



**MEETING MINUTES
BOARD OF SUPERVISORS
AD HOC EMERGENCY MEDICAL SERVICES COMMITTEE
COUNTY OF MONO
STATE OF CALIFORNIA**

90 West Granite Ave, June Lake, CA 93529

July 2, 2015

These minutes are meant as a summary only. A copy of the audio file is available in the Clerk's office upon request

Flash Drive	portable
Minute Orders	EMS15-02

1:06PM Meeting called to Order by Chairman Fesko.

Present: Chairman Fesko, Lynda Salcido, Fred Stump, Dr. Rick Johnson, Leslie Chapman, Mike Geary, Frank Frievalt, Bob Rooks, Jack Copeland, Ralph Lockhart, Rick Mitchell, Rosemary Sachs.

Absent: Dave Robbins.

Adjourn: 4:34 p.m.

Pledge of Allegiance led by Chairman Fesko.

1. OPPORTUNITY FOR THE PUBLIC TO ADDRESS THE BOARD

No one spoke.

2. AGENDA ITEMS

A. Meeting Minutes

Approve minutes of the Regular Meeting held on June 4, 2015 as corrected.

Copeland moved, Salcido seconded

Vote: 12 yes; 0 no

EMS15-02

Supervisor Stump:

- On p. 2, change his bullet point to read "Prop 172 money is dedicated to public safety. Prior to 2013-2014 fiscal year, all Prop 172 money went to the Sheriff, DA, and Probation. During the 13-

14 fiscal year, a portion was diverted to support the paramedic program”.

B. Review of Call Data

Departments: Clerk of the Board

Review of call data by station, call type, and disposition. Any additional information or attachments will be distributed at the meeting.

Dr. Rick Johnson:

- Met with staff on Monday; this information represents 2014 data.
- Explained what each page represents, dots show who provided service, ALS vs BLS calls. ALS calls in Mammoth numbered 775. ALS calls in June Lake numbered 103.
- Some of totals of calls include those that refused care, no patient found at location, cancelled, etc.
- Important part of response time includes wheels turning, not from the call to arrival. Significant number of calls left off map.
- Responses are listed by unit. The numbers are higher than on map because they include when medic 2 backed up another. Medic 7 also includes jail. Demographics are different in different areas.
- Interfacility means a patient was brought from one hospital to another.
- Medic starting an IV is an ALS procedure. The data can't tell us why, or if necessary, or if it was required, only that it was done. Medications info is not accurate. There are problems with the data: ALS vs BLS is one, what they actually did is another, data is inadequate but it's all we have at this time.
- If IV info is not entered into correct drop down box, even if it's in the narrative, the data is not collected properly in system, and therefore cannot be billed for properly.
- Based on the level of confidence in the data, we can only estimate decisions for the program.

Bob Rooks:

- GPS data is the only way to get accurate data, unless the address is manually entered in, e.g. Hwy 120, Lee Vining. True physical locations should show up on maps.
- Los Angeles did a study of ALS vs BLS. Mono County is behind in their rates for both.

Mike Geary:

- In the category of patient refused care, this also includes patients who were treated but refused transport.

Jack Copeland:

- Data is flawed; not accurate. To what level of confidence do we have to make decisions on this program?
- What does blue cross pay for an ambulance ride? Estimated cost of \$2000 per call?

Frank Frievalt:

- We keep using the term sustainability. We need to speak to the level that we can commit and still bring in revenue.
- Medicare pays \$150 per call.

Ralph Lockhart:

- If the patient refuses transport, can we charge them for anything? Yes, we have ability to bill even without transport.
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C. Billing Review and Performance

Departments: Clerk of the Board

Billing review and performance. Any additional information or attachments will be distributed at the meeting.

Penny Galvin:

- Explained handout.
- Estimated transports from jail to hospital per year at approximately 20-25. She has been asking medics to make sure our billing is better and more accurate.

Supervisor Fesko:

- It comes down to the medics to make sure they are documenting the work they do, which affects bottom line.
- If the jail is using medic services, then they should pay. This needs to be looked at.

Supervisor Stump:

- The jail has never contributed money or paid for services.

D. Medi Cal Billing Information

Departments: Clerk of the Board

Medi Cal billing information. Any additional information or attachments will be distributed at the meeting.

- Not many Medi-Cal calls. This information was touched on in the previous item.

E. Ground Emergency Medical Transport (GEMT)

Departments: Clerk of the Board

(Ray Ramirez) - Presentation on Ground Emergency Medical Transport (GEMT) supplemental reimbursement overview. Ray Ramirez is the Ontario Fire Department Deputy Chief of EMS and Technical Services. Any additional information or attachments will be distributed at the meeting.

Ray Ramirez:

- Disclaimers: this is a very complex discussion but he will try to simplify. The health care system, in general, is a great system but needs work. We need to identify deficiencies and try to address. A lot of fields required are medical not financial.
- What we're really talking about is: What is the county's role? What are our liabilities? Local government is responsible for indigents. Medicaid takes a specific population and offsets a portion of those costs. GEMT is part of the Medicaid process. Medicaid is federal, started in 1965; Medi-Cal is State of California, started in 1966.
- Part of the cost of EMT services is readiness costs, meaning you pay no matter what you do. Question is how can the county offset these costs? Some send out to bid (to a private company) and give a monopoly of services, then they charge us the Medi-cal rate or not at all, if the ambulance company can find revenue in county. If you know who can pay, you can set ambulance rate to cover those costs. How to recover costs? In Medicaid program, GEMT allows publicly owned and operated providers to recover 1/2 of unreimbursed costs for medical patients. Actual costs are important for rural counties. Original Bill does not address this.
- GEMT is for emergency medical transportation providers, publicly owned and operated.
- Need to know the 3 payer mix – Medicare, Medi-Cal, and managed care.
- ACA allows you to develop partnerships with health care providers. Show there is a cost savings to the government, and they let you keep some of it.
Two main points: 1. Follow the money. 2. Someone will always be happy, and someone will be unhappy.
- Make sure those who get money still get money, and those who should get it also get money.
- Not currently allowed to send data between medics and hospital?

- Under the managed care model, we have to work through a formula and transfer money to a federal or state account. The government oversees it, then money comes back to county.
- Opportunity to design a team approach to health care. Public trust - allows medics and fire into people's homes. Need to be a team with hospitals, etc.
- Reporting system needs to be geared towards billing or you won't recover costs; or, you will spend a lot of money recovering those costs.
- ACA mandates making Medicare less complicated. 2 things will increase GEMT eligible population – ease of getting on the program, and new people becoming eligible. With regard to this, is there a population that is currently untapped? Unregistered?
- Reimbursement is based on actual costs, not on current billing rate.

Lynda Salcido:

- Fee for service is currently only stream of reimbursement.

Recommended Action: None.

F. Proposed Budget for 2015/2016

Departments: Clerk of the Board

A review of the proposed EMS budget for 2015/2016. Any additional information or attachments will be distributed at the meeting.

Leslie Chapman:

- Explained budget spreadsheet. "What is the number" is not an easy answer. We know there is an uptick in sales, property, and TOT taxes. However, there are overriding things, like PERS went up 10 percent. Health insurance went up 21.6%. The question is, do we fix the roads? Or fund other programs?
- Pie chart shows each department that uses the general fund. Paramedics use 11%, sheriff and jail use more. What does county have to do to fulfill requirement of care? Budget for new fiscal year is status quo from last year.
- Need to set some specific goals for specific times. 4 major areas to discuss, before we see what monies the county can commit to.

Supervisor Fesko:

- We need a fiscally sustainable, high quality, county wide program. This fiscal year budget is a Board problem, not a Committee problem. What are things the committee can come up with to create additional revenue?

Bob Rooks:

- What is expected of the committee at this point? Can we hunt down alternative revenue source? We need to do a better job of data capture, including billing information. Thinks Fitch missed the answer because it would have cost us more to get an answer from them.

Supervisor Stump:

- Chalfant is growing and has more people than June Lake. District 2 is small, South County is growing and will continue. 50 new residential lots soon to be on market. Needs EMT services.

Stacey Simon:

- Explained spreadsheet of possible revenue sources; legal classifications of taxes.
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Recommended Action: None.

G. Establish True Cost of Current Program

Departments: Clerk of the Board

Establish the true cost of the current program and future sustainability. Any additional information or attachments will be distributed at the meeting.

- This item was touched on in the previous item.

ADJOURN

ATTEST

TIMOTHY E. FESKO
CHAIRMAN

HELEN NUNN
SR. DEPUTY CLERK OF THE BOARD