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- 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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Legislative Advocate | Chris Micheli | cmicheli@apreamicheli.com

Accountant | Tricia Schrum, CPA | tschrum@the-caa.org

Membership Services | Kim Ingersoll | kingersoll@the-caa.org



Table of Contents

- 2 | **Chair's Message** | *Bob Barry*
- 3 | **Executive Director's Update** | *Brenda Staffan*
- 4 | **Member News:** MDA 60th Anniversary; Paramedics Plus New CMO; CAA at CPR Day
- 6 | **Legislative Update:** A Look at the Upcoming November 2012 General Election Ballot Measures | *Chris Micheli*
- 8 | **Safety:** Safety Officer Part II: Training | *Frank Leonard*
- 9 | **EMS Law:** Key Contracting Points in the Procurement of e-PCR Programs | *R. Mike Scarano, Jr. & Aaron K. Tantleff*
- 12 | **Feature Article:** Legal Issues Associated with Medi-Cal Rates | *Kevin Warren*
- 14 | **CAA Elections:** 2012 CAA Elections – Slate of Candidates and Candidate Statements
- 17 | **CAA Feature:** Partnership Donates Ambulances to Underserved Nayarit, Mexico

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California Ambulance Association

2520 Venture Oaks Way, Suite 150
Sacramento, CA 95833
(877) 276-1410 (toll free)
(916) 924-7323 (fax)
www.the-caa.org



Chair's Message



Bob Barry | *Chair of the Board*

A Time for Change

This association has mastered the ability to not only survive change but be better for it. Over the past six years, we survived a major membership downsizing, two changes in political advocacy, two changes in management services, a change in Executive Directors, and four changes in the Chairmanship of the CAA.

This year will be no different as we take on a few more changes. First, we will be getting a new Chair of the Board for 2013 as I finish my second year and will not be running for a 3rd term. I believe one of the keys to our success is that we continue to bring new leadership to the Board to ensure succession and the transition of ideas and power.

It is time for change. We also will have a change in Executive Directors as Brenda Staffan will be moving on. I wanted to take this opportunity to thank our Executive Director, Brenda Staffan for four great years. As most of you may now know, Brenda is leaving the CAA and will be joining REMSA to coordinate the CMS Innovations Grant that they were recently awarded.

I know I speak for the Board and the CAA membership when I say we cannot thank her enough for the contributions she has made to this organization and what she has done for our industry. She has been instrumental in putting us back on the map at DHS, EMSAAC, EMDAAC, and at the EMSA, and she has put us right in the middle of important policy arguments and decisions. She will be sorely missed.

That being said, we have a great team of leaders and members here at the CAA and I can tell you we will again adapt and thrive with the changes coming this year.

As I step down as Chair of the Board, I want to thank everyone for the support and help they have given me. In particular, I want to thank Darlene Dennison, Fred Sundquist, Jr., and Dana Solomon. Each served as Chair of the Board prior to my tenure, and was instrumental in guiding the Association through the dark days. In comparison, I had it easy.

It has been an honor to serve. ✨

Bob Barry
Chair of the Board
California Ambulance Association



Brenda Staffan | Executive Director

Roundtable Explores Community Paramedic Programs

The CAA participated in an invitation-only Community Paramedicine Roundtable co-hosted by the California Emergency Medical Services Authority (EMSA) and the California HealthCare Foundation (CHCF) on June 27. CHCF is a nonprofit grant making philanthropy that also issues policy publications on a wide range of healthcare topics including information for the legislative and executive branches of state government. Several statewide EMS associations were also invited to the meeting. The purpose of the meeting was to gather information about community paramedic programs including potential roles for EMS in community health. The CHCF announced it will issue a policy paper sometime in early 2013 (examples of other issue briefs published by CHCF can be found at www.chcf.org). EMSA supports and recommends an analysis of policy and programmatic issues prior to developing any proposals or pilot projects. The Governor's administration has no official position on community paramedic programs.

EMSA provided an overview of the roughly 17 existing community paramedicine programs internationally, including programs in the U.S and California. Recently, the federal Center for Medicare and Medicaid Services (CMS) awarded three Healthcare Innovation Grants to EMS providers, including a nearly \$10 million innovation grant to CAA member REMSA based in Reno, NV. Stakeholders recognized that lessons learned from these existing pilot projects could benefit future California-based community paramedicine pilots.

EMSA's Sean Trask reported that a paramedic currently cannot conduct a home visit. Existing EMS statutes and regulations restrict

care delivery by paramedics to an emergency scene (as a result of a 9-1-1 call) or during an interfacility transport. Under current federal and state reimbursement regulations, Medicare reimbursement is restricted to the ambulance transport only. There was significant dialogue about the hurdles associated with changing state statute to expand the scope of practice of paramedics and, perhaps, this is not the best path. Many stakeholders saw opportunities to expand the role of paramedics within the existing scope of practice and, perhaps, this is the best path.

While the CAA does not have an official position on community paramedic programs, the CAA has provided feedback regarding how additional pilot programs could be evaluated (see below). First, it will be critical to clearly describe the current medical control and medical necessity criteria required by current federal statutes and regulations, state statute and regulations, and local ordinances and medical oversight policies. While there is ample evidence of "frequent EMS system users" that could potentially be better served, EMS systems currently function according to their existing statutory, regulatory and reimbursement environment. The concept of "overutilization" needs to be characterized in its proper context. Second, the CAA believes we should retain the principle that emergency medical services are deemed medically necessary for both treatment and payment purposes based upon the "prudent layperson definition of emergency." The prudent layperson definition is consistent with current CMS policy and is also the long-held position of ACEP and many EMS groups.

Many readers might recall that the Institutes of Medicine (IOM) recommended in its

Continued on page 20

Manteca Ambulance District Celebrates 60 Years of Service



Dana Solomon and Bill Caldera of Manteca District Ambulance

A 60th anniversary celebration heralding the successes of Manteca District Ambulance (MDA) including a long stretch with former general manager Dana Solomon at the helm drew him a standing ovation at the end of the noontime event. Solomon, who started with the ambulance district more than 30 years ago said he wanted to thank the ambulance board for its past support,

adding that he will now be working in his new consulting business. MDA President Ted Simas said when he joined the board it was Solomon's vision that developed into what the service has become to the community today. It was all about his continual push and encouragement toward bettering the operation, he added. "Dana was never shy about needing new ambulances," he said. "We have very sound reserves and a retirement system for our employees with no public funding and our community service all came about because of Dana," Simas said.

Solomon recalled when ambulance pioneers Oscar Breitenbucher and Ted Poulos drove out to his ranch in 1980 and offered him the job of a paramedic running Manteca Ambulance. Solomon had grown up working with his father in his Modesto-based ambulance company. "We give back to our community more than we take out of the community," Solomon recalled. Their medical mentor was a special medic – Modesto emergency room Dr. Werner – who set the tone for Dana and his early-on paramedic partner Bill Caldera who is the current general manager. His constant message: "Do what you have to do – but do it right!" He was the one doctor who would often be seen driving out to the scene of a collision in his Carmen Gia to render aid to the injured and to be in support of his first responders. Several CAA members attended the celebration. On behalf of the CAA, Brenda Staffan presented a resolution to MDA recognizing their many contributions to their community. *

(Excerpts reprinted with permission by Glenn Kahl, *Manteca Bulletin*.)

Founder of AAA, Bob Forbuss, Passes Away

Robert Forbuss, a widely known Las Vegas businessman, educator and elected official, died Sunday at his home after a long battle with ALS, also known as Lou Gehrig's disease. He was 64.

While teaching, Forbuss became an emergency medical technician and worked for Mercy Medical Services during summer breaks. He worked his way into management, and eventually became an owner of the company, which he expanded to other areas in the Southwest. Forbuss was recognized as an industry leader in emergency medical services, winning awards and speaking at national conferences. He was founder and president of the American Ambulance Association and the Commission on Accreditation of Ambulance Services.

A celebration of life will be held at The Smith Center for the Performing Arts in October, though the date has yet to be determined. *

New Chief Medical Officer Named for Paramedics Plus

John C. Sacra, M.D., F.A.C.E.P., has been named chief medical officer for Paramedics Plus, a Texas-based emergency medical services company with operations in California, Florida, Oklahoma and Indiana.

Paramedics Plus President Ron Schwartz said that the addition of Dr. Sacra to the Paramedics Plus team is an important one as the company expands its operations while continuing its focus on quality patient care in the pre-hospital setting.

"Dr. Sacra will be a valuable national resource and, while recognizing the autonomy and essential role of local medical directors, he will support them in their efforts to provide clinically effective and cost efficient care. He will also work with our clinical and operational professionals as Paramedics Plus continues to set high clinical standards for the industry not only in current operations but also in future opportunities," Schwartz said. *

Pending Members

The Tenney Group
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Fayaz Karim • Irvine, CA

City of Newport Beach Fire Department
Associate Member
Catherine Ord • Newport Beach, CA

Comments or questions about membership applications should be directed to: Kim Ingersoll: kingersoll@the-caa.org.



A Look at the Upcoming November 2012 General Election Ballot Measures

Chris Micheli | CAA Legislative Advocate

The November General Election ballot is already full with Assembly and Senate seats, Congressional offices, local races and measures, and, of course, the Presidential election. But California voters will also be faced with a dozen ballot measures, with potentially several more yet to qualify. The following is a brief summary of the eleven measures that have already qualified and will appear on the ballot:

Prop. 30 – Temporary Taxes to Fund Education and Guaranteed Local Public Safety Funding

This measure would increase personal income taxes on annual earnings over \$250,000 for seven years and would increase the sales and use tax by ¼ cent for four years. It allocates these temporary tax revenues 89 percent to K-12 schools and 11 percent to community colleges. It bars use of these funds for administrative costs, but provides local school governing boards discretion to decide in open meetings and subject to annual audit how these funds are to be spent. It would also guarantee funding for public safety services realigned from state to local governments.

Prop. 31 – State Budget and State and Local Governments

This measure has several provisions, including: establishes a two-year state budget cycle; prohibits the Legislature from creating expenditures of more than \$25 million unless offsetting revenues or spending cuts are identified; permits the Governor to cut the state budget unilaterally during declared fiscal emergencies if the Legislature fails to act; requires performance reviews of all

state programs; requires performance goals in state and local budgets; requires publication of all bills at least three days prior to a legislative vote; and, gives counties power to alter state statutes or regulations related to spending, unless the Legislature or a state agency vetoes those changes within 60 days.

Prop. 32 – Prohibits Political Contributions by Payroll Deduction

This measure would restrict union political fundraising by prohibiting use of payroll-deducted funds for political campaigns, and it would prohibit unions and corporations from contributing directly or indirectly to candidates and candidate-controlled committees. Other political expenditures would remain unrestricted, including corporate expenditures from available resources that are not limited by the payroll deduction prohibition. It would also limit government contractor contributions to elected officers or officer-controlled committees.

Prop. 33 – Allows Auto Insurance Based on a Driver's History of Insurance Coverage

This measure changes current law to permit insurance companies to set prices based on whether the driver previously carried auto insurance with any insurance company. It allows insurance companies to give proportional discounts to drivers with some prior insurance coverage and will treat drivers with lapses in coverage as if continuously covered if the lapse is due to military service or loss of employment, or if the lapse is less than 90 days in length.

Prop. 34 – Repeals Death Penalty

This measure would repeal the death penalty as the maximum punishment for persons found guilty of murder and replace it with life imprisonment without the possibility of parole. It applies retroactively to persons already sentenced to death and requires persons found guilty of murder to work while in prison, with their wages to be applied to any victim restitution fines or orders against them. It also creates a \$100 million fund to be distributed to law enforcement agencies to help solve more homicide and rape cases.

Prop. 35 – Human Trafficking Penalties and Sex Offender Registration

This measure would increase criminal penalties for human trafficking, including prison sentences up to 15-years-to-life and fines up to \$1,500,000. Fines collected would be used for victim services and law enforcement and would require the person convicted of trafficking to register as a sex offender. It would also require sex offenders to provide information regarding Internet access and identities they use in online activities and would prohibit evidence that the victim engaged in sexual conduct from being used against victim in court proceedings.

Prop. 36 – Three Strikes Sentencing for Repeat Felony Offenders

This measure revises the three strikes law to impose a life sentence only when the new felony conviction is serious or violent. It also authorizes re-sentencing

Continued on page 7

Legislative Update

Continued from page 6

for offenders currently serving life sentences if the third strike conviction was not serious or violent and the judge determines the sentence does not pose an unreasonable risk to public safety. It would continue to impose a life sentence penalty if the third strike conviction was for certain non-serious, non-violent sex or drug offenses or involved firearm possession, and it would maintain a life sentence penalty for felons with non-serious, non-violent third strike if prior convictions were for rape, murder, or child molestation.

Prop. 37 – Genetically Engineered Foods and Mandatory Labeling

This measure would require labeling on raw or processed foods offered for sale to consumers if they are made from plants or animals with genetic material that is changed in specified ways. It would prohibit labeling or advertising such food as “natural” and would exempt foods that are: certified organic; unintentionally produced with genetically engineered material; made from animals fed or injected with genetically engineered material, but not genetically engineered themselves; processed with or containing only small amounts of genetically engineered ingredients; administered for treatment of medical conditions; sold for immediate consumption such as in a restaurant; or alcoholic beverages.

Prop. 38 – Tax for Education and Early Childhood Programs

This measure would increase personal income tax rates for annual earnings over \$7,316 using a sliding scale from .4% for lowest individual earners to 2.2% for individuals earning over \$2.5 million, ending after twelve years. During the first four years, 60% of revenues would go to K-12 schools, 30% to repaying state debt, and 10% to early childhood programs. Thereafter, the measure would allocate 85% of revenues to K-12 schools and 15% to early childhood programs. It provides K-12 funds on school specific, per-pupil basis, subject to local control, audits, and public input and would prohibit state from directing or using new funds.

Prop. 39 – Tax Treatment for Multistate Businesses and Clean Energy and Efficiency Funding

This measure would require multistate businesses to calculate their California income tax liability based on the percentage of their sales in California. It would repeal existing law giving multistate businesses an option to choose a tax liability formula that provides favorable tax treatment for businesses with property and payroll outside California. It would dedicate \$550 million annually for five years from the anticipated increase in revenue for the purpose of funding projects that create energy efficiency and clean energy jobs in California.

Prop. 40 – Redistricting Referendum on State Senate Districts

State Senate districts are revised every ten years following the federal census. This year, the voter-approved California Citizens Redistricting Commission revised the boundaries of the 40 Senate districts and voters have placed this referendum petition on the ballot to (1) prevent them from taking effect unless approved by the voters; and (2) require court-appointed officials to set interim boundaries for use in the next statewide election.

Voters will be faced with numerous ballot measures in November that could have profound effects on state and local government finances. There are several that are of interest to California EMS providers and those measures need to be closely monitored in case of enactment by the voters. *

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Safety Officer Part II: Training

Frank Leonard, EMT-P | *Safety Officer, Riggs Ambulance Service*

Moving forward after the development of a safety program for your organization, you carefully selected the right person to be your Safety Officer. Now it's time to educate and train your new Safety Officer. Fortunately for employers, there are many different education and training resources for Safety Officers. There are even different learning environments such as a classroom or on-line training courses that your Safety Officer can take advantage of. So, what is the first thing your safety officer should know?

Your Safety Officer should first identify and learn your organizations' policies and procedures in regards to safety. This is vital in evaluating current policies and procedures providing a pathway to revising and/or developing new ones. From this point, it is collaboration with the Safety Officer and their organization to select which safety topics need to be addressed.

There are various topics and areas of safety to learn about. The Occupational Safety and Health Administration (OSHA) offers many different courses that are available online. The OSHA 10-hour course is a basic introductory course that gives the Safety Officer a good base before moving on to more complex courses. The OSHA 30-hour course is a more in depth program which covers Hazard Communications, Industrial Hygiene, Personal Protective Equipment, Bloodborne Pathogens and much more. This 30-hour course covers specific OSHA regulations and requirements as they apply to the general industry. This course also teaches safety awareness to help each worker recognize and reduce the risks of jobsite hazards. It is easy to accommodate local training needs as OSHA offers courses in a classroom setting or online. Classes can be

located in your area with a basic search on the internet. You can browse the different resources and determine which course is the best fit for you.

As a Paramedic, I recently completed the University of Southern Florida's online OSHA, 10-hour course. The online environment has the best selection of training for my schedule. I was able to take the course at various dates and times which was conducive to my family and work schedules. I truly enjoyed the ability to stop at any time and pick up right where I left off the next time that I logged into the course.

To complete the training of your Safety Officer, there are Infection Control courses which help to provide healthcare professionals with information on infection control practices and procedures. This includes Center for Disease Control (CDC) guidelines, Standard Precautions, Contact Precautions, Droplet Precautions and Airborne Precautions. Injury and Illness Prevention training programs are also essential for employers to comply with state and federal regulations. These regulations help employers identify potential hazards, habits, and behaviors. While infection control courses are more challenging to locate, the internet is still the best way to find a course. To simplify the training process, a Safety Officer could take a Designated Infection Control Officer (DICO) two-day course that covers all of the topics that were listed above.

The Emergency Vehicle Operation Course (EVOC) is another very important course for your Safety Officer. For an ambulance service, safe driving is vital to reducing accidents and injuries. Safety Officers should be well versed in safe driving

techniques for both non-emergency and emergency driving operations. Courses for instructors are offered to evaluate safe driving practices in the field as well as during training. The primary two programs are: Coaching the Emergency Vehicle Operator (CEVO) and EVOC. Each course offers different instructions on defensive driving tactics and should be evaluated to see which is best for your employees.

Riggs Ambulance Service has recently moved away from using CEVO and now the EVOC is used as the primary method for training EMT's and Paramedics on how to drive an ambulance safely. Riggs Ambulance Service mandates EVOC training during new hire orientation and annually for all employees. Field crew members conduct these EVOC trainings with the assistance of an Operations Supervisor.

The National Association of Emergency Medical Technicians (NAEMT) has developed training programs that focus on safety. Their intent is to develop a culture of safety that would help reduce the number and/or intensity of workplace injuries. The curriculum covers resource management; emergency vehicle safety; responsibilities during scene operations; patient handling; patient, practitioner, bystander safety; and personal health. These programs are relatively new and are not available in all areas. To locate a training program nearest you, visit the NAEMT website (www.naemt.org) or call them using the number listed on their web page.

With the appropriate training, your new Safety officer will have the resources necessary to help make sure everyone in your organization is working in a safe environment. ✱

Key Contracting Points in the Procurement Of e-PCR Programs

R. Mike Scarano, Jr. | *Partner, Foley & Larcher LLP*
Aaron K. Tantleff | *Senior Counsel, Foley & Lardner LLP*

Unfortunately, ambulance companies were not included in the “Meaningful Use” financial incentive program established by the Affordable Care Act. Nevertheless, due to the requirements of their customers and the need to perform efficiently in an electronic world, there has been a tremendous proliferation of electronic patient care report (e-PCR) systems in both the public and private sectors of the EMS industry. As a result of not being included, and the need to comply with a company’s customer requirements, some providers have encountered significant challenges in getting their e-PCR systems up and running, or in keeping them operating appropriately. Therefore, it is critically important that effective contractual protections be built into the relationship with the e-PCR vendor. The following are some of the most important issues to address:

Vendor Staff Continuity and Experience

There are a limited number of proven e-PCR vendors, and even more limited number of true subject matter experts with application-specific and battle-tested experience in e-PCR implementation projects. Carefully vet the personnel offered by the vendor and consider making their assignment to your project a contractual requirement, subject to change (e.g., through substitution of alternative personnel) only with your written approval. Capturing the right personnel for your project, and assuring staff continuity, are important keys to success.

Integration and System Configuration

Providers are typically buying an e-PCR solution – not just a piece of software. The agreement should require the e-PCR applications to integrate, interface and interoperate with each other, with third-party software, and any existing legacy systems. Further, the e-PCR solution must work properly on the designated hardware platform. In many cases, companies also require the vendor to ensure compliance with some, or all, of the companies customers.

In addition, consider requiring a warranty from the vendor that the system, including the e-PCR software and your hardware, in the vendor’s recommended configuration, is sufficient in size, capacity and processing capability to meet your needs. Further, consider requiring that the vendor be financially responsible for acquiring and installing any additional equipment, applications, interfaces, network infrastructure, connectivity or operating systems later determined to be necessary if they breach the warranty.

In some cases, companies have required the consultants and vendors to put some “skin into the game” by having them contractually bound to stand behind their recommendations and approval of the company’s existing or to be purchased systems.

Scope of Software License

As part of an e-PCR program, providers typically purchase a software license. Insure that the scope of the license covers your intended use, both internally and in connection with the transmission of data to hospitals, EMS agencies and, upon request, to patients. Many vendor licenses are written in terms of allowing you to use the software for your “internal purposes only.” Such a restriction will likely not encompass all the purposes for which you may want to use the software. A better, more encompassing approach is to draft the license in terms of permitting you to use the software for your “business purposes.”

Many vendors initially push back on this contracting point claiming that use of the software is limited to “internal purposes.” This is typical and customary language in a software license agreement. However, it is important to realize that given the nature of this software, how it is used and what third parties have rights to access the information contained therein, that such a provision, absent certain carve outs, would likely put a company in breach of its contracts with its customer and likely create problems with governmental and regulatory agencies.

“No service bureau” provisions are also common in software licenses and may preclude you from utilizing your system with hospitals and patients if the concept of “service bureau” is not appropriately addressed.

Continued on page 10

Continued from page 9

Confidentiality and Security

For both business and regulatory reasons, confidentiality and data security are critical issues, particularly as related to protected health information (PHI). The vendor must execute the applicable business associate agreement (BAA) as required by HIPAA Privacy and Security Rules, modified as appropriate to comply with the HITECH Act. To summarize, as a business associate, the vendor must comply with the following requirements:

- The security breach notification requirements imposed by the HITECH Act;
- The HIPAA security rule standards and implementation specifications for administrative, physical, and technical safeguards; and
- A requirement added by the HITECH Act that if the vendor uses subcontractors that will have access to electronic PHI, the vendor must enter into a business associate agreement with such subcontractors incorporating all the requirements that the business associate itself must satisfy.

Continuous Software Support

e-PCR vendors have been in a state of flux, with companies merging with or acquiring each other. Further changes in the industry are likely, potentially impacting providers' investments in their vendor's product. Frequently these changes result in the surviving company phasing out redundant or overlapping products. Consider including protections in the agreement providing you with a right to move to a "replacement product" of a successor entity at no additional cost, in the event the original e-PCR product is not being adequately supported by the successor entity.

Another option is to have the software escrowed and upon any of the conditions above (including for any failure by the vendor to properly support the software discussed below), the customer will be

entitled to the source code and access to any vendor personnel sufficient to maintain and support the software. This provision applies regardless of any non-solicitation provisions contained in the software license and/or support agreements. Alternatively, instead of requiring the vendor to have its personnel maintain and support the software, the agreement could specify that the company has the option to turn to a third party to maintain and support such software. In this case, it is important to require the vendor to deposit the source code with the escrow agent, as well as provide timely updates to the escrow agent with all upgrades, updates, improvements, fixes and modifications of the software.

Maintenance/Support and Service Levels

All forms of software improvements should be included in your maintenance and support agreement, including revisions brought about by regulatory requirements as well as market forces. If this issue is not addressed, you may be charged more for "new" functions. You should seek to obtain service level commitments relating to support request response and resolution time to ensure that errors are being addressed in a timely manner. A system that is not functioning properly in terms of availability and response times is viewed by users as broken, even if the e-PCR system does what it is supposed to do. In order to motivate the vendor to meet these various service level commitments, appropriate financial remedies must be associated with service-level failures. You should also have a termination right for vendor's repeated service-level failures.

Interim Remedies (e.g., Withhold Remedy, Project Schedule Defaults)

Interim remedies are essential to a successful implementation, as they motivate the vendor to perform in accordance with the agreement or correct problems with performance. For example, the withhold

remedy is one of the most useful remedies in practice, allowing you to withhold payment in the event the vendor is not performing under the agreement. In addition, in the event the vendor fails to achieve any of the specified service or deliverable delivery dates specified in a statement of work (SOW), a withhold remedy can be used for each day of delay beyond the scheduled completion dates.

Definition of Services

Effectively managing change, vendor scope, and budget creep is critical to a successful e-PCR implementation. The definition of "services" is of critical importance in an e-PCR implementation agreement. Whether the agreement is priced as a fixed-fee transaction, time and materials, or a hybrid, the importance of the definition of services cannot be overstated. e-PCR implementations are characterized by a good deal of "in-flight" change. Change is necessary, and in many cases good. However, as between the vendor and the company, the vendor is the party with the knowledge, expertise and understanding of the solution and has learned from past experiences with licensing and implementing its solution with its other licensees, and not company. Consequently, the company is relying upon the vendor's recommendations and suggestions based upon the vendor's past experiences. There should be very little, if any, scope change unless there are changes in legal or regulatory requirements. In general, the company should only be responsible for expenses associated with a scope change due to the customer's requested changes or due to its failure to disclose material information. Accordingly, if change is not minimized and adequately controlled in the SOW, it can be very expensive. Typically, vendors take the position that any change not included in the applicable SOW is a change – and the vendor is not obligated to work on a change if it does not agree on price and schedule adjustments. Therefore, it is important that each SOW

Continued on page 11

Continued from page 10

provides a complete and detailed description of “services.”

Conclusion

The acquisition and implementation of a sophisticated e-PCR system is one of the most important transactions a provider will typically undertake. The foregoing are suggestions for protecting the provider from inadequate performance. However, it is also critically important that other provisions in the agreement be effectively negotiated. *

Michael Scarano is a partner in the lawfirm of Foley & Lardner LLP, a national firm with four offices in Northern and Southern California. Mike is Vice Chair of the firm's national Health Care Industry Team and Co-chair of the Health Information Technology Work Group. He specializes in representing ground and air medical transportation providers in regulatory, reimbursement, HIPAA, compliance, contracting and other matters. He was selected for inclusion in the recent editions of *The Best Lawyers in America*® (2007-2012). He can be reached at mscarano@foley.com or 858-847-6712.

Aaron K. Tantleff is senior counsel with Foley & Lardner LLP. His practice focuses upon providing legal and strategic guidance regarding information technology, outsourcing, licensing, consulting, professional services, e-commerce, manufacturing, supply, and distribution agreements, as well as product acquisitions, strategic alliances, mergers and acquisitions, and private equity investments where technology and intellectual property are of significant importance and value. Aaron can be reached at (312) 832-4367 or atantleff@foley.com.



CAA Membership is a Business Essential

Successful business leaders know that the business environment, the healthcare sector and the EMS industry are evolving at an ever-increasing pace. At CAA we are dedicated to providing members with the essential tools, information, resources, and solutions to help your business grow and prosper. And, the CAA's collective efforts on statewide legislative and regulatory issues are not possible without strong membership support and engagement.

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Legal Issues Associated with Medi-Cal Rates: Who Controls Access to Emergency Transportation Services and How Does That Control Affect Reimbursement Rates for Ambulance Services?

Kevin Warren, Esq. | *Michelman & Robinson, LLP*

The Department of Health Care Services, which administers Medi-Cal, has never reimbursed emergency transportation providers at their usual rates or followed the steps required to set their rates. Instead, the Department randomly selected and established rates that average 20% of the cost of providing the services. In recent years, the CAA and several of its members have committed significant time and resources to educate DHCS Directors Shewry, Maxwell-Jolly and Douglas, and their staff, about the logistics and costs associated with providing quality emergency transportation services. In spite of these efforts and the willingness of CAA members to make significant reimbursement concessions just to cover their costs, the Department refuses to act.

To participate in the Medicaid program, a state must submit, and have approved, a “state plan” that specifies how it will administer the program in its state, including the steps it will take to set reimbursement rates for providers. California’s plan guarantees emergency medical transportation for all of its beneficiaries and it established the reimbursement policy for those services in Attachment 4.19-B:

“[t]he policy of the . . . [Department] is that reimbursement for ... [emergency transportation providers] will be at the lesser of usual charges or the limits specified in the California code of Regulations ... [t]he methodology utilized

by the State Agency in establishing payment rates will be as follows:

- (a) The development of an evidentiary base or rate study resulting in the determination of a proposed rate.
- (b) To the extent required by State or Federal law or regulations, the presentation of the proposed rate at public hearing to gather public input to the rate determination process.
- (c) The determination of a payment rate based on an evidentiary base, including pertinent input from the public.
- (d) The establishment of the payment rate through the State Agency’s adoption of regulations specifying such rate in the CCR....”

In 2007, Sierra Medical Services Alliance, Riggs Ambulance Service and Care Flight decided to fight the Department’s refusal to act by filing a lawsuit in the Los Angeles Superior Court to compel the Department to comply with its own regulations. The Department set forth no legitimate defense of their failure to follow the rate-setting steps mandated by Attachment 4.19-B. The court, on its own, argued on behalf of the Department that the evidentiary base needed to fulfill sub-point (a) of 4.19-B was present and evidenced by the fact that SEMSA, Riggs and Care Flight continue to transport Medi-Cal patients and accept current reimbursement amounts. The court failed to comprehend the requirements of the Health & Safety Code that require

emergency responders to accept every call for assistance regardless of a patient’s ability to pay.

It was obvious that the state court was protecting its brethren state agency. Undeterred, SEMSA, Riggs and Care Flight revised their litigation strategy by enlisting the assistance of what today stands at 28 individual ambulance providers and the CAA to pursue the Department in federal court. In June, 2010, the litigation group filed a complaint alleging that the California regulation setting rates for emergency services providers violated the Medicaid Act and that the Department’s directors violated several of their federal Constitutional rights. The court issued a stay in the case because several other provider groups had filed similar lawsuits alleging that California law conflicted with the federal law mandating that states ensure Medicaid recipients have the same access to quality care that non-Medicaid recipients receive. The case was stayed pending the outcome of these cases at the appellate level.

The cases eventually made their way to the U.S. Supreme Court, which ruled that the Ninth Circuit Court of Appeals should decide whether a claim alleging a state law violates the “access to care” provision of the Medicaid Act can be maintained by providers or whether providers should make their claims in an administrative law setting against CMS. They reasoned

Continued on page 13

Feature Article

Continued from page 12

that CMS, which must approve all state plan provisions and amendments, has the ultimate responsibility for administering the Medicaid program and thus its final agency determination might be the proper act to dispute, as opposed to the underlying state act that CMS approved.

The Supreme Court opinion clearly favors the administrative process for resolution of rate disputes based on conflicting state and federal law. Recognizing that their federal Constitutional claims are stronger than their conflict claim, the litigation group has dropped the conflict claim and filed a request with the court to lift the stay. The request will be addressed by the court in early September.

Throughout this litigation, one misrepresented fact continues to reappear: That the Department controls the access that Medi-Cal beneficiaries have to emergency transportation services. Because other non-emergency providers can opt out of Medi-Cal, the Department is compelled to set their rates in consideration of market value to ensure there are a sufficient number of providers and that Medi-Cal beneficiaries receive the same quality of care as non-Medi-Cal beneficiaries. Because of the Health & Safety Code provisions require emergency responders to assist all in need of help, including every Medi-Cal enrollee in the state, the Department has no impact on the access to emergency transportation services its Medi-Cal beneficiaries receive. It can do nothing to increase or decrease that access.

In fact, the Department, perhaps unwittingly, admitted this point in its recent publication entitled “Medi-Cal Fee-For-Service Access Analysis”: “Although the number of air ambulance providers has decreased and the number of ground medical transportation providers has increased, it is important to acknowledge that any patient, whether Medi-Cal or other, will receive the necessary emergency transportation.” Therefore a decline or increase in participation is more reflective

of need and not indicative of access. Consequently, the “access to care” statute trumpeted by the Department in every other rate case does not apply to emergency transportation providers.

For nearly five years, the Department has been hiding behind the fallacy that it ensures adequate access to emergency transportation because there are many providers that continue to provide service to Medi-Cal beneficiaries. The Department’s recent admission will significantly assist the litigation group in breaking away from the pack of Medi-Cal rate cases involving non-emergency providers. That break will allow the group to put more pressure on the Department to provide an explanation for its improper rate-setting actions because it will disable the weapon the Department has been using to keep the group in a holding pattern for over two years. Getting out from under the sticky “access to care” issue has allowed the litigation group to re-focus the case on the violations of their federal Constitutional rights that have resulted because the Department has refused to comply with the regulations it established to ensure a fair rate-setting process for emergency responders.

Specifically, the group members allege that the federal Constitution guarantees that they will not have their private property taken for public use without just compensation, that they will receive procedural and substantive due process before being deprived of property interests, that they will receive equal treatment under the law, that their contracts will not be impaired by state law and that they will not be affected by California’s regulation of commerce in the other states in which they conduct business.

This strategy is important to all emergency responders because it allows the CAA litigation group to highlight the difference between providers that can opt out of Medi-Cal and those that cannot, and to demonstrate how the Department is

improperly ignoring that distinction to keep ambulance rates unreasonably low. Once the Department is compelled in the setting of a lawsuit to explain its position that emergency transportation providers can opt out of Medi-Cal—a position that is factually and legally unsupportable—the litigation group will be able to gain the upper hand by holding the Department to its decades-old promise to pay usual rates or set rates based on evidence and provider input. That refusal forms the basis of the group’s Constitutional claims.

Regardless of the court’s ruling on the request to lift the stay, the litigation group has committed to pursue a preliminary injunction, with the gracious assistance of the CAA, to enjoin the Department’s implementation of recent rate reductions. This two-prong approach of attacking the improper basis for the current rates as well as attacking the recent rate reductions will force the Department to defend its actions on two fronts, both of which are based on novel legal theories that it has not faced in the past. ✱

Kevin Warren is an associate at M&R’s Los Angeles Office and a member of the Firm’s Health Care Department. Kevin has extensive experience in civil litigation as well as corporate governance and transactional matters. He has successfully tried and argued cases before multiple state, federal, and appellate courts. Kevin’s healthcare practice encompasses transactional, corporate, litigation and appellate matters. He represents several large physician groups, over 30 emergency ambulance companies in California, Oregon and Nevada, and a state-wide health care industry association.



2012 CAA Elections Slate of Candidates

CAA active members have received their official ballots for the 2012-2013 California Ambulance Association elections. Active members are eligible to vote for candidates seeking election as Officers of the Association, Directors of the Board and members of the Ethics & Professionalism Committee.

In accordance with the bylaws, elections are conducted by mail with any ties being broken by the Active membership in attendance at the Annual Membership Meeting that will be held on September 27, 2012 at Disney's Paradise Pier Hotel®, Anaheim, CA. This gives every active member the opportunity to exercise their right to vote whether or not they are present at the Annual Membership Meeting.

We encourage you to review the enclosed statements prior to making your decision. ✱

Following are nominees for election to serve the CAA during its 2012-2013 operating year. Candidates were formally ratified by the Board of Directors during a conference call held on August 9, 2012. Results will be announced during the Annual Meeting of the Membership which will be held on September 27, 2012 at Disney's Paradise Pier Hotel®, Anaheim, CA. ✱

**California Ambulance Association
2012 CAA Elections**
— SLATE OF CANDIDATES —

NOMINEES FOR THE BOARD OF DIRECTORS (three positions, two-year terms):			
<input type="radio"/>	Edward Guzman	Sierra Ambulance Service, Inc.	Oakhurst, CA
<input type="radio"/>	Eb Muncy	Desert Ambulance Service	Barstow, CA
<input type="radio"/>	Fred Sundquist	City Ambulance of Eureka, Inc.	Eureka, CA
NOMINEES FOR THE ETHICS & PROFESSIONALISM COMMITTEE (one position, two-year term):			
<input type="radio"/>	Klark Staffan	Sierra Medical Services Alliance	Susanville, CA
NOMINEES FOR OFFICER POSITIONS (one-year term for each position):			
CHAIR:			
<input type="radio"/>	Helen Pierson	Medic Ambulance Service, Inc.	Vallejo, CA
VICE CHAIR:			
<input type="radio"/>	Alan McNany	American Legion Post #108 Ambulance	Sutter Creek, CA
SECRETARY/TREASURER:			
<input type="radio"/>	*Eb Muncy	Desert Ambulance Service	Barstow, CA

* Must be elected to the Board of Directors to be qualified to hold the position of officer of the Board of Directors.

Thank you for your time and participation in the CAA!

Candidates for Director/Officer Positions



— Helen Pierson —
Medic Ambulance Service, Inc.
Vallejo, CA

Candidate for Chair
(One-Year Term)

I have been proud of serving as a member on the Board of Directors for the last five years. I have had the privilege of being the Chair of the Education Committee, Secretary/Treasurer and Vice Chair of the Board of Directors. These responsibilities gave me 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 of the many things I have learned is that if we expect to be heard in Sacramento we need to be ONE voice and need the support of all our membership. It is my goal to assist the Executive Director and the Board of Directors in reaching out to as many pre-hospital care providers with the opportunity to join our Association so we can increase our membership. As a co-owner of Medic Ambulance Service since 1988, I have had the exposure to different aspects

Continued on page 15

CAA Elections

Continued from page 14

of the EMS industry and how it affects your company's business. I believe educating our members in this ever changing industry of reimbursements is important. Our industry will see a lot of change in the future and keeping our members informed and prepared needs to be one of our priorities as an association. I am proud to say I have been an active member of our Association in formulating informative Annual Conventions. With this experience, I feel I am ready to pursue the office of Chair of our association. I would consider it an honor. Your kind consideration to vote for me is greatly appreciated. *



— Alan McNany —

American Legion Post #108 Ambulance
Sutter Creek, CA

Candidate for Vice Chair
(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 the Ethics & Professionalism 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. *



— Eb Muncy —

Desert Ambulance Service
Barstow, CA

Candidate for Director*
(Two-Year Term)

Candidate for Secretary/Treasurer*
(One-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 law since then with primary emphasis in business and real estate.

From 1994 through 2000 I was a member of the Barstow City Council. 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. *



— Fred Sundquist —

City Ambulance of Eureka, Inc.
Eureka, CA

Candidate for Director
(Two-Year Term)

Well folks here I go again, submitting my name for another two year term on the Board of Directors. I will give of my time to promote the association and industry but, it will take all of us working together to keep the private ambulance industry in California viable. So, I ask for your vote and also ask that you step up and help with finding new members and getting involved with our various committees.

Continued on page 16

CAA Elections

Continued from page 15



Edward Guzman
Sierra Ambulance Service, Inc.
Oakhurst, CA

Candidate for Director
(Two-Year Term)

I started in EMS working for Rand Brooks at Professional Ambulance in Glendale in 1977 and later for Medevac in Pasadena. I continued working for Joe Dolphin and Chuck Dovey as a paramedic in San Diego. I worked as a paramedic and a field supervisor there until our family moved to Oakhurst in 1991. I have been with Sierra Ambulance for 21 years and have been the general manager since 1997. Sierra is a private non-profit organization providing 9-1-1 paramedic service to eastern Madera County.

I am a graduate of East Los Angeles College and Fresno State University. More recently, I earned an MBA from the University of Phoenix. I am proud to have worked my way up through the ranks, and am grateful to have worked for some of the great leaders in our industry; including Rand, Joe and Chuck; plus many others who taught me what it means to do "the right thing."

I have been an active member of the CAA for 15 years. I have served on the Industry Image, Education and Membership Committees. It continues to be an honor to associate with the first class professionals in the CAA that work hard daily to hold together a quality EMS system against the ever-increasing financial and social tensions that would destroy our safety net.

It is my desire to serve my profession as a member of the Board of Directors. Our number one ongoing challenge is to secure the financial future of our industry. The central focus of that struggle continues to be securing TRUE recognition of the roll we play in the social safety net and providing sufficient reimbursement to sustain it; specifically, a long sought Medi-Cal rate increase. Thank you for your consideration. *

Candidate for Ethics & Professionalism Committee



Klark Staffan
Sierra Medical Services Alliance
Susanville, CA

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

Please consider Klark Staffan as a candidate for the Ethics and Professionalism Committee for the CAA. Klark currently serves on the E&P Committee and has served as a contributing member of the CAA for several years. "I always stand ready to share my thoughts and opinions on important matters of the association in a balanced and ethical manner. I believe this Committee is very important to the moral fiber of the organization and I hope you will allow me to continue to contribute to the E&P Committee for another term." Thank you! *



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Partnership Donates Ambulances to Underserved Nayarit, Mexico

California Ambulance Association and California Assembly Member Ricardo Lara Join Forces to Provide Desperately Needed Ambulances and Equipment

Through a coordinated effort between the California Ambulance Association (CAA) and California Assembly Member Ricardo Lara (South Gate), three ambulances and medical equipment were donated to underserved rural areas in the state of Nayarit, Mexico. The donated ambulances will replace existing ambulances that are currently not operable and will also provide ambulances in rural areas that currently have no access to emergency medical service. The ambulances were donated to the Nayarit state health department (Desarrollo Integral de la Familia (DIF) del Estado de Nayarit). Assembly Member Lara’s office secured the assistance of the Mexican Consulate in San Diego regarding the transfer of ownership and the delivery at the border. Below is a summary of the donations:

- **Schaefer Ambulance Service** of Los Angeles donated two Ford Type 2 ambulances.
- **McCormick Ambulance Service** of Escondido donated a Ford Type 3 ambulance.
- **San Luis Ambulance Service** of San Luis Obispo donated medical equipment including back boards, suction units, oxygen regulators, pediatric oxygen masks and a Stryker ambulance gurney.

The project started following a meeting earlier in the summer with members of the California Assembly – which included Assembly Members Lara (South Gate), Hueso (Chula Vista) and Hernandez (Baldwin Park) – the Governor of the

state of Nayarit, Mexico described the education, economic and health issues facing his state. One of his key concerns is the lack of ambulances. He described many cases where people died not due to the gravity of their health issue, but because they were not able to get to the hospital in a timely manner. Following this meeting, the first lady of the State of Nayarit (who also serves as the President of the state health department) made a written request for Assembly Member Lara’s assistance in obtaining donated ambulances to help address Nayarit’s crucial health and public safety issues.

The state of Nayarit is located in Western Mexico with a significant share of the

coastline on the Pacific Ocean and a population of 974,122. The economy relies on natural resources and agriculture. There is also a burgeoning tourist area on the coastline called “Riviera Nayarita” which is served by Puerto Vallarta International Airport.

During the presentation of the ambulances and equipment on August 5 in San Diego, CAA Chairman Bob Barry stated, “As a result of these generous contributions by our members, the CAA can broaden the reach of our mission to improve access to emergency medical services to our neighbors in Mexico. This program allows us to extend the life of these retired yet useful assets in a place that desperately needs the assistance.” ✨



CAA members transfer ambulances and medical equipment to citizens of Nayarit.



64TH Annual Convention & Reimbursement Conference

September 25-28, 2012 • *Disney's Paradise Pier*® Hotel • Anaheim, CA

Tuesday, September 25, 2012

- 11:30 am – 12:30 pm Golf Check-In
- 12:30 pm Annual Ray Lim Memorial Golf Tournament
Tustin Ranch Golf Club
(shotgun start, box lunch)

Wednesday, September 26, 2012

- 8:00 am – 5:00 pm Registration
- 9:30 am – 10:00 am CAAPAC Committee
- 10:00 am – 11:00 am Legislative & Agency Relations Committee
- 11:00 am – 12:00 pm Membership Development and Services Committee
- 12:00 pm – 1:00 pm Lunch – On Your Own
- 1:00 pm – 2:00 pm Education Committee
- 2:00 pm – 5:00 pm Board of Directors Meeting
- 5:30 pm – 6:30 pm Welcome Reception & Golf Awards
- 6:30 pm – 8:00 pm Welcome Dinner

Thursday, September 27, 2012

- 7:30 am – 4:00 pm Registration
- 7:30 am – 5:00 pm CAA Marketplace
- 7:30 am – 8:30 am Continental Breakfast in the CAA Marketplace
- 8:30 am – 9:30 am Welcome & General Session
Leading Through Turbulent Times
Disney Institute
- 9:30 am – 10:45 am **EXECUTIVE TRACK:**
How Will Implementation of Affordable Care Act Affect CAA Members? and Review of New Employment Legislation Passed or Pending in the California Legislature
Spencer Hamer – Michelman & Robinson, LLP
- REIMBURSEMENT TRACK:**
High Performance Billing Operations
Russell Honeycutt – The Honeycutt Group
- 10:45 am – 11:15 am Break in the CAA Marketplace
- 11:15 am – 12:30 pm **EXECUTIVE TRACK:**
Complying with California's Meal & Rest Period Requirements
Krista Cabrera – Foley & Lardner, LLP
- REIMBURSEMENT TRACK:**
Medi-Cal Claims Processing Update
Olivia Soria – ACS, Inc.

Thursday, September 27, 2012 – continued

- 12:30 pm – 2:00 pm Opening Lunch & General Membership Meeting. Includes CAA Legislative & Regulatory Update
Chris Micheli – Aprea & Micheli
- 2:00 pm – 3:15 pm **EXECUTIVE TRACK:**
Medi-Cal Reimbursement Litigation Update and Strategy
Kevin Warren, Esq. – Michelman & Robinson, LLP
Klark Staffan – VP & COO for REMSA/ SEMSA
- REIMBURSEMENT TRACK:**
Advanced Compliance Practices
Russell Honeycutt – The Honeycutt Group
- 3:15 pm – 3:45 pm Break in the CAA Marketplace
- 3:45 pm – 5:00 pm **EXECUTIVE TRACK:**
Reforming Ambulance Transportation for the Dialysis Patient Community "It's Time To Take A Stand!"
Rick Doherty – The Doherty Group, Inc.
- REIMBURSEMENT TRACK:**
ACA Update: Bundling, Demonstration Projects & Enforcement
Mike Scarano – Foley & Lardner, LLP
- 6:00 pm – 7:00 pm Chair's Reception
- 7:00 pm – 10:00 pm Annual Chair's Banquet & Awards
Guest Speaker: Will Durst, comedian and political satirist

Friday, September 28, 2012

- 8:00 am – 12:00 noon Registration
- 8:00 am – 9:00 am Continental Breakfast
CAAPAC & Passport Prize Drawing
- 9:00 am – 10:30 am **EXECUTIVE TRACK:**
How Much is the Positive Patient Experience Worth to Your Organization?
Kevin Chao - K.R. Chao & Associates
- REIMBURSEMENT TRACK:**
Medicare Claims Update
Kathy Montoya - Palmetto GBA
- 10:30 am – 10:45 am Break
- 10:45 am – 12:00 noon **EXECUTIVE TRACK:**
Community Paramedicine: Opportunities for CA EMS Systems
Jerry Allison, MD - ED Physician & Medical Director for EmCare
- REIMBURSEMENT TRACK:**
Medicare Revalidations & PECOS
Kathy Montoya - Palmetto GBA
- 12:00 noon Convention Adjourns.
Thank You For Attending

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Welcome Reception & Dinner (9/26/12):

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Opening Lunch (9/27/12):

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Chair's Reception/Banquet (9/27/12):

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Type (A-1, S-1, etc)

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Executive Director's Update

Continued from page 3

landmark EMS study *EMS at a Crossroads* that CMS “evaluate the reimbursement of emergency medical services and make recommendations with regard to including the cost of readiness and payment without transport.” There has been tremendous growth in the number of community paramedic programs in the last several years, yet the definitive evaluation of these programs has not yet been completed since the IOM published its recommendation in 2007. It will be important for ambulance providers to stay in the forefront of these efforts which will continue to bring health care reform to the emergency medical services profession. *

Evaluating Community Paramedic Program Success

Below are some of the policy issues that CAA has identified as local and state EMS administrators as well as local ambulance providers implement community paramedic pilot projects:

- Opportunities for paramedics to function in an expanded role within their *existing* scope of practice, including: 1) assess, treat and release; 2) transport to alternative destinations; 3) patient assessments at alternative sites other than emergency scenes; and 4) other potential opportunities
- Additional education, quality assurance and medical oversight required for community paramedics to function effectively
- Existing role and assets of emergency medical services dedicated to the statewide healthcare safety net
- Existing ambulance transport reimbursement framework, limitations and opportunities
- Issues associated with increased liability and increased liability insurance costs
- Pilot project start-up funding as well as potential sustainable sources of reimbursement for continued operation of programs deemed successful
- Demonstration of pilot program effectiveness (i.e., enhanced population health, improved patient outcomes and patient experience, more effective care coordination and cost savings)
- Methods to distinguish EMS cost savings from downstream healthcare cost savings

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- Drawings, artwork and articles for reproduction are accepted only at the advertiser's risk and should be clearly marked to facilitate return.
- No verbal agreement altering the rates and/or terms of this rate card shall be recognized.
- All advertisements, layout and designs produced for the advertiser by **CAA's** Graphic Staff will remain the property of **CAA**.
- All requests for advertising must be in writing, in the form of this signed contract, for the protection of both the advertiser and **CAA**.
- Once an order for advertising is placed, it cannot be withdrawn or cancelled in whole or in part.
- By signing this contract, advertiser agrees to pay in full for reserved space, even if the ad is not run due to lateness or absence of materials.

PLACING YOUR AD

To place an ad, complete the information below and mail or fax to: **CAA**, 2520 Venture Oaks Way, Suite 150, Sacramento, CA 95833 • (916) 924-7323 - fax. **CAA** will not run your ad without this contract.

Name of Company/Organization Being Advertised: _____

Billing Contact: _____

Billing Address: _____

Phone: _____ Fax: _____ E-mail: _____

Agency or Advertising Representative (if different from above): _____

Phone: _____ Fax: _____ E-mail: _____

Person to Contact with Artwork-specific Questions (if different from above): _____

Phone: _____ Fax: _____ E-mail: _____

I agree to place a _____ size ad in the following issue(s), and to be billed at a rate of \$_____ per issue: (note: The multiple-issue rate can apply to any consecutive series of issues starting at any point in the year. If you choose the multi-issue rate, please number your first issue "#1" below, and the other issues as they occur chronologically. See condition #5, above.)

Material Deadlines: _____ Winter **Feb. 10th** _____ Spring **April 20th** _____ Summer **June 22nd** _____ Fall **Sept. 28th**

METHOD OF PAYMENT

Please check one:

Send me an Invoice Enclosed is check # _____ Charge my Credit Card In the amount of \$ _____

Card #: _____ Expiration Date: _____

Print Cardholder's Name: _____ Signature: _____

Cardholder's Billing Address: _____



2520 VENTURE OAKS WAY, SUITE 150
SACRAMENTO, CA 95833 • www.the-caa.org
877.276.1410 (toll free) • 916.924.7323 (fax)

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64TH Annual Convention & Reimbursement Conference

SOARING TO SUCCESS: DATA-DRIVEN EMS REFORMS
September 25-28, 2012 • Disney's Paradise Pier® Hotel, Anaheim, CA

Thursday, September 27, 2012 • 8:30 am – 9:30 am
The Disney Institute® will present
“Leading Through Turbulent Times”

Since the founding of Disney Institute® in 1986, millions of professionals from around the world across the private, public and social sectors have had an opportunity to experience the time-tested best practices, sound methodologies and real life business lessons that have sustained the global success of Disney®.

As the provider of uniquely Disney® transformational learning experiences for more than 25 years, we inspire business professionals to think and act differently. The result? Outcomes that clearly illustrate ways you can adapt and apply these concepts into your organization. You will find your organization has more in common with Disney® than you ever imagined.

Thursday, September 27, 2012 • 7:00 pm – 10:00 pm
Annual Chair's Banquet & Awards Featuring special guest speaker, Will Durst

Acknowledged by peers and press alike as one of the premier political satirists in the country, Will Durst has patched together a comedy quilt of a career, weaving together columns, books, radio and television commentaries, acting, voice overs and most especially, stand up comedy, into a hilarious patchwork of outraged and outrageous common sense. His abiding motto is “You can’t make stuff up like this.” The *New York Times* calls him

“possibly the best political comic in the country.” *Fox News* agrees “he’s a great political satirist,” while the *Oregonian* hails him as a “hilarious stand-up journalist.” This former radio talk host, oyster shucker, and margarine smuggler currently writes a nationally syndicated humor column, and his scribbles have appeared in *Esquire*, *George*, the *San Francisco Chronicle*, *National Lampoon*, the *New York Times* and scads of other periodicals.

