

EMERGENCY MEDICAL SERVICES AUTHORITY – A Public Trust

Board of Trustees Meeting

Wednesday, April 25, 2012

Meeting Room, Best Western Hotel

1200 N. 8th St.

Stroud, OK 74079

NOTICE AND AGENDA for the meeting of the Board of Trustees of the Emergency Medical Services Authority, a Public Trust, was posted April 24, 2012 in the offices of the City Clerk of Oklahoma City at 10:10 am, and with the City Clerk of the City of Tulsa on April 24, 2012 at 10:03 am, more than 24 hours prior to the time set for the meeting.

A quorum was present. The meeting was called to order at 1:00 p.m. by Dr. Jim Griffin.

TRUSTEES PRESENT

Dr. Jim Griffin
Dr. Jim Rodgers
Mr. Clay Bird
Mr. Gary Marrs
Mr. Phil Morgans
Ms. Lillian Perryman
Mr. Larry Stevens
Dr. Ed Shadid
Dr. Jeffrey Goodloe

OTHERS PRESENT

Steve Williamson, EMSA
Kent Torrence, EMSA
Angie Lehman, EMSA
Ann Laur, EMSA
Frank Gresh, EMSA
Kelli Bruer, EMSA
Tracy Johnson, EMSA
John Peterson, Paramedics Plus
Joanne McNeil, Paramedics Plus
Lara O’Leary, Paramedics Plus
Jim Orbison, Riggs/Abney
Kris Koepsel, Riggs/Abney
Bob Nance, Riggs/Abney
Kari Culp, Schnake/Turnbo/Frank
Doug Dowler, City of Oklahoma City
Mayor Dewey Bartlett, City of Tulsa
Lloyd Wright, City of Tulsa
Maria Bianchi, American Ambulance Asso.
Jimmy Johnson, Life EMS
Ziva Branstetter, Tulsa World
Mike Simons, Tulsa World
Liz Bryant, KJRH, Tulsa
Schad Meldrum, City of Oklahoma City IT
Chief Brian Stanaland, OKC Fire Dept

TRUSTEES ABSENT

Dr. Tyree Seals, Mr. Joe Hodges

CONSENT AGENDA

1. Approval of Regular Board Minutes of March 28, 2012

Upon motion made by Dr. Shadid and seconded by Mr. Bird, the Board of Trustees voted to approve the Regular Board Minutes of March 28, 2012.

AYE: Mr. Gary Marrs, Mr. Larry Stevens, Dr. Jim Griffin, Dr. Ed Shadid, Dr. Jim Rodgers, Ms. Lillian Perryman, Mr. Phil Morgans, Mr. Clay Bird

NAY: None

ABSTENTION: None

ABSENT: Dr. Tyree Seals, Mr. Joe Hodges

REGULAR AGENDA

1. Chairman's Report

Dr. Jim Griffin introduced Tulsa Mayor Dewey Bartlett. Mayor Bartlett announced he recently recommended Mr. Phil Lakin, a Tulsa City Councilor, for appointment to the EMSA Board of Trustees. He expects Mr. Lakin to be approved by the Council before the next Board meeting. Mayor Bartlett thanked the Board members for their service, and noted that over the past few decades, EMSA has provided extraordinary service to the citizens it has served, becoming nationally known for its quality.

He emphasized to the Board that it is their responsibility to provide oversight to ensure the delivery of service, management and communication with the public continues to be exemplary. Mayor Bartlett admitted concern after reading a report indicating some EMSA Board meetings may not have met a quorum, and urged trustees to attend as many meetings as possible.

Mayor Bartlett is aware that a request has been made for an audit of EMSA, and he supports the request and sees it as an opportunity to improve a very good operating system. He hopes the entity chosen to perform the audit will have the ability to render independent, well-reasoned judgment without political or outside influence. He also suggests that at the time of the audit, employees be instructed to be open, thorough, and available for whatever information is provided.

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Mayor Bartlett also suggests if an audit is performed, a request be made to include the Tulsa World. He hopes the auditors would ask the Tulsa World for presentations on their opinions, observations and conclusions, and that the supporting documentation used by the Tulsa World be provided. It is his belief the auditors, as a third party, will be in a position to state an opinion about the relevancy of conclusions drawn by the newspaper. He feels this is important, because at the end of the day, reputations are at stake.

Mayor Bartlett emphasized his support and appreciation for the Board's service once again, and thanked them for their time. He then offered to answer any questions, but there were none.

2. Chief Financial Officer's Report

Due to the length of the agenda for today's meeting, the Board had agreed to review the Chief Financial Officer's report in detail before the meeting. Dr. Griffin gave the Trustees the opportunity to direct any questions to Mr. Kent Torrence. There were none.

3. Cad 2 Cad Interface Update

Dr. Shadid stated the City Council of Oklahoma City heard a report the previous day from Oklahoma City Fire Chief, Keith Bryant. It is Dr. Shadid's understanding the current delay is with the vendor, not with the City of Oklahoma City or with EMSA.

Mr. Williamson asked Mr. Frank Gresh, EMSA's Chief Information Officer, to summarize the memo he had prepared as an update for the Board. Mr. Gresh introduced Mr. Schad Meldrum and Chief Brian Stanaland, who were in attendance to answer any questions the Board may have.

The Oklahoma City CAD2CAD interface went live with the Edmond CAD2CAD interface on January 31, 2012. The go-live went well, but there is one major outstanding issue in that Edmond is getting duplicate comment entries on the status change of their ambulances. The issue was caused by a software defect.

The problem being experienced in Oklahoma City, delaying the go-live, is that a "storm" of status change comments is occurring. The issue is related to the Edmond problem, but is exacerbated by the fact that both Oklahoma City and EMSA are on one version of software and the Edmond Fire Department is on another. The comment "storms" could bring the entire CAD system down within a matter of hours, therefore it is imperative the go-live be delayed until a solution is received from TriTech, the vendor.

On April 21, the comment "storm" issue was identified, and as of yesterday (April 22), the comment storm has been reduced, now just duplicating comments – similar to what is currently occurring with the Edmond interface. TriTech is continuing to work on the issue,

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and Mr. Gresh is working with Chief Stanaland and Mr. Meldrum and Mr. Bob Farrell from the Oklahoma City IT department. Testing can now be wrapped up, operational conversations finalized, and the interface can begin to move forward.

Dr. Shadid asked if the system is at a satisfactory level in Edmond.

Mr. Gresh answered that the CAD2CAD interface is working, but the duplicate comment issue continues to happen. It is an issue because due to the comment clutter, important scene safety and other information is not always visible to the dispatcher. One update has been performed to correct the problem, but without success.

Dr. Shadid inquired as to when the interface would be complete, but Mr. Gresh is not yet able to answer with certainty due to the outstanding issues, the need for final testing, and the actual move into production.

Dr. Shadid told the Board the City of Oklahoma City is considering making a change from dispatching OKC Fire to all medical calls. They are trying to determine whether the fire department should continue to be dispatched on Level 3 non-priority calls, with certain exceptions. Dr. Shadid asked if the Tulsa Fire Department is currently dispatched to Level 3 calls.

Mr. Williamson asked Dr. Goodloe to respond.

Dr. Goodloe explained that the Medical Control Board determines which 911 medical calls activate fire response, and since July, 2009, there has been a selective response from the Tulsa Fire Department. The MCB looks at all determinant codes to see what percent of the time, based on paramedic assessment of the clinical condition of the patient, a return to the hospital should require lights and sirens. They also look specifically to see what percent in each of the codes (of which there are 1200) end up being cardiac arrest.

Using these types of determinants, the MCB decides which calls a response from the Tulsa Fire Department can have a clinical impact on. There is not a duplication of mission between the fire department and EMSA, rather the two services complement each other. It is the MCB's goal to advocate for high impact clinical outcomes with the use of fire response.

Dr. Shadid asked if EMSA tracks instances where entities such as nursing facilities or other health providers may use key words to 911 dispatchers in order to try and facilitate a shorter response time, knowing those words indicate a serious emergency, when in reality the situation is not urgent.

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Dr. Goodloe replied this issue is not tracked on every call. He is aware of individual extended care facilities in which there may be this type of problem, and in those cases the Office of the Medical Director works with the Authority to help the facility in question better understand the need to report the situation accurately when calling. It is Dr. Goodloe's opinion that this is not a widespread problem.

When Dr. Shadid asked how many facilities have been visited about this issue, Dr. Goodloe stated an exact number is not available, and in the last three months or so, there has only been one facility the OMD has had a focused issue with. Dr. Goodloe indicated there is a larger problem with these types of facilities getting the correct patient care information to the hospital with the patient, and time is being spent working with the personnel in the facility to improve this issue.

Dr. Shadid then asked Dr. Goodloe if he would be comfortable if the City of Oklahoma City passed a resolution in which the fire department stop responding to Level 3 calls, with exceptions according to protocols. Dr. Goodloe answered yes, he would be comfortable with the change. When asked if EMSA would have any hesitation, Mr. Williamson answered no, and stated it is a decision made by the Medical Control Board.

4. Approval of Bid for Rugged Convertible Tablets

Mr. Williamson informed the Board three responses were received in response to an RFP for Rugged Convertible Tablets released by Mr. Frank Gresh on April 3, 2012. Responses were received by Howard Technology Solutions, PCS Mobile and Paradigm System Solutions. PCS Mobile was the lowest secure bidder with a compliant proposal that meets or exceeds all of the specifications. Mr. Gresh has prepared a memo indicating PCS Mobile has the background and experience to provide this solution for EMSA. All references checked indicated positive experiences with PCS Mobile. Mr. Williamson recommends the bid be awarded to PCS Mobile.

Upon motion made by Mr. Stevens and seconded by Mr. Marrs, the Board of Trustees voted to approve the award of the Bid for Rugged Convertible Tablets to PCS Mobile.

AYE: Mr. Gary Marrs, Mr. Phil Morgans, Dr. Jim Rodgers, Dr. Ed Shadid, Mr. Clay Bird, Dr. Jim Griffin, Ms. Lillian Perryman, Mr. Larry Stevens

NAY: None

ABSTENTION: None

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ABSENT: Dr. Tyree Seals, Mr. Joe Hodges

5. Venue of EMSA Board of Trustees Meetings

Dr. Shadid asked the board if there is any interest in having intermittent meetings in Stroud, or perhaps alternating back and forth between Tulsa and Oklahoma City, as opposed to all meetings being held via video conference as they are now.

Discussion ensued among board members, with the general consensus being that meetings via video conference are preferred due to the time saved, but most members agreed it would be beneficial to have at least one meeting per year in Stroud. That meeting would allow board members to meet in person and become better acquainted with each other as a group.

Upon motion made by Dr. Shadid and seconded by Dr. Rodgers, the Board of Trustees voted to meet at least once a year in Stroud, on a pre-selected date determined by the Board.

AYE: Ms. Lillian Perryman, Dr. Jim Griffin, Dr. James Rodgers, Dr. Ed Shadid, Mr. Clay Bird, Mr. Phil Morgans, Mr. Gary Marrs, Mr. Larry Stevens

NAY: None

ABSTENTION: None

ABSENT: Dr. Tyree Seals, Mr. Joe Hodges

6. EMSA's Participation in the American Ambulance Association

A. Maria Bianchi, Executive Vice President, American Ambulance Association

Dr. Griffin introduced Maria Bianchi, executive vice president of the American Ambulance Association. Ms. Bianchi told the Board she felt compelled to attend this meeting. The American Ambulance Association (AAA) is comprised of 700 member companies, thousands of employees and about 68 volunteer leaders who serve on committees and the AAA board. She is speaking for all of them when she says the AAA cannot do the work they do on a national level without the support of the member companies. She stated that EMSA is one of the nationally recognized ambulance services, not only in the country, but in the world. She feels it is important, if not critical, to have Mr. Williamson's leadership at this very time, due to all that is going on in healthcare today.

Ms. Bianchi described to the Board the functions, programs, and goals of the AAA. She explained how leadership within the organization has created growth and accomplished goals that have made a huge difference nationally for ambulance providers and the citizens who need and use them.

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Ms. Bianchi has worked with hundreds of volunteers and stated without hesitation that EMSA, its members, medics, citizens of the communities it serves, and the State of Oklahoma have all reaped hundreds of rewards due to Mr. Williamson's participation. One example she cited was the fact Mr. Williamson recently presented and testified to the U.S. House of Representatives Healthcare Subcommittee of the House Ways & Means Committee. He was one of three industry experts who testified in healthcare. Ambulance service providers (only 1% of the Medicare business) were one of only three specialty healthcare providers to receive any kind of Medicare relief this year, out of thousands. Ms. Bianchi believes it is due to the participation of visionaries like Mr. Williamson.

Ms. Bianchi hopes the people who support Mr. Williamson in his community will support his continued efforts on behalf of the American Ambulance Association. She thanked the board for allowing her to share the national perspective of Steve Williamson's importance to the American Ambulance Association and the ambulance service providers nationwide.

Dr. Shadid asked Ms. Bianchi if the AAA accepts donations from members to help offset the costs of their travel with their executives. Ms. Bianchi replied that most associations do not provide travel compensation or solicit donations for travel, but the AAA does now have a nominal President's travel line of \$1000 per month they budget for. She is aware that it in no way covers the expenditures for any of their volunteer leaders. She stated it is not a standard practice to solicit donations from members or member companies to support travel.

Dr. Shadid then asked if a vendor or member of the AAA would like to make a donation and earmark those funds for travel, would the AAA be able to accept the donation and mark it for that purpose. Ms. Bianchi indicated they would.

Dr. Shadid inquired if the AAA would be able to use a \$25,000 donation from Paramedics Plus in that manner. Ms. Bianchi answered that the AAA could dedicate a donation to whatever restricted fund is indicated, and checks and balances would be created to accommodate requests made in how that money is to be used for travel.

Dr. Shadid then asked if the American Ambulance Association engages in lobbying at the state legislative level in different states. Ms. Bianchi replied yes and no. The AAA has lobbied, she feels, in a couple of ways. One is the Stars of Life program, initially a national program honoring medics, in which during their time in DC, the AAA takes medics up to meet members of Congress. The AAA created a statewide version of the national Stars of Life program, and the states basically follow the same program, but on a state level. A State Association Council exists and the leaders of the state association (some are paid, some volunteer) participate in monthly conference calls to go through state issues. Issues are clinical, operational, and some regard billing. Then the AAA, Patton Boggs (AAA's lead

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lobbying team), the AAA data analyst and Medicare consultant work to fix problems on a state level.

Dr. Shadid inquired if executive travel would be involved in any of that lobbying. Ms. Bianchi replied no, not typically on a state-by-state level.

Mr. Marrs added that it is his understanding that the AAA doesn't lobby on individual, state level bills or issues – only state issues that are national issues, as well. Ms. Bianchi confirmed Mr. Marrs statement as correct.

Dr. Shadid asked if there had been a discussion in California regarding the Public Utility Model vs a Fire Based Model, in which the AAA became involved.

Ms. Bianchi answered that the AAA does not actually lobby. They have a number of publications and industry experts, and when asked, they will share the ambulance industry's best practices and standards about particular issues. The AAA is the only national trade association for non-fire-based EMS, and is often asked to share their information regarding ambulance provider issues. She explained that the general public doesn't understand ambulance services, and the American Ambulance Association does a tremendous amount of education. The AAA considers education a public service and it comprises a very large portion of their budget.

Mr. Bird asked what EMSA's costs are associated with AAA membership, and with Mr. Williamson as president. Ms. Bianchi replied there are many things to consider, not just Mr. Williamson's travel. There is the attendance of meetings for other EMS personnel, including the medics being honored as EMSA's Stars of Life. There are conferences to attend, and Ms. Angie Lehman, EMSA's vice president of financial services, currently one of AAA's faculty, presents as an instructor.

Mr. Bird asked Ms. Bianchi if he understands correctly that it costs EMSA money for Mr. Williamson to be president of the American Ambulance Association. Ms. Bianchi replied yes.

Mr. Bird agrees the AAA is fortunate to have Mr. Williamson as president, but wonders if there is a way the AAA can avoid that cost for EMSA, due to the fact the whole industry benefits from his service; that perhaps costs can be dispersed differently.

Mr. Williamson explained that all board members and other involved members of AAA pay their own expenses. He stated that the American Ambulance Association does not have the money to pay the costs necessary for the duties and involvement of AAA board members or the president. This is the first year the AAA has budgeted the \$1000 per month for the president's travel.

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Dr. Shadid stated perhaps Mr. Bird is suggesting membership dues need to be increased to help pay for the travel expenses. He asked what the typical membership dues are. Ms. Bianchi answered the dues are per ambulance and she believes most members feel they are already cost prohibitive. She doesn't believe EMSA is wrestling with anything more different than any other organization. She feels that in most other groups, such as the AMA or IFF, individuals traditionally are expected to pay their own way.

Dr. Shadid stated that in order to make a policy decision regarding payment of EMSA's AAA Related Travel, it is necessary the Board knows what EMSA's membership dues are.

Mr. Williamson stated those numbers were not prepared for this board meeting, but they would be for the next one, and suggested Item 7 on the agenda be tabled until the next meeting.

Dr. Rodgers believes it is not an issue whether EMSA is going to participate or not in the American Ambulance Association. He feels if the board voted today, it would vote to belong, and therefore the cost is not an issue.

Mr. Marrs agreed. He was Chairman of the EMSA Board of Trustees when Mr. Williamson approached the Board to let them know he was considering the presidency of the AAA, and the Board was supportive.

Mr. Bird has a problem philosophically with an instance such as this, in which someone of Mr. Williamson's caliber is in an elevated position in an organization and the entire industry benefits from Mr. Williamson's experience and expertise, but costs are not shared. Another thing to consider is that the pool of talented people to draw from for the AAA is limited, as smaller ambulance providers may have someone with experience and expertise, but may not possess the money to have their leaders serve on the board or as officers of the AAA.

Ms. Perryman feels if the board is going to look at the cost, they should also look at the dollars saved due to Medicare reimbursement received as a direct result of EMSA's and Mr. Williamson's participation in the AAA. EMSA has been able to postpone the planned Medicare cuts by several years, and she feels this needs to be considered in order to be fair and equitable.

Dr. Shadid believes there are more troubling issues than the dollar amount. He questions whether a vendor who is preparing to come before a competitive bidding process in 2013 should be making direct payments to EMSA, with the funds then being commingled with EMSA's and spent on travel, as opposed to having the vendor pay the \$25,000 to the AAA, who would then designate it for travel purposes for their president or vice president. It is his opinion it gives the appearance of a conflict of interest to have a vendor donate money directly, when they are getting ready to undergo a competitive bidding process in which Mr. Williamson will be intricately involved.

Mr. Williamson stated he will not be involved in the actual bidding process.

Dr. Shadid feels whether Mr. Williamson is actually involved in the bidding process or not, it still gives the appearance of a potential conflict of interest.

The second issue Dr. Shadid addressed is that he believes, even if the board decides as a policy that it's permissible for a vendor to give the money directly to EMSA for the purpose of AAA travel, it should be placed on the agenda and voted on by the Board, rather than come to their attention in another manner.

The first two issues he mentioned are larger in his mind than the dollar amount, which is the third issue. He believes it necessary to know the dollar amount. He feels if the majority of the AAA budget is for advocacy and Mr. Williamson is the largest weapon the AAA has for advocacy, then out of a \$2M budget, more than \$12,000 could be spent, as the return on the investment is apparently high.

Dr. Griffin stated he doesn't know why the board is even discussing this issue, because Mr. Williamson is on the Board of the American Ambulance Association, and EMSA's board has no influence on the AAA.

Dr. Shadid argued that perhaps one reason the AAA may be allowed to keep the travel line at only \$12,000 is due to the fact they are getting subsidies from EMSA and other like organizations.

Mr. Jim Orbison, the attorney for the EMSA Board of Trustees, informed the Board that Mr. Williamson's employment is pursuant to an important agreement from 1998. The agreement lists his duties, one of which includes Mr. Williamson representing EMSA at regional and national meetings where the needs of the ambulance industry can be addressed. In the body of the agreement, it states EMSA shall pay on behalf Employee, membership dues in the American Ambulance Association. And it states EMSA shall pay Employee's actual and reasonable travel expenses related to the duties established pursuant to the EMSA Travel policy.

Dr. Griffin stated due to the fact it is allowed as part of this contract, he thinks the Board should support Mr. Williamson in his membership and travel for the AAA.

Mr. Bird suggested the board take some time to reflect on the issues, as the item will be brought back for discussion at next month's meeting.

7. Payment of EMSA's American Ambulance Association Related Travel

Tabled until meeting of May 23, 2012

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8. 2012 Approval of TotalCare Membership Agreement and Description

Dr. Griffin stated the proposed TotalCare Agreement amendments clarify the fact there is one TotalCare Program which can be joined in two different ways – either by participating in the Utility Fee program or purchasing an individual membership at \$45 per year.

Mr. Williamson explained that due to recent questions regarding the agreement in the past few months, EMSA made some minor changes, highlighted in yellow for the Board. The 60-day requirement clause remains in the agreement. EMSA recently met with the City Attorney's office in Tulsa to explain there is just one program, not two, as they perceived. The City Attorney agreed to make changes in the Tulsa City Ordinance to satisfy any legal issues they have, once the EMSA board approves the amended agreement presented today.

Dr. Rodgers asked if the agreement is clear enough regarding multi-family housing. Mr. Williamson believes it is clear. The residents of multi-family units need to check with their apartment complex office to see if they are opted in. And it is the responsibility of the apartment complex to notify its members as to whether they are opted in or out of the utility fee program. Mr. Williamson feels the amended agreement is clear on that issue.

Mr. Bird wanted to be sure the agreement clearly states that if a patient does not have insurance, they are still included in the program and do not have to pay out of pocket costs for an emergency run. He was referred to the correct portion of the agreement and was satisfied, noting that patients have to call and make it known if they don't have insurance.

A motion was made by Mr. Marrs and seconded by Dr. Rodgers to approve the 2012 TotalCare Membership Agreement and Description as presented. A vote was begun, but Mr. Bird asked that it wait, as he had another concern he would like to discuss.

Mr. Bird continues to be concerned about the 60 day requirement for patients to submit their insurance, if they have it, or to let the billing office know if they don't have insurance.

Discussion ensued regarding making the 60 day requirement effective from the billing date vs the date of service. It was generally agreed the 60 day requirement should begin from the date of service.

Dr. Shadid expressed concern that 60 days may not be long enough in the case of MVA's, as he has seen patients who could not determine the third party payer for well over 60 days. Mr. Williamson explained that for EMSA, third-party payers are actually Medicare and Medicaid. He doesn't believe EMSA can make it any simpler. Only one question needs to be asked of patients – "do you have insurance?" If so, the patient's insurance is billed and the costs not covered by insurance are written off. If not insured, the entire amount due from the patient is written off.

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Dr. Shadid asked how the 60 day rule affects MVA's (multiple vehicle accidents). Mr. Williamson explained that with an MVA, a lien is put on proceeds, not property. This is a common process shared by hospitals. The name of the insurance company responsible for the proceeds is put on the lien, which entitles EMSA to the funds allocated for ambulance service in the settlement.

Mr. Bird inquired if an amendment could be made changing the language from "60 days from the date of service" to "60 days from the date of billing". After discussion, it was decided to leave the language as is.

The vote was continued on the motion made by Mr. Marrs and seconded by Dr. Rodgers, to approve the 2012 TotalCare Membership Agreement and Description.

AYE: Mr. Gary Marrs, Mr. Phil Morgans, Dr. James Rodgers, Dr. Ed Shadid, Mr. Clay Bird, Dr. James Griffin, Ms. Lillian Perryman, Mr. Larry Stevens

NAY: None

ABSTENTION: None

ABSENT: Dr. Tyree Seals, Mr. Joe Hodges

9. EMSA's Board of Trustees Public Relations Committee Report and Recommendation Regarding the Informal Request for Proposals for the Development of Communication and Education of the TotalCare Program in the Eastern Division

Dr. Griffin asked Mr. Bird, as Chairman of the Public Relations Committee, to summarize the recent meeting regarding RFP's for the development of communication and education of the TotalCare program in the eastern division.

Mr. Bird informed the Board that the Public Relations Committee consisting of himself, Dr. Griffin, Steve Williamson and Kelli Bruer met on April 13 and reviewed five proposals submitted in response to the RFP. Due to an extremely short timeline in which the water bill insert, outer envelope printing and a postcard needed to be produced for the upcoming Tulsa Utility Fee program, it was decided by the committee that these items alone be assigned to Littlefield Brand Development to be created and produced immediately.

Secondly, the Committee decided to recommend a survey be done by Cole, Hargrave, Snodgrass & Associates to determine additional TotalCare communication and education efforts.

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And lastly, the Committee decided to act proactively and have a video produced to aid in public education of TotalCare. The video would be available on EMSA's website and could be aired on both Tulsa's and Oklahoma City's government channels.

Mr. Bird was pleased with the outcome of the committee meeting.

Dr. Griffin called for a motion to accept the findings of the Public Relations Committee meeting.

Upon motion made by Mr. Stevens and seconded by Ms. Perryman, the Board of Trustees voted to accept the Recommendation of the EMSA Board of Trustees Public Relations Committee Regarding the Informal Request for Proposals for the Development of Communication and Education of the TotalCare Program in the Eastern Division

AYE: Dr. Jim Griffin, Ms. Lillian Perryman, Dr. Ed Shadid, Dr. Jim Rodgers, Mr. Clay Bird, Mr. Phil Morgans, Mr. Gary Marrs, Mr. Larry Stevens

NAY: None

ABSTENTION: None

ABSENT: Dr. Tyree Seals, Mr. Joe Hodges

10. President's Report

Mr. Williamson made a presentation to the Board on events reported in the Tulsa World regarding the TotalCare program.

He began with facts about requests made to EMSA from the Tulsa World. Since September, 2011, EMSA has received 252 emails, 166 requests for records, 206 questions and has spent approximately 1,170 man hours on the requests. EMSA's current legal bills associated with the class action lawsuit are approximately \$50,000. Mr. Williamson thanked EMSA employees for their hard work in addressing the Tulsa World's concerns so diligently.

Mr. Williamson then reviewed EMSA's sources of revenue to explain the reason the utility fee programs were begun several years ago. The annual budget last year was \$30.7 million in the eastern division and \$34.7 million in the western division. The fact EMSA only requires 19% of its budget to come in the form of a subsidy, with the rest to come from third party payers, is almost unheard of. Most city municipal services of similar size require an 80% subsidy with only 20% coming from third party payers. EMSA works diligently to collect from sources such as Medicare, Medicaid, private insurance and patient revenue in order to keep subsidy requirements low. It is due to EMSA's relatively low subsidy

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requirements that it was possible to create the utility fee program to provide the needed subsidies.

Mr. Williamson then addressed the fact that EMSA uses a collection agency. Due to the articles in the Tulsa World, EMSA decided to cease turning accounts to collections beginning February 24, 2012, in order to demonstrate the financial impact collections has on EMSA's receivables. As of today (April 25), account receivables have increased 23% in the eastern division and 14% in the western division. EMSA's management believes the percentage is larger in the eastern division due to the number of articles published in the Tulsa World. Phone calls are now being received from patients refusing to supply their insurance information.

EMSA will begin turning accounts to its collections firm again on April 26 (tomorrow). Although it is the responsibility of the patient to supply insurance information, there are many instances in which it is not provided unless they receive a letter or call from the collections firm.

Next, Mr. Williamson reviewed the findings EMSA made in regard to 340 accounts called into question by the Tulsa World. First, to put things in perspective, since 2007, half a million patients were transported. Out of those 500,000, approximately 90,000 used Totalcare. Those 90,000 patients saved \$43 million. Only one human/billing error was found.

The Tulsa World has reported EMSA sued at least 124 people who lived at addresses included in the utility fee program. There were actually 94 patient accounts (only 94 addresses connected to the 124 people the Tulsa World indicated). Of those 94 patients, 41 gave an address that was opted out on the date of service (or an address that could not be located at all in the database). Twenty-four of these patients never contacted EMSA after repeated attempts to obtain needed information. Twelve of the patients received insurance funds directly and did not remit funds to EMSA as required. Three contacted EMSA but refused to provide insurance information. Three of the runs were prior to the utility fee program, two of the patients had non-emergency runs and owed the discounted amount, two of the lawsuits had already been called back and one clerical error was made. In six of the 94 Tulsa lawsuits referred to, EMSA could not locate the patients' accounts by the defendant's names.

In the western division, the Tulsa World chose 246 lawsuits that EMSA reviewed. Of those 246 patient accounts, 222 of the runs were prior to the utility fee program, five of the patients gave an address that was opted-out on the date of service, three patients never contacted EMSA after repeated attempts to obtain needed information and three contacted EMSA but refused to provide insurance information. In thirteen of the 246 western division lawsuits referred to, EMSA could not locate the patients' accounts by the defendant's names.

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Mr. Williamson then reviewed a Refund Report for the Board. Since February 24, there were originally five refunds reported totaling less than \$900. To date, there have been five more. The total of all ten refunds to date (from 2/14) equal \$6,600. The new refunds have been for individuals who did not contact EMSA regarding their insurance status; therefore, collection procedures were started. Once they contacted EMSA, a refund was provided. Mr. Williamson explained again that patients receive multiple notices (including phone contact) asking to provide their insurance information. If they tell EMSA they do not have insurance, their account is then written off. The patient simply needs to communicate with us.

In support of answers given earlier in the meeting regarding filing liens on insurance proceeds in MVA's, Mr. Williamson reviewed the Oklahoma Statute that addresses the right of ambulance service providers to file liens on insurance proceeds for MVA's.

EMSA currently has 118 different statements to address each situation that might arise with a patient's individual billing. In June, 2011, EMSA signed a contract with Gateway to revise and simplify the billing statements. The project is proceeding, however, in order to be compliant with upcoming changes nationally due to the Patient Protection and Affordable Care Act (ObamaCare), companies are re-tooling. The deadline for companies to have the new version of software up and running has been extended to July 1.

Mr. Williamson then presented drafts of two of the new patient statements (one for utility fee members and one for non-members) to the board.

Mr. Williamson then took questions from the Board.

Dr. Shadid stated his primary concern is that EMSA does not have a way of knowing which citizens enrolled in the program were sent statements, but paid EMSA erroneously due to confusion the statement may have caused. Mr. Williamson does not believe people have paid erroneously. He cannot talk individually about each patient due to HIPAA (the Health Insurance Portability and Accountability Act). However, EMSA has looked in detail at each account in question, and the largest issue in billing TotalCare at this time is the problem with identification of individuals living in multi-family properties. An apartment, for example, may have 30 different addresses within the complex that are valid street addresses in the tap system, but in the utility database, the water tap is just one address. There are some complexes with 10-12 streets, with several addresses on each street, but one water tap address – therefore the patient's street address does not exist in the utility system.

One option being considered is to spend the money to give everyone in the program a member card.

Mr. Marrs feels the key is better communication with the public about TotalCare. He believes the patient needs to take responsibility to either provide EMSA with their insurance information or to call and let EMSA know they do not have insurance.

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Mr. Bird agrees, but feels because the program is attached to the utility bill, many people still don't realize they have the coverage, and even if they do, they may not realize what is involved regarding information they need to provide to EMSA, should they be transported.

Dr. Rodgers agrees there is a real need for a public education awareness campaign to educate citizens that the program does not equate to a free transport.

Compliance and exclusion reports for the month of March are on the EMSA website for review.

11. Audit(s) of EMSA's Travel, Capital Expenditures, and TotalCare Billing System/Process

Mr. Clay Bird had previously provided the Board with an overview of the types of audits prepared by Tulsa City Auditor Clift Richards.

Dr. Griffin and Mr. Williamson both agreed there is a need for an audit. Mr. Williamson stated he would like to use the auditors designated by the City of Tulsa for the external audit EMSA undergoes annually. He feels because the audit firm was chosen by the City of Tulsa, it would be independent and could tie into the end of the upcoming annual audit.

Dr. Shadid expressed concern with this proposal. He also asked EMSA's legal counsel what the implications could be for an audit firm addressing aspects that pertain to the current class action lawsuit.

Mr. Kris Koepsel of Riggs/Abney explained that the auditors would be dealing with legal factors and EMSA will not be able to disclose issues with any specificity regarding the specific claimants.

Dr. Shadid asked if results of the audit could be introduced in the court as evidence down the road. Mr. Koepsel stated results could possibly be permitted as evidence in the litigation, but the decision would have to be made by the judge.

Mr. Bird introduced Ms. Vicky Beyer, Director of the Management Review Office for the City of Tulsa. Ms. Beyer addressed the Board and stated the Management Review Office (MRO) has been charged by Mayor Bartlett to complete an operational review of EMSA's billing. The MRO will perform an objective assessment of billing, collections and contracting from a high level and a detailed level, perhaps citing processes that could be improved. They will look at the performance of some of the larger contracts, including the contract with Paramedics Plus. The goal of the review is efficiency.

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Ms. Beyer stated that this review is not a fraud review, however, as part of the due diligence, if a problem is found while reviewing documents or processes, the MRO would report the finding to the Board and to any auditor performing an audit.

Ms. Beyer expects the Management Review Office to have their review completed by June 30, 2012.

Discussion then turned to the various types of audits. Mr. Bird called the Board's attention to the page of the overview detailing investigative and forensic audits. The Tulsa City Council recently passed a resolution calling for EMSA to have an investigative audit. Mr. Bird considers an audit as an opportunity to put an end to questions and concerns expressed in the newspaper and that now reside in citizen's minds.

Ms. Perryman stated it is her understanding that it is standard industry to use the term investigative audit – that it simply describes the type of work to be done. Mr. Stevens stated he has serious concerns with the term investigative audit. Dr. Griffin agreed, stating the description of an investigative audit is based on suspicion of wrongdoing involving fraud, theft and defalcation.

Dr. Shadid told the board the city auditor of Oklahoma City recommended the term investigative audit. Dr. Shadid believes recent questions have been posed that imply the appearance of wrongdoing, and the only way to restore public trust and legitimacy is with an investigative audit.

More discussion ensued and it was decided a scope of work needs to be determined by the Board to decide on the type of audit desired. Mr. Marrs indicated he would make a motion that the staff put together an RFP to find an independent auditor to provide a scope of work and cost of both an investigative audit and compliance audit. Dr. Shadid indicated he would second such a motion.

Ms. Beyer suggested determining the scope of the audit before putting out an RFP.

Dr. Shadid suggested the Board form a committee to determine a scope of work for the audit and present their findings for the Board's consideration next month.

Dr. Griffin asked for volunteers for an Audit Committee. Dr. Shadid and Mr. Bird volunteered. Mr. Stevens agreed to be a member of the Committee, as well.

Mr. Jim Orbison of Riggs/Abney, EMSA's Board of Trustees counsel, informed the Board that the committee meeting must be in accordance with the Open Records Act. It was decided to schedule the Audit Committee meeting via video conference.

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Upon motion made by Mr. Bird and seconded by Dr. Shadid, the Board of Trustees voted to Form a Committee consisting of Mr. Clay Bird, Dr. Ed Shadid and Mr. Larry Stevens, to Define a Scope of Work for an Audit of EMSA's Travel, Capital Expenditures and TotalCare Billing System/Process.

AYE: Dr. Jim Griffin, Ms. Lillian Perryman, Dr. Ed Shadid, Dr. Jim Rodgers, Mr. Clay Bird, Mr. Phil Morgans, Mr. Gary Marrs

NAY: None

ABSTENTION: None

ABSENT: Dr. Tyree Seals, Mr. Joe Hodges, Mr. Larry Stevens

12. An Executive Session for the purpose of discussing personnel issues relating to the President and CEO, as authorized by Title 25, Section 307 B.1 and B.7 of the Oklahoma Statutes

Upon motion made by Dr. Rodgers and seconded by Dr. Shadid, the Board of Trustees voted to enter into an Executive Session for the purpose of discussing personnel issues relating to the President and CEO, as authorized by Title 25, Section 307 B.1 and B.7 of the Oklahoma Statutes.

AYE: Mr. Gary Marrs, Mr. Phil Morgans, Dr. Jim Rodgers, Dr. Ed Shadid, Mr. Clay Bird, Dr. Jim Griffin, Ms. Lillian Perryman

NAY: None

ABSTENTION: None

ABSENT: Dr. Tyree Seals, Mr. Joe Hodges, Mr. Larry Stevens

13. After a return by the Board of Trustees to the public meeting, vote upon any item of business which concerns the above described personnel issues and is considered during the executive session

Upon return from Executive Session, Dr. Jim Griffin announced no action is to be taken at this time as a result of the Executive Session. The Board will wait until the results of the audit being considered to make recommendations concerning EMSA's president and CEO, Mr. Williamson.

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- 14. An executive session of the Board of Trustees for the purpose of confidential communications with its attorneys concerning the following described litigation, as authorized by Title 25, Section 307 B.4 of the Oklahoma Statutes: Johnson, et al. v. Emergency Medical Services Authority and Works and Lentz, Inc., Tulsa County District Court, Case No. CJ-2012-1021, AND a determination by the Board of Trustees that disclosure to the public of the communications in such executive session will seriously impair the ability of the Board of Trustees to process such litigation in the public interest**

Upon motion made by Dr. Shadid and seconded by Dr. Rodgers, the Board of Trustees voted to enter into an Executive Session for the purpose of confidential communications with its attorneys concerning the following described litigation, as authorized by Title 25, Section 307 B.4 of the Oklahoma Statutes: Johnson, et al. v. Emergency Medical Services Authority and Works and Lentz, Inc., Tulsa County District Court, Case No. CJ-2012-1021, AND a determination by the Board of Trustees that disclosure to the public of the communications in such executive session will seriously impair the ability of the Board of Trustees to process such litigation in the public interest.

A YE: Ms. Lillian Perryman, Dr. Jim Griffin, Dr. Jim Rodgers, Dr. Ed Shadid, Mr. Clay Bird, Mr. Phil Morgans, Mr. Gary Marrs

NAY: None

ABSTENTION: None

ABSENT: Dr. Tyree Seals, Mr. Joe Hodges, Mr. Larry Stevens

- 15. After a return by the Board of Trustees to the public meeting, vote upon any item of business which concerns the above-described litigation and is considered during the executive session**

Upon return from Executive Session, Dr. Jim Griffin announced no action is to be taken at this time as a result of the Executive Session.

- 16. Appointment of Budget Committee**

Due to the length of the meeting and the late hour, the Board did not address Item 16, Appointment of a Budget Committee.

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17. Medical Director's Report

Dr. Goodloe did not present a report due to the length of the meeting. Divert reports, the Clinical Quality Improvement Summary and the Cardiac Arrest report for the month of March, 2012 are on the EMSA website for review.

18. New Business

None.

19. Trustees' Reports

None.

20. Next Regular Meeting

The next meeting of the EMSA Board of Trustees will be on Wednesday, May 23, 2012 at 1:00 PM via video conference at the EMSA Administrative Offices, 1111 Classen Drive, Oklahoma City, OK 73103 (Western Division) and 1417 N. Lansing Ave., Tulsa, OK 74106 (Eastern Division)

21. Adjourn

The meeting was adjourned at 5:30 pm.

Ann C. Laur, Secretary

Date: