professionals. The stories, the people, and the organizations were an amazing representation of what our services and our professionals mean to California. Our association has continually advocated for improved regulations, and the law expanded resources, and increased recognition for the vital role ambulance services play in healthcare. This year sees the most legislative bills the CAA has sponsored in our history. We have united our voices to effect positive change at the local, state, and national levels, and we have made significant strides in elevating the status of our profession. While it is still far too early to know if our legislative efforts will cross the finish line this session, we know we have laid a solid foundation for the future.

I recognize that our work is far from done. To build upon our achievements and ensure a bright future for our association, we must strengthen our membership and enhance our local impact. We encourage each one of you to actively engage with our association, attend meetings and conferences, participate in committees, and share your expertise with fellow members. Together, we can continue to create a vibrant community that supports, uplifts, and empowers one another. Remember that we are not just colleagues; we are a family united by a shared purpose. Let us foster a culture of collaboration, respect, and support, where we celebrate each other's accomplishments and lift each other during challenging times. By working together, we can overcome any obstacle and achieve remarkable results for our profession and the communities we serve.

I want to thank all our amazing chairs and committee members. The strong work and dedication to tackling the gritty and critical issues facing our profession have been humbling to watch. The commitment of our chairs and committee members is as strong as any organization I have ever worked with, and it is an honor to lead such supportive and engaging leaders. Big Shout out to Carol Meyer (Legislative Relations), Todd Valeri (Legislative Relations), Donna Hankins (Payer Issues), Melissa Harris (Payer Issues), Jim Karras (HR Collaborative), Danielle Thomas (Education) and Steve Grau (Education). These individuals have been challenged with new and important items daily and have not stopped putting our members first.

In conclusion, I would like to extend my heartfelt appreciation to each member of the California Ambulance Association. Your dedication, passion, and unwavering commitment to excellence make us proud. Let us continue our journey with renewed enthusiasm, forging new paths, and making a lasting impact on the lives of those we serve.

Together, we are stronger, and together, we will create a brighter future for EMS! ✱

Executive Director's Report

Rob Lawrence
Executive Director
California Ambulance Association

It has been all go at the CAA! Our activities since our last update have been both considerable and memorable.

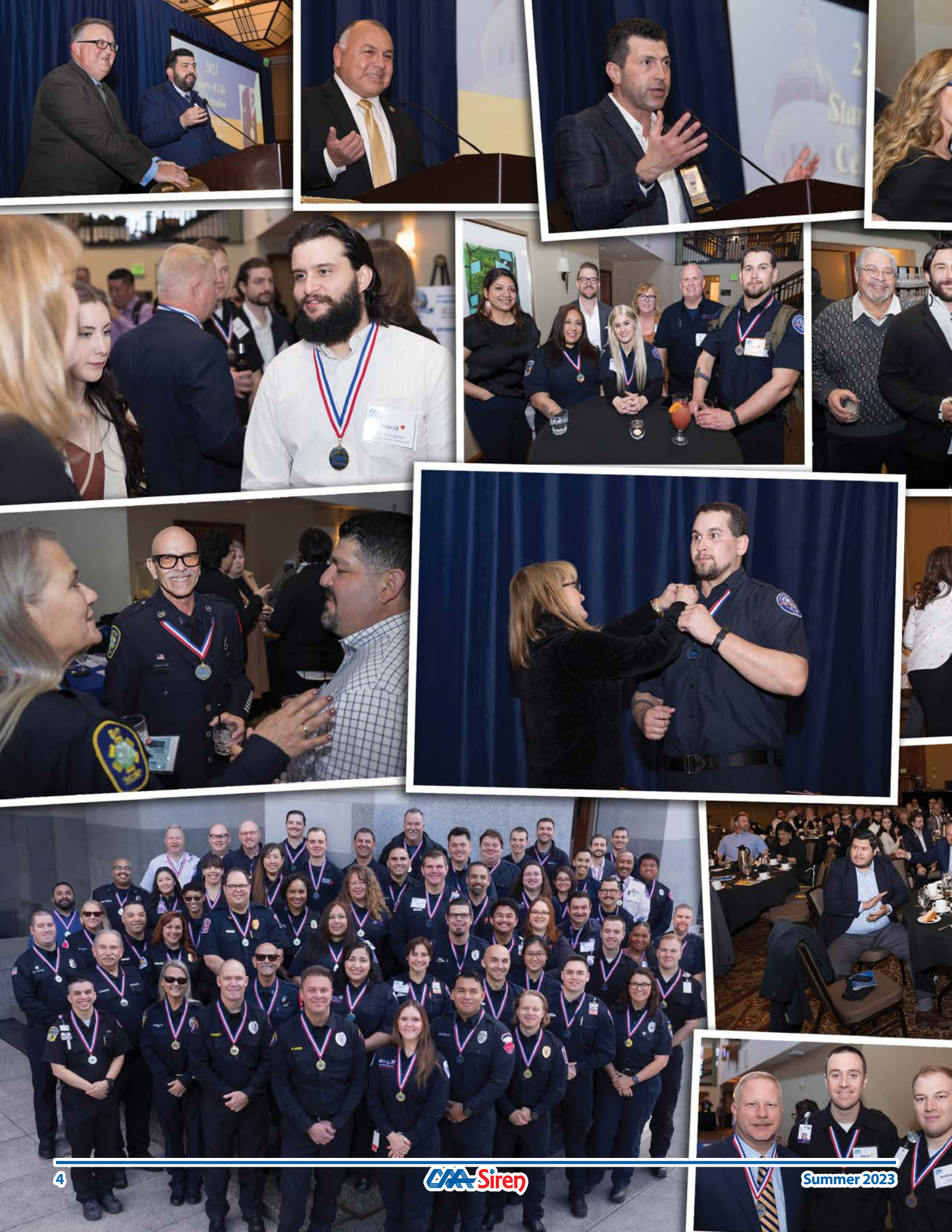
Who can forget our very memorable, and exceptionally well attended Stars of Life event in Sacramento back in March where we honored EIGHTY-FIVE Stars. We also continued our ongoing theme of using the event to provide a leadership discussion to our new stars from both previous stars, who have continued their success in California Ambulance Organizations as well as hear from our very accomplished women leaders. The event also saw a superb press event, in front of the Capitol Steps, led by our legislative champion, Assemblyman Freddie Rodriguez, continuing to promote our Fund First Responders campaign.

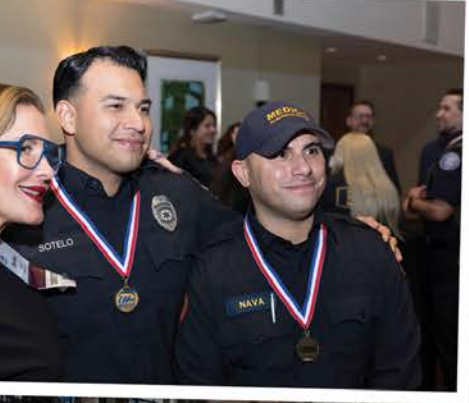
Committee work has been nonstop. All committee meetings have been well attended with essential information delivered and actions for the good and benefit of the association taken. The range of work has been impressive, the Payer Issues Committee has guided us through the opening chapters of the national cost collections work, through the legislative team, who have worked diligently and with purpose, both sponsoring bills and offering guidance and counsel to those involved with other pieces of legislation that impact the CAA and its members. Additionally, our volunteer CAA leaders and their wonderful employees have been front and center in the General Assembly to add presence and voice to a number of hearings in Sacramento. Without a doubt, that front and center presence delivers a key message of our intentions. Our HR collaborative has continued to provide monthly updates and, in each meeting, provides a 'deep dive' into an item of state HR law that affects us all.

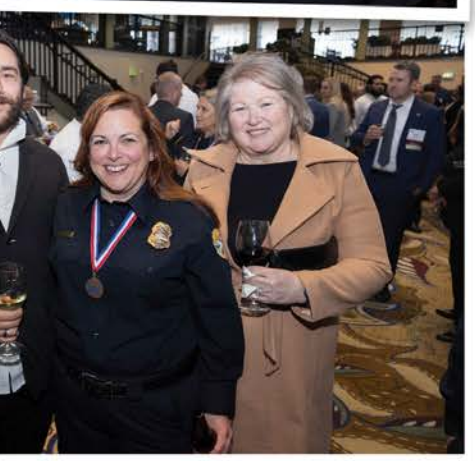
The Education Committee has worked diligently to plan our Stars conference, and as I write, lay out another exciting annual conference for us in Tahoe in late August, early September. Their newest project has been the very successful and well attended 'Ready, Next!' leadership series, developed with the intention of building our future leaders. Already, an extensive catalogue of topics and subjects (see the report in this edition of the *Siren*) have been delivered and are now available on demand for members on the CAA website.

Our Town Hall meetings continue to also be a crowd puller as we provide a significant amount of current information via our committee reports as well as the opportunity to welcome new members and offer a mid-meeting 'commercial break' to introduce new vendors that have joined the association as well.

Looking forward, we will be out in force at the EMS Administrators' Association of California (EMSAAC) conference in San Diego, where we will staff an exhibitor booth and, as I mentioned earlier, our annual conference in Tahoe. As far as CAA is concerned, there never seems to be nothing to do, which is a really good problem to have, as it demonstrates a vibrant association that is offering cohesion, collaboration, and progress! ✱







Former CAA Stars of Life Discuss Managing From the Middle

As part of our activities at the CAA Stars of Life, we invited previous CAA Stars back that had been promoted in their services to positions of leadership to offer their views on several topics. The panel consisted of **Brian Meader**, Regional Director of Operations for Medic Ambulance, located in Vallejo, **Mike Swanson**, Operations Manager at RIGGS Ambulance Service, Merced and **Max Lawrence**, Regional Manager at Royal Ambulance based in San Leandro, California.

Below is a selection of their abridged answers from the session:

Think back to the moment you started on the leadership ladder, what was the first thing you learned as a supervisor/ junior leader that you didn't know the day before?

Max Lawrence: I learned that first day was how we go about making change. Working in the field, you see a lot of the issues and problems that frustrate you and you think this needs to be changed, but it's not like we can just flip a switch and just have something change and be fixed overnight. So, it's more of learning the juggling of the time management and bouncing back and forth, spinning all the plates everywhere, and making sure that you are following a process and not making decisions blindly.

Mike Swanson: I think just learning how to look at the big picture when making decisions was the thing. I was at the company for nine years and knew the field side of it, but stepping over onto the other side, I learned how decisions are made and the effect they have on the whole organization.

Many of you have probably had help throughout your career. Tell us about your memorable influencers, mentors, coaches, advisors?

Brian Meader: My biggest influencer, who I've learned from most is Jimmy Pierson. He and I have worked hand in hand for the last 18 years that I've been with the service. He would be the biggest influence on my management style. But I also have learned from many others including my Field Supervisors – there are many people

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that make the wheel go round, and I took a little bit from everybody!

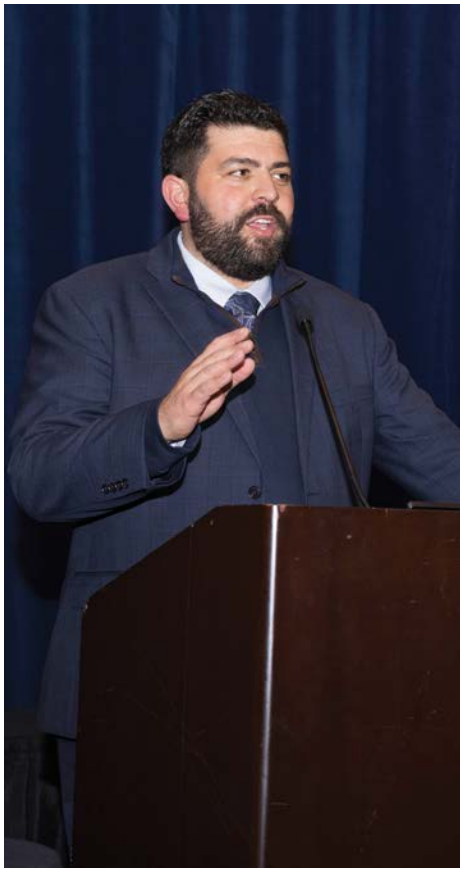
Mike Swanson: I learned a lot from my partner of five years, Sadie Eirich (CAA Stars class of 2023!). Everything I learned from her, I felt, helped me improve. My COO Carly Strong also provided many opportunities with the chance to start as a part-time supervisor and learn some of the ropes, see what the management side would be like without taking a full dive. I really appreciated everything they taught me. And they're here today!

Max Lawrence: Hasieb Lemar (COO Royal Ambulance) has been a tremendous influence. Throughout my career at Royal, he took me under his wing and guided me through this journey and has got me to where I am today. Also, Royal utilizes career coach, Greg Swanson, of the Warrior Mindset. I've been working with him for about five years, and he's been tremendous in taking an objective view of what I'm dealing with and helping me work through issues. They've been monumental influences for me.

How did you develop your leadership style?

Brian Meader: I took a little bit of everything from everyone, and this kind of formed me. You know, nothing's perfect, I learned a lot from mistakes as well. I can't sit here and say I've done everything a hundred percent perfect; I don't think anybody can, but I've learned from my mistakes and tried not to repeat the same mistake twice. That's what I look for in our current leadership under me. My approach is "Hey, you're going to make mistakes, we get that, just learn from it, and don't repeat."

Mike Swanson: I think my style comes kind of from some of our other supervisors, seeing how they do things. But also, you kind of develop your own way – I would think how I would want a supervisor to talk with me anytime I have an interaction with an employee, what I would want if I messed up, how I would want them to come to me. Also, I wouldn't ask staff to do anything I wouldn't do, and I try to be there for them.



How do you achieve work/life balance?

Mike Swanson: I think I'm still learning; I haven't been in this position for a year yet. First, I would check my email constantly, even on the weekends and my phone and everything. I think trusting the people that you have on duty when you're not there is key, knowing that they are going to handle business. They can come to you if they have an emergency or something that may be time sensitive or something that can't wait. But everything else, I'm like, it's okay, I can get to this on Monday when I come back into the office. Try to have that separation.

Brian Meader: I firmly believe in work, home life balance and it's something I preach. We all know, in our position, we're open and need to be available 24 hours a day, right? But there's also a need to educate those on duty as to when to pick up the phone and when to act and then pick it up on a Monday once the weekend is done.

What are some of your future goals for yourself and for the organization where you work?

Mike Swanson: I would like to continue to learn this position. Carly Strong has been influential with me, teaching me the ropes, learning more about the whole company. Every single day I learn something new, something comes across my desk that I've never experienced before, a problem that I've never dealt with before. So, I think just building on that is my goal right now.

Max Lawrence: A big focus of mine is concentrating on my team of 12 to 15 operations supervisors and managers and building them up to make sure that they have all the resources and the support that they need. As I'm learning this myself, I just want everybody to know so I think providing training and education around that to get them to that point is super important for the success of Royal Ambulance.

Brian Meader: I've been Regional Director of Operations for four to five years, and I feel like I only know 25% of the job. I want to become a better leader and a better manager and soak in knowledge of those that are around me.

How do you handle conflict within your team and ensure everyone is working together effectively?

Mike Swanson: Communication again is how you deal with any sort of problem. If I have two employees that aren't getting along, I'll bring them in, maybe separately, have a conversation with them about what their problems are, that way they feel at least heard. I think, once they feel heard with their concerns or their problems, then if it's possible to get together and have that conversation so we can all be on the same page. We all must be professional; we must work with each other. We have tons of different personalities, everybody's different, but after talking things out with them, it was resolved.

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Brian Meader: I'm a firm believer that a breakdown in communication is the root of every single problem. If we have two employees that aren't getting along and it's affecting the operation, I try and give the employees the autonomy to fix the problem themselves without me getting involved. I ask them to talk to one another, figure out the problem. If I get involved, it completely changes the dynamic. A lot of times, once they talk to one another and communicate, it's problem solved. That said, if it's an immediate threat to efficiency and productivity at Medic, I will jump in though, because that's bad for business!

What keeps you awake at night?

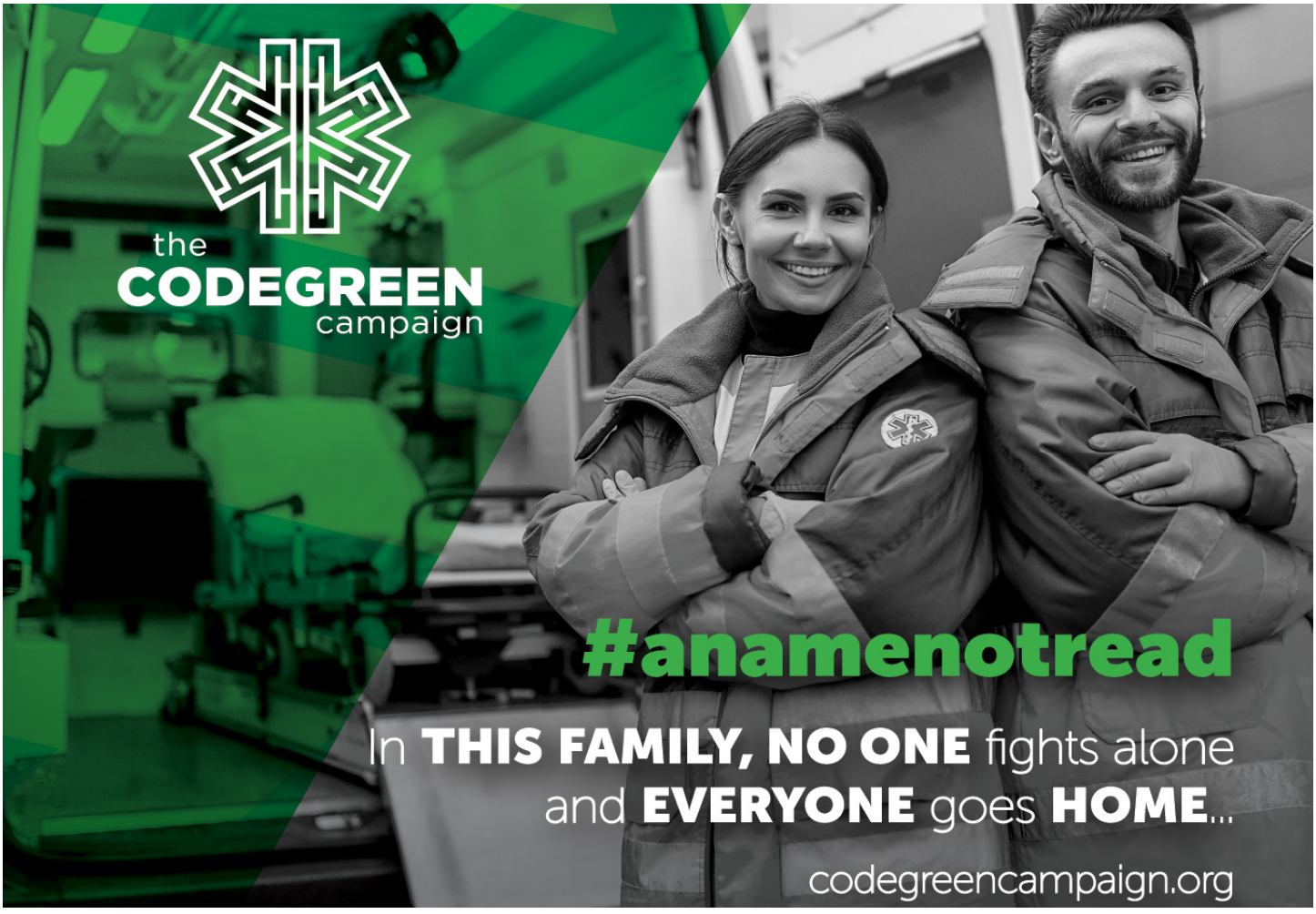
Mike Swanson: Not having paramedics! One night recently, our staffing levels were low, we had a couple of sick calls, and I just could feel what it was like for the small number of staff that we had working. It bothered me, I knew what they were going through. I knew they were still having to pick up the slack for the people that weren't there that day. That gets in your head, and you do what you can to try to prevent that from happening but yes, that keeps me up.

Brian Meader: Staffing absolutely keeps me up at night. I'll tell you right now, I am my own worst enemy when it comes to anything – it could be something that has no consequences and I'll think about it. If I need that 3:00 am glass of water and I'm like, "Shoot, did I do that correctly?" and I'll beat myself up for an hour, you know, stay awake at night, then I'll wake up and have a cup of coffee. I'm like, "What are you thinking, Brian? That had nothing to do with anything, right? Like, what are you worried about?" So, I think about the small stuff, you know, and 90% of the time, by the time I wake up, it doesn't matter.

What is your message to our new stars?

Brian Meader: If there are doors you want to open, open them! The world is your oyster, if you want to become a supervisor, what's stopping you, become one. Tell management and make those expectations known and start to open those doors.

Mike Swanson: I would say jump at any opportunity your company gives. I became an FTO right when I first could. I loved that. I loved the educational side of it. We have a tactical team, I jumped on that. I jumped on the part-time supervisor. So anytime an opportunity came up, I just went for it. I wanted to try new things at the company. If I didn't like it then, then I would have no regret that at least I tried it out. So, if any opportunities come, I would say, go for it. ✱



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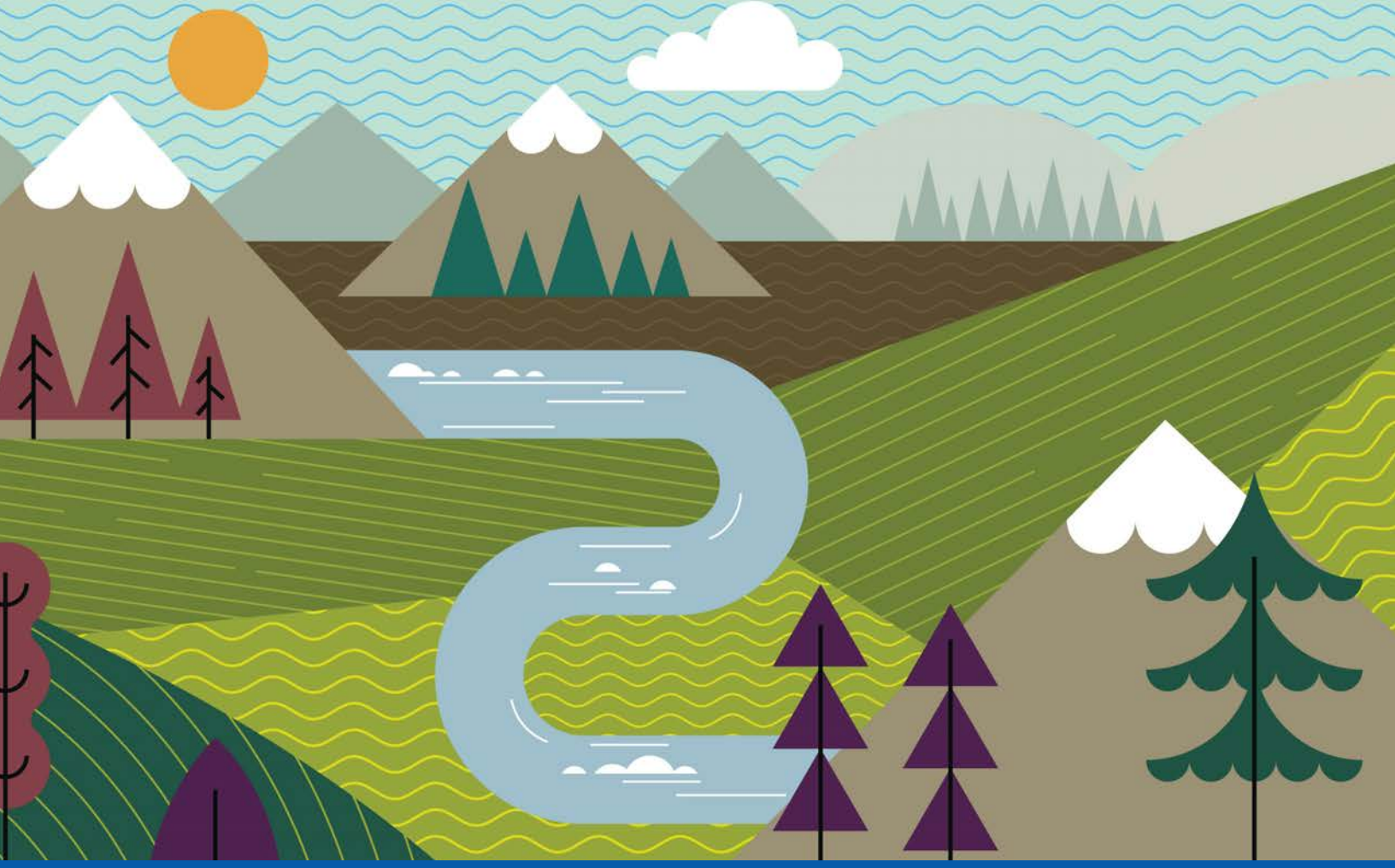

— SAVE THE DATE —

Important CMS Ambulance Cost Data Collection Steps for 2023

Donna Hankins
Chair, CAA Payer Issues Committee

Ambulance providers are most likely working on cost reporting or preparing to collect their data. Fifty percent (50%) of the EMS organizations have been collecting their ground ambulance cost data over the course of 2022 for reporting by May 2023. The other half of the EMS organizations are reviewing the newly released "Year 3" and "Year 4" lists to begin cost data collection in January 2023 for reporting by May 2024. This task is to comply with the new CMS Ground Ambulance Data Collection System. For the last several years, the AAA and the ACE faculty have been performing workshops and webinars about these new cost collection requirements because the data collected will be used to reform the Medicare Fee Schedule and the way EMS organizations are reimbursed for years to come.

We want to highlight the steps EMS organizations should be taking today to facilitate the collection of accurate cost related data. Due to the way the Ambulance Cost Data Collection Instrument asks for certain information, you and your team must capture some data at the beginning of the collection period. It will be difficult, if not impossible, for organizations to retroactively capture this data.

1. Subscribe to AMBER

Knowing that there are significant differences amongst EMS organizations when it comes to the various processes and software platforms where cost data might be housed, the AAA decided to create a software platform specifically designed for the new Medicare Ground Ambulance Cost Data Collection System. AMBER is a web-based software built to model the CMS Cost Collection Tool and follows the same skip-logic. EMS organizations can start and stop, go back, and adjust data; the tool includes an error checker that makes it easy to identify mistakes, or possible mistakes during data validation.

AAA members already have access to Amber as part of their membership, but Amber is available to all EMS services regardless of AAA membership or service type. To log in or request free access, visit *https://emsamber.com/.*

2. Verify the Information in PECOS and with your MAC

PECOS is the Provider Enrollment and Chain of Ownership System utilized by Medicare for provider enrollment and revalidation. It is important that the organization verifies all the data about their organization in PECOS, specifically the ownership, contact address, and managing employee information. You want to ensure CMS has the correct contact information in case they need to notify your organization relative to your cost data collection process. If your organization was selected but you have not been notified by your Medicare Administrative Contractor (MAC), it could be because your information is not up to date.

If you were selected for data collection in 2022, you should have already received a notification from your MAC. This notification includes that your organization was selected and that you need to notify the MAC whether your organization will report on a calendar or fiscal year. Whether you have received this notification or not, you should contact your MAC to confirm this information and ensure that they have noted your collection year in their system. If you do not, the default designation is reporting on a calendar year. You will create additional work if this is not how your organization currently accounts for your financial data.

If you have not been selected for data collection in 2022, you will be selected to collect your data in 2023. The year 3 and 4 lists were published by CMS on November 7, 2022. However, you should know that any EMS agency that billed Medicare for transports will be reporting their data this year or next year.

3. Create a Personnel Snapshot

Section 7 of the Medicare Ground Ambulance Cost Data Collection Instrument seeks information about the labor costs at your EMS organization. Organizations will

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be providing the total compensation and hours for their employees by employee category.

The Instrument asks organizations to report individuals based upon the position they held at the **start** of the data collection period. If an employee progresses from an EMT to Paramedic during the course of the year, the instrument requires that the new paramedic's hours and compensation be in the EMT category.

There are a few possible ways that organizations can ensure that they report their labor costs consistent with the Instrument's instructions. The easiest is to take a snapshot of the personnel roster at the beginning of the data collection year. This ensures that any employee who changes position during the year is tagged and reported appropriately. Many of the scheduling software platforms have an existing "other" identifier field in the administration set up for employees. Also, most payroll software platforms have canned reports in their reporting suite that identify employees with status changes during a particular period. Lastly, you can simply keep a list of any employee who, for reporting purposes, you need to go back and adjust your compensation and hour reporting to ensure you have accounted for their costs consistent with the Cost Collection Instrument.

4. Track Volunteer Time/Hours

Also, in Section 7 of the Instrument, organizations who utilize volunteer labor are required to report the number of hours their volunteers worked during the data collection period. Many EMS organizations who utilize volunteer labor do not currently track their volunteer's time. The organization must establish a process for ensuring that they have a method for tracking the working hours of their volunteer employees during the reporting period. This can be done utilizing various software or manual processes. Whichever way your organization decides to track this information, it will be easier to start the data collection period with an established process.

5. Update/Modify Your Dispatch System & Processes

The Cost Data Collection Instrument requires that the organization report their ***average trip time*** (in minutes) across all service levels (BLS, ALS, etc.) in your primary service area. This is calculated from the time the ambulance leaves the station to when that ambulance is available to take another call.

To ensure that you are capturing the data consistent with the Instrument's definition of "average trip time," organizations can either make adjustments to their dispatch software or simply ensure that your dispatchers/communications personnel are accounting for the time it takes your ambulance to return to their service

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area where the ambulance is "available to take another call." For many services transporting long distances to destinations outside their service area, the ambulance is not "available to respond to another call" when they clear the receiving facility. Failing to account for this time is truly not providing CMS with an accurate picture of the costs of providing ambulance services.

6. Snapshot of Vehicle Mileage

Section 9 of the Cost Collection Instrument seeks the total number of miles the organization's vehicles traveled over the course of the data collection period. The easiest way to get this information is to take a snapshot of the starting mileage on all vehicles (ambulance and non-ambulance) at the start of the data collection year. The agency can take another snapshot at the end of the data collection year. This will ensure that the total agency mileage can be captured for all vehicles for the data collection period.

7. Check Payor Categories

Section 13 of the Instrument asks the EMS organization to report all revenues received by the organization, including those not related to the provision of ground ambulance services. The instrument requires that the organization report revenues in the following payor categories:

- Medicare
- Medicare Managed Care
- Medicaid
- Medicaid Managed Care
- Tricare
- Veterans Administration (VA)
- Commercial Insurance
- Worker's Compensation
- Patient Self-Pay

Many billing software platforms do not distinguish between a standard commercial payor and a worker's compensation payor. It is important that organizations make modifications to the payor set-up in their billing platform to ensure that they can easily sort revenue information according to the required payor categories.

Conclusion

These seven steps are a few that we believe are critical to ensure that your organization can more easily and accurately collect and report your ground ambulance cost data. We believe that cost collection is an important step in our profession's evolution. Cost Reporting will frame the reimbursement structure for years to come. Additionally, failing to report your data to CMS will result in a 10% penalty on all reimbursement from Medicare for a full calendar year.

The AAA has created numerous resources and tools to assist you and your team when preparing and completing the Cost Collection Instrument. These can be found by visiting the Cost Collection section of the AAA website. Contact *hello@ambulance.org* if you have any questions or need assistance.

Ready, Next!

Building Our Future Leaders Education Series

As part of a new CAA offering to provide continuing education to our new and junior leaders and managers, the CAA education committee created the 'Ready, Next' series of lectures that allow Subject Matter Experts (SME) to provide focused sessions on subjects that newly appointed managers and leaders need to know. While only in the opening phase of the program, some remarkable subject from a great array of guest lecturers has already been delivered. All Ready, Next subjects are recorded and available on demand via the CAA members area of our website.

Subjects that are already curated in our Ready, Next catalog are (and the collection is growing steadily):

How Operations Impacts Revenue Cycle – Donna Hankins, American Ambulance

Donna provides a look behind the curtain at ambulance revenue to understand the critical role operations plays in collecting and validating patient demographics, treatments, and care to ensure compliance and reimbursement for the service.

Leading with Data: Unleashing EMS Leadership Excellence Through Metrics and Insights – Brendan Cameron – Lifeline Ambulance

Brendan explores the power of data analytics in the EMS field, emphasizing the importance of monitoring metrics and KPIs for valuable insights. Leaders will learn the critical role of data integrity as the foundation of reliable reporting. Real-life examples of custom reports and tracked metrics will be showcased, delving into not only the data itself but also its deeper meaning. Brendan's session empowers listeners to translate analytics into actionable insights, revolutionizing EMS operations and decision-making for a data-driven future.

Leadership 101 – Rob Lawrence – California Ambulance Association

Rob breaks leadership down into its component parts looking at leadership styles, approaches and how to adopt the 'golf bag approach' to leading. He discusses self-awareness, empathy and relationship building qualities of the leader and offer his own six principles of leadership – Pride, Integrity, Learning, Humor, Service and Courage – all essential to lead and lead well.

Implicit Bias, Malpractice and Murder – What Leaders Must Know – Doug Wolfberg – Page, Wolfberg & Wirth

The recent high-profile cases where EMS providers have been charged criminally following patient deaths have raised a plethora of issues that EMS leaders must recognize and navigate. The bad behaviors exhibited by EMS providers in these cases – which were captured on video – were likely not the first times these providers acted badly. Why did supervisors, managers and agency leaders choose to ignore these behaviors until they resulted in death, criminal charges and malpractice cases? How can leaders prevent the "normalization of deviance?" What role does implicit bias play in provider conduct? How can leaders help their people recognize and neutralize these very human biases and ensure they do not impact their care? Doug Wolfberg, a national EMS leader and attorney, addresses these and other important topics.

Leadership and Documentation: The Vital Role of EMS Leaders in Improving Your PCRs – Doug Wolfberg – Page, Wolfberg & Wirth

In this session, Doug Wolfberg suggests that the quality of your organization's EMS documentation is a "make or break" issue. It directly affects your reimbursement, compliance and liability exposure. The leaders – and aspiring leaders – of EMS organizations must play a vital role in establishing clear documentation expectations for your providers, and making sure those standards are upheld over the long run. How do leaders establish clear expectations? How do you motivate your employees to exceed?

Documentation for Leaders – Melissa Harris, Ambuserv Ambulance and Danielle Thomas, LifeLine EMS Ambulance Service

This Ready, Next session will define medical necessity and why it's important. Examples will be provided.

Investigations - Brian Meader - Medic Ambulance Service

Brian identifies best practices for completing a comprehensive investigation from start to finish. Whether investigating a customer complaint, vehicle accident, employee issues or other unusual occurrence. This class is ideal for an upcoming or entry level supervisor. ✱

Why You Should Care About the People in the Box

Danielle Thomas, NRP
COO, Lifeline Ambulance

I met with a Critical Care Transport RN last month – a check-in, feedback on culture, and her experiences with our Operations and Communications teams. Could have been better, but some great communication. We didn't see eye-to-eye on the why and how of an EMS system, but I listened, I explained, I defended, I apologized, I rationalized, I felt grateful and angry, and inspired and disappointed. The instances she wanted to discuss initially didn't seem like such a big deal. Was this another hour of my life that I could never get back?

And then, in minute 54, she was brilliant. She said something that placed it all into perspective for me, and I have been obsessing about it for 26 days now.

"You should care about the people in the Box," she said. I purposefully paused. Care? I care so much, I care too much, all I do is care, and everyone tells me to care less.

We chatted about our break policy. Different states have different rules and different labor laws. As a non-expert in labor law around the nation, I can speak with some knowledge about the states I have worked in, consulted in, or employed colleagues. Breaks in EMS are not a planned thing. Many states have exclusions for emergency providers, ensuring that the work can come first without labor law violation. In California, Prop 11 allows EMS professionals to be "on call" while "on a break" to ensure that treatment and transport can continue when needed rather than when the company wants to do the work. Seems appropriate, no? This protects Private Ambulance Services from labor lawsuits.

In the Boston area, I never once asked for a break in the ambulance. In retail, we had two "fifteens" and our "thirty." Folding shirts and ringing up dress sales was less of a lifesaving intervention, although I argue, quite important. But as a Paramedic, I never once thought I deserved a break. I took a break, drove, or in between calls; I'm pretty sure I did all my holiday shopping one year during a shift. Was that the right thing? 25 calls in 24 hours with 23 transports? That was a busy day. Was I tired? Sure. Was it safe? Maybe not. This RN advocated for her crew and herself as they dealt with high acuity back-to-back runs and couldn't understand why they couldn't stop when they were hungry or needed a minute.

Caring about people "in the Box" requires leaders to think a bit differently. We spend so much time using words like "innovation." Maybe throw in a "progressive" or one of my favorites, and note the sarcasm, "State-of-the-art." We write our RFP submissions and proudly profess how we are "premier," "industry-leading," and "transparent." That sounds competitive and differentiating if you want to focus on recruitment, not retention. A quick poll of 20 or so private ambulance services resulted in an average of $4,100 spent to onboard a new employee before they became "revenue producing," another one of those cringe-worthy statements. Wouldn't it make more sense to replace less by keeping more? Wouldn't it save money and gain traction? Keep the seasoned, trained EMSers. Most EMS providers become more confident and competent with time. I'm not talking about the rule breakers, the affective domain nightmares, or those not meant for EMS or public service. Take the time to connect and retain the bright, driven, and noteworthy rising stars. Those who challenge us are worth the look. Those who ask why, the curious, are worth the conversation.

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People in the Box – *continued from page 13*

Let's bring it in and recap. The RN was right, not entirely right, but 8/10 on the correct scale. The experiences of her crew, their perception of our systems and operation, how they felt rushed and not as valued, or how their negative organizational thoughts grew when we didn't give them the big picture, let alone the details. They create their own narrative. Read that again for the people in the back.

When we do not take the time to explain the "Why," the "Why" is made up; I guarantee you the made-up version is not the optics you want.

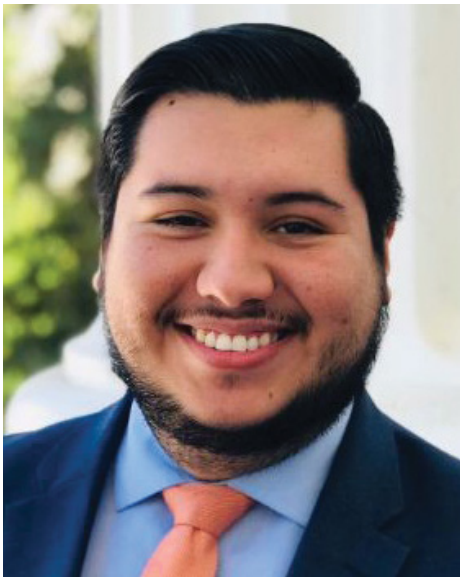
Now you get to decide.

Do you care enough about the people in the Box? The people in your ambulances. Do you care enough to keep them there? They initially may want to be there. Maybe short term, perhaps a career, but they want to try and do good. Why are leaders so intent on not sharing info and creating optics of smooth, well-run operations where execution and efficiency are above all else? One could argue that the bottom line or our ability to deliver service to timely and extraordinarily hard-to-meet expectations in a somewhat unpredictable industry drives our actions to achieve these standards. If your people in "the Box" are proud to wear your patch because they genuinely believe in the organizational mission and know the "Why," they are more apt to stay, and as Simon Sinek says, "Start with Why." One could argue, it is just not a focus of leadership, because sharing with people takes time.

Take the time to explain and connect with your "in-the-Boxers." The team of front liners who show up and treat/transport our community members each day, sometimes multiple days in a row. Your refusal or inability to share information primarily results in resignation, quiet or loud. Change the narrative just by writing it and being truthful. Please don't force your Boxers to make it up.

This week, stop trying to think "out of the Box" and focus on those in it. Connect, explain, share ideas, and most importantly, listen to their point of view to gain perspective. Maybe not "a perspective" or "the perspective" but some perspective. Every day for the past 24 days, I listened, lunched, worked with, and lifted alongside some Boxers who fight the fight every day. You may be viewed as against them if you're not with them.

Make it a win, win! ✱



Legislative Update

Dorian Almaraz
Prime Strategies of California, LLC

This year, the California Ambulance Association (CAA) is leading and sponsoring three bills – AB 55 (Rodriguez), AB 902 (Rodriguez), and AB 1376 (Carrillo):

AB 55 (Rodriguez): This was our 2023 signature bill that was to establish a "workforce adjustment" supplemental Medi-Cal payment for emergency and non-emergency ambulance services, to establish overall payment for ambulance services at 80% of the Medicare rate, for ambulance services provided by private medical transportation providers who raise wages for several classes of employees. Regrettably, it did not make it past the appropriations Committee. We would like to thank all of our coalition partners including other associations and our labor unions (SEIU, AFSCME, and USW), as well as Assembly Freddie Rodriguez's office. You haven't heard the last of this issue!

AB 902 (Rodriguez): This bill requires the owner or operator of a toll facility, upon the request of a public or private local emergency service provider, to enter into an agreement for the use of a toll facility, including, but not limited to, being exempt from toll payment.

AB 1376 (Carrillo): This bill clarifies this ambiguity by ensuring that ambulance services are not liable for the detainment when requested by authorized personnel. Under current law, specified personnel have the authority to detain an individual who is undergoing a mental health episode. Often times, this is conducted by local law enforcement officers. As these officers are typically consumed with other duties, they will call an ambulance service to transport the detained patient to the appropriate healthcare facility. This can help destigmatize mental health, as being in the back of a law enforcement vehicle can portray criminality, compared to the back of ambulance which signifies this individual is a healthcare patient. However, there is ambiguity in California law as to whether ambulance services have the authority to continue the detainment of the patient in transport to their facility.

This year, CAA has so far supported one other bill – AB 40 (Rodriguez):

AB 40 (Rodriguez): This bill requires the Emergency Medical Services Authority (EMSA) to develop a public education campaign related to the use of the 9-1-1 service, and to develop a system requirement for an electronic signature for use between the emergency department (ED) and an Emergency Medical Technician (EMT) that captures the points in time when a hospital receives notification of ambulance arrival and when transfer of care is executed for documentation of ambulance patient offload time (APOT). This bill also requires every local EMS agency to develop an APOT standard not to exceed 30 minutes, 90% of the time.

This year, CAA has, so far, opposed one bill – AB 1168 (Bennett):

AB 1168 (Bennett): This bill overturns the existing "Oxnard" decision, and instead, requires a city or fire district that contracted for, or provided, as of June 1, 1980, prehospital emergency medical services (EMS), to be deemed to retain its authorities regarding, and administration of, the prehospital EMS when a city or fire district enters into an agreement with a county for the joint exercise of powers regarding prehospital EMS, or ceased to contract for, provide, or administer prehospital EMS as a result of a judicial finding, or contracts with a county to provide prehospital EMS in areas outside of that city or fire district. CAA continues to work with an opposition coalition comprised of ambulance providers and county officials.

This year, CAA is monitoring numerous bills, including, but not limited to, the following:

AB 716 (Boerner): This bill deletes the direct reimbursement requirement that allows medical transportation services providers to bill enrollees and insureds (for sums not paid by the health plan or insurer) and instead requires a health plan contract or a health insurance policy issued, amended, or renewed on or after

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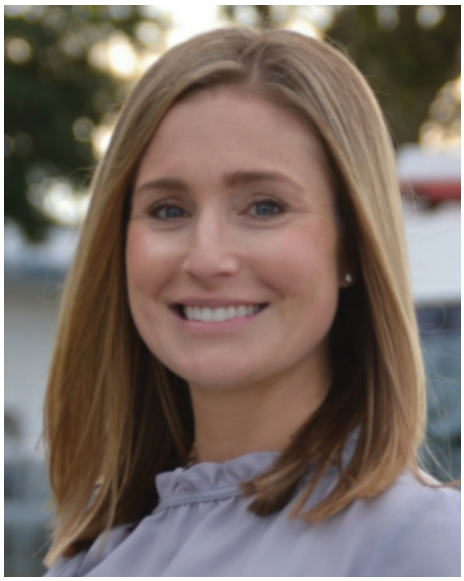
January 1, 2024, to require an enrollee or insured who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost sharing amount that the enrollee or insured would pay for the same covered services received from a contracting ground ambulance provider. This bill also prohibits a noncontracting ground ambulance provider from billing or sending to collections a higher amount, and prohibits a ground ambulance provider from billing an uninsured or self-pay patient more than the established payment by Medi-Cal or Medicare fee-for-service (FFS) amount, whichever is greater. This bill also requires a plan or insurer to reimburse for ground ambulance services at the authorized rate for the specific exclusive operating area, unless it reaches another agreement with the noncontracting ground ambulance provider.

AB 767 (Gipson): This bill adds short-term, post discharge follow-up for persons recently discharged from a hospital to the list of eligible community paramedicine services and requires the Emergency Medical Authority (EMSA) to amend existing regulations to include that service. This bill also extends the sunset date of the community paramedicine program from January 1, 2024 to January 1, 2031.

AB 1028 (McKinnor): This bill removes the requirement that a health practitioner make a report to law enforcement when they suspect a patient has suffered physical injury that was caused by assaultive or abusive conduct. Instead, this bill requires the health practitioner to provide counseling, education, or other support; offer to make a direct connection between the patient and a survivor advocate; and offer a referral to domestic violence or sexual violence advocacy services.

SB 525 (Durazo): This bill would require a health care worker minimum wage of $25 per hour for hours worked in covered health care employment, subject to adjustment. The bill would provide that the health care worker minimum wage constitutes the state minimum wage for covered health care employment for all purposes under the Labor Code and the Wage Orders of the Industrial Welfare Commission. The health care worker minimum wage would be enforceable by the Labor Commissioner or by a covered worker through a civil action, through the same means and with the same relief available for violation of any other state minimum wage requirement. By establishing a new minimum wage, the violation of which would be a crime, the bill would impose a state-mandated local program. This bill would require, for covered health care employment where the employee is paid on a salary basis, that the employee earn a monthly salary equivalent to no less than two times the health care worker minimum wage for full-time employment in order to qualify as exempt from the payment of minimum wage and overtime. ✱



Carly's Corner

Carly Strong
Chief Operating Officer
SEMSA/Riggs Ambulance Service

The Pros and Cons of 24-Hour Shifts

For decades, EMS systems have operated with 24-hour shifts, and some up to 72-hour shifts. This was not abnormal, and, in fact, was one of the draws to our industry. Individuals tossing around career ideas were enticed by the idea of making a good living while only working 2-3 days per week. This type of schedule allowed for several days off in a row without the use of PTO or vacation time to obtain them.

Now, especially after the pandemic, EMS systems are being overutilized and in return, our 24-hour shifts are suffering from more demand and less downtime. In most systems, 24-hour shifts have become a thing of the past unless they are in a rural area, or on an air ambulance. Is this the end of 24-hour shifts in most EMS systems? What will the effects be if we no longer have 24-hour shifts?

Let us take a look at the pros and cons of 24-hour shifts from an employee and operator standpoint. For employees, 24-hour shifts offer the opportunity to condense your workweek and then have several days off in a row. With this block of time off you can fully decompress, spend time with family and friends, travel, further your education, etc.... 24s were also ideal for employees who had a longer commute, particularly for those living outside the service area. With gas prices soaring, driving to work a couple times a week for a long shift vs driving multiple times per week for 12-hour shifts could also be considered a cost saving. Having a block of days off after working 24-hour shifts allows us to get the rest and relaxation needed to come back to work fit for duty.

From an operator's standpoint the demands on our system are really putting a damper on our 24-hour shifts with the exception being in rural areas with a lower call volume and population. We are seeing our crews being overutilized with unnecessary Inter Facility Transfers (IFTs) and EMS as a whole often being used as a primary care service. The demands placed for our 24-hour crews is unlike any other and not something we can likely curb. Despite our efforts, due to overutilization of EMS systems, our crews often do not get breaks during their 24-hour shifts. When our crews are unable to take their breaks, employees can end up having to pay for additional hours at a premium rate for missed breaks, even when it is out of their control. With the frequency of this increasing and the inability to correct the problem, the idea of eliminating 24-hour shifts often comes to mind.

So, the question is, are 24s a thing of the past? Sadly, that seems to be the way things are headed. The scary part of this is the employees we may lose if we move away from 24-hour shifts. I know from my own operation that I have employees who come from out of town for work and would probably leave for other, closer to home employment, if we no longer had 24-hour shifts available. Another question to consider is, are these extended shifts actually healthy for our employees or are we just so used to them being "a part of EMS" that we can't imagine our systems without them?

Extended shifts have a place in our systems whether we run rural or metro systems, or a combination of both. We are all facing a staffing crisis and there is not a close end in sight. If we take away 24-plus-hour shifts from our systems, we will only tie our hands even further in covering the unit hours necessary to meet our contractual obligations.

If we are not bound by our contracts with set downtime on extended shifts, what are we doing to monitor fatigue and provide fatigue mitigation? If extended shifts are part of our union and county

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contracts, then we should focus our efforts on mitigating the factors contributing to excessive fatigue on our crews, not just our 24-hour crews. Unnecessary IFTs, and the use of EMS crews as primary care services are one area that operators can look into, and possibly find, some relief for our crews.

Education to the public and hospitals on these two topics is one way to help alleviate the issues. Most hospitals are suffering from a staffing crisis like EMS providers. This places a great stress on them to get patients transported out and keep throughput running smooth. What I have seen as this cause in my own organization is an increase in IFTs that are requested at a higher-level care than they need simply because the hospital will get an ambulance sooner. This practice utilizes our units unnecessarily and increases the workload for our already strained crews. I have found it helpful to meet with physician groups at the hospitals and educate them on the importance of utilizing the right resource for the right patient and how damaging it is to use a 911 ambulance when it is not truly needed.

Public outreach and education on when to call 911 are very important. Throughout my nearly 20-year career in EMS, I have seen all too often the misconception the public has surrounding ambulance transportation, mainly that you get seen immediately for any ailment as long as you're taken in by ambulance. This misconception alone creates misuse of our EMS systems, not to mention the lengthy wall times once we get to the hospital.

When we look at the factors outside of our control, and at times outside of our contractual agreements, that are increasing the workload on our crews it does not seem that 24-hour shifts will go back to the good old days of grabbing naps to get you through your shift. If we want to keep 24-hour shifts around we need to monitor fatigue, educate the parties that misuse our systems to reduce overutilization, and consider how we can adjust our schedules to support the 24-hour crews.

Payer Issues

Donna Hankins
Chair, CAA Payer Issues Committee

Using Clearing Houses

If you are tuning into the CAA Reimbursement Town Hall on the third Wednesday of every month at 9:30 am, you are already learning about the ideas the CAA is sharing about automation and streamlining tasks. One of the biggest tools that can impact an ambulance provider is the addition or expansion of a clearinghouse. With minimal exception, ambulance providers are required to submit electronic claims to Medicare. Utilizing a clearinghouse for other insurances will improve claim management and streamline payments. In most cases, the ambulance billing software vendor will have recommendations for which clearinghouse works best with the billing software.

The process of submitting medical claims can be complex and time-consuming, particularly for ambulance services. The traditional paper method (1500 claim form) is becoming more cumbersome as insurances create nonstandard requirements for supplying information. A clearinghouse is a third-party organization that facilitates the electronic exchange of information between ambulance providers and insurance companies, processing and transmitting ambulance claim information to the insurance in a standard format (typically the 837p format).

Getting started with a clearinghouse requires setup and configuration by the ambulance provider for each insurance. The ambulance software used by the provider will need to export claims to an 837p claim file which will include the unique "Payer ID" of each insurance. Prior to initial claim submission, the ambulance provider must verify if enrollment steps are required for the 837p (CLAIM) or 835 (ERA) files for each Payer ID. And the ambulance provider needs to make a determination to continue receiving paper checks or if the provider can move to an electronic bank payment (ACH).

One of the best ways to select a clearinghouse (after consulting with your software vendor) is to look at the "Payer List" of the clearinghouse and match the payers on the list with your company's largest insurance. You can also verify with that payer or other ambulance providers the outcome of submitting claims electronically for ambulance providers. For example, Blue Shield or Kaiser insurances may require a PCR to validate the claim so submitting through a clearinghouse will require that you upload an attachment or continue to send the claim on paper.

When you send a claim electronically, the clearinghouse verifies the patient, service, and insurance information, performing an "audit" to identify any concerns. If cleared, the claim is processed by the clearinghouse and sent to the appropriate insurance company for payment. The clearinghouse also provides validation that the claim was sent (and received) by the insurance, and tools to follow up on unpaid claims. Finally, the clearinghouse has support to resolve any issues that arise during the claim processing. For example, some clearinghouses allow submission of an attachment to resolve denials due to missing paperwork (versus mailing an appeal).

In addition to processing claims, a clearinghouse can provide other services including insurance verification (individual or in batch), patient address verification, electronic remittance advice (ERA) data, and denial management. These services help ambulance providers improve the accuracy of claims and expedite payments resulting in streamlined operations. ✱

CALIFORNIA AMBULANCE ASSOCIATION

CAA Newsletter Advertising Policies & Agreement to Advertise

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(916) 239-4095 - phone • (916) 924-7323 - fax
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Unless otherwise stated, ads for this publication will be printed in full-color.

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Full Page	(8½"W x 11" H)	$750	$675
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