



*Highlights from
AAA/CAA Joint
Reimbursement
Conference*





Chairman's Message

Partnering with Our National Association to Benefit You

by Dana Solomon, Chairman of the Board



Dana Solomon

Once again, our members answered the call. I can't thank all of you enough for being a part of the Annual Reimbursement Conference held October 5-7, 2009 at the Hyatt Regency, La Jolla. I received excellent feedback from our attendees. Brian Werfel is definitely a chip off the old block (no disrespect David). Brian did an outstanding job and encouraged group participation. Congratulations on your new addition to your family!

This was our first effort in some time to bring the AAA and CAA together to host a joint conference. I felt the meeting was a huge success and I look forward to many more combined educational events! Times are tough for all of us, and I believe that working together we can save our members money and also assist each association by sharing responsibilities.

For those of you who were able to stay for the second day of the conference, I am sure you learned a great deal from our panel discussion regarding the options to increase Medi-Cal rates. Specifically, we received an update on AB 511, "Ambulance Provider Quality Assurance Fee." I was so encouraged by our membership participation! That is exactly what

your board of directors needed to hear. I have said it time and again, that is, we need each of you to become engaged and let us know how you feel. The board of directors works for you and we will not make arbitrary decisions without your input. Together we can accomplish our goals, yet this hard work cannot be done by only a few.

Please consider becoming more involved in your association. If you are currently not a member, I ask that you please give our new Executive Director and management team a chance to earn your confidence and see how hard they work for our industry. You will see a difference. We are a team and all we need is you! Please engage and join the movement for a severely needed Medi-Cal rate increase.

Thanks again for your great feedback. I sincerely hope you and your family have a wonderful Thanksgiving holiday!



Vision

Assure delivery of excellent pre-hospital care to the people of California by promoting recognized industry best practices.

Mission

- Serve as the voice and resource on behalf of private enterprise emergency and non-emergency ambulance services.
- Promote high quality, efficient and medically appropriate patient care.
- Advocate the value that pre-hospital care provides in achieving positive patient outcomes.
- Promote effective and fiscally responsible EMS systems and establish standards for system design.

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Executive Director's Message

All Politics is Local!

by Brenda Staffan, Executive Director



Brenda Staffan

You might have heard the saying "All politics is local" by famous former speaker of the House Tip O'Neil. Despite the grammar, the message is often repeated even by elected officials themselves. For ambulance services, especially emergency providers, government regulation affects nearly every aspect of our business – from

federal employment law and Medicare regulations – to state OSHA regulations and Medi-Cal rates – to local performance requirements and market allocation. These are familiar issues and challenges to CAA members.

As you know, your association is placing a renewed emphasis on convincing the state of California to properly fund Medi-Cal reimbursement of ambulance services. Medi-Cal rates cover only one-quarter of ambulance costs and are only one-third of Medicare rates, and there is a distinct possibility that this program will increase its enrollment due to rising unemployment and proposed health care reforms. The policies of the Medi-Cal payment system not only affect Medi-Cal beneficiaries, but citizens of all ages who have full insurance coverage.

The CAA was successful this year in gaining passage of AB 1174 "Ambulance Payment Reform Act" with unanimous bi-partisan support in the Assembly Health Committee. However, the bill is being held in the fiscal committees due to its price tag in the face of the state budget crisis. Consequently, we still must challenge ourselves regarding how we can create the political support to gain a Medi-Cal increase.

What moves California's state legislators to make

ambulance service issues a priority? Generally, it's a mix of people, policy and politics:

- Are CAA members effective at using their own advocacy voices as constituents? Is the CAA effective at working with other people and groups to generate broad grassroots support?
- Do our policy arguments have merit? How strong is our case to gain a Medi-Cal rate increase? How are patients affected if the state fails to act?
- Why would state lawmakers and the administration take action on ambulance issues over other pressing state priorities? What are the political dynamics that affect the final decision?

While conventional wisdom holds that it's all about the politics, people and policy are an extremely important factor that the CAA and its members can do something about.

We urge you to come to Sacramento, join the CAA at the Annual Legislative Summit and participate in statewide efforts to advocate for ambulance issues, especially the critical task of generating a Medi-Cal rate increase and protecting against any proposed Medi-Cal rate decreases. The Annual Legislative Summit will be held February 1-3, 2010 at the Sheraton Grand Hotel in Sacramento. For more information and to download the brochure, go to www.the-caa.org.



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CAA News & Events

State EMSA Approves Paramedics to Administer N1H1 Vaccine Under Expanded Scope of Practice

In an effort to extend the resources for local public health vaccination programs, California's Emergency Medical Services Authority has approved paramedics to administer the H1N1 vaccination to target groups.

Not since the polio vaccination programs of the 1950's has there been a greater vaccination effort than now with the H1N1 virus. This huge undertaking is made further difficult when almost everyone is vulnerable to the disease, particularly since the N1H1 vaccine was not available until recently and the flu season is upon us.



Riggs Ambulance Service paramedic Teresa Castro administers the H1N1 vaccine to a CalFire firefighter during a recent clinic for emergency responders in Merced.

As a result, this has created a bottleneck in some areas, where having enough qualified people to administer the vaccines may be challenging. While administering vaccinations are not within the normal scope of practice for paramedics, Dr. Steve Tharratt, EMSA Director will review and approve requests for vaccinations by paramedics on an individual basis at the request of local EMSA medical directors.

Since the program started, EMSA has approved twenty-one temporary expanded scope of practice requests.

Rather than issue a statewide blanket inclusion, To prepare paramedics, EMSA has prepared an online training module entitled, "Just -in-Time" for use by approved ambulance companies which covers among other topics: public health principles for infectious diseases and influenza, and general principles of vaccinations.

CAA is proud of its members who are stepping up to the plate to help protect emergency responders during the pandemic.

Annual Legislative Summit

February 1-3, 2010

Sheraton Grand Hotel- Sacramento, CA



Does your elected official know why ambulance issues are important? The issues that affect California's ambulance providers, not only impact our organizations, they impact our employees, our patients and our communities. Did you know . . .

- Ambulance providers contribute an estimated \$300 million annually in charity care to the uninsured in the state of California?

- Average Medi-Cal reimbursement covers only about 25% of the cost of serving Medi-Cal

patients?

- California underfunds Medi-Cal ambulance reimbursement by a projected \$165 million per year?

More importantly, does your elected official know?

The CAA team has developed new tools, new strategies and new messages.

We are also energizing member and non-member ambulance providers to work together for common goals. While a Medi-Cal rate increase is a priority issue, the Annual Legislative Summit will also address other legislative issues the CAA is monitoring.

- **Never met with your legislator?** Join the CAA for some coaching on how to meet with your elected official.

- **An experienced advocate?** Join the CAA to lend your expertise in generating legislative support on key ambulance issues.

- **Concerned about the continued impact of the state budget crisis?** Join the CAA at its legislative briefing on the state budget crisis and its meaning to ambulance providers.

- **Curious about the positions of the CAA?** Join the CAA and observe its committees analyze and develop solutions to the legislative and regulatory issues that face ambulance providers.

Early registration deadline is Friday, January 15, 2010. Download the brochure at www.the-caa.org. For questions regarding the Legislative Summit, please contact Kim Ingersoll at (877) 276-1410 (toll free) or kim@camgmt.com. All schedules subject to change.

Legislative Summit Schedule

Monday, February 1, 2010

1:00-2:00 pm	Ethics & Professionalism Committee (Closed)
2:00-3:30 pm	Membership Development & Services Committee
4:00-5:30pm	Legislative & Agency Relations Committee
	• EMS Commissioner Advisory Group
	• Medi-Cal Work Group

Tuesday, February 2, 2010

8:30-9:30am	Legislative Briefing
	• Chris Micheli, CAA Legislative Advocate
9:30-5:00pm	Legislative Visits
5:30-6:15pm	Networking Reception
6:30-8:00pm	Dinner
	• Guest Legislative Speaker

Wednesday, February 3, 2010

8:00-8:30am	CAAPAC Committee
8:30-10:00am	Education Committee
	• Payer Issues Subcommittee
	• Safety Subcommittee
10:15-1:00pm	Board of Directors Meeting



Annual Stars of Life Celebration

April 19-21, 2010

Sheraton Grand Hotel – Sacramento, CA



Join Our All-Star Team!

This is the most exciting state-wide event that pays tribute to dedicated ambulance services professionals. Stars will meet with Members of the Legislature at the State Capitol, along with a host from your ambulance company, to deliver important information on the value of quality ambulance services as essential health care first responders. By joining other CAA members, we collectively gain a tremendous platform to educate our elected officials about our many entrepreneurial solutions to public policy challenges.

Suggested Star of Life Recipients

Any employee from your organization who epitomizes the spirit and commitment of a quality ambulance service: EMTs, paramedics, dispatchers, customer

service representatives or other operations personnel (living or deceased), are appropriate selections as Stars of Life, including:

- Employee of the year
- On-duty or off-duty service above and beyond the call of duty such as special or unique rescues
- Setting of significant records
- Significant community contribution such as volunteer work
- Significant community distinction or honors
- Consistent service record which exemplifies your ambulance operation's mission
- Local leadership in developing community partnerships which enhance homeland security

Registration deadline is April 2, 2010. Late registrations are discouraged. Download the brochure at www.the-caa.org. For questions regarding Stars of Life, contact Kim Ingersoll at (877) 276-1410 (toll free) or kim@camgmt.com. All schedules subject to change.

Stars of Life Schedule

Monday, April 19, 2010

1:00-2:00 pm	Ethics & Professionalism Committee (Closed)
2:00-3:30 pm	Membership Development & Services Committee
4:00-5:30pm	Legislative & Agency Relations Committee • EMS Commissioner Advisory Group • Medi-Cal Work Group

Tuesday, April 20, 2010

8:30-9:30am	Orientation-- Sheraton Grand Hotel • Legislative Briefing • Present Stars with Medals
10:00-11:45am	Legislative Visits- State Capitol
12:00-1:30pm	Lunch- Sheraton Grand Hotel • Guest Legislative Speaker
1:30-4:30pm	Legislative Visits-State Capitol
5:00-6:00pm	Networking Reception- Sheraton Grand Hotel
6:00-8:00pm	Awards Dinner- Sheraton Grand Hotel • Guest Legislative Speaker

Wednesday, April 21, 2010

8:00-8:30am	CAAPAC Committee
8:30-10:00am	Education Committee • Payer Issues Subcommittee • Safety Subcommittee
10:15-1:00pm	Board of Directors Meeting

State-wide EMS Awards Program Nominations Sought for 2009

Emergency medical services (EMS) personnel are trained to provide stabilizing and lifesaving care to our citizens. The duties that EMS personnel perform are usually done as a matter of routine, and they receive very little, if any, recognition for activities that are "above and beyond" the call of duty. It is for this reason that the Emergency Medical Services Authority (EMS Authority) initiated an EMS Awards Program. It is our intent to honor those persons who have performed noteworthy, exceptional, and even extraordinary acts while working as EMS certified or licensed personnel, administrators, trainers, or volunteers within the EMS system.

Award categories include: Individual Awards, Statewide EMS System Awards, Individual Achievement Recognition. In addition to the specific categories mentioned above, the EMS Authority may also



Among the honors available through EMSA's EMS Awards program are: EMS Educator, EMS Medical Director and Community Service.

present certificates of recognition, appreciation, or other awards as dictated by particular circumstances. The five individuals who comprise the review committee are members of the California Ambulance

Association, the California Fire Chief's Association (CalChiefs), the Emergency Medical Directors Association of California (EMDAC), the Emergency Medical Services Administrators' Association of California (EMSAAC) and one at-large member selected by the EMS Authority.

The award period for the awards program is January 1, 2009 through December 31, 2009 and nominations must be received by March 30, 2010. Additional information and nomination forms may be obtained at www.emsa.ca.gov/about/awards.



2009 LEGISLATIVE WRAP-UP

by Chris Micheli, CAA Legislative Advocate

The Governor acted on almost 900 bills this year, down several hundred from the usual number he is sent. On average more than 2,500 bills are introduced between the Senate and Assembly.

The 2009 Legislative Session has, in theory, concluded. Nonetheless, the Legislature has continued to meet in special session and reconvened its regular session in mid-October to tackle another two dozen bills left over from the session that had concluded on September 12. The Governor acted on almost 900 bills this year, down several hundred from the usual number he is sent. On average more than 2,500 bills are introduced between the Senate and Assembly.

The 2010 Legislative Session begins on January 4, and we can expect several thousand more bill introductions, as well as special sessions on tax reform and water. There may even be another budget revisions session to deal with the continuing reduction in state revenues, which were \$1.1 billion below estimates from the July Budget accord.

In the meantime, the following is a list of major legislation worked on by CAA and the current status of those bills:

AB 423 (Torres) Emergency telephone systems

This bill would require the review and update of technical and operational standards for public agency systems to include standards for recruitment and training of public safety dispatchers. It would also modify the representatives on the State 911 Advisory Board.

CAA POSITION: Support
STATUS: Vetoed by the Governor

AB 511 (de La Torre) Medi-Cal ambulance providers quality assurance fees

This bill would create a quality assurance fee program to be administered by the Department of Health Care Services and the Board of Equalization.

CAA POSITION: Oppose
STATUS: Held on Senate Appropriations Committee Suspense File

AB 538 (Arambula) Emergency telephone system abuse

This bill would have authorized an entity that provides emergency medical services to report a violation to the public safety entity that originally received the call. The bill would have required the public safety entity to verify that a violation had occurred and to issue the applicable

warnings and citations.

CAA POSITION: Monitor
STATUS: Vetoed by the Governor

AB 613 (Beall) Medi-Cal treatment authorization requests

This bill would require the department, in pursuing means to improve and streamline the TAR process, to do so in specified ways, including performing a cost-benefit analysis for each TAR and reducing the number of TARs required. This bill would reduce the number of days these TARs shall be authorized.

CAA POSITION: Support
STATUS: Held on Assembly Appropriations Committee Suspense File

AB 911 (Lieu) Emergency room overcrowding

This bill would require every licensed general acute care hospital with an emergency department to determine the range of crowding scores, as defined, that constitute each category of the crowding scale for its emergency department. The bill would require every licensed general acute care hospital with an emergency department to calculate and record a crowding score every 4 hours, except as specified, to assess the crowding condition of its emergency department. The bill would require, by January 1, 2011, every licensed general acute care hospital with an emergency department to develop and implement a full-capacity protocol for each of the categories of the crowding scale.

CAA POSITION: Support
STATUS: Vetoed by the Governor

AB 912 (Torres) Emergency telephone users surcharges

This bill specifies that a minimum of 0.50% of the charges for intrastate telephone communications services and VoIP service to which the surcharge applies be spent for those specified purposes and costs, including, until December 31, 2011, a maximum of 0.25% of the charges for intrastate telephone communications services and VoIP service to which the surcharge applies for a one-time payment to Primary Public Safety Answering Points for personnel costs.



CAA POSITION: Monitor
STATUS: Signed into law by the Governor (Ch. 489)

AB 1174 (Hernandez) Medi-Cal ambulance transportation services

This bill would enact the Ambulance Payment Reform Act of 2009, which would provide that emergency basic life support and advanced life support services are covered under the Medi-Cal program when, as determined by the department, a patient could reasonably expect that an absence of immediate medical attention would result in significant adverse health effects, as provided. The bill would require the department to develop rates for specified emergency and nonemergency ambulance transportation services, but would prohibit these rates from exceeding the amount charged for these services to the general public. The bill would also require the department to adjust the rates each year in accordance with the California Consumer Price Index.

CAA POSITION: Sponsor / Support
STATUS: Held on Assembly Appropriations Committee Suspense File

AB 1272 (Hill) Emergency medical services: trauma center helicopter landing pad

This bill would provide that certain provisions of law shall not be construed as authorizing a county to prohibit a trauma center from installing a helicopter landing pad at or near its facility for the purpose of receiving emergency trauma care patients.

CAA POSITION: Support
STATUS: Pending in Senate Health Committee

AB 1475 (Solorio) Emergency medical services

This bill provides that the costs of administering the EMS Fund that are reimbursed by the fund are not to exceed the actual costs of administering the fund or 10% of the amount of the fund, whichever amount is lower.

CAA POSITION: Support
STATUS: Signed into law by the Governor (Ch. 537)

Congratulations to Chris Micheli and his firm for recognition in *Capitol Weekly's* 2009 Lobbyist Awards:
 Best Small Lobby Firm, Honorable Mention: Aprea & Micheli
 Biggest Policy Wonk: Chris Micheli

SB 159 (Simitian) Vehicles: emergency vehicles

This bill deletes the repeal date, thereby making the law permanent, that requires a person driving a vehicle on a freeway approaching a stationary authorized emergency vehicle displaying emergency lights, or a stationary tow truck that is displaying flashing amber warning lights to approach with due caution and, before passing in a lane immediately adjacent to the authorized emergency vehicle or tow truck, to either change lanes or slow to a reasonable and prudent speed, absent any other direction by a peace officer. This provision had been set to repeal on January 1, 2010.

CAA POSITION: Support
STATUS: Signed into law by the Governor (Ch. 33)

CAA Board Continues Due Diligence Researching Medi-Cal Provider Fee

The CAA hosted a panel presentation and membership forum regarding options for achieving a Medi-Cal rate increase at the Annual Reimbursement Conference held October 5-7 in San Diego. The update included information about AB 511, the "Ambulance Provider Quality Assurance Fee." The CAA Medi-Cal Work Group presented its research of the provider fee option including a preliminary analysis of the potential impact to ambulance providers. There was also an overview of federal Medicaid program obligations and health care tax requirements. The 2.5 hour session closed with an open forum for feedback and a straw poll of attendees.

Other factors which will affect CAA members in the coming year were also discussed by the panel. They include a loss to California of \$48.5 million in Medicare reimbursement (an estimated 10.1%) beginning in 2010 due to the expiring Medicare ambulance relief and the final fee schedule phase-in; the state's ongoing fiscal crisis; and the news that the Governor was considering, and has subsequently signed, legislation creating a provider fee for hospitals.

On October 7, 2009, the CAA Board voted to retain its oppose position on AB 511 while also continuing the association's due diligence on the provider fee option. Specifically, the CAA Medi-Cal Work Group will continue its research of two original goals: 1) develop mechanisms to mitigate the number of potential losers, and, 2) develop legislative language for other provider protections. The CAA Board of Directors will consider a legislative vehicle once this additional work is completed.

The research into a mechanism to mitigate the number of losers will require the CAA to collect data from ambulance providers regarding the impact of a provider fee. Please feel free to contact CAA Executive Director Brenda Staffan at (877) 276-1410 or at bstaffan@the-caa.org if you have questions or feedback on this project.

AAA/CAA Joint Reimb



From left, clockwise: • Brian Werfel, AAA Medicare Consultant; • Jerry Zapolnik, Huron Valley Ambulance Service; • Jim Frizzera, Health Management Associates; • Russell Honeycutt, Mid-Georgia Ambulance Service; • California Assemblyman Joel Anderson (R-El Cajon)

Next page: • Ed Brown, Care West Insurance; Chris Javine, San Luis Ambulance Service; Scott Miles, Care West Insurance; • Tom Wagner, AMR; Craig Cannizzo, Hopper, Lundy & Bookman; Bob Barry, Care Ambulance; Chris Micheli, Aprea & Micheli; • Dana Solomon, CAA Chairman and Manteca District Ambulance Service; Jerry Zapolnik, Huron Valley Ambulance Service; Stewart Slipiec, Piner's Napa Ambulance Service; J.D. Fuiten, Metro West Ambulance Service; Russell Honeycutt, Mid-Georgia Ambulance Service; Brenda Staffan, CAA Executive Director; • Helen Pierson, Medic Ambulance Service; • Dana Solomon, CAA Chairman and Manteca District Ambulance Service; • Steve Grau, Royal Ambulance; Alan McNancy, American Legion Post #108 Ambulance; • Sonia Ante, Hall Ambulance Service; Cristyl Ferguson, Hall Ambulance Service; Debbie Samuelson, Riggs Ambulance Service; Robin Slater, Hall Ambulance Service; • Frank Kelton and Chris Javine, San Luis Ambulance Service

Over 100 ambulance providers from around the country attended the AAA-CAA Joint Reimbursement Conference held October 5-7 in San Diego. It was an information-packed event covering ambulance billing operations, Medicare legislation, Medicaid reimbursement proposals and the potential impacts of national health care reform.

The Birth and Care of an Ambulance Claim

The Birth and Care of an Ambulance Claim was presented by Brian Werfel, one of our industry experts and the American Ambulance Association's Medicare Consultant. Brian gave a very informative and well-balanced presentation of every aspect of ambulance billing. He covered medical necessity, PCS forms, repetitive patients, patient signature rules and kept the audience well-informed regarding every aspect of ambulance billing.

Medicare Update

The Medicare Update provided a grim but necessary overview of both the permanent and potential changes in Medicare reimbursement which are scheduled to begin in January of 2010. Temporary Medicare ambulance relief provisions will expire at the end of this year including the 2% urban and 3% rural increases, and the "super rural" bonus payment of an additional 22.6% to the base rate, unless Congress acts to extend these

increases. The AAA is asking all ambulance service professionals to write their Congressional representatives and ask that they support including Medicare ambulance relief extensions in health care reform legislation. In addition, ambulance professionals should ask their Senators and Representatives, if they have not done so already, to cosponsor the Medicare Ambulance Access Preservation Act (S. 1066, H.R. 2443) which would implement permanent relief.

According to the American Ambulance Association, California will lose about \$48.5 million in Medicare reimbursement in 2010. On average, that is a 10.1% reduction in Medicare reimbursement rates for ambulance service providers in California. About 75% of the loss or \$36.4 million is from the phase out of the fee schedule. The remaining portion of the loss is from ambulance relief provisions which are set to expire on 12/31/09 including the 2% urban, 3% rural, super rural bonus payment of 22.6%, unless Congress acts to extend them.

Reimbursement Conference



Ambulance Billing Operations

The conference also featured an interactive session led by Jerry Zapolnik and Russell Honeycutt exploring the day-to-day issues which challenge ambulance billing departments. Everyone in the audience could relate to the tough issues in this economy.

Another session focused on the current debate in Congress to tackle the issues associated with achieving comprehensive health care reform in 2009.

Medi-Cal Increase Funding Options Forum

A detailed update was provided on CAA sponsored legislation (AB 1174, Hernandez) which would significantly increase Medi-Cal rates.

Lastly, the CAA's Medi-Cal Provider Fee Work Group presented an update on the status of pending provider fee legislation. For more information, see page 7 of this current issue of the Siren, or visit www.the-caa.org.

According to the American Ambulance Association, California will lose about \$48.5 million in Medicare reimbursement in 2010. On average, that is a 10.1% reduction in Medicare reimbursement rates for ambulance service providers in California.

AAA * CAA
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CAA Strategic Planning

CAA Board Charts New Strategic Course

Recognizing the challenges facing our members in these turbulent times, the board of directors set out to chart the association's strategic course for the coming year. Having received insightful feedback from members over the last several months, the leadership conducted an annual membership survey and an assessment of the critical issues facing the industry. At its August 2009 Strategic Leadership Retreat, the CAA Board of Directors approved its 2009 – 2010 Strategic Plan which focuses on three major goals (below). The plan includes a streamlined committee structure to maximize volunteer and association resources. Committees will now develop specific strategies to accomplish the board-approved goals and objectives. Committee work will be conducted in a member-friendly manner, with more activities scheduled through the internet, conference calls and at four quarterly meetings per year with opportunity for face-to-face dialogue.

CAA Chairman Dana Solomon stated "Our members need the association to be very effective in assuring that private enterprise ambulance services

have the tools they need to deliver quality care to patients. We have assembled a very talented volunteer leadership and association management team. I am very confident that we will generate a positive return on the dues investments made by our members and I personally urge all members to engage in this effort. We hope non-members will join us as well."

If interested in joining a committee, please contact Brenda Staffan, Executive Director at bstaffan@the-caa.org. Once the committee-specific strategies are developed, members will be able to obtain the full strategic plan in the members-only section of the CAA website at www.the-caa.org.

2009 - 2010 CAA Strategic Plan

Essential Health Care First Responders

Vision

Assure delivery of excellent pre-hospital care to the people of California by promoting recognized industry best practices.

Mission

- Serve as the voice and resource on behalf of private enterprise emergency and non-emergency ambulance services.
- Promote high quality, efficient and medically appropriate patient care.
- Advocate the value that pre-hospital care provides in achieving positive patient outcomes.
- Promote effective and fiscally responsible EMS systems and establish standards for system design.

Goals

- Rates paid by government payers cover the cost of service and reimbursement standards are medically appropriate.
- State and local regulations of EMS and ambulance services are evidence-based, fiscally responsible, uniformly administered and consistently enforced.
- CAA is the industry expert regarding EMS and ambulance issues and proactively influences standards and regulations.



CAA 2009-2010 Committees

Membership Development & Services Committee

- Determine member needs for resources, products and services.
- Develop new and evaluate existing membership resources, products and services.
- Develop membership recruitment and retention programs.
- Oversee membership communications programs including the association website, Siren publication and member alerts and updates.

Education Committee

- Develop and produce educational program for quarterly conferences (Legislative Summit, Stars of



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patients. In these tough times, you can't afford to not get the best reimbursement possible. Our representatives are experts in Medicare/Medi-Cal reimbursement issues as well as Commercial reimbursement and will treat each and every patient with care. Consider if your current billing company is taking advantage of each reimbursement opportunity for you. If they aren't or if you feel you aren't getting the customer service you deserve, *call us for a free estimate and consultation.* Professional billing, means professional results.



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"I am very confident that we will generate a positive return on the dues investments made by our members and I personally urge all members to engage in this effort."
-Chairman Dana Solomon

Life Celebration, Convention and Reimbursement Conference), audio conferences and webinars.

- Maintain liaison with government and other payers; Monitor and resolve payer issues and problems (Payer Issues Subcommittee).
- Provide access to safety resources which promote the reduction and severity of workplace injuries (Safety Subcommittee).

Legislative and Agency Relations Committee

- Maintain liaison with legislative, regulatory and administrative branches of government; Monitor and advocate regarding legislation and regulations that impact ambulance services.
- Research policy options to achieve a Medi-Cal rate increase and to avoid a Medi-Cal rate decrease (Medi-Cal Work Group).
- Build liaisons with state agencies, state-wide and regional organizations and other stakeholder groups; Monitor and advocate regarding issues being considered by the state EMS Commission (EMS Commission Advisory Group).

- Develop grassroots outreach network which engages members, non-members and other stakeholders.

- Develop membership education and resources regarding local and state EMS regulations.

CAAPAC Committee

- Develop annual CAAPAC fundraising and contributions plan.

Ethics & Professionalism Committee

- Review new member applications; review and recommend handling of delinquent accounts.
- Review and recommend updates to association bylaws, policies and procedures, and code of ethics.

Nominating Committee

- Review qualifications of candidates for elected positions including Officers, Board of Directors, Ethics and Professionalism Committee members.



Think Safety

New Cal/OSHA Regulation – 5199 Aerosolized Transmissible Diseases

Edward J. Brown, CSRM, Care West Insurance Risk Management



The goal of the new regulation is to reduce the risk of ATD exposures, and therefore impacts the EMS industry by specifically addressing Paramedics, EMT's and other healthcare professionals.

As of August 5, 2009 Cal-OSHA has begun enforcement of the Aerosolized Transmissible Disease (ATD) regulation, California Code of Regulations Title 8, Section 5199. The goal of the new regulation is to reduce the risk of ATD exposures, and therefore impacts the EMS industry by specifically addressing Paramedics, EMT's and other healthcare professionals. This regulation works in conjunction with another regulation which addresses fit testing for particulate respirators (Cal-OSHA 5144 Respirator Protection regulation adopted from the Federal OSHA 1910.134 regulation).

Companies that have an "Airborne Pathogens Program" may meet some of the 5199 requirements, but there are additional criteria that must be met in order to reach full compliance. The following are a few requirements that should be addressed in the company's written ATD plan:

1. Vaccinations

Vaccines are provided by the employer. Employees who do not participate must complete a declination form for each vaccination declined, and retain the right to rescind their declination(s) at any time.

2. Control Measures

Control measures include Engineering Practices, Administrative Controls and Personal Protective Equipment. In addition, control measures in the patient compartment need prevent air from circulating back into the cab of the ambulance.

3. Communication Procedures

A set of written procedures should address: communicating patient conditions to receiving facilities; and communicating suspected or confirmed infectious condition of transporting/transported patient from receiving facilities to the responding personnel.

4. California Code of Regulations, Title 8, § 5144

Respirators are provided to all at risk employees by the employer in compliance with § 5144. N95 masks are usually sufficient, however procedures considered high risk such as intubation or administration of aerosolized medications require a Powered Air Purification respirator. If this respirator compromises patient care, then a minimum of a P100 respirator should be used. Fit testing and medical questionnaires must be performed in accordance with § 5144.

5. Ambulance Decontamination Procedures

The standard requires written procedures for decontaminating the ambulance.

6. Initial and Annual Training on the Company ATD Plan

This training is to be provided to all employees who, in the course of their duties, may have been exposed to any ATD and or ATP.

7. Program Administrator

The Program Administrator must be named and titled in the company ATD plan.

There can be more than one program administrator. While not required in the standard, it is recommended that the qualifications of the program administrator be



Think Safety

included in the ATD Plan.

The overview above covers only a few of the requirements for the new standard. The complete standard can be obtained from the Cal/OSHA website at www.dir.ca.gov/dosh/. In addition providers should monitor the Centers for Disease Control website at www.cdc.gov/ and the California Department of Public Health websites at www.cdph.ca.gov to stay updated on any precautionary recommendations or changes in the regulation as they may affect compliance of the ATD Plan.

Once your ATD Plan is developed and all employees are trained on

the plan, the document must be available for employees to review and the plan should be reviewed and updated on at least an annual basis.

Recommended Sites for Additional 5199 Information:

Cal/OSHA
www.dir.ca.gov/dosh/

Centers for Disease Control:
www.cdc.gov/

California Department of Public Health
www.cdph.ca.gov



Healthcare's First Responders



2010 Meeting Calendar

 <p>Legislative Summit February 1-3, 2010 Sheraton Grand, Sacramento</p>	 <p>Stars of Life April 19-21, 2010 Sheraton Grand, Sacramento</p>	 <p>62nd Annual Convention June 23-25, 2010 Harrah's South Lake Tahoe</p>
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Double the Care at Bayshore Ambulance

The old saying goes, “it is not work if you are having fun,” but imagine multiplying that by two. For the owners of Bayshore Ambulance, this statement could not be more true.

Dave and William Bockholt or “the twins” as they’re more commonly referred to, started their EMS career as medics for an ambulance company in San Mateo. After 10 years, the twins were feeling restless and felt they had something more that they could contribute to the industry. It was their desire to build an ambulance company that placed the care and comfort of its patients as the utmost priority. On June 25, 1990, Bayshore Ambulance was born.

However, the “twins” are not the only thing at Bayshore Ambulance that causes people to take a second glance. From the beginning, Bill and Dave made the decision to place into service the popular Cadillac professional cars from the 1970’s for their non-emergency transports. “The Caddy’s lend a touch of elegance to unpleasant situations,” says Dave Bockholt. Although their fleet of professional cars had grown to four, it soon became necessary to place them into storage with the exception of a 1972 Superior, which remains in service for special request transports.

The Company provides five levels of service—each tailored to the specific needs of the kind of patient requiring that particular level of care. Of particular note is Bayshore Ambulance’s Red Blanket service which is provided to people requiring long distance transports. The service is generally facilitated by using one of the Company’s Cadillac professional cars. The catchy name refers to the comfy blankets that patients are provided with during their transport.

Their Shore Excursions moniker is borrowed from the cruise ship industry and refers to the activities that take place off the ship to prevent cruisers from getting cabin fever. The



Bill and Dave Bockholt celebrated nineteen years in business commemorated by this latest addition to their fleet, a 2009 Sprinter ambulance.

same holds true for convalescent home patients. Often times, seniors residing in these facilities have limited opportunity to get outside and enjoy offsite activities. Bayshore Ambulance’s Shore

Excursions consists of a bus that can accommodate 5-8 guests for an afternoon of sightseeing, fresh air and maybe even a stop at an ice cream parlor.



Above: This 1972 Superior Coach, Cadillac ambulance came to Bayshore in 2000. It is currently the only professional car operating today. It is still used on specific transfers, parades and car shows.

Left: By 1992, Bayshore had 3 nicely done Miller Meteor Cadillac ambulances running in their fleet.

The heart of Bayshore Ambulance business falls with providing Basic Life Support (BLS) care. The Company has been fortunate to have built a dedicated group of EMTs who have committed to ensuring as Bayshore Ambulance grows, their standards will not be compromised.



CAA Member Profile

Milestones

BAYSHORE AMBULANCE

Aside from providing quality pre-hospital and non-emergency transportation services, Bayshore Ambulance has become highly involved in the communities it serves. Their charitable nature becomes evident through their support of local youth sports activities such as AYSO soccer, Little League baseball and ice hockey. Their public education division keeps busy by teaching CPR classes, doing ambulance demos at preschools and elementary schools.

Bayshore Ambulance also keeps their skills sharp by



Bayshore Ambulance implemented Wheelchair Transportation in 1994.

This Sprinter was used in the 2002 Salt Lake Winter Games. It was built in Germany, and American LaFrance finished the ambulance package.

medical care must travel for hours to the nearest medical facility--often times in make-shift ambulances.

The creative paint scheme of Bayshore ambulances has gotten the attention of several Hollywood producers. The Company has had several vehicles featured in music videos from INXS, a segment on David Letterman, and an upcoming episode of the new television drama "Trauma" which is scheduled to air on November 23.

While the Company has strived to provide its customers with timely and quality services, they are faced with the same challenges all of California's ambulance providers must deal with. That is, the decline in reimbursement by Medicare and Medi-Cal and the increasing fuel costs and other expenses associated with operating an ambulance



Bayshore Ambulance on the set of "Trauma" for a Thanksgiving episode scheduled to air on Monday, November 23.

participating in disaster drills with other emergency responders.

However, the Company's charitable nature does not end within their service area. Over the past ten years, the "twins" have donated ambulances to Mexico, Honduras, Nicaragua and Eritrea where people in need of immediate

June 25, 1990
Dave and Bill Bockholt start Bayshore Ambulance

1990
Started with the first "car-less" phone from Motorola

1994
Added Wheelchair Transport

1995
Moved into own building in Foster City

1995
Second ambulance company in California to implement the Right-CAD Zoll System

1997
Bayshore Ambulance surpassed 50 employees

1998
Added Critical Care Transport to the services provided

1999
Established web presence with www.bayshoreambulance.com

2002
First in California to operate a Sprinter ambulance

2005
First ambulance company in California to join the Catalyst Insurance Captive

service. Bayshore Ambulance became a member of the California Ambulance Association sixteen years ago, because they appreciated the support and resources provided by the Association. In addition, they believe that by the state's ambulance providers coming together under the Association, the CAA will have a stronger voice on their behalf.



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