

CAA Elections: Candidate Statements

SPRING 2011

Siren

A PUBLICATION OF THE CALIFORNIA AMBULANCE ASSOCIATION

OIG Issues
Ambulance Opinion





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Membership Involvement is Essential

by Bob Barry, Chair of the Board

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.



Bob Barry

Another session of the California Legislature has begun and this session brings new opportunities

and new challenges for us as an industry. Before I go into the challenges we will be facing in 2011, I want to comment on the recent naming of Jaison Chand of City Ambulance of Eureka, as the new EMS Commissioner representing the CAA. His appointment to the EMS Commission comes after four years of persistence and hard work by dedicated Association members and staff. Many of us thought it would never happen, but this appointment is a great example of what can happen when you stay focused on what you want and work together without giving up or giving in. Congratulations to everyone involved.

fall, we managed to post several successes. As you may know AB 511, *Ambulance Quality Assurance Fee*, was still in play and if passed, would have mandated a QAF provider tax upon the ambulance industry. We spent the better part of two years studying the effects of this QAF idea and after an exhaustive review, we found it to be faulty and harmful bill. Without our support, the bill died. Last year, the CAA-sponsored AB 1932 (Hernandez), *Ambulance Payment Reform Act*, was successful in generating a commitment from the Department of Health Care Services to implement Medicare HCPCS codes this coming year. These HIPAA-required codes will improve and streamline the Medi-Cal payment system and will recognize ALS services for the first time. This project is an important step in our quest to get Medi-cal rates increased.

These victories illustrate the value the Association brings to its membership and the industry as a whole, and while these successes are noteworthy, they represent just a drop in the bucket of the work that is still necessary. This year the state budget shortfall of over \$20 billion will continue to drive the agenda. We are still researching means to gain an exemption from the 10% across-the-board Medi-Cal rate cut

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CAA Leadership

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Sgt-at-Arms

Josette Mani

*Ms. Schrum's license is on inactive status pending completion of CPE requirements.

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Member/EMS News

Cindy Elbert Awarded the American Ambulance Association's President's Award

The American Ambulance Association recently awarded Cindy Elbert its Presidents Award at the association's national conference in Las Vegas, Nevada. The award recognizes an individual who demonstrates unwavering commitment and volunteerism to the AAA and is decided exclusively by the Association's President, Jim Finger.

Cindy Elbert, President of Cindy Elbert Insurance Services has played an integral role for the AAA, an organization which represents America's ambulance services. During Cindy Elbert's affiliation with the AAA for more than 28 years, she has participated as an industry leader and consistently sponsored numerous AAA programs. Her leadership and support has helped make possible the Association's Community Service Awards program of the early 90s. Cindy has also always sponsored the Association's national 'Stars of Life' program in Washington D.C. which recognizes outstanding paramedics and EMTs.

Says Cindy Elbert, "I am so proud to be part of this industry and I am so impressed with the association's members and the EMS professionals they lead every day. They all contribute to my own personal sense of success and enrichment."

Cindy Elbert's business Cindy Elbert Insurance Services, Inc. is proudly endorsed by the American Ambulance Association. Her business has been providing important safety/risk management services and insurance programs



Cindy Elbert has been a longtime supporter of the ambulance industry.

designed for ambulance operations throughout America. Numerous customer testimonials can be viewed on her web site www.AmbulanceInsurance.com



*Siblings Michael, Scott and Michelle unveil the statue of their father, Donald Pruner
Photo courtesy of the Acorn Newspapers.*

A Lasting Tribute to Ambulance Pioneer Don Pruner

Undoubtedly, private ambulance providers make a profound impact on the communities they serve, not just by providing medical transportation for the sick and injured-- but by being a good community partner. Such is the case for EMS pioneer, the late Don Pruner, who started Pruner Ambulance in the Conejo Valley in 1963.

After he passed away at the age of 69, Pruner's widow, Jackie, commissioned a bronze statue by the artist De L' Esprie to serve as a remembrance of his humanitarianism.

The life-sized image was unveiled during a dedication ceremony in front of Los Robles Hospital's emergency room on April 15.



Pending Members:

Emergency Vehicle Group
Commercial Member
Jerry N. Grinstead, CEO
Anaheim, CA

Monterey County Regional Fire District
Associate Membership
Michael Urquides, Fire Chief
Salinas, CA

Delano Ambulance Service, Inc.
Active Member
Aaron Moses, President
Delano, CA

Ambulance Sales & Service
Commercial Member
Doug Bennett, CEO
Chandler Heights, AZ

Ambulance Services Insurance Program (ASIP)
Commercial Member
Mark Harrington, VP, Program Marketing
Cortland, NY

GPS Logic
Commercial Member
Aaron Hamilton, CTO
Laguna Hills, CA

Comments or questions about new member applicants should be directed to:

Eb Muncy, Chair Ethics & Professionalism Committee
info@the-caa.org

-In Memoriam-

James Runions Passes

James Runions, 67, passed away in early February after a long illness. He was a long time member of the CAA and Past President in the late 70's or early 80's. Jim and his wife, Irene, owned Cadillac Ambulance in Richmond, CA. Cadillac Ambulance was later purchased by Regional Ambulance in 1986 which then became one of the four companies which joined to form AMR in 1992.

According to an article in the Acorn, Ventura County Sheriff Geoff Dean commented, that Don and Jackie Pruner exemplified the "great American story" of people who started their own company, "worked their tails off; and "saved lives."



Member Contributions Key in CAA Successes

by Brenda Staffan, Executive Director



Brenda Staffan

As we were gathering information for the **2010/ 2011 CAA Annual Report**, there was overwhelming evidence that membership plays a critical role in our activities and accomplishments. There are so many important member contributions: financial support, sponsorships, donations, presentations, conference participation, board and committee leadership, in-kind assistance,

grassroots action, strategic and tactical advice, policy input and feedback.

As we provide a few highlights below about our progress and successes, we want to emphasize how grateful we are to CAA members. We hope that the momentum we have generated continues. We also know that our progress will be accelerated if an even greater number of ambulance providers join, engage and contribute.

- Developed new legislative language and sponsored *SB 359, Medi-Cal Ground Ambulance Rates* (Hernandez) which directs the Department of Health Care Services to follow required procedures in establishing payment rates for ground ambulance services. Gained passage of SB 359 by unanimous vote of the Senate Health Committee. Gained two Senate staff analyses that accurately describe the severe Medi-Cal underfunding; the bill will next be considered by the Senate Appropriations Committee.
- Gained commitment from DHCS to *improve and streamline Medi-Cal payment codes* by adopting Medicare HCPCS codes, service levels and definitions. Completed major analysis and cross walk of current Medi-Cal coding system. The target date for implementation of HCPCS codes is Fall 2011.
- Published annual *2011 Analysis of Medi-Cal Ground Ambulance Reimbursement* which provides first-ever statewide analysis of Medi-Cal rate history, Medi-Cal utilization history, Medicare data and California ambulance statistics.
- Launched new Medi-Cal reimbursement grassroots campaign, *"Preserve and Strengthen the Ambulance Safety Net"* with new background data and issued

five statewide *Calls-to-Action*. Generated over 100 meetings with legislators in Sacramento and doubled the letters of support for a Medi-Cal rate increase.

- Completed research on the Quality Assurance Fee (QAF) as a mechanism to increase severely below-cost Medi-Cal ambulance service rates. Concluded in final analysis that the QAF would have a negative impact on access to patient care especially for vulnerable patient populations.
- Researched and filed a 36-page Amicus Brief with the California Court of Appeals, Second Appellate District regarding the Medi-Cal ambulance rate lawsuit.
- Established CAA position and monitored status of 19 bills impacting ambulance providers.
- Submitted extensive 25-page comment letter regarding the EMSA Guideline #141: "Review Criteria and Policy for Transportation and Exclusive Operating Area Component of the EMS Plan" creating the foundation of CAA's position on local and state regulation of EMS systems.
- Key representative on the "Chapter 13 Task Force" hosted by EMSA which is writing regulations related to local and state oversight of emergency medical services.
- Conducted several meetings with the California Prison Health Care Services (CPHCS) regarding the problems associated with prison contracts and claims processing. Provided information and resources regarding the Medicare reimbursement system, as well as other federal, state and local laws and regulations.
- Gained appointment of Jason Chand (of City Ambulance of Eureka, Inc.) as the CAA representative to the *California EMS Commission*.
- Increased attendance at CAA quarterly meetings an average of 25% and generated local and statewide media associated with the CAA's Annual Stars of Life Celebration.
- 62nd Annual Convention featuring a keynote seminar on "Impacts of Health Care Reform."
- Annual Reimbursement Conference featuring Ed Norwood on "Access to Care Denials."
- Annual Legislative Summit to generate support for CAA-sponsored SB 359.
- Annual "Stars of Life" Celebration honoring 27 Stars of Life.
- "Provider Networks Workshop" featuring Ed Norwood.

CAA Leadership Team

We are indebted to the tremendous hard work throughout the year of the entire CAA volunteer leadership team, management team and committee members. If you are interesting in joining any of these committees or workgroups, please contact CAA Headquarters.

CAA Board of Directors

- Bob Barry, Chair
- Dana Solomon, Vice Chair

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Annual Convention *Preview*

2011 CAA 63rd Annual Convention June 15-17, 2011 – Harrah’s Lake Tahoe Hotel – Stateline, NV



The CAA Annual Convention gets started with the Raymond Lim Memorial Golf Tournament at the Edgewood Golf Course.

There’s still time to register for the CAA’s 63rd Annual Convention, June 15-17, 2011 at Harrah’s Lake Tahoe in Stateline, Nevada.

This years program will feature outstanding speakers and topics, including state-specific issues that will protect and help your ambulance service grow.

In addition to a stellar line-up of presenters, the Annual Convention includes a perfect mix of recreation, mingling and relaxation.

Raymond Lim Memorial Golf Tournament

Festivities kick-off on Wednesday, with the Raymond Lim Memorial Golf Tournament, held at the beautiful Edgewood Golf Course, along the shoreline of Lake Tahoe. Edgewood is rated by Golf Digest as one of “America’s Top Golf Courses.”



The CAA Annual Convention will be held at Harrah’s Hotel in South Lake Tahoe.

The day ends with a welcome reception and golf awards dinner at Edgewood, with transportation provided from Harrah’s.

Registration for the education portion of the convention gets started bright and early on Thursday morning and includes

continental breakfast. Be sure to check out the CAA Market Place which will be open throughout the day where you can meet vendors and learn more about products and services related to the ambulance industry. Back by popular demand is the CAA Market Place Passport.

Get your passport stamped by each vendor, turn it in for your chance to win a great prize!

California’s Political Landscape

In more than 25 years of writing about the Capitol, state government and politics, Greg Lucas presents a perspective that won’t be found many other places. He levels his bipartisan wit at Republicans and Democrats. His session addresses our state’s political landscape, the importance of businesses being engaged and how to survive in the political minority.

ACO’s and the Medicare Shared Savings (MSS)

Program: What does it Mean for Ambulance Providers?

ACOs and the MSS are among the centerpieces of health care reform. If successful, they could have a major impact on the way health care is delivered and paid for. Among other things is a comprehensive set of service metrics. Mike Scarano, of Foley Lardner, LLC will explore the implications of these changes for ambulance providers and the opportunities and risks they will bring.

Challenges and Successes of EMS Entrepreneurs

Following lunch, Harvey L. Hall, Hall Ambulance Service, Inc. will facilitate this panel which will give the perspective of successful, independent ambulance businesses who have endured through intense competition, declining reimbursement and a myriad of ever-changing EMS regulations.



CAA Award Recipients

CAA Strategic Initiatives

This session will provide a progress report regarding the CAA's Strategic Initiatives:

•Medi-Cal Ground

Ambulance Rates - Efforts to generate support for CAA sponsored SB 359 and an update on current and potential legal challenges.

•Medi-Cal Implementation of

HCPCS Codes - the project to streamline Medi-Cal claims processing by converting to Medicare HCPCS codes.

•Chapter 13 Task Force

- The EMSA-sponsored task force which is writing state regulations for EMS system management and organization.

•CAA Legislative Update

- An overview of the bills the CAA is monitoring in the 2011-2012 California Legislature.

The day comes to a conclusion with a Chair's Reception followed by the Annual Chair's Banquet. Join your colleagues to network and celebrate the contribution the association's members have made to promote industry best practices and to advance excellent pre-hospital care to the people of California. The Annual recognition awards will be presented (see article on next page).

Using CAAS' Risk Management & Employee Safety Standards to Improve Your Services and Reduce Costs

CAAS standards are designed to help EMS agencies improve organizational performance and decrease risk and liability. CAAS Executive Director Sara McEntee, will explain how the CAAS standards for safety and risk management can benefit

your organization.

Top 10 Ways to Stay Out of Court

This presentation will be done in a fast paced David Letterman Top Ten List style. The speaker describes various real life situations CEA has seen that have resulted in law suits for employers. The presentation is geared around preventative measures business owners and managers can easily put into place to help them "Stay Out of Court". Complete with handouts and take-aways, this engaging and interactive session allows for a lot of audience participation and Q and A!

CAA Recognition Lunch

This annual lunch features the presentation of the Annual Safety Awards sponsored by State Compensation Insurance Fund among other awards, the CAAPAC Raffle and Passport Prize Drawing.

Medi-Cal Fiscal Intermediary Transition Panel

A new fiscal intermediary will begin processing all Medi-Cal claims beginning fall 2011. This panel represents the state agency which oversees MediCal, the current and new intermediary. Issues addressed will include the transition timing, computer system conversions, and customer service and claims support processes.

Surrounded by the Sierra Nevada Mountains and alpine forests, Harrah's Lake Tahoe Hotel sits near the south shore of Lake Tahoe. Average temps for June range from the mid-60s to the low 70s. When planning your trip, consider evenings can be quite cool.

For registration information, contact the CAA toll free at 877-276-1410.

CAA Announces Annual Award Recipients

The CAA is pleased to announce the recipients of its annual awards. These individuals were selected in part for their dedication to California's ambulance industry and role in furthering the goals and objectives of the CAA. Presentations will be made at the Annual Chair's Banquet at the CAA's 63rd Annual Convention to be held June 15-17, 2011 at Harrah's South Lake Tahoe Hotel.



Jody Soule

Jody Soule of San Luis Ambulance Service, Inc. will receive the 2010/2011 Chair's Award of Excellence which recognizes the individual whose efforts and contributions elevate the standing of the association and its members statewide, and advance the delivery of pre-hospital care to the people of California. Chairman Bob Barry stated, "Jody receives this award for her outstanding leadership as the Chair of the

CAA Payer Issues Committee, and for her tremendous guidance and contributions on the association's Medi-Cal Work Group. She has also represented the CAA in its efforts to improve reimbursement practices and standards." Jody Soule serves as Office Manager of San Luis Ambulance Service, Inc. of San Luis Obispo, California.

Brian Hartley will receive the 2010/2011 Commercial Member of the Year Award which recognizes the individual or organization that provides creative support of the association and its members. Chairman Bob Barry stated, "Brian receives this award for his outstanding contributions as an engaged member of the CAA, and his ongoing support of our association and its members." Brian Hartley serves as Account Manager of Bound Tree Medical, LLC of San Ramon, California, and is also a member of Bound Tree Medical's Sales Advisory Committee on a national basis.



Brian Hartley

Gerry Hart will receive the Honorary Lifetime Member designation, and is being recognized for his distinguished service to the science and art of ambulance services over his long career in the ambulance industry in California. Chairman Bob Barry stated, "We are grateful to Gerry for sharing his tremendous knowledge and insights which have been valuable assets to the associations' various strategic initiatives over the years."



Gerry Hart



Legislative Summit Recap

Annual Legislative Summit CAA Members Urged Exemption from Medi-Cal Cuts

The CAA hosted its Annual Legislative Summit from January 31 to February 2, 2011 in Sacramento, where attendees raised the profile of ambulance providers as a key component of the statewide health care safety net. With strong attendance from current and new members, the CAA hosted over 60 meetings with Senate and Assembly legislators.

Assembly Member Linda Halderman (R-Fresno) gave the keynote address at the dinner event. As a practicing trauma surgeon, she spoke passionately about the need to educate legislators about the impact of their decisions on patient care. She emphasized that elected officials need real world information from health care providers in the field. As a physician who provides care to patients brought to her by ambulance, she thanked the caregivers and administrators for providing essential services. She recognized that effective emergency medical response often has as much impact on survival and positive patient outcomes as the care received at the hospital. She shared her amazing experiences serving in American Samoa after a devastating tsunami hit that island U.S. territory and the perils of a flawed health care delivery system.

The CAA board of directors also received a briefing from Janice Rocco, Deputy Commissioner of Health Policy and Reform from the California Department of Insurance about the state's efforts to implement the provisions of the federal health care reform law and the creation of California's health insurance exchange.

Editor's note: A very special thank you to Brian Hartley for the photography.



Michelle Zigan, Louwane Parsons, Assemblymember Dan Logue, James Clark and Byron Parsons of First Responder EMS.

Assemblyman David Valadao, and John Surface, Hall Ambulance Service

Frank and Betsy Kelton, San Luis Ambulance and Assemblymember Katcho Achadjian.

CAA Chairman Bob Barry, Care Ambulance, Assemblymember Allan R. Mansoor and Brian Hartley, Boundtree Medical.

Cindy Elbert, Cindy Elbert Insurance and Stewart Slipiec, Piners Napa Ambulance.

Dana Solomon, Manteca District Ambulance, Assemblymember Linda Halderman, M.D., Helen Pierson, Medic Ambulance and CAA Executive Director Brenda Staffan.

Ed Guzman, Sierra Ambulance, Helen Pierson, James Pierson and Kristi Mendez with Medic Ambulance.

Alan McNary, American Legion Post 108 Ambulance and Brian Ranger, Pro-Transport 1

Thanks to Our Legislative Summit Sponsors:

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Care Ambulance Service

Dinner Sponsor

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American Legion Post #108

Reception Sponsors

Boundtree Medical
SCIF

Coffee Breaks

SEMSA
Medic Ambulance Service
Cindy Elbert Insurance Services

Permanent 10% Medi-Cal rate cut impacts every patient who dials 9-1-1

- Lifesaving ambulance services are unique:
- 90% of all Medi-Cal ambulance transports are emergencies.
- Emergency ambulance services are mandated to respond in an emergency and within a specific response time.
- Emergency ambulance services cannot "opt out" of the Medi-Cal program and cannot deny service based upon a patient's insurance status.
- As critical safety net providers, essential ambulance services already provide significant charity care to the uninsured without access to federal and state financial support.
- Current Medi-Cal rates cover just one quarter the average cost of ambulance service.
- To preserve essential ambulance services in our community, ambulance providers desperately need an exemption from the Medi-Cal rate cut.

Legislative Update

by Chris Micheli, Legislative Advocate

The California Ambulance Association has been busy in Sacramento during the first portion of this year. We have been working on our sponsored bill, numerous pieces of legislation, two conferences, and the state budget. The following is a brief recap of our major legislative activities at the State Capitol.

SB 359 – CAA’s sponsored bill

On April 13, the Senate Health Committee unanimously passed CAA’s sponsored bill, SB 359 (Hernandez). The Committee Chairman, Dr. Ed Hernandez, is the author of our bill. He has been an exceptional proponent of the CAA, its member companies, and California’s EMS system for the past few years. The hearing and passage of SB 359 out of its first policy committee hearing was an outstanding ending of our recent Stars of Life program in Sacramento. The bill enjoys wide support from CAA member companies, EMSAAC and the California Fire Chiefs and Fire Districts Associations. They voiced support for our legislation, along with CAA Board Chairman Bob Berry and several Board members.

SB 359 was then heard in the Senate Appropriations Committee on May 2 and was referred to the Suspense File, which occurs with all bills that have a fiscal impact of \$50,000 or more. While SB 359 does not itself set Medi-Cal reimbursement rates for ground ambulance transports, this bill would require the Department of Health Care Services to conduct a rate study or else a default payment level would be set by July 1, 2012. Our bill will be voted upon on May 26 when all of the measures pending on the Appropriations Committee’s Suspense File will be considered. We recognize that our bill has an uphill battle because of the potential significant cost implications.

However, we have responded with the evidence that ambulance providers in this state are significantly underpaid by California’s Medi-Cal reimbursement system. Moreover, the DHCS has yet to complete the rate study required by California’s State Plan, which is its agreement with the federal government.

State Budget Update

CAA worked very diligently since the Governor’s January 10 budget proposals were released and he proposed, among numerous other provisions, to permanently reduce Medi-Cal reimbursement rates by 10%. Unfortunately, despite sustained efforts by the CAA to lobby for an

Continued on page 22



This year’s Stars of Life event honored twenty-seven EMS workers from across the state of California.

Twenty-seven EMS professionals from across the state were honored as Stars of Life at the State Capitol in April. Their

actions, whether from a single, life-saving event or a career of exemplary performance demonstrate they are amongst the best of California’s ambulance providers.

The event began with a presentation ceremony in which a Stars of Life medal was bestowed upon each honoree. The Stars, with their hosts then made their way to the Capitol where they met with the legislators to share their life-saving stories and deliver important, first-hand information regarding the essential services provided by California’s ambulance providers.

The day’s festivities concluded with a

networking reception, followed by an awards dinner at the Sheraton Grand. Assemblymember Dr. Richard Pan,

served as special guest speaker. Afterwards, EMSA Acting Director Dan Smiley accompanied CAA Chairman Bob Barry in presenting the Stars of Life with lapel pins and legislative certificates

honoring their service and dedication to the communities they serve.

As part of our three days in Sacramento, we were able to schedule the hearing for CAA’s sponsored bill, SB 359 (Hernandez) – see related story, to be on the third day of our conference. This provided an opportunity for a dozen CAA members to appear at the legislative hearing on this important legislation.



Stars from Care Ambulance visited with Senator Lou Correa.

OIG Issues SIGNIFICANT “Swapping” Opinion

By R. Michael Scarano, Jr., Partner, Foley & Lardner, LLP

On December 28, 2010, the Office of Inspector General of the Department of Health & Human Services (“OIG”) issued an important advisory opinion addressing the difficult topic of discounted rates provided to nursing homes (and, by implication, hospitals) for transports for which the facility has financial responsibility. The opinion, No. 10-26, reiterates prior OIG pronouncements that ambulance providers and health facilities risk violating the federal anti-kickback statute (the “AKS”) when they enter into agreements for discounted rates that are lower than the ambulance provider’s “total cost” of providing the services.

The decision also covers an issue not previously addressed by the OIG: whether this principle applies to transports covered by a governmental bundled payment methodology wherein the facility itself has been paid an amount which may be less than the cost of rendering the transport. This situation may arise, for example, when Medicaid programs bundle some or all of the ambulance transports provided to their beneficiaries into a per diem or similar payment made to facilities, which was the scenario addressed in the Opinion. The Opinion indicates that the OIG may view discounting a provider’s rates below cost as unlawful even in this situation, if done with an intent to induce referrals.

The following discusses the background, reasoning and

implications of the Opinion:

Background

The Opinion was issued in response to a request from a nonprofit Medicaid-certified ambulance supplier (the “Requestor”). Although the state of the Requestor (the “State”) is redacted in the version of the opinion posted on the OIG’s website, the facts indicate that the Requestor apparently operates in Ohio. The OIG notes that, under a recently passed law, the State’s Medicaid program reimburses nursing facilities a per resident per day rate for ancillary and support costs, which includes payment for Medicaid transport services. In other words, the State Medicaid program bundles payments for Medicaid ambulance services into the per diem rate paid the facility. Though not stated in the Opinion, the state of Ohio has indicated that it included \$1.14 per day in the bundled rate paid to SNFs to cover both ambulance and wheelchair van transports. The facility is then responsible for reimbursing ambulance providers a rate negotiated by the parties when they transport Medicaid patients, including SNF residents who are covered by both Medicare and Medicaid

(“Dually Covered Residents”). For Dually Covered Residents, the SNF is responsible for paying the Medicare co-payment and deductible amount.

The Requestor asked the OIG to opine on the legality of two alternative types of payment plans that it proposed to offer the facilities for their Medicaid transports.

Under “Payment Plan 1,” the Requestor would offer the SNFs a capitated rate per resident day that would be based on the number of Medicaid resident days, regardless of whether Medicaid transports were actually provided to the resident. The capitation amount would pay for the SNF’s liability for all Medicaid transports, including both Medicaid-only and Dually Covered residents. For the latter, the Requestor would continue to bill Medicare as the primary payer, and the capitated rate payment would discharge the SNF’s responsibility for the Medicaid-covered co-payment and deductible amounts. The Opinion notes that if all of the transports covered by this arrangement were for Medicaid-only residents, then the aggregate capitation amount paid to the Requestor would be less than its total cost of providing the services. However, because some of

the residents would be Dually Covered Residents, the aggregate capitation amount, plus revenues from the Medicare payment for the Dually Covered Residents, would be greater than the total cost of providing the transports.

Under “Payment Plan 2,” the Requestor would offer the SNFs a contract under which they would pay on a fee-for-service basis for any Medicaid transports ordered for their Medicaid-only residents. This fee-for-service amount would be below the Requestor’s total cost of providing the services. These rates would not apply, however, to transports for Dually Covered Residents. For those transports, the Requestor would bill Medicare as the primary payer, and the SNF would be responsible for the full co-payment and deductible based on the Medicare allowable amount.

In addition to Medicaid-only residents and Dually Covered Residents, the Requestor noted that facilities offered these two alternative arrangements would also typically have patients requiring ambulance services that would be reimbursable only by Medicare or by other payers. The Requestor indicated that, especially under Payment Plan 1, the SNFs would be likely to refer such business to the Requestor.

The OIG’s Analysis

Before analyzing the proposed arrangements, the OIG provided a brief overview of the AKS and its application to discount arrangements. It noted that

Continued on page 16





If your patient can't speak, who will speak for them?

In EMS, guessing is not an option during patient care. We must be certain of the treatment plan based on standing protocols, signs, symptoms, medication usage, allergies, and important past medical history gained during the patient assessment.

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CAA Elections

2011 CAA Elections

Ed Guzman, Chair, Nominating Committee

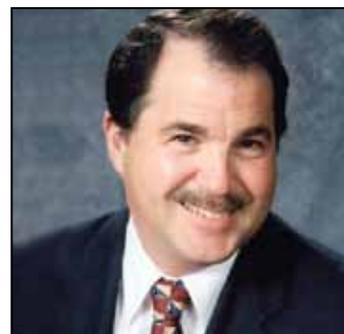
As chair of the Nominations Committee, I am pleased to present the following slate of candidates for consideration by the membership for the elected positions of the Association in 2011/2012. The results of which will be announced on June 16, 2011 at the Annual Meeting of the Membership at the CAA Annual Convention in Stateline, Nevada.

In accordance with the Bylaws of the CAA, ballots will be mailed to the Active Membership 30 days (May 15, 2011) prior to the commencement of the Annual Convention. Ballots must be returned to the CAA Executive Offices no later than 10 days (June 5, 2011) prior to the Annual Meeting of the Membership.

Members eligible to vote may do so by mail only. Any election resulting in a tie will be decided by private ballot voting by the Active Membership in attendance at the Annual Meeting of the Membership (June 16, 2011).

**California Ambulance Association
2011 Elections
Slate of Candidates**

NOMINEES FOR THE BOARD OF DIRECTORS (Five positions open, two-year terms)			
<input type="radio"/>	Bob Barry	Care Ambulance Service, Inc.	Orange, CA
<input type="radio"/>	Helen Pierson	Medic Ambulance Service, Inc.	Sacramento, CA
<input type="radio"/>	Alan McNary	American Legion Post #108	Sutter Creek, CA
<input type="radio"/>	Fred Sundquist	City Ambulance of Eureka, Inc.	Eureka, CA
<input type="radio"/>	Richard Angotti	St. Josephs Ambulance Service	San Rafael, CA
NOMINEES FOR THE ETHICS & PROFESSIONALISM COMMITTEE (Two positions open, two-year term)			
<input type="radio"/>	Eb Muncy	Desert Ambulance Service	Barstow, CA
<input type="radio"/>	Byron Parsons	First Responder EMS	Chico, CA
NOMINEES FOR OFFICER POSITIONS (One-year term for each position)			
Chair			
<input type="radio"/>	*Bob Barry	Care Ambulance Service, Inc.	Orange, CA
Vice Chair			
<input type="radio"/>	*Helen Pierson	Medic Ambulance Service, Inc.	Sacramento, CA
Secretary/Treasurer			
<input type="radio"/>	*Alan McNary	American Legion Post #108	Sutter Creek, CA
*Must be elected to the CAA Board of Directors to be qualified to hold an officer position.			



Bob Barry

Care Ambulance Service, Inc.
Orange, CA

Candidate for Director
(Two-Year Term)

Candidate for Chair
(One-Year Term)

It has been my pleasure to serve you this past year as your Chairman of the Board of the CAA and I thank everyone for the support you have given me this year. The CAA has been active in researching and developing positions on several key issues that we are going to need to stay engaged, attentive, and focused on. Your current Board of Directors has worked extremely well together and will continue to face these challenges in the year ahead. I again ask for your support and vote for Chairman of the Board for this coming year as I feel I can continue to bring continuity and direction to the leadership of the CAA, and continue the work we have mapped out for the coming year. Thank you.

**Note: Must be elected to the Board of Directors to qualify to hold the office of Chair.*



Candidate Statements



Helen Pierson

Medic Ambulance Service, Inc.
Sacramento, CA

Candidate for Director
(Two-Year Term)

Candidate for Vice Chair
(One-Year Term)

I have been proud of serving as a member on the Board of Directors and as Chairperson of the Education Committee for the last four years and acting as Secretary/Treasurer for the last year. It has been a wonderful opportunity to meet our members and learn more about the legislative side of our Ambulance Industry. It is fantastic to see our Association growing and reaching out to all the private ambulance companies that serve this great state. One thing is perfectly clear that I have learned, if we expect to be heard in Sacramento, to get our agenda's passed we need the support of our members. Participation from as many pre-hospital care providers is essential to make our voices heard as ONE association. My goal is to assist the Executive Director, Chair and Secretary/Treasurer in reaching out to as many providers as possible. As a co-owner of Medic Ambulance since 1988 I have had the exposure to different aspects of the EMS industry and how it

Continued on page 14



Alan McNany

American Legion Post #108
Ambulance
Sutter Creek, CA

Candidate for Director
(Two-Year Term)

Candidate for Secretary/
Treasurer
(One-Year Term)

I have been in the EMS industry for over 20 years and I am very enthusiastic when it comes to EMS. With a strong desire to provide the citizens of our State the best care possible, we in the EMS profession must continue to provide the best education to our fellow workers, provide state of the art equipment and continue to push for better reimbursement.

I have worked with the California Prison Health Care Services to assure that ambulance providers were protected with current EOA's, contracts were negotiated and maximum reimbursement provided. I continuously meet with local supervisors and legislators on reimbursement and healthcare issues.

As Chair of E&P, I worked with revising and updating the By-Laws and Policies and Procedures of the CAA.

As a current Board member and past Chair of Ethics &

Continued on page 14



Fred Sundquist

City Ambulance of Eureka, Inc.
Eureka, CA

Candidate for Director
(Two-Year Term)

After serving approximately eight years on the Board of Directors for the California Ambulance Association, I have decided to seek one more two year term. One of my goals has been to get an increase in the Medi-Cal budget to at least cover our costs and that has not happened yet. So, maybe this time around we, as an association of private ambulance providers can achieve that goal. I look forward to working with all of you dedicated providers and thank you for your support.



Richard Angotti

St. Joseph's Ambulance Service
San Rafael, CA

Candidate for Director
(Two-Year Term)

I am Richard Angotti and I have been on the Board of Directors for the last two years. I had the important privilege of being the Chairman of the Ethics and Professionalism Committee for three years prior to being on the Board. I am pleased to have been able to contribute the knowledge that I have gained from being born into the ambulance business. As an ambulance service owner I have an understanding of all aspects of our industry which I feel is value added in decision making. We have many challenges ahead of us as an association and I look forward to serving you for another two years. Thank you for your membership.



Candidate Statements

Election results will be announced on June 16, 2011 during the General Membership Meeting, at the CAA Annual Convention at Harrah's Lake Tahoe.



Eb Muncy

Desert Ambulance Service
Barstow, CA

Candidate for E & P Committee
(Two-Year Term)

I am a second generation ambulance provider. In 1997 my father retired and I purchased the company from him. Growing up in the ambulance business, I have done every job.

In 1988 I passed the California State Bar, and have been actively practicing since then with primary emphasis in business and real estate.

From 1994 through 2000 I was a member of the Barstow City Counsel. I was Chairman of the Redevelopment Agency. I was also Vice-Chair of the local Air Quality Management District.

I am 57 years old. I have been married for 39 years. I have two children and 5 grandchildren.



Byron Parsons

First Responder EMS, Inc.
Chico, CA

Candidate for E & P Committee
(Two-Year Term)

Greetings fellow members, I started my career in EMS as an EMT-1A in 1978, the same year I graduated from High School. I worked my way through school and received my AA degree in Paramedicine from Butte College in June of 1981. I have worked my entire adult life in EMS, first as an EMT-1A, then as a Paramedic, and the last 23 years as the CEO of an Ambulance Company. My wife Louwane and I have three daughters, Ellie (20), Emma (18), and Claire (15). I believe, The California Ambulance Association is now in the best position in its history, to represent the independent ambulance providers of California, and accomplish the changes that the industry will need to progress and excel into the future. I am grateful to the current Board of Directors for all of the hard work, service, and difficult decisions made on behalf of the Association. It will take continued support, dedication and volunteerism of the membership to continue the positive direction the Association has taken. I

Byron Parson's Candidate Statement

Continued from this page
would be honored to serve the Association on the Ethics and Professionalism Committee. Thank you for your consideration.

Helen Pierson's Candidate Statement

Continued from page 13
affects your company's business. I believe educating our members in the every changing issues of reimbursements are important. I am proud to say I have been an active member in organizing with the Education Committee in formulating informative Annual Conventions. With this experience, I feel that I am now ready to pursue the office of vice chair for our association. It would be an honor to service our association for 2 more years on the Board of Directors. Your kind consideration to vote for me is greatly appreciated.

**Note: Must be elected to the Board of Directors to qualify to hold the office of Chair.*

Alan McNany's Candidate Statement

Continued from page 13
Professional committee, I have seen the CAA progress like never before. Right now, the CAA is stronger than it ever has been and has a voice that is heard on the state level. I contribute this to our Executive Director, Management team and my fellow Board members. I am excited about the CAA and proud to be part of the leadership team.

**Note: Must be elected to the Board of Directors to qualify to hold the office of Chair.*



EMS Commission Appointments

EMS Commission Appointments

Jaison Chand, EMT-P, RN, BSN, representing the California Ambulance Association, was appointed by Speaker of the Assembly John Perez through 2012. Chand is the Chief Operating Officer of City Ambulance of Eureka, Inc and has been involved in EMS as a field provider for 19 years. He is a paramedic, registered nurse, and certified flight paramedic with a Bachelor's of Science in Nursing from Excelsior College. Chand has spent most of his career in rural EMS with a private ambulance provider, although he also worked for brief periods in metropolitan areas to gain accreditation during his tenure with NASCAR and the Indianapolis Motor Speedway as a track paramedic. Chand feels he can bring an underrepresented perspective to the Commission and stresses the importance of flexibility in the system, so that individual regions can account for unique demographics, geography and response system variations. He stated, "I want to express my appreciation to the CAA for their support of my Commission appointment."



EMS Commission meeting and recognized Meyer for being a voice for emergency medical services in the state of California. Meyer stated that he had made many friends over

the years among his commission colleagues and that Jaison Chand will be an asset to the EMS Commission as he begins his term.

Continued on page 22

Aaron Hamilton was appointed by former Governor Arnold Schwarzenegger as a public member. Hamilton is the Chief Technology Officer at GPS Logic. Previously he served as a systems engineer, dispatcher, and emergency medical technician at Care Ambulance Service in Orange, CA. He also worked as a reserve firefighter and driver operator at the Orange County Fire Authority. Through his experiences in both public and private EMS and the technology sector, Hamilton is concerned that the emergency response and preparedness system is somewhat fragmented. He also believes that disaster response and interoperability issues could be strengthened. He stated, "I am looking forward to reaching out to the industry to determine the most pressing issues."

Lou Meyer of AMR concluded his service on the EMS Commission at the March 2011 meeting. Meyer served on the EMS Commission for 18 years and served on multiple EMS Commission committees and task forces. A resolution from Assembly Speaker John Perez was presented to Lou Meyer at the March 23

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OIG Issues Significant “Swapping” Opinion

Continued from page 10

the AKS makes it a criminal offense to knowingly and willfully to offer, pay, solicit, or receive any remuneration to induce or reward referrals of items or services that are reimbursed by Federal health care programs, e.g., Medicare and Medicaid. “Remuneration” includes the transfer of anything of value, directly or indirectly, in cash or in kind. It has been interpreted to cover any arrangement where even “one purpose” of the remuneration was to induce the referral of services reimbursed by Federal health care programs.

The OIG then reiterated its prior pronouncements regarding discounted rates provided to health facilities for ambulance services, including its 2003 Compliance Program Guidance for Ambulance Suppliers and its 2008 Supplemental Compliance Program Guidance for Nursing Homes. (See also Advisory Opinion 99-2). In both documents, the OIG stated that if any direct or indirect link exists between a price offered by an ambulance company to a nursing facility for items or services that the facility pays for out-of-pocket and referrals of Federal business for which the supplier or provider can bill a Federal health care program, the AKS is implicated. The OIG refers to this practice as “swapping.” Though not noted in the Opinion, the OIG made similar statements in its Supplemental Compliance Program Guidance for Hospitals, issued in 2005. See also the American Ambulance Association’s Position Paper titled, “Federal

Pricing Restrictions,” at: <http://www.the-aaa.org/about/positionpapers.html> (After providing the foregoing background, the OIG applied these principles to the two payment plans proposed by the Requestor. The OIG noted that, under Payment Plan 1, the Requestor would charge the SNFs a capitated amount that would be below the Requestor’s total costs of providing Medicaid transports if all the residents were Medicaid-only residents. Under Payment Plan 2, the Requestor would charge the SNF a flat, below-cost rate for transports for Medicaid-only residents. The OIG analyzed the arrangements as follows:

“The circumstances surrounding both plans... suggest that a nexus may exist between the below-cost payment rates offered to the SNFs for Medicaid Transport Services for Medicaid-only residents and referrals of other Federal health care program business. First, the SNFs are in a position to direct business to the Requestor that is not covered by the Payment Plans under the Proposed Arrangement... Second, both parties have obvious motives for agreeing to trade below-cost payment rates for Medicaid Transport Services for Medicaid-only residents for referrals of other Federal health care program business: the SNFs to minimize risk of losses and/or maximize gains under the Medicaid per resident per day rate for ancillary and support costs, and the Requestor to secure business in a highly

competitive market.”

The OIG noted that, in determining whether an improper nexus exists between the rates offered for services and referrals of Federal business in a particular arrangement, the OIG looks for indicia that the rate is not commercially reasonable in the absence of other, non-discounted business. The OIG stated that rates offered to the SNF that are below the ambulance company’s total costs of providing services, as was the case here, “give rise to an inference that the supplier and the SNF may be ‘swapping’ the below-cost rates on business for which the SNF bears the business risk in exchange for other profitable non-discounted Federal business, from which the supplier can recoup losses incurred on the below-cost business, potentially through overutilization or abusive billing practices.” The Opinion does not indicate how a provider should measure its “total cost of providing the service.” However, in Advisory Opinion 99-2, issued in 1999, the OIG stated that in determining whether an ambulance provider’s are below its cost,

“we do not think it sufficient to consider only a supplier’s marginal costs. Rather, in determining whether a discount is below cost, we look, for example, at the total of all costs divided by the total number of ambulance trips.”

Thus, under the facts presented by the Requestor, the OIG stated it was unable to exclude the possibility that the Requestor might be offering improper discounts to the SNFs for their Medicaid transports

with the intent of inducing referrals of more lucrative Federal business. The OIG also noted that the facilities were at risk as well because they “may be soliciting improper discounts in exchange for referrals of business for which they bear no risk.” The OIG concluded that, “[i]ndeed, the Proposed Arrangement poses a substantial risk of such improper ‘swapping’ of business that may run afoul of the anti-kickback statute.”

The Significance of the Opinion

While the Opinion applies principles previously established in Advisory Opinion 99-2 and the Compliance Program Guidance documents noted above, it may go beyond these prior pronouncements in one important respect: it applies the “swapping” doctrine to bundled Medicaid payments even though, in the state in question, the amount included in the bundled Medicaid payment for ambulance services is probably below the cost of providing those services for many providers. As noted above, Ohio includes \$1.14 per day in the SNF per diem for both ambulance and wheelchair. It might be argued that the since the state pays the SNFs an amount which is below the cost of providing transport, the SNFs should be permitted to pass this inadequate compensation on to the ambulance companies (e.g., by paying them the Medicaid fee for service rate). After all, in the absence of the bundled payment methodology, the ambulance companies would be

stuck Medicaid fee for service payments which are probably below cost. However, the OIG's failure to even address this potential justification for below cost rates may indicate that the OIG does not accept it. Thus, it does not appear that a health facility which is paid below its costs by Medicaid can safely force its ambulance contractor to "share the pain."

The Opinion is also significant because it comes in advance of the development of alternative bundled rate payment methodologies that are to be implemented by the Medicare program under the Patient Protection and Affordable Care Act. That Act specifically provides for a pilot program utilizing increased bundled payments as a means of achieving greater efficiencies in the Medicare program. To the extent that these bundled payments shift financial responsibility for additional ambulance services to health facilities or other parties that also control Medicare Part B referrals, those parties should pay fair market value for transports covered by the bundled payment, even if the bundled payment is inadequate to support such rates.

Finally, the Opinion raises the question of whether ambulance providers and their health facility customers might have potential liability under the AKS if an ambulance provider prices its services to a health facility at the Medicare-allowable amount, if such amount is below the provider's cost, as could be the case in certain areas where the cost of doing business is especially high. Taken to its extreme, the Opinion might

suggest that such pricing could violate the AKS. This would be illogical, however, since the OIG's rationale for finding "swapping" unlawful is that the ambulance provider is rendering services at an unreasonably low rate at an inducement to secure business at the more lucrative Medicare allowable rate. If the contract rate for health facilities were the same as the Medicare rate, it makes sense and seems reasonable to conclude that a "swapping" violation would not exist.

Nevertheless, ambulance providers wishing to exercise an abundance of caution can protect themselves from "swapping" violations when they price at the Medicare rate through compliance with the so-called "discount safe harbor" under the AKS. The discount safe harbor is one of several safe harbors established by a regulation which provides that, if a particular arrangement meets all the conditions of a particular safe harbor, it will not be subject to challenge under the AKS.

The discount safe harbor is applicable to discounts rendered by a seller (in this case, the ambulance service) to a buyer (in this case, a health facility) if certain conditions are met. These conditions include the following:

- The discount must be accurately reflected on invoices rendered to the buyer (this simply means the discounted rate must be shown on the invoice);
- If required by law, the buyer must fully and accurately report the discount on its cost report to Medicare, Medicaid

or other government programs;

- The buyer must provide, upon request of the Secretary of Health & Human Services (the "Secretary") or a state agency, information regarding the discount; and
- The seller must inform the buyer, in a manner that is reasonably calculated to give notice to the buyer, of its obligations to report the discount and to provide information upon request of the Secretary, as indicated above (this can be done by adding language to the agreement referencing the safe harbor requirement.)

In addition to the foregoing requirements, to fall within the discount safe harbor, a reduction in price given to one payer must also be given to Medicare and any applicable state health care program. Therefore, the discount safe harbor will not apply when a health facility is charged a rate which is less than the rate charged to Medicare. Thus, if the ambulance provider charges the facility the Medicare rate, and the other conditions specified above are met, the discount safe harbor will apply. As a practical matter, this simply requires including language in the agreement between the parties that informs the facility regarding its obligations under the safe harbor; limiting the amount of the discount to the Medicare rate; showing the Medicare rate on the invoices to the facility; and using the Medicare rate, rather than the provider's full charges, on Medicare Part B claims. Although it is generally not necessary for an ambulance company to rely upon the

discount safe harbor if it charges a health facility the Medicare rate, doing so will make any such discount 100% bullet proof, even if the Medicare rate is below the ambulance company's costs.

Conclusion

Advisory Opinion 10-26 is a reminder that discounts in contracts between health facilities and ambulance companies must be carefully structured to avoid possible "swapping" violations of the AKS. The Opinion indicates that the OIG will apparently not excuse below cost discounts on the grounds that the facility has itself been underpaid by Medicaid or any other payor.

Finally, ambulance companies and health facilities should be aware that there are at least two active federal investigations focusing on the swapping issue in California. Therefore, this is an issue to be taken seriously by both ambulance companies and health facilities.

R. Michael Scarano, Jr., is a Partner and Vice Chair of the Health Care Industry Team of Foley & Lardner LLP, a national law firm with 20 offices coast to coast, including four in California (San Diego, Los Angeles, San Francisco and Sacramento). Mike specializes in representing ambulance service providers in a wide range of matters, including compliance, reimbursement and government investigations; health facility, health plan and 911 system contracting; HIPAA and privacy; and general business transactions and regulatory matters.



The Safety Zone

Cal/OSHA to cite “Serious Violations” More Easily

By Patricia Ruiz, State Compensation Insurance Fund

Assembly Bill 2774, one of the most important pieces of occupational safety & health legislation, was voted into law and went into effect on January 1, 2011 thereby amending Labor Code Section 6432 to change the way Cal/OSHA issues serious violation citations. Intended to bring Cal/OSHA up to federal standards, AB2774 is expected to bring about a significant increase in the number of serious citations issued against California employers, and thus in the amount of penalties proposed by Cal/OSHA against California employers. This is because the maximum fine for a general violation is \$7,000 whereas a “serious” violation can go as high as \$25,000. Previously, a serious citation was often reclassified downward to a “general” violation on appeal with the Division of Occupational Safety & Health (DOSH). Now it is much easier for Cal/OSHA to establish that a violation was serious and therefore be upheld on Appeal- complete with the higher penalty.

“For those in the employer community who are not paying attention, they may be losing tremendous opportunities to work with DOSH even in an enforcement setting to make sure they get a proper result....Those who are in a position of strength, having done their homework and paid attention to the inspection, and knowing their operation better than DOSH, can bring facts to our attention that we may have missed.”
 —DOSH Chief Len Welsh.

According to the new definitions, serious violations cause an employee to suffer (or potentially suffer) serious injury or illness or serious physical harm. Serious physical harm is defined by the law as “any injury or illness, specific or cumulative, occurring in the place of employment or in connection with employment, that results in:

1. Inpatient hospitalization for purposes other than medical observation.
2. The loss of any member of the body.
3. Any serious degree of permanent disfigurement.
4. Impairment sufficient to cause a part of the body or the function of an organ to become permanently and significantly reduced in efficiency on or off the job, including, but not limited to, depending on the severity, second-degree or worse burns, crushing injuries including internal injuries even though skin surface may be intact, respiratory illnesses, or broken bones.

Serious physical harm can also be caused by a single, repetitive practice, means, method, operation, or process.

Along with these new criteria to determine serious violations, Cal/OSHA inspectors will be reviewing employer safety programs, including the Injury and Illness Prevention Program (IIPP), for the following:

1. Programs for training workers and supervisors about preventing employee exposures to hazards.
2. Programs to find, limit access to, and correct hazards in the workplace.
3. Programs to supervise employees exposed or potentially exposed to hazards.
4. Programs to communicate about safety rules and programs with employees.

The new law states that there is a “rebuttable presumption” that a serious violation exists in your workplace if Cal/OSHA can demonstrate a “realistic possibility that death or serious physical harm could result from the actual hazard created by the violation.” In addition, Cal/OSHA Safety Engineers and Industrial Hygienists are going to be allowed to testify as experts during appeals processes as long as they can demonstrate that their training is current. These changes will make it harder for employers to win an appeal.

Employers may give information to Cal/OSHA disputing a violation before citation or during the appeals process. Employers must demonstrate that they didn’t know of the violation. They must also demonstrate that they took all the steps possible to anticipate and prevent the violation and that they corrected the violation as soon as it was discovered.





Tips to prevent and address potential Cal/OSHA serious violations in your workplace:

1. Review and update your IIPP materials and all other safety policies and procedures and ensure implementation of the same
2. Ensure your IIPP addresses hazard identification, training, and communication.
3. Conduct regular hazard assessments through site safety inspections and job hazard analysis.
4. Evaluate your hazard reporting methods for employees to report safety concerns and hazards.
5. Know how to respond to a Cal/OSHA inspection.
6. Know that you have the right to appeal a Cal/OSHA citation and the necessary steps to take.

Employers must demonstrate that they “are paying attention” and not have a paper only safety program. A robust, appropriate safety program will go a long way in rebutting the presumption of a serious citation. Most importantly, document, document, document then document the process of documentation!

Legislative Update

Continued from page 9

exemption for emergency ground ambulance providers, AB 97 was enacted. Among its provisions is a requirement that the DHCS reduce by June 1, 2011 the reimbursement rates for all Medi-Cal providers, including ambulance companies. This reduction is applicable to both Medi-Cal fee for service and Medi-Cal managed care providers.

Subscribe to the Siren

The California Ambulance Association is now offering subscriptions to The Siren magazine. Published quarterly, The Siren is a comprehensive source of information on issues that are important to the ambulance industry. Contents include feature articles, association educational and networking events, legislative updates and analysis, member news and much more.



The Siren is the Official Newsletter of the CAA

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Member Profile



Building a Vision That Started with a Dare. Hall Ambulance Service, Inc. Celebrates 40 Years



Harvey L. Hall and his wife, Lavonne, at the company's administrative offices located in Bakersfield, California. Inset photo: Harvey L. Hall with his second ambulance in 1971.

Harvey L. Hall never intended on working in the healthcare industry, let alone become the founder of one of the most well respected ambulance services in the nation. After returning to Bakersfield from San Francisco City College, where he studied Journalism, Hall secured a part-time job working as an orderly at Mercy Hospital. It was at that time, perhaps unbeknownst to him, that he starting developing a passion for helping those in need.

After finishing a shift, he ran into a friend who was working as an ambulance attendant. Hall candidly recalls telling his friend, "Wow, I'd never do that." The friend promptly responding by daring Hall to go for a ride-a-long with him, sighting that they would have a good time running around with the red lights, sirens and all that stuff.

Hall took the bus home, where he consulted with his mother who encouraged him to give it a try. The experience was so great that the next day, he applied for a job at Cruzan Ambulance, and six months later joined Flinn Ambulance.

Hall learned a lot during those formulative years, every aspect of the business. In 1965, Hall was presented with the Medallion of Mercy Award by the California Ambulance Association for his efforts to save the life of a

teenage girl involved in an auto versus truck collision. With the patient not breathing upon his arrival, Hall initiated mouth-to-mouth resuscitation, in place of using mechanical ventilation--which he felt was not as effective. He continued doing so for duration of the six-mile transport to the hospital and then continuing his efforts with the doctors for 1 1/2 hours.

A 1967 article within the *Bakersfield Californian*, contained a quote that would set the stage for the kind of ambulance service Hall would eventually build, bearing his namesake. Asked how he felt after delivering the child to the hospital, Hall said, "It is my duty to perform to the greatest of my ability. I am dedicated to the ambulance industry...toward upgrading the profession and being able to preserve lives."

With a decade of experience, on February 10, 1971, Hall opened his ambulance company with a \$15,000 bank loan, two ambulances and his personal residence serving as headquarters.

It was in those early years that Hall established an exacting list of standards, called, "The Hall Way of Doing Things," that are still followed forty years later. It was this vision that enabled Hall Ambulance to often be the innovator of a vast array of pre-hospital care in Kern County. In 1975, the company became the first to provide mobile intensive care paramedic service in Kern County. The company was also first to implement non-emergency medi-van transportation, a state-of-the-art computer-aided dispatch center, a rapid response paramedic bike team and the first EMS provider in the area to use a GPS automatic vehicle locator system-- ensuring the closest available ambulance responds to a request for medical aid.

In 2001, Hall expanded its coverage to the skies of the southern Central Valley with the implementation of Hall Air Ambulance Service.



In 2009, the company ushered in a new era of medical transportation via Hall Critical Care Transport. With an on-staff registered nurse, high acuity patients no



Member Profile

Hall Ambulance Company Milestones

longer have to travel with an interruption of higher level medications.

Through the years, the progressiveness of the company attracted other communities to invite Hall Ambulance to service their towns. Hall Ambulance's first expansion was into Arvin, and Frazier Park, where the residents were suddenly left without ambulance service. The company has also become an integral part of Oildale, Tehachapi, Lamont, Boron, California City, Rosamond, Taft, Shafter and Glennville. In total, Hall Ambulance responds to



An in-house, state-of-the-art communications center is staffed with emergency medical dispatchers who utilize GPS technology to send the closest available ambulance to each request for medical aid.

nearly 90% of all 911 requests for medical aid throughout Kern County- an area roughly equal in size to the state of Rhode Island.

While providing high performance pre-hospital care is at the core of Hall Ambulance's responsibility to the communities it serves, Hall has a demonstrated interest in being a good community partner as well. Each year, the company's paramedics and EMTs visit local school children to teach them when to call 9-1-1. Thousands of residents and medical professionals have enrolled in the company sponsored CPR, first aid and continuing education classes.

Since 1977, Hall Ambulance has maintained the Hall Ambulance Explorer Post, open to youths wanting to explore a career in EMS. Many have gone on to become model employees as dispatchers, EMTs and paramedics.

To ensure a sustained pool of qualified competent care givers is always available, the company established the Hall Ambulance EMT Academy in 2001. This entry level program has given 94 graduates a start in EMS with 15 moving on to become a paramedic.

Like many, Hall has bore witness to a rapidly changing industry and as such, reached out early on to become a member of the California Ambulance Association 35 years ago. Hall believes membership in the CAA provides opportunity to participate in state legislation review; industry continuing education; collaboration

with Association leadership and exceptional recognition of employees through the CAA's Stars of Life program.

Member involvement within the 63 year-old ambulance association has always been vital. Through the years, Hall has encouraged his leadership team to participate in all levels of CAA business, depending upon their interest. Hall sees it as a win-win situation stating, "The CAA's ongoing committees and programs provide new insights to bring further prosperity to our business interests."

Like the rest of the state's ambulance providers, Hall cites the constant diminishing reimbursement from Medi-Cal, Medicare and private insurance companies as the greatest challenges his company is facing. "With the loss of jobs in Kern County, and the elimination of group health insurance plans paid for by employers, patients are unable to pay for services rendered, thus creating an ever-increasing amount of bad debt claims," he said.

Hall draws from a unique perspective in that he is concurrently serving his third term as Mayor of the city of Bakersfield. Such a role has helped him to better understand the bureaucracy and challenges involved in government, whether on a local, state or federal level. Hall says that maintaining a viable, professional workforce is constantly a challenge. "It is always a question of how to survive and to maintain positive working relationships with government officials that produce favorable results."

While 40 years is cause for celebration, there are many challenges ahead. With lessons learned from past experience, the company intends on continuing to listen to its customers, while educating themselves on the ever-changing healthcare industry so they can continue to provide exemplary care.

- February 1971- Harvey L. Hall opens his ambulance service
- March 1975- Hall initiates service to Arvin
- May 1975- Hall launches first paramedic program in Kern County, California
- June 1975- Hall offers first non-emergency wheelchair transportation services
- June 1976- Hall Initiates service to Lamont
- July 1978- Hall initiates service to Frazier Park
- October 1979- Hall initiates service to Tehachapi
- July 1980- Hall initiates service to Bear Valley Springs
- July 1984- Hall deploys Kern County's first two paramedic field supervisor units
- July 1986- Hall deploys area's first mobile medical communications unit
- June 1991- Hall is chosen as U.S. Paramedic EMS Service of the Year by NAEMT and AAOS.
- July 1992- Hall opens state-of-the-art computer-aided dispatch center
- 1992-1996- Hall maintains daily operations of Wilson Ambulance in Palmdale, California
- January 1994- Hall initiates service to Mojave, Rosamond, California City and Boron
- March 1996- Hall purchases Taft Ambulance
- September 1997- Hall implements area's first ALS Paramedic Bike Patrol
- May 1998- Hall establishes the Harvey L. Hall/ Hall Ambulance Medical Scholarship
- July 1999- Hall acquires Golden Empire Ambulance
- May 2000- Hall installs GPS automatic vehicle locators into fleet of ambulances
- August 2001- Hall creates the EMT Academy, a public/private partnership
- December 2001- Hall Air established
- December 2002- Hall installs Road Safety
- April 2004- Hall implements electronic field data collection
- July 2004- Hall receives a "perfect score, and full CAAS accreditation
- November 2004- Hall places 4x4 ambulances into service during inclement weather
- May 2007- Hall Air upgrades to Bell 407 helicopter
- April 2008- Hall receives DMSU unit from state EMSA
- April 2008- Hall Air employs night vision goggles
- December 2009- Hall Critical Care Transport commences operations
- October 2010- Hall completes construction on new Rosamond ambulance sub-station
- December 2010- Hall implements 12-lead ECG program
- January 2011- Hall moves Shafter operations to new location



Chairman's Message

Continued from page 3

and this issue has moved right to the top of our agenda. Once again we will have to fight this year to prevent something bad from happening to us.

This time, both the stakes and the odds are even greater. In order to generate support to address the severe Medi-Cal underfunding of essential ambulance services, we will need the whole industry to stand up and speak with one voice in order to be heard. We are the smallest association in size and financial resources at the table. All of the other stakeholder groups are asking for the same relief. We will need to scream louder, be more resourceful, and focus all of our energy and efforts on this issue if we are going to be able to compete and make our case.

Our plan of action is simple. In order for us to be successful, we will need every provider, private or public, member or non-member, to participate in a unified grassroots campaign effort if we are going to make our case to the legislature and Governor.

We had a great start with both our Legislative Summit and Stars of Life Celebrations earlier this year. At the two events combined, over 140 members, non-members and public partners attended. During meetings with legislators, we have set the stage for the fight to come. Thank you for your involvement, as the turnout was the best ever for these two events.

We have already issued five *Calls-to-Action* and we will need you to continue to write letters and meet with your legislator in your home district. Visiting your legislator at home actually has more value than coming to Sacramento for a meeting. Make an appointment to meet with your legislator and ask for support of Medi-Cal reimbursement for essential ambulance services. Let your legislator know how the cuts will hurt your patients and community.

One thing I have learned about politics is that you have to engage in the process in order to get something done. If we are going to have any chance at success, all of us are going to have to step up and participate in the process. For those that have been engaged, I thank you and ask that you continue to participate. For those that are sitting on the sidelines, I ask you to step up and get involved. Your industry needs you and we cannot be successful without you.

Executive Director's Update

Continued from page 5

- Helen Pierson
- Richard Angotti
- Alan McNany
- Jim McNeal
- Fred Sundquist
- Jossette Mani, Sergeant-at-Arms

CAA Management Team

- Brenda Staffan, Executive Director
- Chris Micheli, Legislative Advocate
- Mark Corum, Siren & Website Editor
- Jennifer Blevins, Meeting Planning
- Tricia Schrum, Accountant
- Kim Ingersoll, Membership Services

CAA Committee Chairs

- Eb Muncy, Legislative & Agency Relations Committee
- Ed Guzman, Membership Development & Services Committee
- Eb Muncy, Ethics & Professionalism Committee
- Jim McNeal, CAAPAC Committee
- Ed Guzman, Nominating Committee
- Helen Pierson, Education Committee
- Stewart Slipiec, Safety Subcommittee
- Jody Soule, Payer Issues Subcommittee

CAA Work Groups

- EMSA #141 Work Group: Bob Barry, Eb Muncy, Mike Scarano, Dana Solomon, Brenda Staffan
- Chapter 13 Work Group: Bob Barry, Jason Chand, Chris Micheli, Dana Solomon, Brenda Staffan
- Medi-Cal Work Group: Bob Barry, Jim Frizzera, Gerry Hart, Chris Micheli, Helen Pierson, Robin Slater, Dana Solomon, Jody Soule, Brenda Staffan

- HCPCS Codes Work Group: Eb Muncy, Robin Slater, Dana Solomon, Jody Soule, Brenda Staffan, Corrine Wittman-Wong

CAA Representatives on Statewide Panels & Committees

- EMS Commission: Jason Chand
- EMSA Awards Committee: Brenda Staffan
- EMSA Directors Advisory Group: Dana Solomon and Brenda Staffan
- Chapter 13 Task Force: Bob Barry and Brenda Staffan
- Emergency Medical Responder Task Force: Ben Merin
- Statewide Patient Movement Plan: Bill Weston
- Trauma Advisory Committee: Ed Guzman

EMS Commission Appointments

Continued from page 5

There were two other appointments made to the EMS Commission.

David Rose, EMT-P, representing local fire protection, was appointed by former Governor Arnold Schwarzenegger through 2012.

Jane Smith, EMT-P, representing the California Rescue Paramedic Association, was reappointed by Senate President Darrell Steinberg through 2013.



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