Summer 2022

CAA Siren

A PUBLICATION OF THE CALIFORNIA AMBULANCE ASSOCIATION

2022 CAA Election Slate of Candidates

2022 Star of Life Recipients and Photos inside!

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A PUBLICATION OF THE CALIFORNIA AMBULANCE ASSOCIATION

CAA Vision

To champion the leadership, advocacy, education, and tools that empower California's private ambulance and mobile healthcare services to provide people-centered EMS systems and standards. The CAAs overarching role is to provide support for those who care for their communities.

CAA Mission

Be a recognized voice, advocate, and authority of best practices for ambulance providers throughout California.

CAA Leadership

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

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Circulation among California's private ambulance providers, elected officials and EMSA administrators.

President's Message

James Pierson
President
California Ambulance Association

CAA friends and colleagues, I want to first thank you for taking the time to review our new Siren edition. We have many new and exciting updates for you to learn about, and we hope you can see how hard the CAA has been working on your behalf. This legislative session has been filled so many ups and downs. Our Medi-Cal rate increase unfortunately did not make it to the budget amendment that we had hoped for. We had lots of great momentum in our favor and built a strong road for the future. I want to thank all of our coalition members and Assemblymember Freddie Rodriguez who stood tall and led our fight. We are already working with Freddie's team on bill language to be ready for next year's legislative session. All the time, effort, blood, sweat, and tears put into this session was worth something, I promise! We are positioned very well for a bill on Medi-Cal increases. Our request has universal support and the strategy with how we approach the next six months will play an integral role in our success. I would be remiss if I didn't mention NAGE/SEIU leadership Shelly Hudelson and Phil Petit. That have been amazing throughout the entire process. They support our EMS heroes with tireless conviction and dedication. Shelly and Phil have been true partners in this battle for a rate increase and I cannot thank them enough.

We also had to play some last second defense on a major bill, that as written could have lasting impacts on EMS service delivery in California. SB443 was a bill the CAA was following from the moment its gut and amend was released. Thankfully the bill was pulled by the author before being heard in committee. I want to thank the AMR/GMR, the 9-1-1 Alliance, EMSAAC and all the other EMS agencies throughout the state who came together to educate our legislators on the realities of the bill. If you would like to know more about this process or more details regarding our Medi-Cal increase or SB443 please feel free to reach out to me.

In closing, I want to say how wonderful our Stars of Life event was in Sacramento. It was fantastic to see so many stars and their families from so many member companies. Looking forward, I am looking forward to an equally successful CAA Annual Convention in Anaheim!

We really want to see you there and we need our membership to be united and strong! Our success as a profession and our ability to provide quality services only works when we are working together. We will always have challenges and more are coming our way, but we must STAND TOGETHER. Come to the convention, get other companies to join the CAA. We are truly in this together!

God Bless and thank you being part of our amazing association. ✱

Executive Director's Report

Rob Lawrence
Executive Director
California Ambulance Association

I am delighted to write this note for the Siren as we publish it on the eve of our 2022 Annual Convention, taking place for the first time at the Westin Anaheim Resort. Before I talk about that, I wish to reflect on the continued strong work of the association over the last few months. On the legislative front, a strong and broad coalition has formed including association members, our labor partners and other ambulance associations in the state. This has signaled a strong intent to progress our agenda and puts us in a great collaborative position to move into the 2023 legislative season on a strong footing. This will also be aided by the addition of a new lobbyist, which at the time of writing this note is currently out for RFP, Selection, and appointment.

We also recently enjoyed a superb CAA Stars of life event in Sacramento with over 60 stars nominated and a strong turnout of stars, their families and coworkers made the event memorable. Sadly, due to the construction at the State Capitol we were unable to schedule our usual and customary "Hill Visits" to meet and greet our elected officials but were exceptionally grateful to welcome Assemblymember Freddie Rodriguez as our evening keynote and we thank him for his words of both congratulations to our stars and encouragement to our association.

Turning back to our convention, we have an action packed few days ahead of us with a number of well known national industry speakers joining us to present the general sessions and true subject matter experts leading sessions in the Executive, Operations and Reimbursement streams. We hope to not only present the latest information, opinion and direction but also convene insightful panels from our "Gathering of Legals" to a joint discussion with our labor colleagues who have accepted our invitation to join us this year. I am sure that there will be memories made and lessons taken away.

As we head into the fall, we continue our regular calendar of committee meetings and informative Town Hall sessions to keep everyone as informed as possible. Talking of which, if you wish to contribute an article or even photograph to the *Siren*, please reach out to me and I will be delighted to guide you through the process. Thank you all for your support as we go from strength to strength and see you all in Anaheim! ✱

CCP

California Consumer

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Brian M. Wheeler, Esq., Partner
Atkinson, Andelson, Loya, Ruud & Romo APC

California Privacy Law Rundown:

The evolving consumer privacy landscape in California under the CCPA and the CPRA, and implications for private healthcare entities

As privacy concerns have catapulted to the forefront of societal discourse and awareness, businesses can no longer hide behind ignorance of privacy laws or blanket self-assessments of exemptions to the regulations. California has led the way in passing comprehensive consumer privacy rights and protections with the passage of the California Consumer Privacy Act ("CCPA"). Although the CCPA includes a convenient carve-out for HIPAA-covered entities and protected health information ("PHI"), the exemption is not as broad as it might appear. It is quite possible that covered entities may still be subject to the CCPA, and must be careful not to make an overbroad interpretation of the HIPAA exemption that would result in noncompliance and potential exposure to liability.

The California Consumer Privacy Act ("CCPA")

The CCPA became effective on January 1, 2020, and when enacted was the most robust consumer privacy law in the United States. The CCPA applies to for-profit businesses that do business in California and meet *any* one of the following:

- Have more than $25 million in annual gross revenue;
- Buy, receive, or sell the personal information of 50,000 or more California residents, households, or devices; or
- Derive 50% or more of their annual revenue from selling California residents' personal information.

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For purposes of the CCPA, "consumer" is simply and broadly defined as a California resident. The definition of personal information under the CCPA is similarly wide-ranging; it includes multiple categories of information and is any information that identifies, relates to, or could reasonably be linked to a consumer or household, with certain limited exceptions.

The CCPA gives consumers rights, and conversely imposes obligations on businesses, relating to a consumer's personal information. The main consumer rights given to California residents under the CCPA are:

- The **right to know** or notice what personal data a business plans on collecting from them before the point of collection;
- The **right to access** the personal information that a business holds on them;
- The **right to request deletion** of personal data (subject to exceptions);
- The **right to non-discrimination** for exercising these rights.

Moreover, the CCPA grants consumers a private right of action for data breaches. But unlike existing causes of action for data breaches, the CCPA private right of action authorizes statutory damages and is not limited to actual damages only. The CCPA allows consumers to recover the greater of their actual damages, or statutory damages ranging from $100 to $750 per consumer per incident.

A business subject to the CCPA has obligations corresponding to these consumer rights. Some of these requirements include publishing a Privacy Policy detailing data collection practices and uses, providing notice to employees regarding the collection of personal information, informing consumers of their rights in the Privacy Policy, responding to consumer requests to access or delete their data and establishing a consumer response system, and conducting training for employees responsible for responding to consumer requests.

The Office of the California Attorney General ("AG") is responsible for enforcement of the CCPA and has promulgated regulations to assist businesses and provide guidelines for compliance with the CCPA and the AG's regulations. The Attorney General has engaged in fresh out-of-the-gate active enforcement since commencing enforcement on July 1, 2020, and has targeted noncompliant businesses in multiple industries and sectors. The Attorney General can impose a penalty of up to $2,500 for each violation and $7,500 for each intentional violation.

As is often the case with California consumer protection laws, a further – and sometimes even greater – threat to non-compliant companies has come from the very active California plaintiffs' bar and consumers themselves in the form of individual and putative class action litigation. Although the private right of action under the CCPA is supposed to limit private plaintiffs to data breaches, the cases filed that cite CCPA violations have not been limited to breach allegations as plaintiffs' attorneys have been stretching the applicability of the failure to abide by CCPA provisions as the basis to assert claims under the Unfair Competition Law (Cal. Bus. & Prof. Code § 17200). There have been plenty of data

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breach claims as well, with healthcare entities not immune and hospital systems, such as the massive data breach at U.C. San Diego Health, frequently in the news. Private litigation will undoubtedly continue to multiply, so businesses would do well to ensure they are in compliance with the CCPA to mitigate their risk.

The New California Privacy Rights Act (CPRA) or "CCPA 2.0"

The CCPA had not been in effect even one year before California added to its privacy law matrix with a voter-approved initiative expanding consumer privacy rights even further with the passage of Proposition 24 – the California Privacy Rights Act ("CPRA") – in November 2020. The CPRA's substantive provisions become operative on January 1, 2023, and enforcement will begin on July 1, 2023.

The CPRA makes only marginal changes to the CCPA's applicability thresholds. The CPRA applies to all for-profit entities doing business in California that meet at least *one* of: (1) $25M annual gross revenue measure as of January of the calendar year for the preceding calendar year; OR (2) annually buys, sells or shares the personal information of 100,000 or more consumers or households; OR (3) derives 50% or more of its annual revenues from selling or sharing consumers' personal information.

The CPRA amends and generally expands consumer privacy rights and consumers' control of their personal information, while adding to businesses' compliance obligations. Some of its noteworthy changes include:

- Creates a new category of "sensitive personal information", and imposes greater restrictions on the sharing, use and disclosure of such information, and imposes additional notification obligations on businesses;
- Creates new consumer rights including the right to correct information, the right to restrict or limit uses of sensitive personal information; and the right to access and opt-out of automated decision making ("profiling"), and expands the right to know and access;
- Requires businesses to enter into governing agreements with any entity to which it discloses or shares information that specify the limited and specific purposes for which personal information is disclosed;
- Perhaps most significantly, creates a dedicated enforcement agency – the California Privacy Protection Agency – that will exclusively enforce the CCPA/CPRA and have broad investigative, enforcement, and rulemaking powers.

Significant uncertainty remains over specific implementation, but the new Privacy Protection Agency has until July 1, 2022, to adopt final regulations that will provide businesses with guidance and clarification. Until the CPRA takes effect on January 1, 2023, the CCPA remains in full force and businesses must comply with its requirements.

A HIPAA Exemption Exists, But It May Not Exclude Covered Entities From the CCPA Entirely

The CCPA offers some reprieve for the healthcare industry from its broad "personal information" definition with certain healthcare exemptions (collectively referred to herein as the "HIPAA carve out" or "HIPAA exemption"). The HIPPA exemption carves out from the CCPA-imposed obligations:

Medical Information or Protected Health Information ("PHI")
(California Civil Code 1798.145(c)(1)(A))

The CCPA does not apply to "medical information" governed by the California Confidentiality of Medical Information Act ("CMIA") or PHI collected by a covered entity or business associate governed by the privacy, security, and breach

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notification rules of HIPAA and Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009.

For example, PHI collected for the treatment, payment, or healthcare operations would qualify for the CCPA HIPAA exemption. However, healthcare information that is collected for other purposes would not fall under the CCPA HIPAA exemptions, and would be subject to the stricter privacy laws set forth by the CCPA.

Health Care Providers or Covered Entities
(California Civil Code 1798.145(c)(1)(B))

The CCPA does not apply to a "provider of healthcare" governed by the CMIA or a covered entity governed by privacy, security, and breach notification rules of HIPAA (HIPAA-covered entities such as healthcare provider, healthcare clearinghouse, or health plan), to the extent the provider or covered entity maintains patient information in the same manner as medical information or PHI (i.e., as though it was subject to the requirements of CMIA or HIPAA).

Thus, if a covered entity is not compliant with one or more HIPAA regulations, the covered entity is likely not in compliance with the CCPA as it relates to that patient information. Originally "business associates" under HIPAA were not included in this exemption, but AB 713 added business associates as covered entities and brings the law in line with HIPAA definitions. (Section 1798.146(a)(3).)

It is unclear if the carve-out for covered entities that maintain "patient information" in the same manner as PHI will always be exempt from CCPA with respect to data that is not PHI, but at least one court has rejected an alleged violation of the CCPA by a healthcare provider based on an interpretation of the CCPA's HIPAA exemption. In dismissing a cause of action, United States District Court Judge Carney from the Central District of California, Southern Division, ruled on April 21, 2021, that:

> Medical information or protected health information, as defined by the statute, includes information related to an individual's healthcare "[t]hat identifies the individual" or "to which there is a reasonable basis to believe the information can be used to identify the individual." 45 C.F.R. § 160.103; see Cal. Civ. Code § 1798.146(b) (incorporating definitions from 45 C.F.R. § 160.103). This clearly includes Social Security numbers and other nonmedical information which was provided in relation to an individual's healthcare, as was the case here. [Therefore,] Defendant is an exempt business associate....

Mullinex v. US Fertility, LLC, No. SACV2100409CJCKESX, 2021 WL 4935975, at *5 (C.D. Cal. Apr. 21, 2021) (dismissing CCPA claim with prejudice where Defendant qualified as an exempt business associate).

Research Data
(California Civil Code 1798.145(c)(1)(C))

The CCPA does not apply to personal information collected as part of a clinical trial or other biomedical research study subject to, or conducted in accordance with, the Federal Policy for the Protection of Human Subjects, also known as the Common Rule, provided that the information is not sold or shared in an unpermitted manner without consent.

Under AB-713, the amendment adds research carried out under appropriate industry standards and federal regulations. However, the exemption extends to all identifiable private information that is collected, used, or disclosed in research conducted in accordance with the Good Clinical Practice Guidelines, FDA human subject protection guidelines, HIPAA, or the Common Rule. (Section 1798.146(a)(5)).

De-identified Data
(AB 713)

AB 713, an amendment to the CCPA passed in September 2020 that added Section 1798.146 to the law, further brought the CCPA exemption in accord with definitions as listed in HIPAA by creating a new de-identification exemption for healthcare providers such that patient information that has been de-identified for HIPAA purposes is also exempt from the CCPA (although it also imposes additional disclosure obligations regarding patient de-identified data).

It is clear, however, that the HIPAA carve-out does not provide a valid basis to assert a blanket free pass to all information or exclude healthcare providers, health plans, and their business associates from the CCPA entirely. Instead, it provides relief only to the extent that the entity or the information at issue is protected or covered under the applicable health care laws. Thus, a healthcare provider might still have CCPA obligations, albeit not with respect to protected health information of patients, and ignores them at its own peril.

The implications of the limited HIPAA carve-out are broad as it is unlikely any covered entity maintains all of the information it collects from patients in the same manner as it maintains PHI, or would qualify as PHI. Some examples may include personal

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information created, received, maintained or transmitted by companies subject to HIPAA, but not created or collected as part of payment, treatment, or health care operations of a covered entity may be subject to the CCPA. Personal information (not regulated by the CMIA or HIPAA) collected through websites, health apps, health portals, and other digital technology or connected devices would not fall in the carve-out. Personal information processed by the non-healthcare components of a HIPAA hybrid entity or information processed between a non-profit institution and its CCPA-covered affiliates, partners or related entities may also fall outside the boundaries of the HIPAA carve-out. General employee information not kept as PHI would be subject to the CCPA, as would personal information collected from individuals through in-person conferences, fundraisers, marketing events or similar activities, or community engagement event, as would personal information processed for research that falls outside the CCPA's clinical research exemptions. The HIPAA carve-out may also exclude personal information that was never PHI, or excluded from the definition of PHI, under HIPAA, and not maintained in the same manner as PHI.

Despite the medical healthcare information exemptions, the HIPAA carve-out is limited and healthcare entities, health plans and other businesses operating in the healthcare sector likely create, maintain or otherwise process personal information that falls outside these exemptions. Therefore, healthcare businesses should evaluate data processing activities across operations to identify any CCPA compliance triggers and whether they are complying with CCPA obligations for businesses.

Covered Entity Employers May Still Have Obligations to Employees Under the CCPA and CPRA

Covered entities subject to the CCPA may also have obligations to their employees. AB 25 created an "employee exemption" to the CCPA for information collected by an organization from employees and job applicants. Under AB 25, qualifying employee and job applicant information that would otherwise constitute protected information under the CCPA is excluded from many of the CCPA's requirements, including a consumer's right to access and deletion. However, the CCPA requires that employers must still provide notice and privacy disclosures regarding the organization's collection practices to employees and job applicants from whom the employer collects "personal information," as broadly defined in the CCPA.

Moreover, although passage of the CPRA extended the AB 25 exemption until it takes effect on January 1, 2023, the CPRA does not contain an "employee exemption" that would create a carve out to its requirements. Accordingly, after January 1, 2023, employees' and job applicants' information would be subject to the full litany of protections and rights currently afforded to non-employee consumers.

As information acquired from employees and job applicants for the purposes of employment is not typically treated as PHI, a health sector entity could not completely avoid the CCPA through the HIPAA exemption. Thus, a covered entity may still be subject to the CCPA and be required to provide disclosures to their employees under the CCPA, and potentially more under the CPRA.

Conclusion

In short, healthcare-covered entities or business associates under HIPAA need to carefully evaluate whether information they handle may actually be personal information under the CCPA and subject to its obligations. Greater awareness of privacy rights and data security has intensified both government enforcement efforts and private litigation by consumers, a trend which will undoubtedly expand under the CPRA and the Agency, and the healthcare sector cannot just rest on the complacency of ignorantly relying on the HIPAA carve out.

Until the CPRA takes effect on January 1, 2023, and until its enforcement commences on July 1, 2023, the CCPA remains in effective in full force and businesses must comply with its requirements. If your business is subject to the CCPA but still has not taken the necessary steps to come into compliance, your company should do so as soon as possible. Even a business that is currently compliant with the CCPA will need to take further steps to bring itself into compliance with the CPRA, including at the very least updating notices and privacy policies. Although the CPRA is a few months away and regulations have not yet been adopted, it is never too early to proactively begin to take steps for any potential impacts, including by data-mapping to understand which information is collected and where it can be found, re-examining data collection practices to determine any claimed exemption blind spots, and performing cybersecurity assessments to test for system weaknesses.

If your business is faced with a lawsuit or regulatory enforcement under the CCPA and CPRA, Atkinson, Andelson, Loya, Ruud & Romo has a team of data privacy litigators well-versed in privacy and data security law ready to step in and defend you. ✱

This article is intended for informational purposes only and should not be relied upon in reaching a conclusion in a particular area of law. Applicability of the legal principles discussed may differ substantially in individual situations. Receipt of this does not create an attorney-client relationship. The Firm is not responsible for inadvertent errors that may occur in the publishing process.

ABOUT THE AUTHOR: Brian Wheeler is a partner at Atkinson, Andelson, Loya, Ruud & Romo, where he leads the firm's Intellectual Property and Data Security & Privacy team. His practice focuses on intellectual property, data security and privacy, and high-stakes complex commercial litigation, and white collar defense and investigations. Brian's data security and privacy practice focuses on CCPA compliance and related litigation and regulatory matters.

From Your Medicare Consultants

Daniel J. Pederson, Esq. and Doug Wolfberg, Esq.
Page, Wolfberg & Wirth

New Reimbursement Rules in the Pipeline

We are tracking two CMS Proposed Rules that relate to ambulance billing. We briefly mentioned these rules in the CAA Payer Issues and Town Hall meetings, but here is more detailed overview of what's on the Medicare horizon.

Proposed Rule – Medical Necessity and Ambulance Cost Data Collection

CMS recently released the Proposed CY 2023 Physician Fee Schedule Rule, and it includes significant clarifications affecting the medical necessity regulation for nonemergency, scheduled, repetitive ambulance services and minor proposed revisions to the ground ambulance cost collection instrument. Please note, this is a Proposed Rule subject to change in a final rule that will likely be announced this Fall.

Currently, the regulation concerning medical necessity for nonemergency, repetitive scheduled transports states plainly that: "The presence of the signed physician certification statement does not alone demonstrate that the ambulance transport was medically necessary." CMS also says that the existing regulation has been "interpreted too narrowly," and often transports where beneficiaries simply need monitoring by EMS personnel are excluded from coverage. The proposed regulation will expound significantly on the existing regulation by stating:

> While a signed physician certification statement (PCS), does not alone demonstrate that transportation by ground ambulance was medically necessary, the PCS and additional documentation from the beneficiary's medical record may be used to support a claim that transportation by ground ambulance is medically necessary. The PCS and additional documentation must provide detailed explanations, that are consistent with the beneficiary's current medical condition, that explains the beneficiary's need for transport by an ambulance, as described at § 410.41(a), that includes observation or other services rendered by qualified ambulance personnel, as described in § 410.41(b).

Four Important Implications of the Proposed Changes:

1. **Change to Regulation NOT RSNAT Program.** These are proposed changes to the regulations, not the RSNAT guidelines for the Prior Authorization program. These changes would carry global weight for all scheduled, repetitive transports.

2. **Observation of Patient.** These changes would expressly add "observation" – i.e., monitoring by an EMS provider even if the patient doesn't need "tangible services" – as a condition for which medical necessity can be established. CMS says that the existing regulation has been "interpreted too narrowly" by some. That means that CMS believes the current regulation includes coverage of repetitive, nonemergency transports where the patient simply needs monitoring. If this new regulation is passed, it can serve as great evidence in an appeal or reconsideration even of past claims that fall under the current regulation, since CMS is saying this "clarifies the intent of existing regulatory language."

3. **Additional Documentation.** We believe it is a good thing that CMS is proposing that "additional documentation from the beneficiary's medical record" can be used to support medical necessity. This essentially means that Medicare reviewers must consider facility and

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physician records when reviewing medical necessity (provided they meet the "detailed" and "consistent" criteria in the proposed regulation).

4. **PCS Language Pitfall.** CMS's proposed language states that: "the PCS and additional documentation must provide detailed explanations...." This language seems to imply a new requirement for a PCS to include a "detailed explanation" – which sounds a lot like a "thorough narrative." It's possible that under the proposed changes PCS forms that only use check boxes and signatures would not satisfy Medicare to establish medical necessity for repetitive, scheduled non-emergency trips because they do not include a space for detailed explanations. CMS has always maintained that it does not dictate requirements for the design of a PCS form, other than the form must certify that the medical necessity provisions of the regulations are met. This proposed change seems to change that stance, at least for repetitive/scheduled non-emergencies.

CMS also proposed some changes to the ground ambulance data collection tool and instructions. Most of them are for clarity and consistency and to correct typos and technical issues. A draft of the updated instrument that includes all of the CY 2023 proposed changes is posted on the CMS Ambulance Services Website. CMS is also proposing an automated process for requesting a hardship exemption and informal review request and this is supposed to happen in late 2022.

Proposed Rule – Rural Emergency Hospitals

Starting on 2023, CMS is recognizing a new facility type called a Rural Emergency Hospital (REH). REHs are intended to help address shortages of emergency services in rural/underserved areas, and are hospitals that have inpatient stays of less than 24 hours. Existing Critical Access Hospitals may elect to convert to an REH starting in January.

For ambulance purposes, CMS is proposing to include including RAHs as covered origins and destinations for ambulance billing purposes. Current Medicare rules state that ambulance service is covered

> "from any point of origin to the nearest hospital, critical access hospital or SNF that is capable of furnishing the required level and type of care for the beneficiary's illness or injury."

The new REH Proposed Rule would add REH facilities to tis list of covered destinations. In some cases, specificity in the point of origin also affects payments, in particular, when a transport originates at a health care facility. The REH Proposed Rule would also include REHs in the regulation that covers transports "from a hospital, CAH or SNG to the beneficiary's home." Interfacility transports would presumably also be included when they involve the new REH facility type.

There is no indication in the proposed rule that CMS will create a new modifier for REHs. We will monitor this for further developments, but, it is likely the H modifier will still be used on the claim when a patient is transported to a REH.

Since REHs are not allowed to provide inpatient services and need an average patient stay length of less than 24 hours, agencies serving rural areas may see an increase in interfacility transports originating from an REHs as compared to CAH or small rural hospitals that can admit patients. Ambulance services performing these types of transports will need to ensure they are properly identifying the financially responsible party and billing appropriately.

The Proposed Rule also clarifies that ambulance services owned and operated by REHs are eligible for enrollment in Medicare as an ambulance provider. Ambulance services owned and operated by REHs are eligible for payment under the ambulance fee schedule.

Please remember that this is still only a Proposed Rule and is subject to change in a final rule that will likely be announced this Fall. ✱

Carly's Corner

Carly Alley
Chief Operating Officer
SEMSA/Riggs Ambulance Service

Changes In Leadership: Positive, Negative, or Both?

Changes in leadership, in any organization, can be scary. Often one individual occupies leadership positions for several years, even decades, before they move on or retire. When someone vacates a position like this, no matter the reason be it retirement, personal growth, and even dismissal, it can lead to a dip in morale. Changes in these high-level positions can even create panic such as "the ship must be sinking if they're leaving." But is this change really a bad thing?

Throughout my career I have seen many changes in high level management positions. I have witnessed the panic it can create, the hiccups in tasks being managed, gaps in training or filling the positions, as well as many positives. When we have one person in the same position for several years it's great because they know their role and typically do it well. They can also get comfortable with it and not necessarily evolve past a certain point or bring anything new to the table.

Bringing on a new member to the management team can bring with it many positives. Your new teammate can bring a different skill set, fresh experience, and view your current operation through a new set of eyes. They can be the key to new growth within their role, and the organization.

While longevity in leadership is fantastic, it also reduces the opportunity for others within the organization or community to move up. Now, I'm not suggesting we plan to only have someone in a leadership role for a few years at a time, but I do think we need to shift our view of changes in these positions from it being a bad thing to it being a positive. When positions open we are given the opportunity to bring in someone new, with different ideas, a different perspective, and give them an opportunity that doesn't usually come up often. The chance to grow within your own organization is very important and we as leaders should embrace these changes and build in succession planning.

As leaders we often get caught up in the day-to-day tasks of running an operation. We can often get too comfortable with our management staff who have been there for a while and just assume they always will be. This can bite us in the end when we have failed to have a solid succession plan and they move on from our organization. It's not always easy to have a succession plan for each position, but it is important that we don't find ourselves with someone departing and no one else that's able to tackle some of their duties or train someone new to do them.

We should always be looking at our current employees and creating opportunities for them to learn about our leadership roles, take part where they can, and offer training when appropriate. I'm a good example of this within my own organization, I began as an EMT nearly 16 years ago and today I am the Chief Operating Officer. I was fortunate enough to have been given opportunities each time I was interested in learning a new aspect of our organization. We need to think to ourselves with each new employee we hire that they just might be the next guy in the "corner office."

Management teams work closely together for many hours and often go through some stressful, and happy times together. You form bonds with each other that span for years and often we spend more time with our co-workers than we do at home. When one of them moves on it can be sad and at times almost reminiscent of feelings you have during a breakup. While this is hard, it's also a sign of how special that person was to your team, and to you. It can seem like it will be impossible to replace them, and you may not even want to. Then, just like after a breakup, one day that new person will be in the role and the world will have bright colors again. You will see

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everything pick right back up and continue to move forward. New ideas will be shared, shown new and possibly better ways of doing things, and build new relationships. Changes are positive, and we should embrace them. When you have a manager move onto to something new be thankful for the time they gave you and be proud of the experience you gave them so they could grow further into their career. Let's change the tone from finding a "replacement," because we really can't replace people, but we can grow new leaders. ✱

2022 CAA Elections Slate of Candidates

CAA Active members have received their official ballots for the 2022-2023 California Ambulance Association elections. Active members are eligible to vote for candidates seeking election as Officers of the Association and Directors of the Board.

In accordance with the by-laws, elections are conducted by mail only **NO LATER THAN 30 DAYS PRIOR TO THE GENERAL MEMBERSHIP MEETING** with any ties being broken by the Active membership in attendance at the Annual Membership Meeting that will be held on **SEPTEMBER 13, 2022** at the Westin Anaheim in 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 candidate statements prior to making your decision.

Following are nominees for election to serve the CAA during its 2022-2023 operating year. Candidates were formally ratified by the Board of Directors on August 26, 2022. Results will be announced during the Annual Meeting of the Membership which will be held on September 13, 2022 at the Westin Anaheim in Anaheim, CA. *

Thank you for your time and participation in the CAA!

California Ambulance Association
2022-2023 CAA Elections
— SLATE OF CANDIDATES —

NOMINEES FOR THE BOARD OF DIRECTORS (three positions, two-year terms):			
⬭	Melissa Harris	Ambuserve, Inc.	Gardena, CA
⬭	Carly Alley	Riggs Ambulance Service	Merced, CA
⬭	Sean Sullivan	LIFEwest Ambulance	Petaluma, CA

NOMINEES FOR OFFICER POSITIONS (one-year term for each position):			
PRESIDENT:			
⬭	James Pierson	Medic Ambulance Service, Inc.	Sacramento / Solano, CA
VICE PRESIDENT:			
⬭	Jaison Chand	City Ambulance of Eureka	Eureka, CA
SECRETARY/TREASURER:			
⬭	Melissa Harris	Ambuserve, Inc.	Gardena, CA

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

EMSAAC Conference 2022

The CAA was delighted to be both a sponsor and vendor at the 2022 Emergency Medical Services Administrators' Association of California (EMSAAC) conference, held at the Omni Hotel, San Diego in June. It was pleasing to see so many CAA members present, many who were getting together after a long two years of Covid isolation.

CAA members in attendance all gather for a group photo.

Steve Grau and Matt Armstrong highlight the conference.

CAA President Jimmy Pierson and Steve Grau with CAA HR consultant and HR lawyer Amber Healy.

Todd Valeri and Erik Peterson (American Ambulance) with Executive Director Rob Lawrence.

Commercial Member Janet Smith .

Steve Grau and EMS Director Lori McFadden checking out the conference.

CAA's 2022 *Star of Life* Recipients

Jennifer Allen
Dispatcher
Royal Ambulance

Rowena Aris
Operations Manager/EMT
Amwest Ambulance

Preet Bains
Emergency Medical Technician
AlphaOne Ambulance

Samantha Barakat
Talent Development Manager
Royal Ambulance

George Bostock
EMT
Medic Ambulance Service

Jessica Brown
EMT
Medic Ambulance Service

Dante Carrasco
FTO, EMT
LIFEwest Ambulance

Edward Carter
Fleet Maintenance Supervisor
Medic Ambulance Service

Don Chaix
EMT
Sierra Medical Services Alliance (SEMSA)

Michael Chinn
Paramedic
AlphaOne Ambulance

Jesse Chircop
EMT-FTO Lead
Royal Ambulance

Grace Coleman
Emergency Medical Technician
AlphaOne Ambulance

Katrina Corner
Paramedic
AlphaOne Ambulance

Wilfredo Dofredo
Critical Care Transport RN
LifeLine EMS Ambulance Service

Nick Drake
Paramedic
San Luis Ambulance

Maximiliano Duenas Perez
Paramedic
RIGGS Ambulance Service (SEMSA)

Dennis Flannery
Paramedic
Patterson District Ambulance

AmberLyn Fox
Emergency Medical Technician
AlphaOne Ambulance

Ethan Garmon, PM
Emergency Paramedic
AmbuServe Ambulance

Meghan Genzler
CCT RN
Royal Ambulance

Tobin Gramyk
Emergency Medical Technician
AlphaOne Ambulance

Karin Grabchuk
Emergency Medical Technician
AlphaOne Ambulance

Kiarra Grant
Paramedic Captain
King American Ambulance

Wesley Graves
Lead Field Training Officer
AmbuServe Ambulance

Sarah Halnon
Paramedic/FTO
ProTransport-1

Christopher Hanze
CCT EMT-FTO
Royal Ambulance

Jessica Harrison
Paramedic
Mercy Medical Transportation, Inc.

Thomas Hector
Paramedic
American Legion Post No. 108 Ambulance

Jennifer Henson
Station Manager
ProTransport-1

Steven Herlocker
EMT
Medic Ambulance Service

Mayra Hernandez-Mendez
Dispatcher
RIGGS Ambulance Service (SEMSA)

Jim Hopkins
Operations Supervisor, Paramedic
LIFEwest Ambulance

Caitlynn Humphrey
Senior EMS Supervisor
AmbuServe Ambulance

Brittany Item
Lead Dispatcher
Royal Ambulance

Haleigh Anne John
EMT
LifeLine EMS Ambulance Service

Justin Johnson
EMT
Mercy Medical Transportation, Inc.

Natasha Kent
Dispatcher
Medic Ambulance Service

Jolene Kopp
EMT
San Luis Ambulance

Nicholas Landers
Emergency Medical Technician
AlphaOne Ambulance

Burton Lee
Dispatcher
King American Ambulance

Cyrena Leon-Guerrero
EMT/FTO
ProTransport-1

Lou Lewis
RN/FTO
ProTransport-1

Michael Majeski
Paramedic
AlphaOne Ambulance

Tamaiah Massot
Public Safety Academy, Fairfield, CA

Brendon Miramontes
Station Manager
ProTransport-1

Scott Morris
Paramedic
AlphaOne Ambulance

Robert Nelson
Paramedic
AlphaOne Ambulance

Nasir Nasir
Operations Manager
Royal Ambulance

Minji Noh
EMT, FTO
LIFEwest Ambulance

Greg Petersen
Education Manager
RIGGS Ambulance Service (SEMSA)

Paige Pieretti
EMT/FTO
Amwest Ambulance

Kyle Raggio
EMT
AlphaOne Ambulance

Cassandra Rashleger
Paramedic
King American Ambulance

Jessica Robins
EMT
Medic Ambulance Service

Roberto Sanchez
EMT
Patterson District Ambulance

Sonya Severo
Communications and Public Relations Manager
RIGGS Ambulance Service (SEMSA)

Mark Sims
Paramedic
AlphaOne Ambulance

Destiny Skinner
EMT
ProTransport-1

Stacy Sottero
Station Manager
ProTransport-1

Katie Spring
EMT-FTO
Royal Ambulance

Nichole Sternquist
Director of Communications and People Operations
LifeLine Ambulance

Angel Taylor
Paramedic
Medic Ambulance Service

Tim Taylor
Station Manager
ProTransport-1

Angelo Tutol
Critical Care Transport, RN
LifeLine EMS Ambulance Service

Briana Villa
EMT
ProTransport-1

Michele Watanabe
EMT/FTO
ProTransport-1

Ryan Williams
Paramedic
Medic Ambulance Service

Andrew Wong-Rolle
Paramedic
Mercy Medical Transportation, Inc.

Photos From the 2022 *Stars of Life Celebration*

Photos From the 2022 *Stars of Life Celebration*

Social Media 101: Do's and Don'ts in EMS

Diana Moreno
CommunicationsLAB

Recent studies show three out of four Americans regularly use social media to connect with one another, share information and engage with news content. And that number continues to rise. But while using social media to share our daily highlights has become the norm, what happens when social media and emergency services collide? What type of content should an EMS organization post? How do you create an engaging social media presence for your ambulance company? Here are a few tips for building a stronger connection with the community and elevating your profile:

Do:

- **Pick a Platform:** There are more than 17 social media platforms with at least 300 million users. Pick 2-3 and focus on developing a strong presence. ***Facebook and Instagram are the most used and are both designed for images and video.***
- **More images/video, fewer words:** As the saying goes, "a picture is worth a thousand words," and video is worth even more. Keep the copy light and use plenty of images and video.
- **Create an E-mail or Shared folder to Collect Social Content:** An e-mail account (*social@yourcompany.org*) or a shared folder like Dropbox are great repositories for your team to share content for social media. Stock images lack authenticity! If you can capture high-resolution, well-composed photos, you'll be in excellent shape.
- **Capture Content:** You don't need a social media manager to capture photos/video; make it a team effort! You may find that someone on your team has an eye for photography and can capture content during their downtime.
- **Take Your Followers Behind the Scenes-** Most people only see EMS workers during an emergency. Take them behind the scenes of your day-to-day operations; what do you do when you're not rushing to save a life? What does the inside of an ambulance look like? ***Pro tip: short videos perform exceptionally well on social media.***
- **Spotlight Your Team:** Team member spotlights are social media gold! People want to see real faces and hear stories they can relate to. Plus, your team member's friends and family are likely to like or comment, increasing your engagement.
- **Use Hashtags:** Believe it or not hashtags are still around but make them short and memorable.
- **Shoot Wide:** Don't zoom in to shoot photos/video. Shoot wide and crop later. On videos, shoot a few seconds beyond what you need. You can always edit things out, but you can't edit things in.
- **Check your Sound and Lighting:** Good sound and lighting are key when capturing quality photos and videos. Make sure you're in a well-lit area and if possible, use portable microphones. ***Pro Tip: There's some inexpensive options on Amazon.***
- **Keep It Steady**: If you hold your phone to take a photo or video, tuck your elbows in to give more stability. Holding your arms out when you shoot will cause more "bounce" in the video, particularly as your arms get tired holding the phone.
- **Tag and mention CAA:** CAA is always ready to share member content on its social media channels. Follow and tag!

Don't:

- **Don't post photos, images or information about patients without written consent:** HIPAA rules do not allow posting of any photos, videos or information about patients without their written consent.
- **Don't take vertical photos/video:** horizontal photos and video are optimal for most social media platforms. If you need a vertical photo/video, it's much easier to crop horizontal content.
- **Don't post more than once a day:** it may seem counterintuitive but posting more than once per day can affect your reach and impressions. If needed, wait at least 2-3 hours before posting multiple posts in one day.
- **Don't buy fancy equipment:** most newer smartphones have high-quality cameras that capture exceptional photos and videos.

At the end of the day, maintaining an effective social media presence is really not all too different from maintaining other social relationships. Keep it genuine, engaging and light. Encourage others to share and comment on your posts to improve your social media algorithms and further your social media reach in your community. Social media accounts can be an effective communications tool if you share engaging content on a regular basis. ✱

Peer-to-Peer Recognition in EMS: Giving our crews the power to inspire each other!

Sonya Severo
Riggs Ambulance Service

In 2021, I proposed a program called "RIGGS Cheer" to the Leadership team at SEMSA/RIGGS. I had received a complaint from a patient who literally said that the paramedic that was treating her was too nice! I was puzzled. What did she mean too nice? As the Public Relations Manager, I was happy to hear my crews were nice, this meant they were showing compassion to the nature of the call and the wellbeing of their patient. It felt like there was no winning for our first responders in this kind of situation. They are in the middle of a pandemic, sacrificing themselves and being the essential workers who were twice as likely to become infected with COVID because of their jobs!

As leaders we are always encouraging our crews, complimenting them on a job well done. We have had in the past recognition programs like Star Care. We would select an employee of the month who would be recognized for going above and beyond the scope of their work. We conducted annual EMS awards; recognizing employees for awards like Paramedic of the Year. We even have a program called "Lucky Bucks" which is an incentive program where the Leadership team can issue Lucky Bucks to employees for reasons such as filling out a perfect PCR. The Lucky Bucks are in the amounts of $5, $10, and $20 which they can than turn in for gift cards (right now the Gas Gift cards are the favorite)!

However, these current programs were drafted and seemed all too much like part of a routine. So with these thoughts, the "RIGGS Cheer" was conceived; Peer to Peer recognition at any time. A link was put on our Crew Dashboard for them to easily access it. When an employee fills out the form they have the option to select a public recognition that was shared with the whole organization or a private one that was only shared with the person being recognized. With each cheer, the person being recognized was also being issued Lucky Bucks! So essentially, our crews were rewarding each other! This was an amazing experience and my heart was so overjoyed to see the "RIGGS Cheers" being submitted.

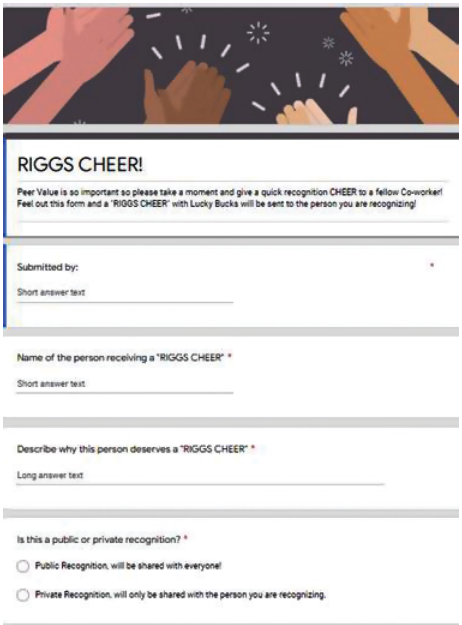
This was a fantastic way for our employees to start recognizing the good things the saw in each other with the whole organization. This got them more involved and motivated them to build better relationships with each other and within our organization. This type of recognition strengthens the culture of appreciation in real time. Below is an example of a submission we received on a BLS crew:

RIGGS CHEER Submitted by:
Paramedic C. Cooper

Name of person receiving the "RIGGS CHEER":
EMT A. Perez & R. Ives

Describe why this person deserves a "RIGGS CHEER":
On the morning of 3/24 unit 14 first responded for code blue traffic in Delhi after already having received status 5. I was posted 24 and had a long ETA. Upon my arrival at scene unit 14 was working a code with fire at scene and had gotten a history and all pertinent information for me. Unit 14 had an airway secured and shocks already delivered by their AED. After rosc Andrew was willing to ride with us to EMC to help in the back while we transported even though he was already held over. Andrew's presence at the scene was very helpful as he was thinking ahead and had everything I needed prepared before I even had to ask for it. This being my very first code blue as a solo medic I was extremely grateful to have his help at scene and during transport.

The "RIGGS Cheer" has been a fantastic tool for also giving our Leadership team some insight to how our crews were working together. We track each submission and are able to trend our employees engagement in the program and I could trend those people who were receiving "RIGGS Cheers" allowing us to see those who stood out as being most appreciated by their peers. I really feel that this is one of the best programs we have at RIGGS Ambulance Service; the recognition has more meaning when it comes from those that are working by your side on the good days and on the bad days. ✱



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